

2018 National Nutrition Survey Results at a Glance...

Introduction and Background

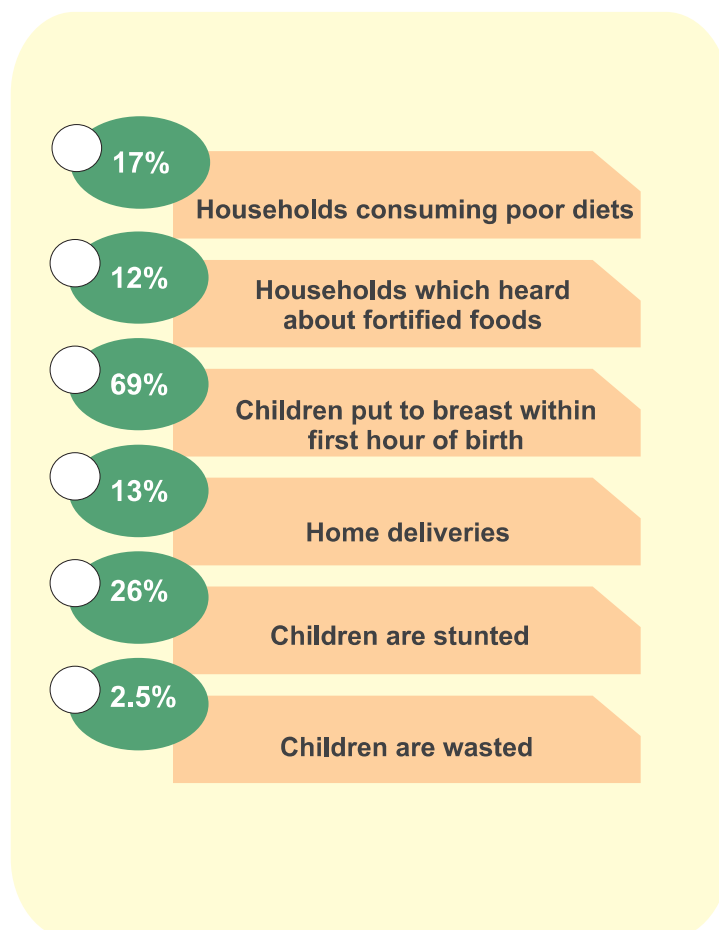
Malnutrition is a major impediment to economic growth and development. It contributes to poverty by increasing mortality, increasing susceptibility to disease, impairing cognitive development and educational achievement and reducing work capacity and productivity in adulthood.

The country recognizes that factors leading to malnutrition are complex and multi-dimensional. These include poverty; lack of access to sufficient food which conforms with beliefs, culture, traditions and dietary preferences; poor infant and young child feeding and care practices.

The elimination of malnutrition in all its forms is an imperative for health, social and economic reasons particularly the needs of children, women and other vulnerable groups. There is need to eradicate hunger and prevent all forms of malnutrition, particularly undernourishment (stunting, wasting, and underweight), micronutrient deficiencies and overweight in children under five years.

In order to provide an update on the nutrition situation since the last National Nutrition Survey was undertaken in 2010, the Food and Nutrition Council successfully led and coordinated the 2018 National Nutrition Survey (NNS) in January. Its findings will assist the country to close off the Millennium Development Goals (MDGs) era and help to evaluate the country's performance against the ZimASSET and the National Nutrition Strategy, which are both ending in 2018. Furthermore, it will aid monitoring the continuing implementation of the FNSP as well as the country's progress against regional and global commitments Government has made.

The 2018 NNS was conducted against a background where the economy was experiencing renewed hope and confidence ushered in by the new political dispensation. At the same time Zimbabwe was hit by a prolonged dry spell during the first half of the 2017/18 rainfall and agricultural season that resulted in severe moisture stress for most crops.



The main purpose of the survey was to assess district level nutrition status among children under five years of age in Zimbabwe (as well as the prevalence of its underlying causes) in a bid to characterize the problem and identify its key drivers to facilitate evidence based decision making and implementation of national and sub-national level food and nutrition interventions.

This bulletin summarizes the results of the survey. The 2018 NNS report focuses on thematic areas that include household demographics; WASH; household consumption and coping strategies; food fortification; child health and nutrition; growth monitoring; immunization and maternal health and provides recommendations on each thematic area for action at both district and national level.

Main Assessment Findings and Recommendations

Household Consumption Patterns

While Matabeleland North is among one of the livestock rearing provinces, it had the highest proportion of households which never consumed protein rich foods (36.3%) and 50% which never consumed iron rich foods. The province also had a high proportion of households consuming poor diets. The low proportion of households consuming food deficient in appropriate macronutrients and micronutrients is indicative of inadequate diets that could lead to morbidity related to nutrient deficiencies.

There was an increase in the proportion of households consuming poor diets from 12% to 17%, as well as those in the borderline category from 21% to 28% (Fig 1). This is an indication of depreciation in the quality of diets over time.

In light of these findings, nutrition sensitive interventions should focus on diversified crop and livestock production, household food processing as well as preservation to counter seasonal availability of foods.

Furthermore there is need for increased resource allocation towards nutrition interventions; both nutrition sensitive (agriculture, social protection education) and nutrition



specific (health) to accelerate the reduction of malnutrition.

Minimum Dietary Diversity for Women

The average Minimum Dietary Diversity for women of childbearing age was 4 out of the possible 10 (fig. 2). Community based interventions to improve maternal dietary intake particularly to improve the nutrition outcomes ought to be scaled up if targets to reduce stunting and other forms of malnutrition are to be achieved.

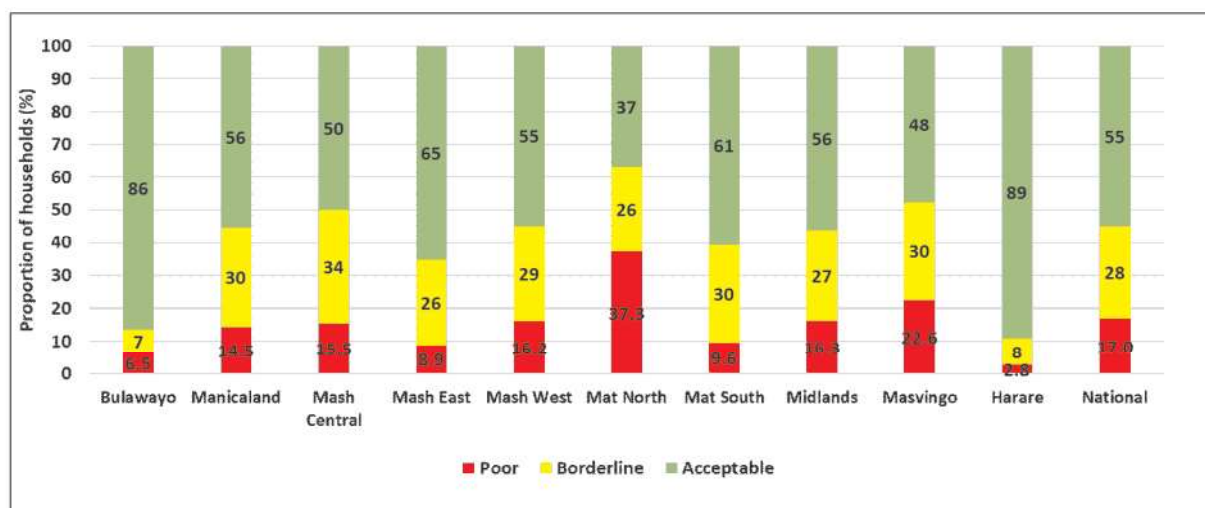


Figure 1: Food Consumption Score

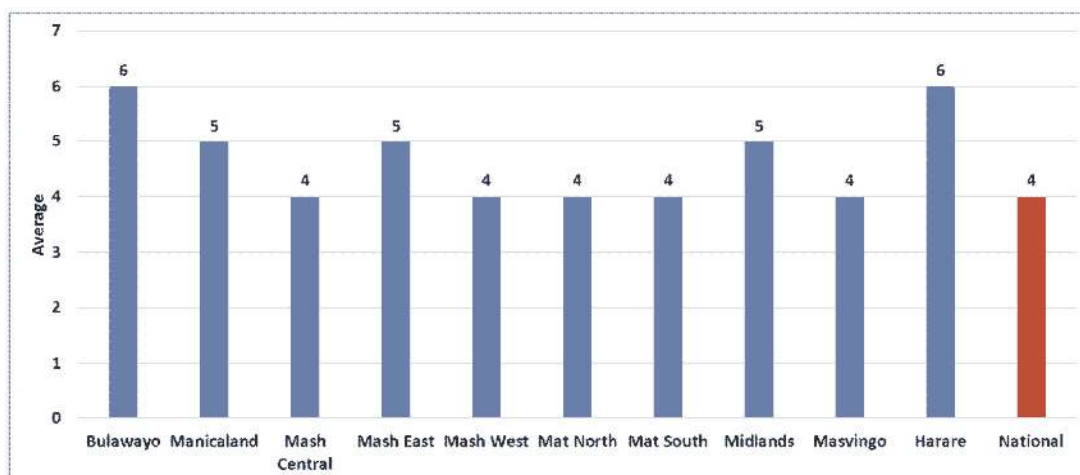


Figure 2: Average Women Dietary Diversity Score

Food Fortification

Mandatory food fortification is a strategy adopted by Government to improve the quality of diets. It involves addition of one or more micronutrients during conventional crop breeding (bio-fortification), food processing (industrial fortification) and food preparation (home fortification) regardless of whether the micronutrient is present or not in



the said food to increase micronutrient intake in a population.

Only 12% (Fig 3) of the households reported having heard about fortified foods. There is therefore need for mechanisms to facilitate improved knowledge and awareness among households on micronutrient control interventions through community-oriented social behavior change communication (SBCC) strategies. There is also need for more resources to be channeled to the Ministry of Health and Child Care to ensure increased social marketing and Private Public Partnerships (PPP) to increase investment.

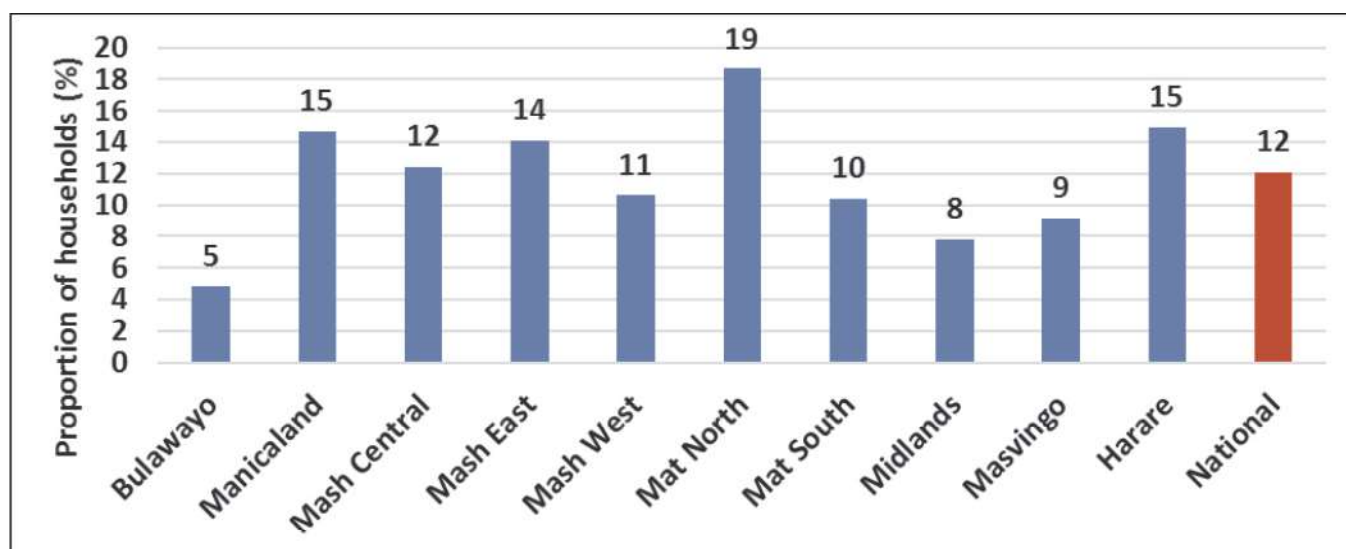


Figure 3: Proportion of households that had heard about fortified foods

Livelihoods Coping Strategies

About 37% (Fig.4) of households engaged at least 1 livelihoods coping strategy. This remains a cause of concern as it may include depletion of assets and may lead to future

consumption gaps. Resilience building livelihood activities combined with improved household consumption patterns vis a vis cultural practices are recommended for all households.

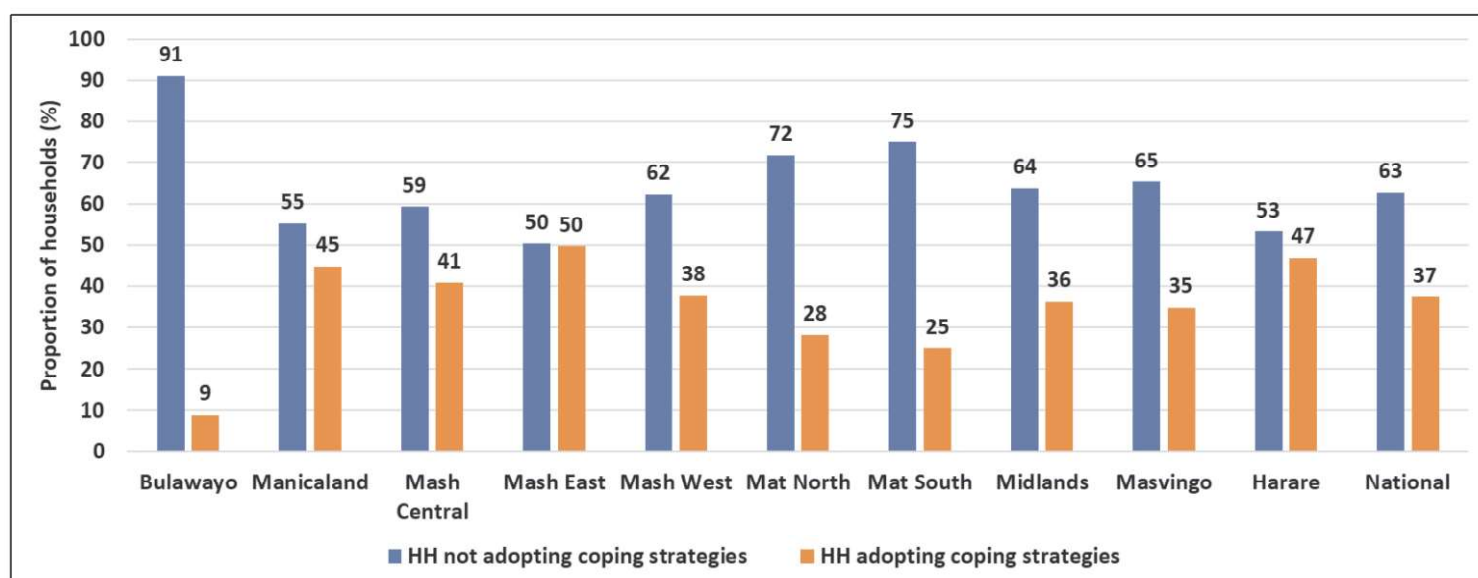


Figure 4: Households Adopting Livelihood Based Coping strategies

Infant and Young Child Feeding

Whereas Zimbabwe has surpassed Target 5 of the World Health Assembly which states that member countries should increase the rate of Exclusive Breast Feeding in the first 6 months up to at least 50% by 2025 to reach the SDG2.2 target of ending all forms of malnutrition; Zimbabwe will need to increase the level of exclusive breastfeeding to 90%.

Early initiation is one of the high impact child survival strategies. About 69% (Fig. 5) of the children born within the 2 years preceding the survey were put to the breast within the 1st hour of birth. The Baby Friendly Hospital Initiative (BFHI) should be expanded to cover all institutions offering delivery services to improve optimal breastfeeding practices. In addition, community mother-baby friendly initiatives should be adapted to ensure continuum of care.



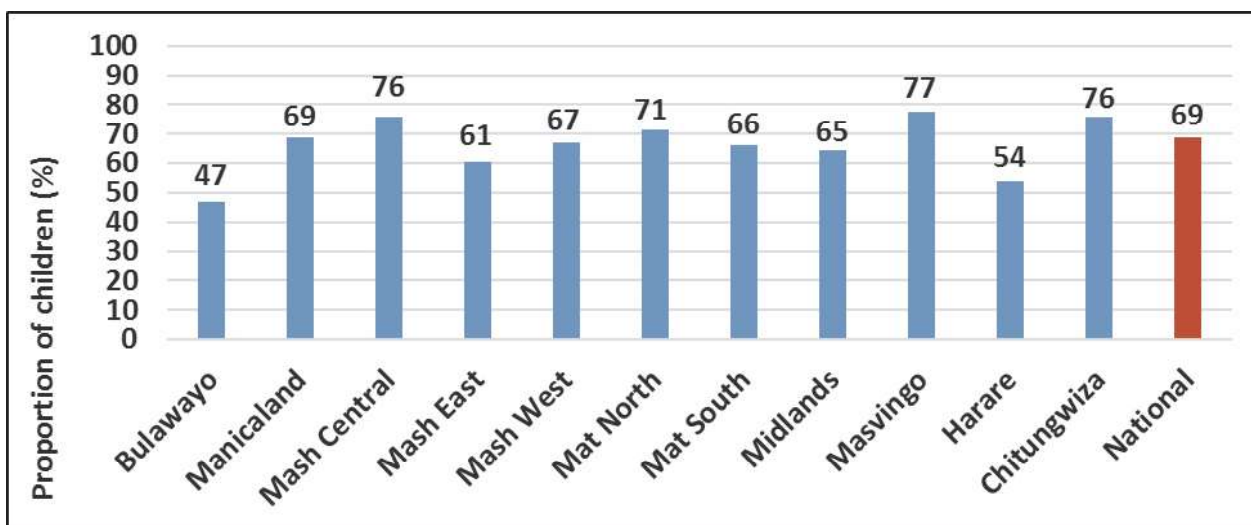


Figure 5: Early Initiation of Breastfeeding

Maternal Health

Of the women who gave birth within the last 2 years preceding the survey, 91% received micronutrient supplements free of charge. While a significant proportion of women had access to micronutrient supplements, there is need for the Government and Partners to consider interventions that increase adherence to micronutrient supplementation amongst pregnant women.

At least 13% of women who gave birth within the 2 years preceding the survey gave birth at home. This is a cause for concern. The sector responsible for Sexual and Reproductive Health (SRH) needs to consider engaging local leaders to encourage women to deliver at health institutions.



Young pregnant mothers at Chizvirizvi clinic waiting mothers' shelter in Chiredzi

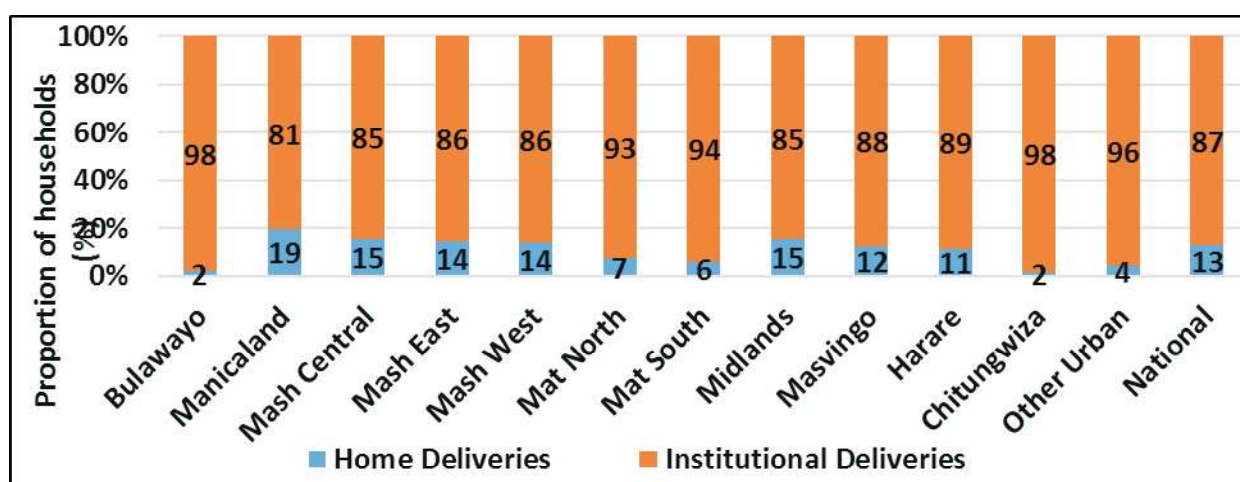


Figure 6: Proportion of Institutional Deliveries vs Home Deliveries

The highest proportions of women visited by a Village Health Worker after giving birth were in Manicaland (83%) and Masvingo (79%).

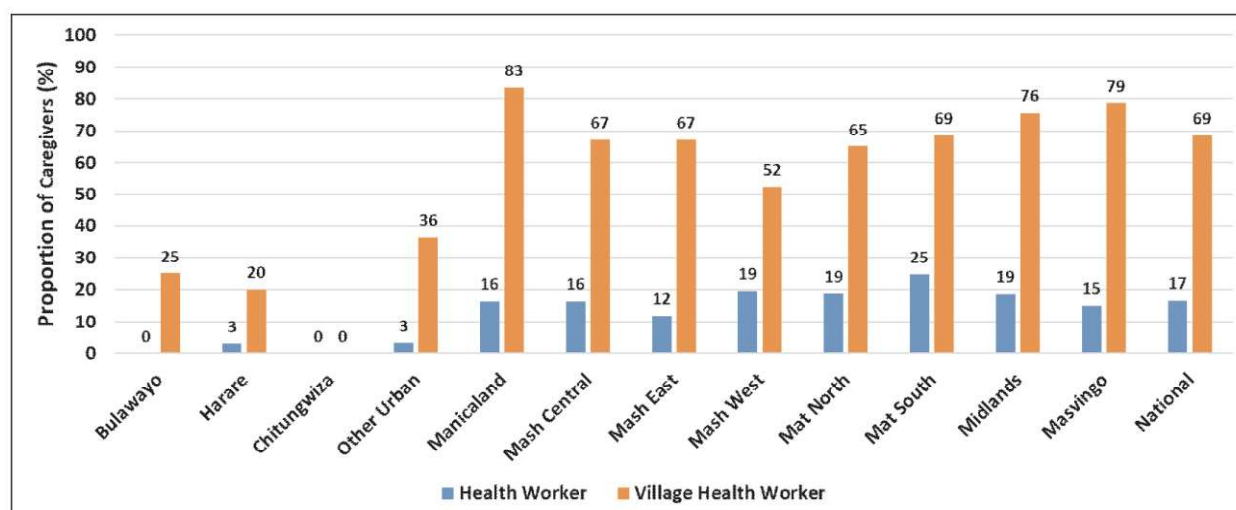


Figure 7: Women who Received Home Visits from Health Worker or Village Health Worker

The proportion of women who had less than 4 ANC visits during their last pregnancy was 27%. There is need to undertake campaigns to promote utilisation of goal-oriented ANC services amongst pregnant women. In addition, there is need for the Ministry of Health and Child Care to scale-up initiatives that encourage pregnant women to have early ANC bookings.

WASH

A growing body of evidence indicates that access to safe drinking water, sanitation and hygiene has an important positive impact on nutrition. Use of surface water (dam, rivers) in Matabeleland South and Matabeleland North was high compared to other provinces of the country. There is need for local authorities to ensure prioritization of provision of clean and safe water to households.

The highest proportion of caregivers who reported that they threw children's stool into the garbage was in Harare and Bulawayo (both 66.7%). The Government and its partners need to promote the use of safe methods of disposing children's stool for healthy environments especially in urban areas. There is also need to develop and enforce regulations

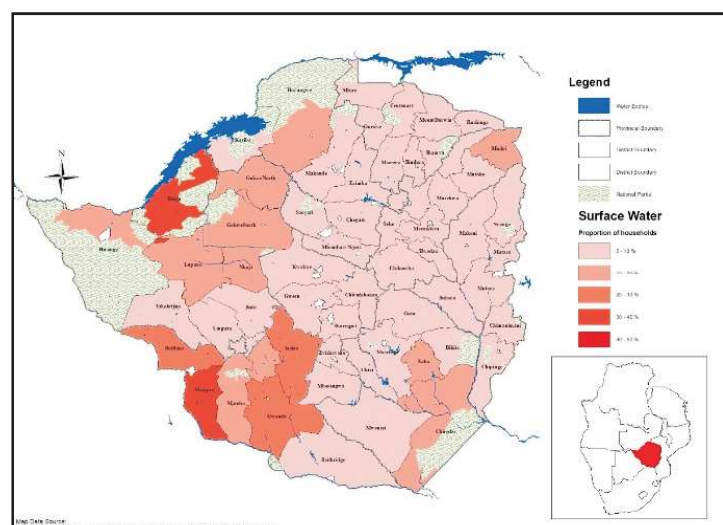


Figure 8: Households Drinking Surface Water



Sand abstraction in Mwenezi district

that facilitate safe and hygienic disposal. There is also need to improve environmental hygiene through environmental awareness programmes.

The practice of open defecation was high across most rural provinces, with over a third of households across the country and two thirds of households in Matabeleland North using the bush.

The Ministry of Health and Child Care, in collaboration with Government research institutions needs to carry out formative research to understand drivers of the above-mentioned practices. Where these drivers are known, there is need to design and implement appropriate and context specific behavior-change type interventions and by-laws that enforce the construction of appropriate sanitation facilities at each homestead.

Furthermore there is need for the Ministry of Health and Child Care, in collaboration with Government research institutions,

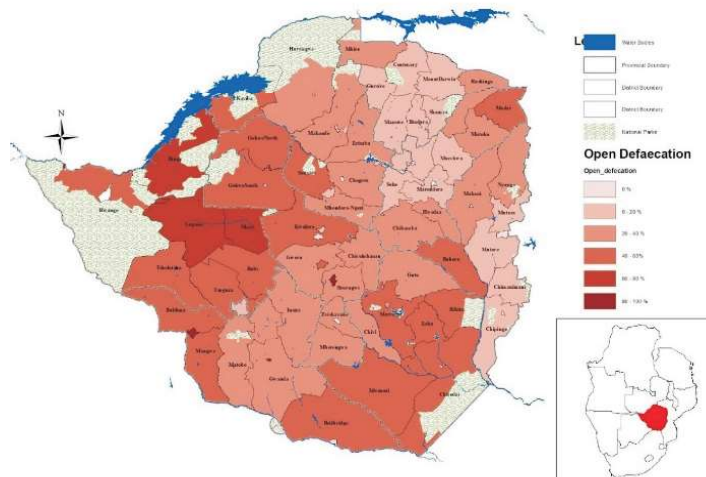


Figure 9: Households Practising Open Defecation

to develop new and context specific sanitation technologies for areas with Kalahari sand type where sanitation facilities are prone to collapse due to the type of soils.

Child Morbidity

The prevalence of diarrhoea amongst children under five years was 10% (Fig. 10). Findings also showed that a greater proportion of caregivers were not seeking advice or treatment when their children were ill. The Ministry of Health

and Child Care needs to consider decentralizing some primary health care services to community cadres where caregivers can easily access them.

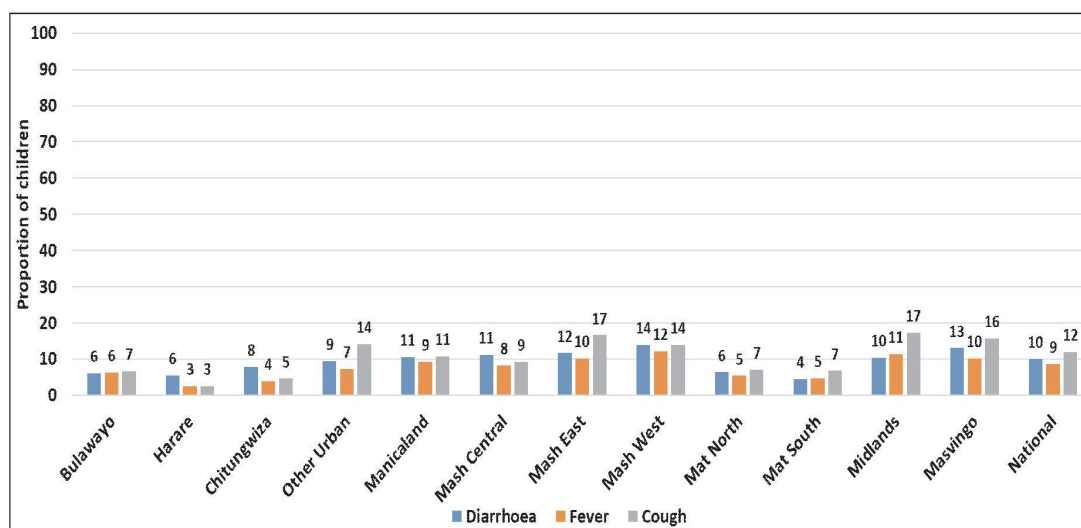


Figure 10: Prevalence of Child Illness



More parents/caregivers offered about the same amount to drink or eat to children who were ill. The Ministry of Health and Child Care needs to promote behaviour change communication on appropriate Infant and Young Child Feeding practices particularly on child feeding practices during illness and treatment of common illnesses.

Child Nutrition Status

With national stunting levels currently at 26%, stunting reduction programmes need to be scaled up to accelerate reduction towards the Malabo declaration target of 10% by 2025.

Although 2.5% acute malnutrition (Fig.11) was within the acceptable levels, there is need to continue programmes to



Child Immunisation

actively screen and refer; and effectively manage acute malnutrition, especially in its moderate stages.

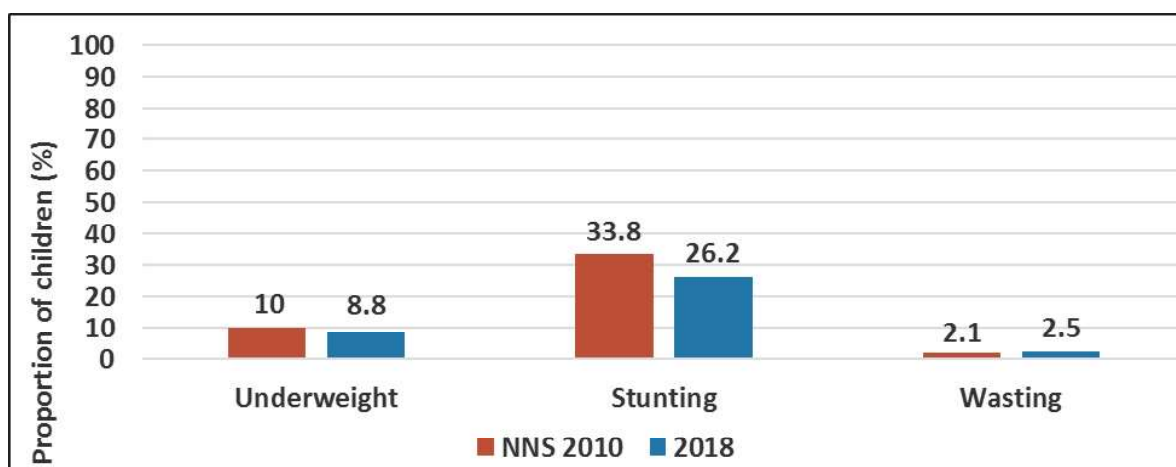


Figure 11: Child Nutrition Status

While the findings provide an overview of the nutrition situation, there is need for further interrogation to establish causal relationships.

Growth Monitoring

The provision of child health services such as growth monitoring by community based workers remains low.

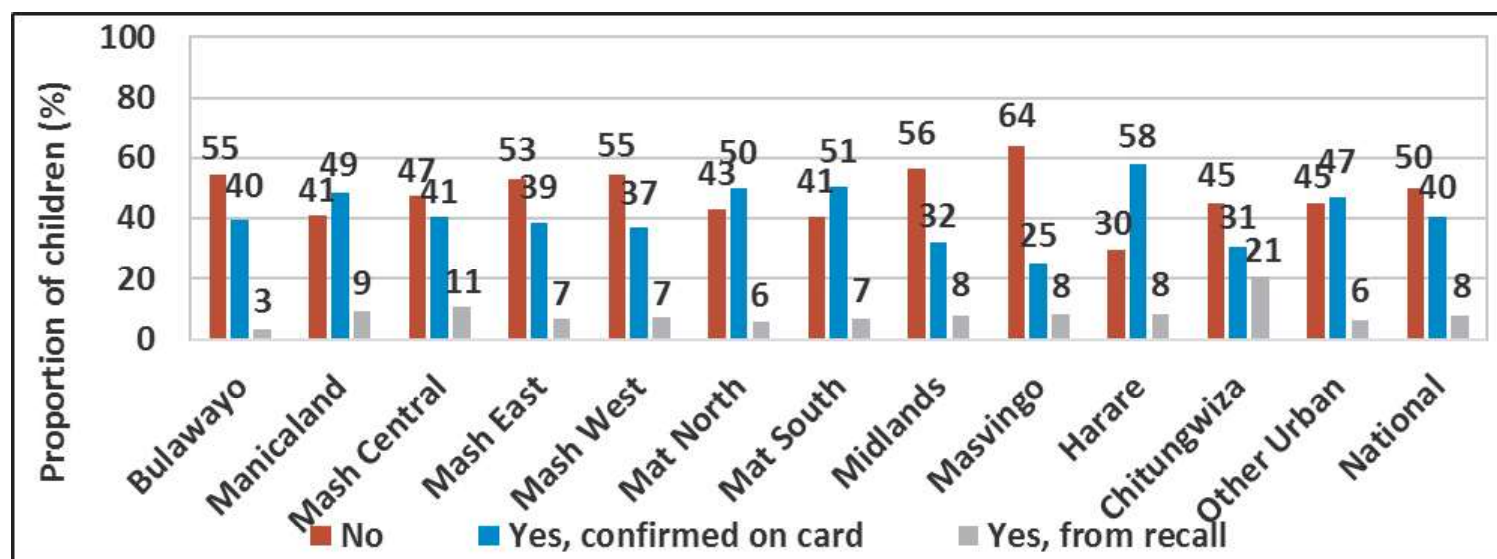


Figure 12: Children Under 5 Measured Weight

The Ministry of Health and Child Care needs to introduce integrated community services through multi-sectoral partnerships. Community uptake of available nutrition and health services was low. There is therefore need to strengthen community based programme delivery for hard-to-reach communities with regards to growth monitoring and promotion, immunization, active screening for malnutrition and task sharing of vitamin A supplementation with Village Health Workers. Government and its partners should allocate resources for the Ministry of Health and Child Care to market and promote nutrition and health-related services available for children and women.

Conclusion

Through this report, ZimVAC endeavours to provide Government and Development Partners with evidence for planning and decision-making as well as effective targeting of interventions and resources to address malnutrition and its underlying causes in Zimbabwe. The full report is available in both electronic and printed formats from FNC upon request and can be downloaded from the FNC website (www.fnc.org.zw).

National Nutrition Survey in Pictures



School feeding in progress in Chiredzi



Enumerators interviewing a mother during the survey

National Nutrition Survey in Pictures



Weight measurement for under 2 children



National Supervisors posing for a photograph with NNS Anthropometrists



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