Zimbabwe launches nutritional survey report

12 July 2010, Harare: In early 2010, the National Nutrition Surveillance Assessments taskforce, a consortium of government ministries, UN partners, and NGO’s conducted a large scale national nutrition survey. The survey had three primary objectives:

- To determine the nutritional status of children 6-59 months of age in each district;
- To explore the prevalence and distribution of underlying determinants of malnutrition among children 0-59 months of age in each district;
- To provide a platform for recommendations for action at district and national level.

The report of the survey was launched on 9 July 2010 in Harare by the Right Honorable Prime Minister of the Republic of Zimbabwe, Mr Morgan Tsvangirai. Participants at the launch included Senior Government Officials; international donor community, civil society organizations, United Nations agencies, academia, private sector and the media.

In his presentation of the summary of findings, the Director of the Food and Nutrition Council, George Kembo said he hoped that the report will influence the development of a National Food and Nutrition Policy under the leadership of the Food and Nutrition Council. The policy, he said, will strengthen multi-sectoral approaches to food and nutrition security in Zimbabwe.
Representatives from line ministries expressed concern about the increasing chronic malnutrition rates and dramatically low exclusive breastfeeding rates. The need for multi-sectorial action to address malnutrition and its underlying factors, was reflected by all speakers.

Main findings: Nutritional status:

- Chronic malnutrition remains unacceptably high (33.8%) - malnourished children are more susceptible to disease, suffer cognitive impairment, have poorer educational outcomes, and have reduced economic productivity as adults.
- Acute malnutrition is within an acceptable range (2.1%) - well below both national and international emergency cut-offs.
- The country is off target for achieving MDG’s 1 (eradication of extreme poverty and hunger) and 4 (Reduced child mortality) - improving nutritional status is paramount to the achievement of both.
- Applying global estimates, nearly 12,000 child deaths each year may be attributable to maternal and child under nutrition in Zimbabwe.

Main findings: Infant feeding:

- Women generally initiate breastfeeding according to recommendations, and continue breastfeeding through the first year of life.
- However, only 5.8% of infants are exclusively breastfed.
• More than half of Zimbabwean children are receiving complementary foods prior to 6 months - early introduction of complementary foods has negative implications for both growth and disease transmission
• Very few young children consume the recommended number of meals or the recommended number of food groups for their age – eggs, meat, milk products, and legumes are rarely included in the diets of young children
• Less than 10% of Zimbabwean children under the age of 2 receive the recommended minimum acceptable diet

Main recommendations:

• Chronic malnutrition must be considered a development priority
• To address rising rates of chronic malnutrition, the country must re-emphasize its commitment to inter-sectoral collaboration and coordination, and more effectively mainstream nutrition into all government ministries
• The country should develop a comprehensive food and nutrition policy as soon as possible to provide a framework for cross-sectoral prioritization and action
• Direct nutrition interventions should be targeted at pregnant women and children under the age of 2 – the “window of opportunity”
• Nutrition interventions should be guided by sound, evidence based policy and programming.
• Additional resources are required urgently to deliver a set of proven high-impact direct interventions, including:

UNICEF Representative Dr Peter Salama making his remarks flanked by the Minister of Health and Child Welfare Dr H. Madzorera, and a representative from DFID

Part of the group that attended the launch

Exclusive breastfeeding from birth to 6 months and appropriate complementary feeding from 6-23 months.
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