

BASELINE RESULTS FOR THE 15 MCBM DISTRICTS FINALISED

The Government of Zimbabwe (GoZ) has made commitments to improve maternal, infant and young child nutrition in response to set international nutrition goals. Stunting reduction, as well as improvement in other child nutritional status indicators, sits at the heart of these efforts. In 2015, GoZ endorsed the implementation of the Multi-sectoral Community Based Model (MCBM) for Addressing Food and Nutrition insecurity for stunting reduction, which is in line with the Zimbabwe Agenda for Socio-Economic Transformation (ZimASSET), 2013-2018, both as a pilot and to be up-scaled to all the 60 districts in the country.

Stunting, also known as being too short for one's age, is the most common indicator of chronic malnutrition. It results from persistent deficits in nutritious food, inadequate child and maternal care, and/or frequent attacks of infectious diseases. Compared to children who have been given optimal opportunities to grow and develop, a chronically malnourished child will be challenged to attain the same height, will likely not develop the same cognitive ability, and will have higher risk of poor health outcomes throughout life. Following the successful implementation of the pilot phase in 4 districts (Chiredzi, Chipinge, Mwenezi and Mutasa), the programme has been scaled up to 15 more districts drawn from five provinces, namely, Manicaland, Mashonaland Central, Midlands, Matabeleland North and Masvingo. Specifically, the model will lead to the scaling up of key nutrition specific and nutrition sensitive interventions in 15 highly vulnerable districts namely Buhera, Makoni, Mutare, Nyanga, Mazowe, Mbire, Muzarabani, Mount Darwin, Tsholotsho, Gokwe North, Gokwe South, Kwekwe, Chivi, Gutu and Masvingo.



In order to monitor progress and measure the impact of the MSCBM programme, baseline data was required. The Zimbabwe National Statistics Agency (ZIMSTAT) was engaged by the Ministry of Health and Child Care to carry out the survey in the 15 MCBM scale-up districts. The survey was designed to collect information on a variety of nutrition and socio-economic indicators. The broad objective of the Baseline Survey was to investigate the prevalence of key factors that contribute to stunting in children in the 15 districts to provide a basis to monitor progress and effectiveness of selected interventions. The survey covered a sample of 9 375 households. Of the selected households, 8 808 were found to be occupied and 8 567 households were successfully interviewed, yielding a response rate of 97.3%. The household response rates by district were generally high across all districts ranging from 94.6% for Kwekwe District to 99.5% for Gutu and Makoni districts.

Three questionnaires were used for data collection in the survey and these were the household questionnaire, Woman's questionnaire and the under 2 questionnaire. A

training of Interviewers and Team Leaders workshop was conducted from 13 – 22 February 2017, in Gweru. The training involved going through the questionnaires and the Interviewer Manual, role plays, practice on anthropometric measurements and two days field practice. Fifteen teams each comprising a Team Leader, five interviewers, a nutritionist, a nurse and a driver under took the data collection over a period of 30 days from 13 March to 12 April 2017

This bulletin summarises the results from the baseline survey in respect of the following thematic areas: water and sanitation, household agriculture, household food security, child nutrition, reproductive health and knowledge, attitudes and beliefs.

Key Highlights: Water and Sanitation

About 69 percent of the households were using an improved source of drinking water with Gokwe North District having the least (39.6%). An improved drinking water source is defined by the quality of the water it produces and is protected from faecal contamination by the nature of its construction or through an intervention to protect from outside contamination. Such sources include piped water into dwelling, plot, or yard; public tap/standpipe; tube well/borehole; protected dug well; protected spring; or

rainwater collection. Nearly 16% of the population lived in households that had access to improved drinking water sources located on the premises, 27% spent less than 30 minutes fetching water, while 26.2% spent 30 minutes or more (per roundtrip). Tsholotsho, Mount Darwin, Kwekwe Rural and Chivi were the districts with the highest proportion of household population spending at least 30 minutes fetching drinking water from an improved source (52.7%, 43.3%, 36.6% and 36.5%, respectively). Some households treated their water before drinking and the main methods used were boiling (5.7%), use of water treatment tablets (3.0%) and bleaching/chlorination (2.4%). About 31% of the population in households were using unimproved water sources and of these, 14.2% were using appropriate water treatment methods.

About half of the population in the 15 districts had access to improved sanitation facilities. Improved sanitation facilities are those that ensure hygienic separation of human excreta from human contact. They include flush or pour flush toilet/latrine, Blair ventilated improved pit (BVIP), pit latrine with slab and upgradeable Blair latrine.

The proportion practicing open defecation ,i.e. defecation in fields, forests, bushes, bodies of water or other open spaces or disposal of human faeces with solid waste, was 37.7%. Tsholotsho District had the highest proportion of households with no sanitation facilities and 67.8% of them



A group of women at an improved water source



An improved sanitation facility

practised open defaecation. Thirty-four percent of the household population was using an improved sanitation facility not shared with other households. Unimproved facilities include pit latrines without a slab or platform, hanging latrines and bucket latrines.

Household Agriculture

The results indicated that maize was grown by the majority of households across all districts at 87.3% followed by sorghum at 38.7%. Across all 15 districts, 84.8% of the households cited maize as the main cereal consumed by household members. Tsholotsho District was outstanding in the consumption of millet at 54.5%.

More than half of the households in the 15 districts reported that they treat their pulses or cereals before storage. About 75% of the households grew vegetables while about half of them grew fruits.

In times of food shortage, 9.9% of households reported that they sold or bartered small livestock while 6% sold or bartered poultry. Selling or bartering livestock ranged from 2.6% in Makoni District to 22.6% in Mbire. Mutare (12.2%) and Mbire districts (11.2%) had the greater proportion of households that sold or bartered poultry



A thriving maize crop

Household Food Security

About three quarters of the households had little to no hunger, 22.7% had moderate while 2.7% had severe hunger. Mbire and Gokwe North districts had high proportions of households with moderate to severe hunger whereas Makoni and Masvingo districts had the least. The proportion of women who consumed a high dietary diversity the previous day before the survey, that is, foods from at least 5 food groups, was 18.6%. Thirty-three percent of women in Mount Darwin and 30.4% in Gutu had a high dietary diversity score whereas the least was nine percent in Tsholotsho.

Nutrition for Children

Good feeding practices of children are among the most important determinants of their health, growth and development. Good feeding will prevent malnutrition and early growth retardation. Overall, 90% of last live births in the two years preceding the survey were weighed at birth. Of all the last live births in the two years preceding the survey, 12.4% of the children were estimated to have weighed less than 2 500 grams at birth. In terms of



A woman showing vegetables from her garden

nutritional status, 12% of children under 2 years of age in the selected districts were moderately underweight and 3% were severely underweight. Slightly over 25% of the children were moderately stunted and 8.9% were severely stunted. The survey results also showed that 6.2% of the children were moderately wasted and 2.6% were severely wasted. About 8% of the children were moderately overweight or too heavy for their height.

About 16% of the children aged 18-23 months were more likely to be underweight, 40% stunted and 8% wasted while about 15% of children aged 0-5 months were more likely to be overweight.

Concerning breastfeeding, 99% of children born in the last two years preceding the survey were breastfed. About 67% of the babies were breastfed for the first time within one hour of birth while 94.7% started breastfeeding within one day of birth. The results also showed that 97.9% were fed with colostrum (through breastfeeding or otherwise) and 9.9% had received a prelacteal feed. Around 67% of infants less than 6 months were exclusively breastfed.



Centre: A mother breast-feeding her baby

Child Health

The proportion of children aged 12-23 months who had been fully vaccinated was 77.8% whereas 6.3% of children were not vaccinated. Almost 78% of children aged 6-23 months were given at least a dose of Vitamin A in the last 12 months preceding the survey. Vitamin A supplementation was lowest in Mutare District (57.6%) and highest in Tsholotsho District (91.8%).

Across the 15 districts, mothers/caregivers reported that 23.7% of children under age 2 had a diarrhoeal episode, 28.2% had a cough and 35.2% were ill with fever in the two weeks preceding the survey. Overall, 50.5% of the children who were ill in the two weeks preceding the survey visited a health facility or saw a health service provider.

Reproductive Health

About 91% percent of women who had a live birth in the



A nurse conducting ANC lessons at a local clinic



two years preceding the survey received antenatal care (ANC) from a skilled provider. Those that reported that they had received ANC from a nurse/midwife were 83%, 8.1% reported having received from a doctor and 5.1% did not receive any ANC.

Regarding the number of antenatal care visits that women had during the most recent pregnancy that took place within the two years preceding the survey, 67.4% of women had the recommended four or more visits.

About 82% of women took iron or combined iron and folate tablets during the pregnancy for the last birth in the last two years. The proportions ranged from 72.3% in Buhera District to 91.1% in Mbire District.

About 76% of women delivered in a health facility whereas slightly over 18% of the women delivered at home. Mutare Rural District had the highest proportion of women who delivered at home, at 34.9% followed by Buhera District with 33%.

Results on the Body Mass Index for non-pregnant women showed that about 5.6% were wasted, 44.7% were in the normal ranges, 14.6% were overweight and 6.8% were obese. The highest proportion of women who were wasted were in the age group 15-19 years (11.5%).

Less than 1% of pregnant and lactating women who had their Mid Upper Arm Circumference (MUAC) measured had severe acute malnutrition, 10.9% had moderate acute malnutrition while 78.5% had MUAC measurements in the normal range.

Kwekwe, Gutu and Mutare (2.6%, 2.2% and 2%, respectively) had the highest proportion of pregnant and lactating women with severe acute malnutrition. Mount Darwin District with 26.8% and Chivi District with 23.1% had the highest proportion with moderate acute malnutrition.

Knowledge, Attitudes and Beliefs

Across all districts, 96.2% of the women knew the first food a new born baby should receive. Around 78% had knowledge of the recommended age that a mother should feed a child with breast milk only. Close to 77% women had an idea of the number of times a baby younger than six months should be breastfed per day.

Overall, around 93% of women knew how to keep up milk supply, 50.6% had knowledge of expressing breast milk and 43.5% knew where to seek expert advice to overcome breastfeeding challenges. About 90% of the women believed exclusive breastfeeding for the first six months is good for the baby with 95% believing breastfeeding beyond six months is good for the baby. Slightly over 25% of the women believed it is good to feed a child three or more times a day.

Conclusion

In order to monitor progress and measure the impact of the MCBM programme, this baseline data is very critical. The committees will use the results to track progress as they implement the MCBM in their respective districts. The full report for the baseline survey is available upon request and can be accessed at FNC website.

