



## Comprehensive Africa Agriculture Development Programme (CAADP)

### *CAADP Nutrition Capacity Development Workshop for the Southern Africa Region*

### **Nutrition Country Paper – ZIMBABWE**

**DRAFT**

**September 2013**

*This synthesis has been elaborated in preparation for the CAADP workshop on the integration of nutrition in National Agricultural and Food Security Investment Plan, to be held in Gaborone, Botswana, from the 9<sup>th</sup> to the 13<sup>th</sup> September 2013.*

*The purpose of this Nutrition Country Paper is to provide a framework for synthesizing all key data and information required to improve nutrition in participating countries and scale up nutrition in agricultural strategies and programs. It presents key elements on the current nutritional situation as well as the role of nutrition within the country context of food security and agriculture, including strategy, policies and main programs. The NCPs should help country teams to have a shared and up-to-date vision of the current in-country nutritional situation, the main achievements and challenges faced both at operational and policy levels.*

## General sources used to produce this document

The tableau below suggests a list of sources to consult when completing the NCP. This list needs to be completed with all country-specific documents (e.g. national policies, strategic plans) that are available in your country.

Sources	Information	Lien internet
<b>CAADP</b>	Signed Compact / Investment plans / Stocktaking documents / Technical Review reports if available	<a href="http://www.nepad-caadp.net/library-country-status-updates.php">http://www.nepad-caadp.net/library-country-status-updates.php</a>
<b>DHS</b>	DHS Indicators	<a href="http://www.measuredhs.com/Where-We-Work/Country-List.cfm">http://www.measuredhs.com/Where-We-Work/Country-List.cfm</a>
<b>FANTA</b>	Food and Nutrition technical assistance / select focus countries	<a href="http://www.fantaproject.org/">http://www.fantaproject.org/</a>
<b>FAO</b>	Nutrition Country Profiles	<a href="http://www.fao.org/ag/agn/nutrition/profiles_by_country_en.stm">http://www.fao.org/ag/agn/nutrition/profiles_by_country_en.stm</a>
	FAO Country profiles	<a href="http://www.fao.org/countries/">http://www.fao.org/countries/</a>
	FAO STAT country profiles	<a href="http://faostat.fao.org/site/666/default.aspx">http://faostat.fao.org/site/666/default.aspx</a>
	FAPDA – Food and Agriculture Policy Decision Analysis Tool	<a href="http://www.fao.org/tc/fapda-tool/Main.html">http://www.fao.org/tc/fapda-tool/Main.html</a>
	MAFAP – Monitoring African Food and Agricultural Policies	<a href="http://www.fao.org/mafap/mafap-partner-countries/en/">http://www.fao.org/mafap/mafap-partner-countries/en/</a>
<b>OMS</b>	Nutrition Landscape information system (NILS)	<a href="http://apps.who.int/nutrition/landscape/report.aspx">http://apps.who.int/nutrition/landscape/report.aspx</a>
<b>REACH</b>	REACH multi-sectoral review of existing data on the nutrition situation, programmes and policies	<i>When available</i>
<b>ReSAKKS</b>	Regional Strategic Analysis and Knowledge Support System	<a href="http://www.resakks.org/">http://www.resakks.org/</a>
<b>SUN</b>	Progress Report from countries and their partners in the Movement to Scale Up Nutrition (SUN)	<a href="http://scalingupnutrition.org/resources-archive/progress-in-the-sun-movement">http://scalingupnutrition.org/resources-archive/progress-in-the-sun-movement</a>
<b>UNICEF</b>	Nutrition Country Profiles	<a href="http://www.childinfo.org/profiles_974.htm">http://www.childinfo.org/profiles_974.htm</a>
	MICS: Multiple Indicators Cluster Surveys	<a href="http://www.childinfo.org/mics_available.html">http://www.childinfo.org/mics_available.html</a>
<b>WFP</b>	Food security reports	<a href="http://www.wfp.org/food-security/reports/search">http://www.wfp.org/food-security/reports/search</a>
<b>World Bank</b>	Economic reports	<a href="http://data.worldbank.org/indicator">http://data.worldbank.org/indicator</a>
<b>UNDP</b>	Development report	<a href="http://hdr.undp.org/en/data/profiles/">http://hdr.undp.org/en/data/profiles/</a>
<b>Other Sources</b>		
<b>National Sources</b>	Key national policies / documents to be added	

## I. Context –Food and nutrition situation

<i>General Indicators</i>		<i>Sources/Year</i>
Population below international poverty line of US\$1.25 per day	62.6%	PICES <sup>1</sup> 2011/12
Under-five mortality rate (per 1,000 live births)	84	ZDHS <sup>2</sup> 2010-11
Infant mortality rate (per 1,000 live births)	57	ZDHS 2010-11
under-five deaths due to HIV/AIDS	21%	UNICEF 2009 <sup>3</sup>
Maternal mortality rate /100 000 lively births	960	ZDHS 2010-11
Primary school net enrolment or attendance ratio	90.2%	PICES 2011/12
Primary school net enrolment -ratio of females/males	106.9:109.7	PICES 2011/12
HIV/AIDs prevalence between adults 15-49 years	14.9%	Zim HIV Estimates 2013
Percentage of population living in rural areas	68.3%	PICES 2011/12
Access to safe drinking water in rural areas	77.3	PICES 2011/12
Access to improved sanitation in rural areas	48%	ZIMVAC <sup>4</sup> 2013
<i>Agro-nutrition indicators</i>		<i>Sources/Year</i>
Land area (1000 ha)	39600	ZAIP <sup>5</sup> 2013
Agricultural area (1000 ha)	15800	FAOSTAT 2011
Arable land (1000ha)	4310	FAOSTAT 2011
<i>Food Availability and consumption</i>		
Average dietary energy requirement (ADER)	2260	FAOSTAT 2009
Dietary energy supply (DES)	2210	FAOSTAT 2009
Total protein share in DES	10%	FAOSTAT 2009
Fat share in DES	23%	FAOSTAT 2009
Average daily fruit consumption (excluding wine) (g)	N/A	
Average daily vegetable consumption (g)	N/A	

<sup>1</sup>Poverty, Income, Consumption and expenditure Survey Report, ZIMSTATS 2011/12

<sup>2</sup>Zimbabwe Demographic Health Survey

<sup>3</sup>No recent data available but significant strides have been made in PMTCT and HIV treatment and rates are likely to have declined since 2009

<sup>4</sup>Zimbabwe Vulnerability Assessment Committee

<sup>5</sup>Zimbabwe Agriculture Investment Plan 2012

### *Geography, population & human development*

The country is in a transition phase, recovering from the economic decline that was experienced in the past decade. However the social and economic indicators show a positive trend. The country's population is estimated to be 12.9 million in August 2013 (Zimbabwe Census Report 2012) of which 42% are children under the age of 15 years.. The life expectancy rate is currently standing at 51 years for males and 52 years for females (ZIMSTATS 2011-12). Zimbabwe's literacy rates are ranked as one of the highest in Africa at 91.3% (PICES 2011/12). Zimbabwe has lost a number of skilled manpower to the region and beyond over the last decade which has contributed to the lowering of the Human Development Index. However, the majority of those in the Diaspora has maintained strong links with their families and contributes to the country's development through remittances. The country is still facing a number of environmental challenges such as deforestation, soil erosion and siltation of major water sources.

### *Economic Development*

Agriculture is a dominant and significant sector of Zimbabwe's economy, contributing between 16 and 20% of the country's Gross Domestic Product (GDP). Agriculture provides income and livelihoods to over 70% of the country's population who are smallholder farmers. Zimbabwe's economy is increasingly diversifying with a significant contribution coming from mining and tourism sectors. Gains from these key sectors have helped the country to significantly address the country's debt burden using the Zimbabwe Accelerated Arrears Clearance and Debt Development Strategy.

### *Agriculture (cultivable area, main cash and food crops, livestock production ....)*

Despite the government's commitment to address the challenges facing the agriculture sector, the economic crisis of the past decade has prevented substantial capital investment in many sectors including agriculture. Zimbabwe's agricultural sector performance (only 16320000 ha out of 38685000 ha is agricultural land) and only 10.6% of the land is arable. The land under permanent crops represents only 0.31% of the total land area. The staple food crop is maize, and other cereal crops include wheat, millet, sorghum, and barley.

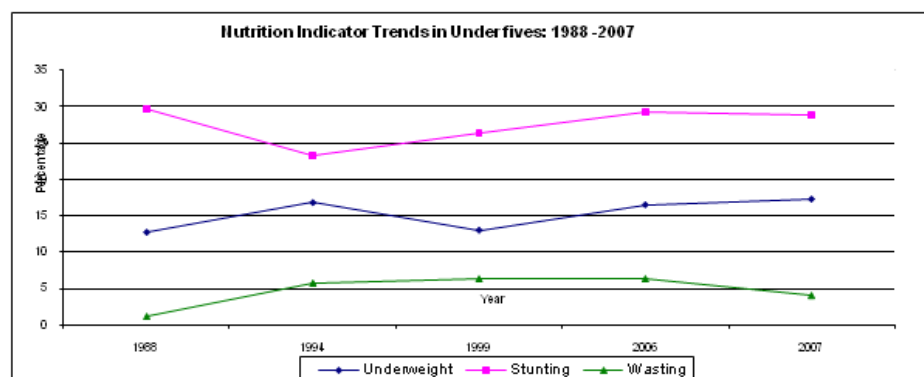
### ***Food Security (food availability, access, utilization, diet and food habits, and coping mechanisms)***

Zimbabwe's agriculture is well diversified and its comprehensive agricultural production policy framework is designed to raise total production to meet the needs of the local population, processing industries and viable markets. Agricultural commodities have four broad categories, three of which are more important to food and nutrition security for the smallholder farmers who make up over 70% of agricultural producers in the country: cereals/beans (maize, wheat, edible dry beans and small grains); oilseeds (soya beans, groundnuts and sunflower) and livestock. Zimbabwe is still vulnerable to food insecurity owing to either availability or accessibility challenges. The availability constraints emanate from production and productivity constraints while accessibility problems are a result of pricing and distribution factors. Resource poor households that are unable to produce their own foods or to raise enough cash to purchase food require support through social protection programmes (WB/GoZ, 2010). The Zimbabwe Vulnerability Assessment Committee (ZimVAC) Rural Food Security Assessment 2013 estimates that 25% of the assessed households are likely to be food insecure at the peak of the hunger season (Jan-Mar 2014). The same report also indicates that generally foods consumed by rural households are of low diversity and largely unbalanced with a clear dominance of carbohydrates over protein rich foods, hence there is need to promote the consumption of a balanced diet. It is worrying that 42% of children under five were consuming two or fewer meals per day therefore unlikely to meet the minimum acceptable diet for their age. It must however be noted that efforts are well underway under Commitment 5 of the framework of the newly launched Food and Nutrition Security (FNS) Policy to develop a National Nutrition Strategy which will have a strong emphasis on food fortification and biofortification strategies that will address this problem. Within the context of the food fortification strategy, standards and legal regulations for mandatory fortification of identified staples will be stipulated. It must however be noted that Commitment 2 of the FNS Policy also provides for implementation of 10 Nutrition Sensitive Agriculture objectives that will complement Commitment 5 on Nutrition Security.

#### **Main causes of malnutrition in your country related to economic vulnerability and food security**

- Poor rainfall distribution patterns characterizing agriculture seasons resulting in excess rain in some areas and inadequate rain in others.
- Economic challenges and poverty.
- Limited access to health services, clean water and sanitation.

Nutrition Indicators (continued)		Sources/Year
<b>Nutritional Anthropometry (WHO Child Growth Standards)</b>		
Prevalence of stunting in children < 5 years of age	↗32%	DHS (2010-2011)
Prevalence of wasting in children < 5 years of age	3%	DHS (2010-2011)
Prevalence of underweight children < 5 years of age	↘10%	DHS (2010-2011)
% of underweight Women (15-49 years) (BMI < 18.5 kg/m <sup>2</sup> )	7.1%	DHS (2010-11)
% of overweight Women (15-49 years) (BMI ≥ 25. kg/m <sup>2</sup> )	31.3%	DHS (2010-11)
Prevalence of obesity - Children under 5 years old - Women of reproductive age (BMI > 30 kg/m <sup>2</sup> )	6% 10.6%	DHS 2010-2011



Sources: Demographic and Health Surveys 1988, 1994, 1999; Ministry of Health 2003; ZDHS results 2005-06, Zimbabwe National Food security Assessment 2007. Note: Values for 1988 and 1994 represent children 3-35 months old. Values after 1999 represent children six months to less than five years old

### Nutritional Situation<sup>i</sup>

The overall nutrition situation among children under five has largely remained stable over the last decade. Zimbabwe is experiencing a double burden of malnutrition especially among the urban population. The under-weight prevalence for under-fives increased from 10% in 1999 to 13% in 2005/6. The recent ZDHS (2010-11) found 10% of children less than 5 years old to be underweight. On the other hand, the prevalence of stunting, the chronic form of under nutrition remains high among children in Zimbabwe. The ZDHS found 32% of children under 5 years old to be stunted. In rural areas, 33% of children are stunted, versus 28% of children in urban areas. Thirty percent or more of children are stunted in all regions except Bulawayo (26%) and Harare (29%). Stunting steadily decreases as level of mother's education increases, from a high of 41% among children of mothers with no education to a low of 19% among children of mothers with more than secondary education (NNS 2010). Stunting is also higher in boys than in girls. The mean body mass index (BMI) found

that 7.1% of women in Zimbabwe were underweight whereas 31.3% of women 15-49 years of age were overweight 10.6% were obese (ZDHS 2010-11). More than half of the Zimbabwean children (56%) aged 6 – 59 months are anaemic while 28% of women.

Agro-nutrition indicators (continued)		Sources/Year
<b>Infant feeding by age</b>		
Children (0-6 months) who are exclusively breastfed	31%	DHS (2010-2011)
Children (6-9 months) who are breastfed with complementary food	82%	DHS (2010-2011)
Children (9-11 months) who are using a bottle with a nipple	9%	DHS (2010-2011)
Children (20-23 months) who are still breastfeeding	19.5%	DHS (2010-2011)
<b>Prevalence of micronutrient deficiencies</b>		
Prevalence of vitamin A deficiency among pre-school children (serum retinol < 0.70 µmol/l)	35.8%	WHO 1999
Prevalence of vitamin A deficiency among pregnant women (serum retinol < 0.70 µmol/l)	20%	WHO 1999
Prevalence of anemia among pre-school children (Hb<110 g/l)	58%	DHS (2005-06)
Prevalence of anemia among pregnant women (Hb<120 g/l)	47%	DHS (2005-06)
Prevalence of iodine deficiency among school-aged children (urinary iodine < 100 µg/L)	15.5%	MoHCW & UNICEF (2009)
<b>Coverage rates for micronutrient-rich foods and supplements intake</b>		
% Households consuming adequately iodized salt (≥ 15ppm)	62%	MoHCW & UNICEF (2009)
Vitamin A supplementation coverage rate (6-59 months)	66%	DHS (2010-2011)
Vitamin A supplementation coverage rate (≤2 months postpartum)	40.2%	DHS (2010-2011)
Iron supplementation coverage among pregnant women	4.9% <sup>6</sup>	

<sup>6</sup>This is the percentage of women that took the supplementation tablets for at least 90 days.

### **Infant feeding**

**Breast feeding is almost universal in Zimbabwe and 92% of infants receive breast milk within the first day of birth** (ZDHS 2010-11). Efforts to promote exclusive breastfeeding are being done at community level to address the low rates of EBF. There is also a focus on continued breastfeeding up to 24 months and beyond. Only 11% of children aged 6-23 months meet the minimum standards for an acceptable diet with animal foods such as meat, milk and eggs lacking in the diets of most of these children. Exclusive breast feeding is high in the first few months after birth. The ZDHS 2005-06 found 38% of women 15-49 years old to show some sign of anaemia. Pregnant women showed the highest rates of anemia (47%) as did women from Masvingo (48%). Overall, 68% of women reported consuming foods rich in vitamin A and 44% consumed foods rich in iron.

### **Micronutrients**

Coverage of Vitamin A supplementation in children under 5 years old in Zimbabwe is at 66% and there are deliberate efforts through health system strengthening aimed at improving coverage of maternal and child micronutrient supplementation. Salt iodization has proven highly effective at controlling iodine deficiency disorders in Zimbabwe, however currently there are no other large scale fortification programmes. A National Food Fortification Task Force is currently working on development of national standards and legal regulations for mandatory industrial fortification of identified staples in Zimbabwe. The country also undertook a nationwide Micronutrient Survey in 2012 and the results for this assessment are expected before the end of 2013. Through the agriculture sector, the country is also including biofortification in the national fortification agenda as a long term means of public health control of micro-nutrient deficiencies.

### **Care practices and sociocultural issues (incl. gender issues; cultural habits/norms)**

In 2012, the Ministry of Health and Child Welfare conducted two qualitative studies; a Formative Research on IYCF and an IYCF Programme Review, to try and understand the confounding factors to optimal infants and young child feeding in Zimbabwe. Among other findings, the formative study found that male children were more likely to be fed solid foods earlier than girls because they were thought to require more food and that it was necessary for them to develop into strong males. The study also found that women spend more time at the market and in agriculture production thereby negatively affecting the time and psychological state of mind available for exclusive breastfeeding and appropriate infant and young child feeding. Mother-in-laws, aunts and sister-in-laws were also found to have a strong influence on adoption of optimum infant feeding

### **National food security and nutrition information system**

Zimbabwe has a comprehensive food and nutrition information system that is established within the various sectors of agriculture, health and social services. The system generates information on routine, annual and periodic basis. These systems are inbuilt within and across the various sectors. Commitment 6 of the FNS Policy recognizes the need for a national integrated Food and Nutrition Security Information System as being essential for understanding the breadth and scope of food and nutrition insecurity, assisting in prioritizing and planning food and nutrition interventions, providing evidence for timely response and tracking progress and impact through a multi-sectoral approach. There is commitment to strengthen the information system through the establishment and functionality of national and subnational structures as enunciated in the policy under Commitment 7. These subnational multi-sectoral structures will be responsible for cross-sectoral analysis and will feed information into the national Food and Nutrition Security Analysis Unit, which is going to be established in the Food and Nutrition Council.

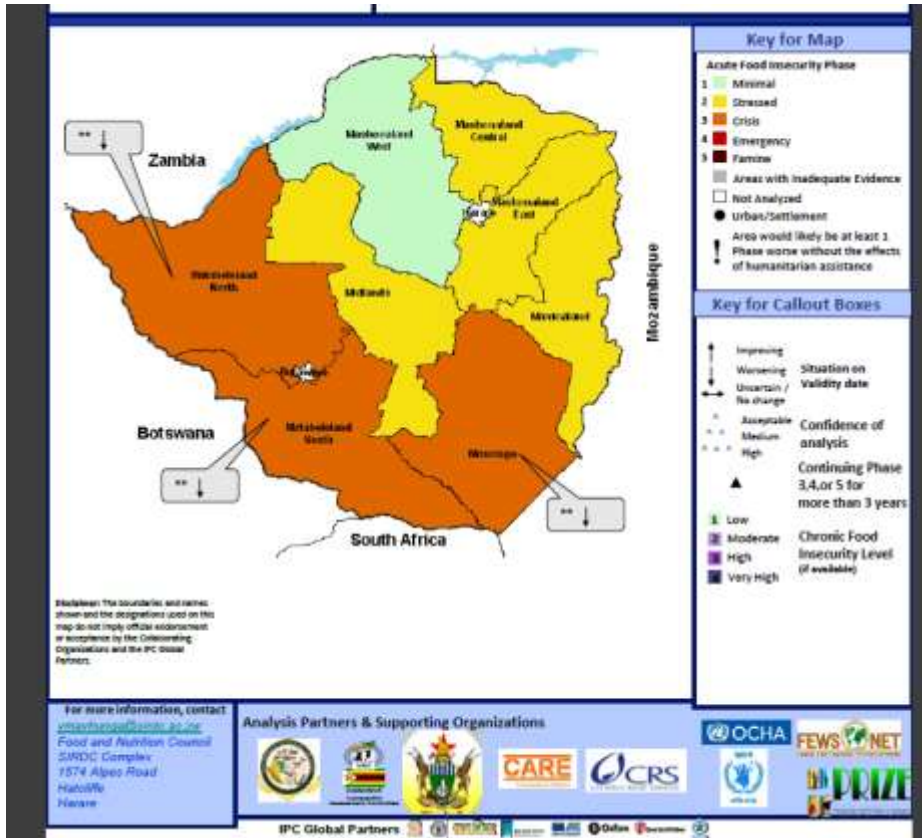
#### **Main linkages between malnutrition and disease (incl. HIV/AIDS)**

Zimbabwe is still battling with high disease prevalence especially HIV that continue to contribute and aggravate malnutrition in the country. WFP monitoring data indicates that 19% of the HIV positive adults in selected clinics are malnourished and 20% of them are severely malnourished. The ZIMVAC 2013 Rural Assessment Report indicates a strong correlation between diarrhea and acute malnutrition.

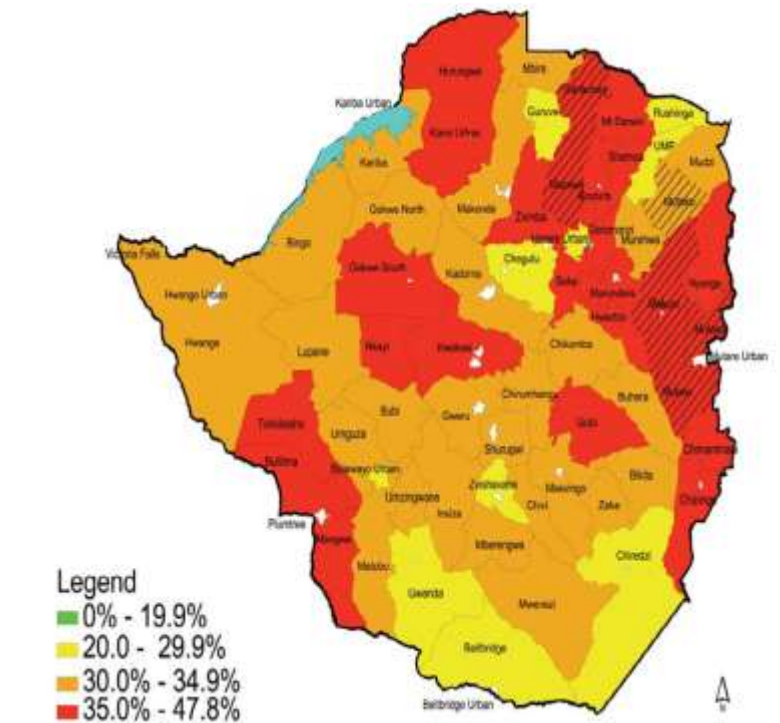
#### **Main causes of malnutrition related to care and infant feeding practices, sociocultural barriers (incl. gender issues)**

- Low level of exclusive breastfeeding
- Complementary feeding practices not optimal

Malnutrition and Food insecurity levels by region





Zimbabwe Projected Acute Food Insecurity Situation Overview (valid from February 2013) Source: Integrated Food Security Phase Classification







Prevalence of Stunting by District in Zimbabwe Source NNS 2010



## II. Current strategy and policy framework for improving food security and nutrition




### Specific strategies, policies and programs currently in place to improve nutrition





Strategy / Policy	Reference Period	Objectives and main components	Budget Donor /	Stakeholders	Key points	Integration of Nutrition
<b>STRATEGIC FRAMEWORK</b>						
Medium Term Plan	2010-2015	<p>This is Zimbabwe's national Development Plan which responds to the mandate set out in Article III of the global Political Agreement (GPA) to support the restoration of economic stability and growth in Zimbabwe.</p> <p>The MTP hopes to achieve:</p> <ul style="list-style-type: none"> <li>- an average growth rate of 1.1% per annum,</li> <li>- single digit annual inflation,</li> <li>- interest rate that promotes savings and fosters investment,</li> <li>- current account deficit of not more than 5% of GDP by 2015,</li> <li>- sustained poverty reduction in line with the MDGs targets,</li> <li>- double digits savings and investment ratios of around 20% of the GDP by 2015,</li> <li>- and reducing the sovereign debt to at least 60% of GDP by 2015.</li> </ul>		UNDP ACBF, Development Bank UNICEF China	The MTP is the premier economic and social policy document that will guide all other policy documents such as the annual National Budget and other subsidiary policy documents during the period 2010-2015. It is therefore critical that food and nutrition is reflected in different sections of the MTP reinforcing the broad ownership and responsibility of the Government for ensuring that economic recovery, which is the cornerstone of the MTP, translates into improved food and nutrition for the people of Zimbabwe.	
<b>AGRICULTURE</b>						
Comprehensive Agriculture Policy Framework Comprehensive Africa Agricultural Development Programme	2012 – 2032  2013-2017  2013-2017	<ul style="list-style-type: none"> <li>(i) Assure national and household food and nutrition security;</li> <li>(ii) Ensure that the existing agricultural resource base is maintained and improved;</li> <li>(iii) Generate income and employment to feasible optimum levels;</li> <li>(iv) Increase agriculture's contribution to the Gross Domestic Product (GDP);</li> <li>(v) Contribute to sustainable industrial development through the provision of home-grown agricultural raw materials; and</li> <li>(vi) Expand significantly the sector's contribution to the national balance of</li> </ul>		Agricultural sector, public, private, civil society, donors UN Agents, Ministry of Agriculture, Ministry of Finance, Ministry of Economic Planning	<p>Policy document that will guide the agricultural sector and give direction.</p> <p>The draft Policy Framework is still to be approved. The policy need to address the following issues:</p> <ul style="list-style-type: none"> <li>- Production and productivity</li> <li>- Diversity</li> <li>- Agricultural commodity prices</li> <li>- Marketing of produce</li> </ul>	







<b>Strategy / Policy</b>	<b>Reference Period</b>	<b>Objectives and main components</b>	<b>Budget Donor /</b>	<b>Stakeholders</b>	<b>Key points</b>	<b>Integration of Nutrition</b>
Zimbabwe Agriculture Investment Plan (ZAIP)		payments To facilitate sustainable increase in production, productivity and competitiveness of Zimbabwean agriculture through building capacity of farmers and institutions, and improving the quantity and quality of public, private and development partner investment and policy alignment				
Presidential Well-Wishers Agricultural Input Scheme		To assist vulnerable households with farming inputs and hence promote food self-sufficiency. To improve production and productivity of vulnerable groups	US\$ 33 million	Farmer unions, Private sector, seed houses, fertilizer companies	Supported 560 000 families. Households were supported with 50kg ammonium nitrate, 50kg compound D and 10kg hybrid seed for those in natural regions 1-3. Those in natural regions 4-5 were assisted with 10kg of small grain seed instead of hybrid seeds. This programme was implemented during the 2011/2012 agricultural season	
Government Crop Input Scheme		This program aims at subsidizing inputs to farmers. Though this assistance has helped improve production for farmers. This scheme has largely been divided into two, (a) the vulnerable household scheme where identified vulnerable households with no resources but are able to produce for own consumption are given seed and fertilizers free of charge and (b) the subsidized scheme where beneficiaries buy seed at US\$0.50c per kg and fertilizers for US\$15/50kg bag.	US\$ 32.4 million	Farmer unions, Private sector, GMB, Agribank	. US\$20 Million was disbursed through Agribank targeted at A2 and other commercial farmers. The balance was for vulnerable, communal and A1 farmers. This resulted in a total of 443 640 households being assisted. This programme was implemented during the 2010/2011 agricultural season.	
Donor Assisted Scheme			US\$ 52 million	Seed houses, Ministry of Agriculture, Private sector, Donors, Agro dealers	Supported 549 189 families from 2009-2011. During the 2011/2012 agricultural season. a total of 77 800 households were supported with inputs and seed	
Maize pricing policy		Floor system pricing for maize – government is the buyer of last resort		GMB, Ministry of Agriculture, seed houses, fertilizer companies	In an effort to encourage production of small grains which though high in nutrition are not widely produced, the government put in place a policy whereby the price of maize is the same as that of small grains. Although this is a step	

Strategy / Policy	Reference Period	Objectives and main components	Budget Donor /	Stakeholders	Key points	Integration of Nutrition
					towards promotion of nutritious grains, farmers are still not keen on production of the small grains because of their low potential compared to maize.	
Promoting Production, Processing and marketing of Small Grains (Sorghum, Pearl Millet and Finger Millet) in the Marginal Areas in Zimbabwe.		The objective is to train the provincial, district and ward level extension in both grain and seed production. The trained officers will train the farmers.	FAO	-Department of Agritex -Department of Economics and Markets -Crop Breeding Institute -National Parks Authority -ICRISAT Z. F. U.	Target: Small holder farmers in marginal areas, 60% of the farmers are women.	
<b>FOOD AND NUTRITION SECURITY</b>						
Food and Nutrition Security Policy for Zimbabwe in the Context of Economic Growth and Development	2010-2015	<p><b>Policy Goal:</b> To promote and ensure adequate food and nutrition security for all people at all times in Zimbabwe, particularly amongst the most vulnerable and in line with our cultural norms and values and the concept of rebuilding and maintaining family dignity.</p> <p><b>There are seven clearly defined Commitments;</b>            Commitment 1: <b>Policy Advice and Analysis</b>            Commitment 2: <b>Food Security,</b>            Commitment 3: <b>Social Assistance</b>            Commitment 4: <b>Food Safety and Standards,</b>            Commitment 5: <b>Nutrition security (incl WASH, health services)</b>            Commitment 6: <b>Food and Nutrition Information: Assessment, Analysis and early warning.</b>            Commitment 7: <b>National Capacity Development, Research and Learning.</b></p> <p>For each of these seven Commitments, a number of strategic objectives have been defined.</p>	GOZ and several development partners	-OPC -17 key GOZ ministries -UN (FAO, UNICEF, WFP, WHO, OCHA) -Development partners -Private Sector	<ul style="list-style-type: none"> <li>Provides the legal framework for the coordination and intersectoral collaboration on actions towards improving food and nutrition security in Zimbabwe.</li> <li>Clearly outlines institutional structures, sectoral roles and responsibilities.</li> <li>A policy implementation matrix has been developed that articulate specific actions by the various sectors for each policy strategic objective.</li> <li>Policy provides for the development of a common financial and output tracking system</li> <li>Commitment at the highest level of</li> </ul>	

Strategy / Policy	Reference Period	Objectives and main components	Budget Donor /	Stakeholders	Key points	Integration of Nutrition
					Government; the Vice President is the champion for all food and nutrition security issues as guided by the Policy	
Food and Nutrition Security Analysis (FNSA)	Ongoing	The objective is to have a system that brings together information from the various sectors (agriculture, health, social services,) puts it all together, analyses it and churns out regular reports. This system will be implemented both at national level through a Food and Nutrition Security Analysis unit to be established in the Food and Nutrition Council and through the Food and Nutrition Security Committees at subnational levels (province, district and community).	GOZ and several development partners.	-OPC -17 key GOZ ministries -UN (FAO, UNICEF, WFP, WHO, OCHA) -Development partners -Private Sector	This is linked to the Food and Nutrition Security Policy Commitment number 6 which seeks to ensure a national integrated food and nutrition security information system that provides timely and reliable information on the food and nutrition security situation and the effectiveness of programmes and informs decision-making. This system is expected to bring together all food and nutrition security information systems in one place for planning, early warning and programming.	
<b>HEALTH &amp; NUTRITION</b>						
The National Health Strategy for Zimbabwe –Equity and Quality in health a people’s right	2009-13	This strategy seeks to provide a framework for addressing specific diseases affecting Zimbabweans while providing strategies for health systems strengthening.		MOHCW UNICEF UNFPA UNAIDS WFP FAO NAC NGOs	Goal six in the strategy is targeted at reducing the incidence and prevalence of nutrition disorders and under this goal, there is an objective to improve infant and young child feeding. This objective, has three strategies on HIV and IYCF, Increase exclusive breastfeeding rates for infant, Strengthen the BFHI in the context of HIV in all institutions offering maternity services and Integration of HIV and infant feeding into pre-service nursing, nutrition, HFSS and medical trainings.	
Maternal and Neonatal Health Road Map		The main aim of CMAM is to decentralise treatment of acute malnutrition, so that clients are able to access treatment without having to stay for long periods in hospitals. Only cases		MOHCW UNICEF UNAIDS WFP	Established in 8 districts, 2 major cities and 3 central hospitals, with the first phase of implementation being the introduction of	

Strategy / Policy	Reference Period	Objectives and main components	Budget Donor /	Stakeholders	Key points	Integration of Nutrition
		with complications are admitted to the wards.		FAO NAC	Community Based Management of Acute Malnutrition (CMAM), as an entry point to the wider, more preventative CBNCP.	
The National Strategic Plan for Elimination of New HIV Infections in Children and Keeping Mothers and Families Alive in 2011-2015	2011-2015	This strategic plan is quite comprehensive and its main goal is to support elimination of new infections, while preserving the mother in good health.		MOHCW UNICEF UNFPA UNAIDS WFP FAO NAC NGOs	This strategic plan has a strong emphasis on health provider training on nutrition counselling and provision of infant feeding counselling to all mothers.	
Zimbabwe National HIV and AIDS Strategic Plan (ZNASP 2)	2011 - 2015	This is a five-year plan which provides an effective framework for scale up of the HIV and AIDS response in Zimbabwe. The components of ZNASP II are as follows: 1. Prevention 2. Treatment, care and support 3. Coordination, management and systems strengthening		MOHCW UNICEF UNFPA UNAIDS WFP FAO NAC NGOs	Under the prevention component, PMTCT services are prioritized and the strategy states that “A comprehensive standardized package of PMTCT services will be defined inclusive of and not limited to HTC; counseling and support on family planning, maternal care, nutrition, infant & young child feeding	
National Infant and Young Child Feeding Policy	2013	The goal of this policy is to guide the nation to improve the nutritional status, growth, development and health of infants and young children from birth to five (5) years in Zimbabwe by protecting, promoting and supporting optimal safe infant and young child feeding practices.		MOHCW UNICEF FNC WFP FAO NAC NGOs	The policy seeks to standardize practices, strengthen approaches to addressing IYCF issues as well as guide IYCF programming in Zimbabwe. This policy was developed in the context of many important global initiatives.	
Public Health Act		This act provides a legal framework for the enforcement of the International Code on the marketing of breastmilk substitutes in Zimbabwe.		MOHCW UNICEF		
HIV and Nutrition Strategy	2009-14	The strategy seeks to strengthen HIV/AIDS and nutrition integration. This strategy was also developed with the aim of adopting the 2010 WHO guidelines on HIV and IYCF, so many components within the strategy address IYCF in the context of HIV. The Nutrition and HIV&AIDS strategy is supported by 6 pillars which include: Nutrition, Care and Support; Maternal, Infant and Young Child Nutrition; Food and Nutrition		MOHCW UNICEF UNFPA UNAIDS WFP FAO NAC NGOs	The strategy is based on a set of 8 guiding principles which include: Multi-sectoral and multidisciplinary approach; Rights of women, children and families; Active participation in programming; Addressing gender inequalities in all programming; Evidence and result based strategies; Universal access	

Strategy / Policy	Reference Period	Objectives and main components	Budget Donor /	Stakeholders	Key points	Integration of Nutrition
		Security; Advocacy and Communication; Coordination and Research, Monitoring and Evaluation.			to services; Nutrition as co-therapy in management of all illness; Upholding professional ethics.	
Food and Food Standards Act		Provides a legal framework for food safety regulations in Zimbabwe.				
<b>SOCIAL PROTECTION</b>						
National Orphan Care Policy(1999)	Ongoing	The policy was enacted to deal with the Increased mass orphan hood which resulted from the HIV/AIDS pandemic. It seeks to find ways of getting cost effective programmes which are sustainable to deal with mass orphan hood. It is premised on the basis of the rights of the children mainly the best interest of the child and the right to development. It seeks to create an affordable child protection strategy for children in places of safety. It recognises the importance of the six tier safety net system of the biological family, the extended family, the community, foster care, adoption and institutional care. It is premised on the use of national structures in making sure child protection is enhanced.	GOZ	<ul style="list-style-type: none"> <li>•MoLSS</li> <li>•MHCW</li> <li>•MJLPA</li> <li>•MHA</li> <li>•MESC</li> <li>•Local Authorities</li> <li>•Traditional leadership</li> <li>•NGOs</li> </ul>	This has seen the establishment of Child Welfare Forums that have since cascaded to being Child Protection Committees.National Child Protection communities have been put in place and have been cascaded down to the sub national structures which are the Provinces, Districts, Wards and the villages.The Department Of Social Services coordinates the functioning of the child protection committees to ensure effective delivery.	
National HIV/AIDS Policy	1999 to date	The national AIDS policy came in to fight the effects of the HIV epidemic which has caused untold economic and social impacts. It seeks to create a multisectoral approach in fighting the epidemic and articulate national priorities. The HIV policy advocates for the establishment of sub policies in the various sub sectors of the economy. Already policies on HIV and AIDs, for education, transport and energy sectors are in place. It has been crafted in such a way that all activities are coordinated by the National Aids Council which is an establishment of the policy. Through the National HIV/AIDS Strategic Plan, NAC coordinates all the sectoral efforts to fight HIV/AIDS.	GOZ, Development partners.	<ul style="list-style-type: none"> <li>• Government</li> <li>•NGOs</li> <li>•Employers</li> <li>•Donors</li> </ul>	This is a national agenda which seeks to ensure that there are no new infections, there is no discrimination and there are not AIDS related deaths in the country. Operating at the national level the ZNASP has a mechanism of data collection and a robust M&E mechanism to track indicators.	
Zimbabwe National Programme of Action	1992	The main objective of the Zimbabwe National Programme of Action is to		<ul style="list-style-type: none"> <li>•MoHCW</li> <li>•MoLSS</li> </ul>	This is a national programme coordinated by the Ministry Of	

Strategy / Policy	Reference Period	Objectives and main components	Budget Donor /	Stakeholders	Key points	Integration of Nutrition
For Children		consolidate and strengthen the commitment and mobilisation of resources to meet children's rights to protection, health, education and justice. The programme coordinates sector ministries' reports on improvement and transformation of the quality of life for children. It seeks among other objectives to reduce the infant and under-fives mortality and reduces HIV/AIDS related deaths among children. The programme undertakes to achieve this by increasing coverage of growth monitoring and the subsequent early detection of under nutrition. The programme has a number of components including the National Action plan for Orphans and other vulnerable children housed in the MoLSS.		<ul style="list-style-type: none"> <li>•MoJLA</li> <li>•MoEASC</li> <li>•NGOs</li> </ul>	Health.	
National Action Plan For OVC	2011 - 2015	The program serves the needs of Children in difficult circumstances. It meets one of the components of the National Programme of Action which seeks to ensure that by 2020 all children in Zimbabwe live in a safe, secure and supportive environment which is conducive for growth and development. The program aims at strengthening the coordination structures dealing with OVC and other vulnerable children at all levels in the country. In process it intends to fight household poverty of extremely poor households and ensure children get access to basic social services such as health, education, justice and protection. The programme now in its second phase was implemented since 2006 under the auspices of the Programme of Support up to 2010. From 2011 The Program entered its second phase and is now funded through the Child Protection Fund and the Government of Zimbabwe.	GOZ and Development Partners	<ul style="list-style-type: none"> <li>•UNICEF</li> <li>•MoLSS</li> <li>•MoHCW</li> <li>•MoJLPA</li> <li>•MoESC</li> <li>•NGO</li> <li>•Donors</li> </ul>	<p>This is a national Programme which has three programmatic pillars. These pillars are; 1.Strengthening The Household Economy. This programmatic pillar seeks to fight poverty at household level through the provision of periodic cash transfers to labour constrained and food poor households. These households are also linked to livelihoods intervention being done by other stakeholders and development partners. An average of \$22 is transferred monthly per household.</p> <p>2. Child Protection.</p> <p>The pillar is concerned with the development and strengthening of a rights based child sensitive framework of national policies and laws all meant for the effective discharge if child protection programming. This pillar also takes the case management drive which is the backbone of addressing the</p>	

Strategy / Policy	Reference Period	Objectives and main components	Budget Donor /	Stakeholders	Key points	Integration of Nutrition
					<p>issues of children in difficult circumstances. The child protection pillar is implemented through a number of NGO partners which have speciality in the areas the deal with.</p> <p>3. Access to Basic Social services. This pillar is for the provision of education through BEAM and Health through assisted medical treatment orders.</p> <p>The two pillars Strengthening the household economy and access to basic social services pillars are implemented directly by the Department of Social Services through its provincial and district structures. The Child Protection pillars due to the speciality programmatic areas involved is implemented through the partnership with NGOs which have been contracted through the signing of tripartite agreements with The Fund manager and the Department. The criteria applied for targeting under the cash transfer pillar which is food poor and labour constrained households meets the needs of a range of vulnerable populations without the need for categorical targeting as shown by the beneficiary profile statistics 37 per cent of child beneficiaries are orphans, 65 per cent of households are headed by an elderly person of whom most are female, and more than 13 per cent of household members are disabled or chronically ill.</p> <p>As of July 2013 the cash transfer scheme operating in 13 poorest</p>	

<i>Strategy / Policy</i>	<i>Reference Period</i>	<i>Objectives and main components</i>	<i>Budget Donor</i> /	<i>Stakeholders</i>	<i>Key points</i>	<i>Integration of Nutrition</i>
					<p>districts is reaching 31,015 vulnerable households with 144 833 household members including 92,756 children. By December 2013 the HSCT is expected to cover 20 districts and reaching out to more than 55,000 HHs which is approximately is 15.7% of the estimated 350 000 extremely vulnerable households. Table 1 shows the beneficiary summary of the HH currently on HSCT. On the other hand child protection services across the seven thematic areas of the NAP have reached more than 32 000 children with services.</p>	



### III. Country nutritional programs & initiatives currently implemented and/or planned

#### Main programmes and interventions being implemented to improve nutrition in the different sectors (health, agriculture, food security...)

Many programmes are currently being implemented in the various sectors that have been planned to impact positively on improving nutrition outcomes. Under the Zimbabwe United Nations Development Framework (ZUNDAF), FAO, UNICEF, WFP and WHO have come together to jointly implement a nutrition flagship programme through the various sectors that these agencies support to improve nutrition in Zimbabwe. The outputs are taken from the main ZUNDAF document and are all linked to the Food and Nutrition Security Policy, which provides the overall framework for interventions.

Flagship Output	Ministry and Agencies supporting this output	Programmes / Activities being implemented
<b>Output 1 5.2.3.1</b> All health facilities are fully functional to provide a standard package of Nutrition services by 2015	MoHCW, UNICEF, WFP	<ul style="list-style-type: none"> <li>Ongoing efforts to integrate direct nutrition interventions into service and Health Information System (MOHCW, UNICEF).</li> <li>Supply's management system now in place to distribute therapeutic nutrition products (micronutrient supplementations and therapeutic food for MAM) through essential drugs system. (MOHCW, UNICEF, WFP)</li> <li>Ongoing HIV/nutrition integration in 8 districts ( UNICEF/CIDA/NGOs)</li> <li>The standard community IYCF training now includes a significant component on screening for malnutrition, referring and using the new child health card in 10 new districts. (MOHCW, UNICEF).</li> <li>CMAM protocol revised &amp; training packages for doctors &amp; nurses revised with development of new training guides for VHWs and Nurse Aides(MOHCW, UNICEF).</li> <li>Standardized IYCF (breastfeeding and complementary feeding) training materials for health workers incorporating latest WHO infant feeding guidance(MOHCW, UNICEF).</li> <li>Treatment of Moderately malnourished adults &amp; children in 23 districts(MOHCW,WFP,NGOs)</li> </ul>

<b>Output 5.2.3.2</b> National food fortification strategy and plan of action developed and implemented	MoHCW, FAO, UNICEF, WFP WHO	<ul style="list-style-type: none"> <li>Leading international consultants engaged, inception phase of strategy completed and situational analysis underway-( MOHCW, UNICEF, WFP and FAO)</li> <li>National micronutrient survey conducted, data analysis completed, report drafting now in progress(MOHCW, UNICEF/HTF, FAO,WFP and WHO)</li> </ul>
<b>Output 5.2.3.3</b> Malnutrition is addressed through ensuring that nutrition is firmly integrated in WASH, HIV/AIDS, agriculture, food security, education and social protection sectors	MoHCW, MoAMID, FAO, UNICEF, WFP WHO	<ul style="list-style-type: none"> <li>Food &amp; Nutrition Security Policy launched by the President of Zimbabwe on May 16th 2013.</li> <li>Policy Dissemination has commenced to Provincial and District levels.</li> <li>Nutrition strategy development process was initiated in 2nd quarter of 2013. (MOHCW, FNC, sector ministries, FAO,UNICEF, WFP and WHO)</li> <li>WFP is now jointly implementing its multiyear strategy, opportunity for links with UNICEF social protection and HIV response. (WFP,UNICEF)</li> <li>FAO's input in agriculture sector, nutrition mainstreaming on-going e.g. ZIMVAC 2013 incorporated nutrition and health and health indicators (FNC, FAO, WFP, UNICEF)</li> <li>FAO developing minimum standards for nutrition sensitive interventions in Agriculture &amp; Food security sector in collaboration with donors in Zimbabwe (WFP, UNICEF, FNC, MOA)</li> <li>Prevention and treatment of worms and schistosomiasis is on-going, involving various department at MOHCW and MOEASC (WFP &amp; UNICEF).</li> <li>FAO with on-going support for Crop and livestock and livelihood assessments (FAO and WFP, FNC)</li> <li>FAO continues to conduct nutrition education training of agriculture extension staff using the Healthy Harvest manual.</li> </ul>
<b>Output 4</b> National, provincial and district food	FAO, UNICEF, WFP	<ul style="list-style-type: none"> <li>National Food &amp; Nutrition Security Committee and 8 Provincial Committees established for policy</li> </ul>

and nutrition security teams (FNSTs) strengthened for the implementation of the national Food and Nutrition Security Policy		implementation (FNC,FAO,UNICEF,WFP) <ul style="list-style-type: none"> <li>To date 24 districts with established FNSCs(FNC,FAO,UNICEF,WFP)</li> </ul>
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**Consideration of nutritional goals into programs / activities related to agriculture and food**

Commitment 2 of the Food and Nutrition Policy highlights the government’s commitment to “ensuring food security for all people including access to adequate, diverse and nutritious food by all people at all times”. In making this commitment, the government recognizes that “broad-based agricultural development as an effective means of reducing poverty and accelerating economic growth. It also acknowledges that while adequate national food availability is a necessary requirement, it is not sufficient on its own to ensure food security.” The policy commitment also clearly states that “a commitment to food security must consider aspects of food availability, food access and food utilization” which can be achieved either through production or having resources to purchase diverse and adequate food, or a combination of both and a measure of change of food security will evaluate access to food, availability and diversity. Commitment 2 has 10 Strategic objectives, all addressing different aspects of food security and all ensuring that nutrition is well integrated, through increasing access to a diverse range of foods (both of crop and animal origin) – SO 2.1, strengthening post-harvest management and storage issues – SO 2.5, reaffirming the role of women in agriculture but taking care not to negatively affect their caring role – SO 2.8 and increasing awareness of and demand for nutritious foods – SO2.10. These strategic objectives are further outlined as specific actions in the policy implementation matrix. These documents are expected to guide and ensure nutrition sensitive agriculture programming in the country.

It is however important to note that formulation of SMART nutrition objectives for nutrition sensitive agriculture interventions is not yet understood and so is monitoring and evaluation for measuring nutrition impacts. FAO and other UN colleagues and in collaboration with donors (EU, DFID, AUSAID and USAID) is working on a guide of minimum standards for nutrition sensitive interventions in Zimbabwe, informed by the nutrition context on the causes of malnutrition in Zimbabwe.

**Main population groups targeted & localisation**

Scale of programmes varies with the intervention, sector and who is implementing. Government programmes are usually national but at times using a phased approach. Programmes supported by development partners usually target specific areas guided by needs. Targeting is based on data from the various information systems such as

the Zimbabwe Vulnerability Assessments or other surveys. These systems provide information that is used for planning targeted interventions based on where the needs are. At community level, community leaders are normally consulted for selecting actual beneficiaries. Food and Nutrition Security Committees at provincial and district level are also responsible for conducting needs assessments and recommend the sector specific food and nutrition needs of their communities. This information is then filtered to national level and used for planning programmes.

**Funding opportunities**

Despite economic challenges faced by the country, the Government of Zimbabwe has made a considerable effort to ensure the funding of food and nutrition security programmes and initiatives through the fiscus. A key document titled ‘Investment Opportunities under the Food and Nutrition Security Programme’ was crafted by the Office of the Vice President and is being used extensively as a resource mobilisation tool.

Development partners continue to be instrumental in the funding of food and nutrition security programmes through combined efforts, as well as supporting key sectors. These have mainly focused on improving production and productivity. Although improving nutrition is mentioned as one of the intended outcomes, often there are no specific objectives and deliberate efforts to measure any impact. Of recent however, there has been an increasing interest from a number of donors to support nutrition sensitive interventions through the agriculture sector, but these are still in the pipeline. The FAO emergency programme in Zimbabwe has mainly received significant support from donors like the EU, DFID and USAID and nutrition was largely mainstreamed in the interventions. With the launch of the Food and Nutrition Security Policy support towards nutrition sensitive interventions is slightly increasing.

**Monitoring & Evaluation mechanisms**

Nutrition indicators such as weight-for-height, height-for-age and weight-for-age have been largely assessed through surveys and routinely through the health system. Weight-for-age is routinely measured every month for children aged 0 – 59months and this information is compiled through the Health Information System. A new Child Health Card has been designed that also makes it mandatory for height to be measured and recorded monthly for all children under the age of five and to be also reported routinely through the system.

In the agriculture sector and in assessments such as the Vulnerability Assessments, the following indicators have been used as proxies to measure impact of programmes on nutrition;

- Household Dietary Diversity Score
- Household Food Consumption Score
- Nutrition knowledge, Attitudes and Practices.

## IV. Stakeholders, coordination mechanisms and national capacities for implementing food and nutrition security framework

### *Main national entities in charge of designing and implementing the food and nutrition policy framework*

There are three main structures currently in place appointed by the Government at the national level responsible for food and nutrition security issues: the National Task Force for Food and Nutrition which is chaired by the Vice President, and deputized by the Minister responsible for Agriculture. This taskforce is supported by a Working Party (National Steering Committee) of Permanent Secretaries, chaired by the Deputy Chief Secretary in the Office of the President and Cabinet. Permanent secretaries from a minimum of 17 key ministries, captains of Industry and Heads of Parastatals comprise the Working party. A technical committee co-chaired by the Permanent Secretary in the Office of the Vice President and the Food and Nutrition Council exists to provide technical guidance and advice to the Working Party as well as the National Taskforce. The Food and Nutrition Council is the central technical agency under the Office of the President and Cabinet with the mandate of coordinating multi-sectoral action for food and nutrition security, and is a key stakeholder in all the national level structures. The Food and Nutrition Security Policy was developed under the coordination of the FNC in close collaboration with multiple stakeholders in the public and private sector. The Policy was endorsed in July 2012, and then officially launched by His Excellency, Cde. Robert Gabriel Mugabe, President of the Republic of Zimbabwe on 16 May 2013. The Policy is in fulfillment of key Cabinet decisions, and is indicative of the high priority assigned to food and nutrition security, coupled with the high level of commitment from the political and fiscal environment of the country. The policy also provides the much-needed legal framework and statutes for multisectoral action for food and nutrition security in Zimbabwe, and has very clearly articulated institutional structures and accountabilities. The Food and Nutrition Council thus, is one of the key institutes for Policy, planning, implementation and monitoring of food and nutrition activities.

### *Main management and technical capacities at the institutional level*

#### **Capacity of the Agriculture Ministry**

There is an extensive network of extension personnel on the ground. The department of AGRITEX has about 5 200 extension workers who deal with farmers who are primary producers. The extension worker to farmer ratio is approximately 1:300. Each ward, which is the smallest administrative unit in the country, has 3-4 extension workers. The department of Livestock Production also has extension workers on the ground. These extension workers are supervised by supervisors and there are about 380 supervisors. Each supervisor is in charge of about 4-5 wards. From the supervisor level there are officers at district followed by the province and the national.

#### **Capacity for Nutrition**

The Government's delivery infrastructure includes a small team of nutritionists at national level, nutritionists at Provincial and District level and Nutrition Assistants at district level. Nutrition activities are also carried out by Nurses, Environmental Health Technicians and Village Health Workers. Ministry of Health and Child Welfare through its National Nutrition department is the technical sector lead and coordinator of nutrition interventions delivered through the health sector. The current staff establishment needs to be reassessed to ensure that there are cadres at all levels to support and implement both community and clinical nutrition programmes. The work conducted by the Ministry of Health and Child Welfare is supported by the non-governmental organizations across the country.

To scale up action to improve nutrition in the county, Zimbabwe needs to Resuscitate multi sectoral teams with clear roles and responsibilities.

- Food and Nutrition security committees (FNCSs) ( inter sectoral representation) present at provincial and district levels to coordinate community based nutrition sensitive interventions such as nutrition gardens and small livestock projects declined in the late 90s due to lack of funds. Implementation was largely donor driven.
- Processing and production stakeholders to meet periodically for example, the peanut butter paste manufacturers and the research team on new varieties.
- There is need for a multi-stakeholder effort in promoting diversification in production. This includes promotion of indigenous crops, livestock production (especially small livestock – chickens, goats, rabbits) and forest products.

#### *Disaster prevention/management structures*

Zimbabwe has a well-defined disaster prevention and management structure through the Civil Protection Unit coordinated by the Ministry of Local Government, Rural and Urban Development. The chief mandate of the Civil Protection Unit is to ensure disaster preparedness and to ensure emergency response at all levels of government from central to community level. The scope of the activities covers floods, accidents, wild fires, social upheaval amongst others. The Civil protection Unit is multi-sectoral in nature at the different levels to allow the different key sectors to contribute meaningfully to the process. The UN also has an emergency preparedness and response plan that is updated quarterly.

The FAO Zimbabwe Country Programme Framework (CPF) 2012 – 2015 for providing medium-term support to the government of Zimbabwe in the areas of food and nutrition, agriculture, natural resources management and rural development has three priority areas of which Priority C is on Disaster Risk Reduction and Management. The intended outcome for this priority area is to *“Improve*

*preparedness for effective response to agriculture, food and nutrition threats and emergencies” and this will be achieved through 3 outputs namely;*

- Disaster risk management framework policy framework reviewed and updated.
- Early warning systems developed / strengthened.
- Capacity of institutions and communities to respond to agriculture and food and nutrition security threats strengthened.

#### **Monitoring and Evaluation capacities**

At the national level the Food and Nutrition Security Policy provides for the development and establishment of a comprehensive monitoring and evaluation framework that will comprise a tracking system including the following;

- Impact indicators: reflected at the level of policy goal and commitments linked to MDG and other global commitments tracking.
- Outcome indicators: reflecting achievements and progress towards implementing the strategic objectives.
- Activities and process indicators: indicated at the province and district level with respect to the capacity for programme co-ordination and implementation of food and nutrition activities.
- The National Taskforce Annual report to Cabinet on implementation of the policy.

Sector specific strategies will also be developed that will have a component of Monitoring and Evaluation for monitoring progress and impacts of the various identified actions towards improving nutrition and food security.

At programme level, various programmes employ different M&E methodologies to measure outcome, outputs and processes of their programme interventions towards improving food and nutrition security. In many cases however, nutrition security is implied at outcome level but due to absence of specific nutrition objectives and activities, often these M&E systems do not measure nutrition impact at programme level. Some however use indicators like HDDS and HFCS in their programmes. There generally is limited M&E capacity for nutrition especially for nutrition sensitive interventions. While there is scope to include routine collection of nutrition indicators for nutrition specific interventions, these are mainly delivered through the health sector and due to time constraints and the general shortage of staff in many institutions, most health workers often do not collect data for these indicators routinely. Plans are however in place to include key nutrition indicators in the Health Information System.

The picture is different though for food security. Indicators are available and are often used at programme and national levels to measure food security status and impact of programmes on improving it. However the major challenge is that these mostly measure cereal / staple availability and access and does not take into account the importance of diversity. Often food security implies cereals only. Commitment 2

of the Food and Nutrition Security Policy however acknowledges this and clearly mentions that “.....a measure of a change in food security will evaluate access to food, availability and diversity”. This calls for intensive technical support to countries enable them to measure this.

## Main technical and financial partners

Partner	Role
<b>Technical Partners</b>	
FAO	Provide nutrition technical support mainly through the agriculture sector
WHO	Provide nutrition technical support mainly through the health sector
UNICEF	Provide technical support to nutrition, health, education, WASH sectors
WFP	Provide nutrition technical support through the health, agriculture and social protection sectors.
World Bank	Provide cross-cutting nutrition technical support to various sectors (agriculture, social protection, finance)
<b><i>The UN Development Assistance Framework (ZUNDAF) is a coordinated joint UN agency response to the articulated national priorities. In many cases technical support is supported with financial support too.</i></b>	
Various International NGO's	Several international NGO's working in the country also provide technical support from their Headquarters or from experience gained in implementing similar programmes in other countries. (e.g. CRS, World Vision, ACF, MCHIP, ACIDI VOCA)
<b>Bilateral development Partners</b>	
USAID	Provide financial support to various sectors according to need (health, agriculture, social protection)
DFID	Provide financial support to various sectors according to need (health, agriculture, social protection)
EU	Provide financial support to various sectors according to need (health, agriculture, social protection)
ECHO	Provide support for emergency interventions through the various sectors.
SIDA	Provide financial support to various sectors according to need (health, agriculture, social protection)
SDC (Swiss)	Currently playing the role of Donor Convenor for nutrition in Zimbabwe.
<b><i>In addition to the major donors mentioned above there are many other bilateral partners providing support</i></b>	
<b>Local And International NGOS</b>	Various local and international NGO's provide both technical and financial support through the various sectors.
ZVITAMBO	Conduct intensive nutrition research mainly in the health and WASH sectors.
ACF (Action Contre La Faim)	Provide support through implementing programmes directly in communities in close collaboration with government officers. Technical support from UN agencies is mainly provided to communities through these NGO's. In addition they get technical support to nutrition from their Headquarters.
CRS	
World Vision	

## Main coordination mechanisms (Task force, core group, cluster...)

As mentioned above, there is a policy framework in place and the policy implementation structures legalized in the Food and Nutrition Security Policy have structures from Cabinet to community level, with Food and Nutrition Security Committees at National, Provincial and District levels. These committees are multisectoral in nature, and reflect the commitment to ensure that nutrition is mainstreamed in various key sectors. Regarding direct nutrition interventions, Zimbabwe has good coordination mechanisms for development and implementation through: the Nutrition Technical Working group, which is chaired by the nutrition department of the Ministry of Health and Child Welfare and UNICEF, plays a secretarial role. There are subgroups for CMAM, Food fortification and IYCF with members from the government, the UN, NGOs and academia. This mechanism ensures that interventions are up-to-date with latest evidence, and international best practice. The technical aspects of nutrition are deliberated on and discussed in order to ensure that nutrition interventions are technically sound, whilst be locally feasible.

In the agriculture sector FAO plays a big role in assisting the ministry of Agriculture to coordinate the sector, especially the humanitarian aspect of agriculture support. Over the last decade, FAO has received support from donors like the EU and USAID to carry out this role. FAO is considered an honest broker between donors and the government, facilitating timely provision of outputs essential for coordination. The overall objective for this coordination is to create a conducive environment to improve the food and nutrition security and income generation of smallholder farmers through better resource utilization and streamlined coordination mechanisms. In playing this role FAO expects to strengthen an effective institutional coordination framework strengthened as well as monitor and evaluate agricultural interventions. To achieve this FAO co-chairs the Agriculture Coordination and Information Forum (ACIF, formerly called the Agriculture Coordination Working Group) with the ministry of agriculture. This is a forum that meets every month to share information related to agriculture – from technical presentations to information from assessments. FAO also organizes and facilitates 5 technical working groups that are chaired by the ministry of agriculture (with the exception of the MLA which is chaired by Private Sector); the Garden Working Group, the Livestock Working Group, Irrigation Working Group, Zimbabwe Agriculture Conservation Agriculture Network (ZimCAN) and the Market Linkages Working Group (MLA). These working groups bring together technocrats from the area to discuss, plan and provide technical guidance on key issues concerning the area including commissioning studies, making policy recommendations and giving technical advice to programmers. FAO also facilitates the National Steering Committee that is chaired by the ministry of agriculture through playing a secretarial role. This platform brings together the government and donors to discuss support to the agriculture sector. In its coordination role, FAO also supports national agriculture and food security assessments such as the Crop and Livestock Assessments, provide support to the

National Early Warning System through monthly data collection analysis and reporting from more than 5 sentinel sites in the country and promote and institutionalise successful practices. FAO is also supporting the establishment of decentralised coordination structures at provincial and district levels that will mirror what is happening at national level and will be closely linked to the Food and Nutrition Security Policy structures at those levels. Nutrition issues relating to the agriculture sector are essentially tackled through the Garden Working Group.

The Zimbabwe Vulnerability Assessment Committee was established in 2002, with support from the SADC Regional Vulnerability Assessment Committee (RVAC), and is similarly a multi-sectoral committee that spearheads analysis and monitoring of the food and nutrition security and vulnerability situation in the country, reporting to the at regional RVAC. ZIMVAC undertakes a rural assessment at the end of the cropping season each year, aimed at projecting food insecurity situation throughout the consumption year. Nutrition indicators – mainly consumption patterns and MUAC has over the years been included in this assessment. The system also collects information on access to education, health services and safe water and sanitation. ZIMVAC provides very essential information used by many stakeholders including donors, NGO's and the government itself for planning various interventions.

#### ***Adherence to global / regional initiatives linked to nutrition***

As a country, Zimbabwe has tried to adhere to all the commitments it has made to global and regional initiatives linked to nutrition. The Food and Nutrition security policy which is a legally recognized document that provides an over-arching framework for intersectoral collaboration towards improving food and nutrition security in Zimbabwe also provides a practical way towards fulfilling some of the commitments that the country has made to global, regional and national policy frameworks. These include; the International Covenant to Economic, Social and Cultural rights (ICESCR) on the right to adequate food and to be fundamentally free from hunger, the Zimbabwe National Constitution which commits the right to food adequate nutrition, the Zimbabwe Medium Term Plan which places economic growth and development as critical and the Millennium Development Goals.

Zimbabwe joined the SUN Movement as an early riser country in 2011 and the Food and Nutrition Security Policy Implementation Matrix is the joint multi stakeholder implementation plan providing a common results framework for food and nutrition security in Zimbabwe. At the moment the following are the priorities for scaling up nutrition in Zimbabwe;

-Establishment of a system to track accountable actions for each ministry/authority including the development of sector policies, strategies and work plans that are aligned to the Food and Nutrition Security Policy;

-Development and implementation of a financial tracking system for food and nutrition security; and

-Development and implementation of an impact monitoring framework for the Food and Nutrition Security Policy.-Zimbabwe is currently not a REACH country

#### **Main issues at stake to improve the mainstreaming and scaling-up of nutrition at the country level and regional / international level, taking into account sustainability**

##### **Success Factors**

- Enabling policy framework for intersectoral collaboration in place
- Government support and commitment at the highest level
- Coordination structures in place at all levels
- Increased commitment towards improving nutrition indicators globally.
- Existence of global commitments to end child under-nutrition (SUN, REACH)

##### **Challenges**

- Limited funding towards nutrition especially in government
- Inadequate technical capacity
- Lack of concrete evidence on impact of nutrition sensitive interventions on nutrition especially in the agriculture sector.
- Poverty especially in sub-saharan Africa countries
- Weak M&E systems especially for nutrition sensitive interventions.

##### **Main Priorities**

- Generate evidence on impact of nutrition sensitive interventions on nutrition (especially stunting reduction).
- Technical support to countries to scale up nutrition.
- Active support to countries on fundraising for nutrition.
- Development of M&E framework for intersectoral collaboration for improved nutrition.
- Sensitize non-Nutritionists on the importance of addressing nutrition.

## Definitions

Acute hunger	Acute hunger is when the lack of food is short term, and is often caused when shocks such as drought or war affect vulnerable populations.	Multi-stakeholder approaches	Working together, stakeholders can draw upon their comparative advantages, catalyze effective country-led actions and harmonize collective support for national efforts to reduce hunger and under-nutrition. Stakeholders come from national authorities, donor agencies, the UN system including the World Bank, civil society and NGOs, the private sector, and research institutions.
Chronic hunger	Chronic hunger is a constant or recurrent lack of food and results in underweight and stunted children, and high infant mortality. “Hidden hunger” is a lack of essential micronutrients in diets.	Nutritional Security	Achieved when secure access to an appropriately nutritious diet is coupled with a sanitary environment, adequate health services and care, to ensure a healthy and active life for all household members.
Direct nutrition interventions and nutrition-sensitive strategies	Pursuing multi-sectoral strategies that combine direct nutrition interventions and nutrition-sensitive strategies. Direct interventions include those which empower households (especially women) for nutritional security, improve year-round access to nutritious diets, and contribute to improved nutritional status of those most at risk (women, young children, disabled people, and those who are chronically ill).	Severe Acute Malnutrition (SAM)	A weight-for-height measurement of 70% or less below the median, or three standard deviations (3 SD) or more below the mean international reference values, the presence of bilateral pitting edema, or a mid-upper arm circumference of less than 115 mm in children 6-60 months old.
Food Diversification	Maximize the number of foods or food groups consumed by an individual, especially above and beyond starchy grains and cereals, considered to be staple foods typically found in the diet. The more diverse the diet, the greater the likelihood of consuming both macro and micronutrients in the diet. <i>Source : FAO</i>	Stunting (Chronic malnutrition)	Reflects shortness-for-age; an indicator of chronic malnutrition and it is calculated by comparing the height-for-age of a child with a reference population of well-nourished and healthy children.
Food security	When all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.	Underweight	Measured by comparing the weight-for-age of a child with a reference population of well-nourished and healthy children.
Hunger	Hunger is often used to refer in general terms to MDG1 and food insecurity. Hunger is the body’s way of signaling that it is running short of food and needs to eat something. Hunger can lead to malnutrition.	Wasting	Reflects a recent and severe process that has led to substantial weight loss, usually associated with starvation and/or disease. Wasting is calculated by comparing weight-for-height of a child with a reference population of well-nourished and healthy children. Often used to assess the severity of emergencies because it is strongly related to mortality. <i>Source : SUN Progress report 2011</i>
Iron deficiency anemia	A condition in which the blood lacks adequate healthy red blood cells that carry oxygen to the body’s tissues. Without iron, the body can’t produce enough hemoglobin, found in red blood cells, to carry oxygen. It has negative effects on work capacity and motor and mental development. In newborns and pregnant women it might cause low birth weight and preterm deliveries.		
Malnutrition	An abnormal physiological condition caused by inadequate, excessive, or imbalanced absorption of macronutrients (carbohydrates, protein, fats) water, and micronutrients.		
Millennium Development Goal 1 (MDG 1)	Eradicate extreme poverty and hunger, which has two associated indicators: 1) Prevalence of underweight among children under five years of age, which measures under-nutrition at an individual level; and, 2-Proportion of the population below a minimum level of dietary energy consumption, that measures hunger and food security, and it is measured only at a national level (not an individual level). <i>Source : SUN Progress report 2011</i>		

## Acronyms

<b>AUC</b>	African Union Commission
<b>BMI</b>	Body Mass Index
<b>CAADP</b>	Comprehensive Africa Agriculture Development Program
<b>CIP</b>	Country Investment Plan
<b>CFSAM</b>	Crop and Food Security Assessment Mission
<b>CFSVA</b>	Comprehensive Food Security and Vulnerability Analysis
<b>COMESA</b>	Common Market for Eastern and Southern Africa
<b>DHS</b>	Demographic and Health Survey
<b>ECCAS</b>	Economic Community of Central African States
<b>EFSA</b>	Emergency Food Security Assessment
<b>FAFS</b>	Framework for African Food Security
<b>FAO</b>	Food and Agriculture Organization
<b>FNS</b>	Food and Nutrition Security
<b>FSMS</b>	Food Security Monitoring System
<b>GAM</b>	Global Acute Malnutrition
<b>IFAD</b>	International Fund for Agricultural Development
<b>IFPRI</b>	International Food Policy Research Institute
<b>MDG</b>	Millennium Development Goal
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>NAFSIP</b>	National Agriculture and Food Security Investment Planning
<b>NCHS</b>	National Center for Health Statistics, Centers for Disease Control & Prevention
<b>NEPAD</b>	New Partnership for Africa's Development
<b>NPCA</b>	National Planning and Coordinating Agency
<b>PRS</b>	Poverty Reduction Strategy
<b>REACH</b>	Renewed Efforts Against Child Hunger
<b>REC</b>	Regional Economic Community
<b>SADC</b>	Southern African Development Community
<b>SAM</b>	Severe Acute Malnutrition
<b>SUN</b>	Scaling-Up Nutrition

<b>UNDP</b>	United Nations Development Program
<b>UNICEF</b>	United Nations International Children's Emergency Fund
<b>USAID</b>	United States Agency for International Development
<b>WFP</b>	World Food Program
<b>WHO</b>	World Health Organization

<sup>i</sup>In 2006, reference norms for anthropometric measures have been modified: from NCHS references to WHO references. To compare data measured before and after 2006, we usually use NCHS references.