ZIMBABWE NATIONAL NUTRITION SURVEY | 2018

Coordinated by the **Food and Nutrition Council (FNC)** at SIRDC: 1574 Alpes Road, Hatcliffe, Harare, Tel: +263 4 883405, 860320-9 www.fnc.org.zw

Foreword

Promoting a Diversified Diet for Better Nutrition

The Food and Nutrition Council, supported by the multi-sectoral National Nutrition Survey Technical Committee (a consortium of Government Ministries, UN partners, Technical Organisations and NGOs), undertook the 2018 National Nutrition Survey (NNS). The survey was in fulfilment of the Food and Nutrition Security Policy's 6th commitment in which the Government is committed to *"ensuring 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"*. The 2018 NNS is the 2nd NNS to be undertaken in the country, with the 1st one having been undertaken in 2010. The 2018 NNS aimed to assess district level nutrition status among children under five years in Zimbabwe as well as the prevalence of underlying causes, to provide Government and Development Partners with evidence that characterizes the nutrition problem and identifies its key drivers and facilitates the implementation of national and sub-national level food and nutrition interventions.

This report focuses on thematic areas which 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. Through this report, we endeavour 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.

Our sincere appreciation goes to the National Nutrition Survey Technical Committee for successfully conducting this survey. The active participation of all food and nutrition structures at National, Provincial and District level as well as the community at large is greatly appreciated. Financial support from the Government of Zimbabwe and Development Partners provided all the impetus the National Nutrition Survey Technical Committee required to meet the cost for this exercise.

We submit this report to you all for your use and reference in your invaluable work as you work towards addressing priority issues keeping many of our households vulnerable to food and nutrition insecurity.

George D. Kembo
Director, Food and Nutrition Council

Acknowledgements of Funding

- We want to acknowledge UNICEF for being the major funder for the survey. We also received financial support from WFP and FAO to complement the Government funding.

Why A National Nutrition Survey

- The survey was a response to a fulfilment of the Food and Nutrition Security Policy's commitment 6 in which Government is committed to:

Ensuring 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

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Acknowledgements

The technical and financial support received from the following is greatly appreciated:

- Office of the President and Cabinet
- Ministry of Finance
- Zimbabwe National Statistics Agency (ZIMSTAT)
- Ministry of Lands, Agriculture and Rural Resettlement
- Ministry of Labour and Social Welfare
- Ministry of Health and Child Care
- Ministry of Local Government, Public Works and National Housing
- Ministry of Sports and Recreation
- Ministry of Youth and Women Affairs
- World Food Programme (WFP)
- Food and Agriculture Organization (FAO)
- United States Agency for International Development (USAID)
- United Nations Children's Fund (UNICEF)
- GOAL
- Famine Early Warning Systems Network (FEWSNET)
- CARE International
- ADRA
- Lutheran Development Service
- Plan International
- CARITAS
- Red Cross
- National Aids Council (NAC)
- Mwenezi Development Training Centre (MDTC)
- MAVAMBO Trust
- Aquaculture
- Childline
- AMALIMA
- Action Aid
- Help Germany
- World Vision
- Save the Children
- Family Aids Caring Trust (FACT)
- Welt Hunger Hilfe
- Sustainable Agriculture Technology (SAT)
- Urban Councils
- Rural District Councils

Background

- There is consensus that malnutrition, in all it's forms (including undernutrition, micronutrient deficiencies, overweight and obesity), affects people's health and wellbeing by:
    - Impacting negatively on human, physical and cognitive development;
    - Compromising the immune system;
    - Increasing susceptibility to communicable and non-communicable diseases; and:
    - Restricting the attainment of human potential and reducing productivity.
- It also poses a high burden in the form of negative social and economic consequences to individuals, family, communities and Zimbabwe at large.
- 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.
    - There is need to address the impacts of climate change and other environmental factors on food and nutrition security.

Background

- Zimbabwe acknowledges that trade is a key element in achieving food and nutrition security and that trade policies are to be conducive to fostering food and nutrition security for all.

- 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, underweight), micronutrient deficiencies and overweight in children under five years.

- Hence, food and nutrition policies and strategies should promote diversified, balanced and healthy diets throughout the lifecycle.

- The Zimbabwe National Nutrition Strategy identified the following factors;

  1 Inadequate knowledge and practices regarding appropriate and healthy diets for children and adults, especially among mothers and caregivers of children in the first 1,000 days of their life;

  2 Weak value chain for nutrient-dense foods (processed and unprocessed);

  3 Weak coordination and inadequate resourcing of nutrition interventions in the country resulting in service coverage that is below scale, comprehensiveness and quality recommended for high impact interventions;

Background

4 Inadequate knowledge and practices in relation to water, sanitation and hygiene (WASH) and other pro-health seeking behaviours (such as immunisation, family planning and malaria control), especially among mothers and caregivers of children under the age of five years;

5 Absence of tailored nutrition services to meet needs of adolescents and adults outside the scope of regular maternal and child nutrition services;

6 Weak capacity of systems for delivery of community-based nutrition services;

7 Nutrition-blind social protection and other sectoral services; and

8 Inadequate information to guide the design of relevant nutrition interventions.

- This assessment sought to measure Zimbabwe's progress towards the WHO 2025 Global Nutrition Targets.
- In 2012, the World Health Assembly (WHA) unanimously agreed to a set of six global nutrition targets that by 2025 aim to:
  - Reduce by 40 percent the number of children under 5 who are stunted;
  - Achieve a 50 percent reduction in the rate of anemia in women of reproductive age;
  - Achieve a 30 percent reduction in the rate of infants born with low birth weight;
  - Ensure that there is no increase in the rate of children who are overweight;
  - Increase to at least 50 percent the rate of exclusive breastfeeding in the first six months; and
  - Reduce and maintain childhood wasting to less than 5 percent.

The Right to Adequate Nutrition and the Sustainable Development Goals

SDG 2: Agriculture, Food Security and Nutrition- End Hunger. Achieve Food Security and Improved Nutrition and Promote Sustainable Agriculture.

SDG 3: Ensure healthy lives and promote wellbeing for all at all ages.

Survey Purpose

- 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 it's underlying causes) in a bid to characterize the problem and identify it's key drivers to facilitate evidence based decision making and implementation of national and sub-national level food and nutrition interventions.

Survey Objectives

1 To assess the nutritional status (anthropometry) in children 0–59 months of age, focusing particularly on the prevalence of stunting, underweight, wasting and obesity especially in children 6 - 24 months;

2 To assess the prevalence of morbidity (cough, fever and diarrhea) among children 0–59 months of age;

3 To assess the diversity and frequency of consumption of locally available micronutrient rich foods through household dietary diversity assessment and individual dietary diversity assessment of children 0–59 months of age and women of reproductive age in households with assessed children;

4 To assess coverage of key national vaccinations and micronutrient interventions as well as growth monitoring in children 0–59 months of age;

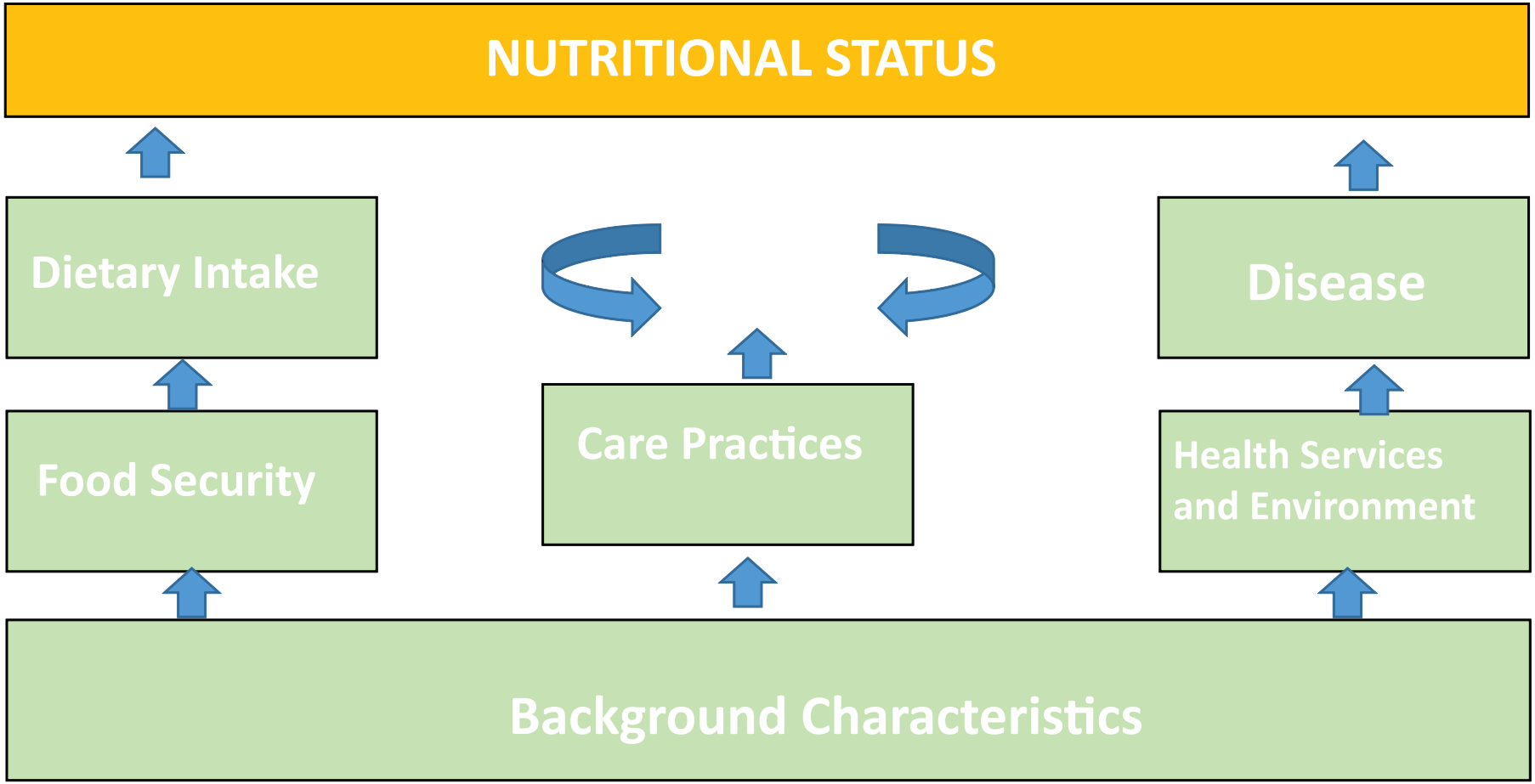
5 To assess maternal health and nutrition with a focus on Ante Natal Care (ANC), Post Natal Care (PNC) and maternal micronutrient supplementation and prevalence of low birth weight;

6 To assess awareness and uptake of fortified products (Fortified Food vehicles, Micro Nutrient Powders & Bio Fortified Crops);

7 To determine the practices related to Infant and Young Child Feeding;

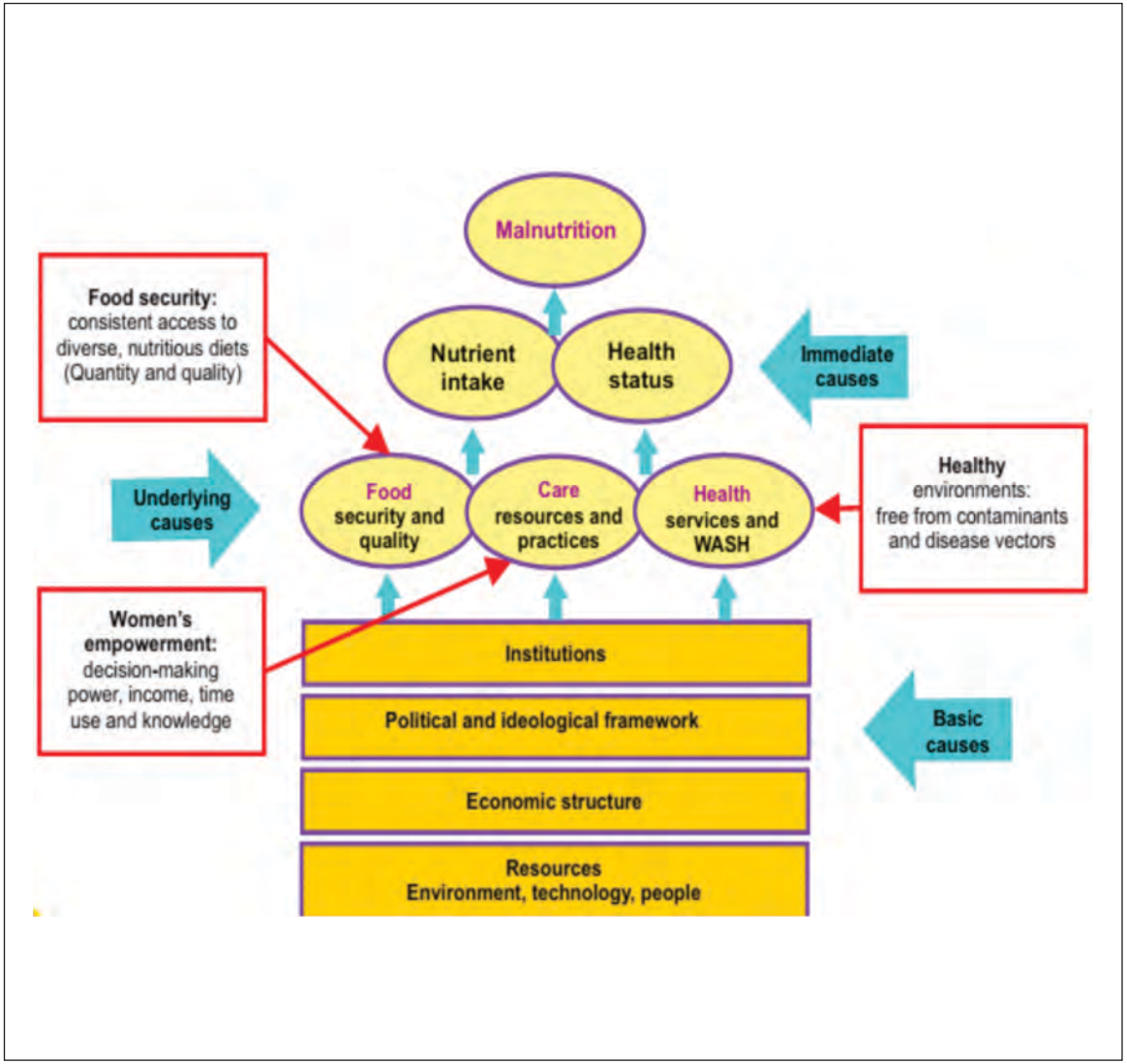
8 To describe the socio-economic profiles of households with assessed children in terms of demographics, access to basic services, hygiene practices and coping strategies.

Survey Methodology
Conceptual Framework



Survey Conceptual Framework

- In recognition of the complexity and multi-dimensional nature of not only the impacts of nutrition status but also its causes, the design of the 2018 NNS, was guided by the food and nutrition conceptual framework as pronounced in the FNSP of 2012.



Methodology

- A multi-sectoral National Nutrition Survey Technical Team undertook a multi-stakeholder consultation process which culminated in the development of the survey design and protocols informed by the assessment objectives, development of data collection tools, pre-testing as well as standardization of data collection instruments and anthropometric measurements.

- The National Nutrition Survey Technical Team was made up of members from Government, United Nations, Technical Organisations and Non-Governmental Organisations.

- The survey had a national supervisory team, inclusive of provincial nutritionists.

- The national supervisors underwent training in all aspects of the assessment (background, data collection tools, assessment sampling strategy and assessment supervision).

- The Ministry of Local Government, through the Provincial Administrators' offices provided the necessary coordination including the recruitment of district enumerators and mobilisation of vehicles at all levels.

- District enumeration teams comprised of officers from Government and local NGOs.

Methodology

- Each district enumeration team had 4 enumerators and 4 anthropometrists who had the responsibility of measuring children aged 6-59 months. Enumerators underwent a 3 day data collection instrument standardisation training and anthropometrists underwent a 2 day anthropometry standardisation training to ensure precision and accuracy in anthropometric measurements.

- The assessment used android gadgets for primary data collection and transcription.

- Data analysis and report writing was done by a team of 30 technical officers from the National Nutrition Survey Technical Team under the leadership and coordination of FNC.

Methodology - Timelines

Item	November 2017	December 2017	January 2018	February 2018
Assessment design, protocols ,objectives and data collection tools development and pre-testing standardisation	Up to the 11/01/2018			
Teams Training			10-17/01/2018	
Supervisor			10-12	
Enumerators			15-17	
Data collection			18/01 – 10/02	
Data cleaning			20/01-12/02/18	
Data analysis				12-17
Report writing				12-17

Methodology - Sampling

- The sample design was such that key food and nutrition indicators, particularly stunting prevalence, could be reported at domain level (60 rural and 4 urban) with at least 95% confidence.
- Stunting prevalence as the chosen key indicator for the survey informed the sample design as well as the sample size.
- The 2012 ZimSTAT master sampling frame was used to draw 30 enumeration areas (EAs) for each domain using the Probability Proportional to Population Size (PPS) method.
- 30 households to be enumerated were selected using systematic random sampling from a randomly selected village within the sampled Eas.
- Households with children under the age of 5 years were the sampling units.
- All children under 5 years in the households were considered for anthropometric measurements as well as key child nutrition and health indicators.

Methodology - Sampling and Sample Size

- The sample design was such that the survey was a 30 by 30 cluster sample survey.
- A total of **28 464** households were interviewed and **34 714** children aged 6 to 59 months were measured.
- **NB:** Harare, Chitungwiza and Other Urban are reported as Domains and not Provinces.

Province	Interviewed households	Children measured
Manicaland	2945	3643
Mash Central	3727	4213
Mash East	3476	4209
Mash West	3106	3429
Mat North	3299	4132
Mat South	2727	3869
Midlands	3759	4466
Masvingo	3431	4431
Bulawayo	449	544
Harare	509	596
Chitungwiza	469	531
Other Urban	567	651
Total	**28464**	**34714**

Methodology - Survey Domains

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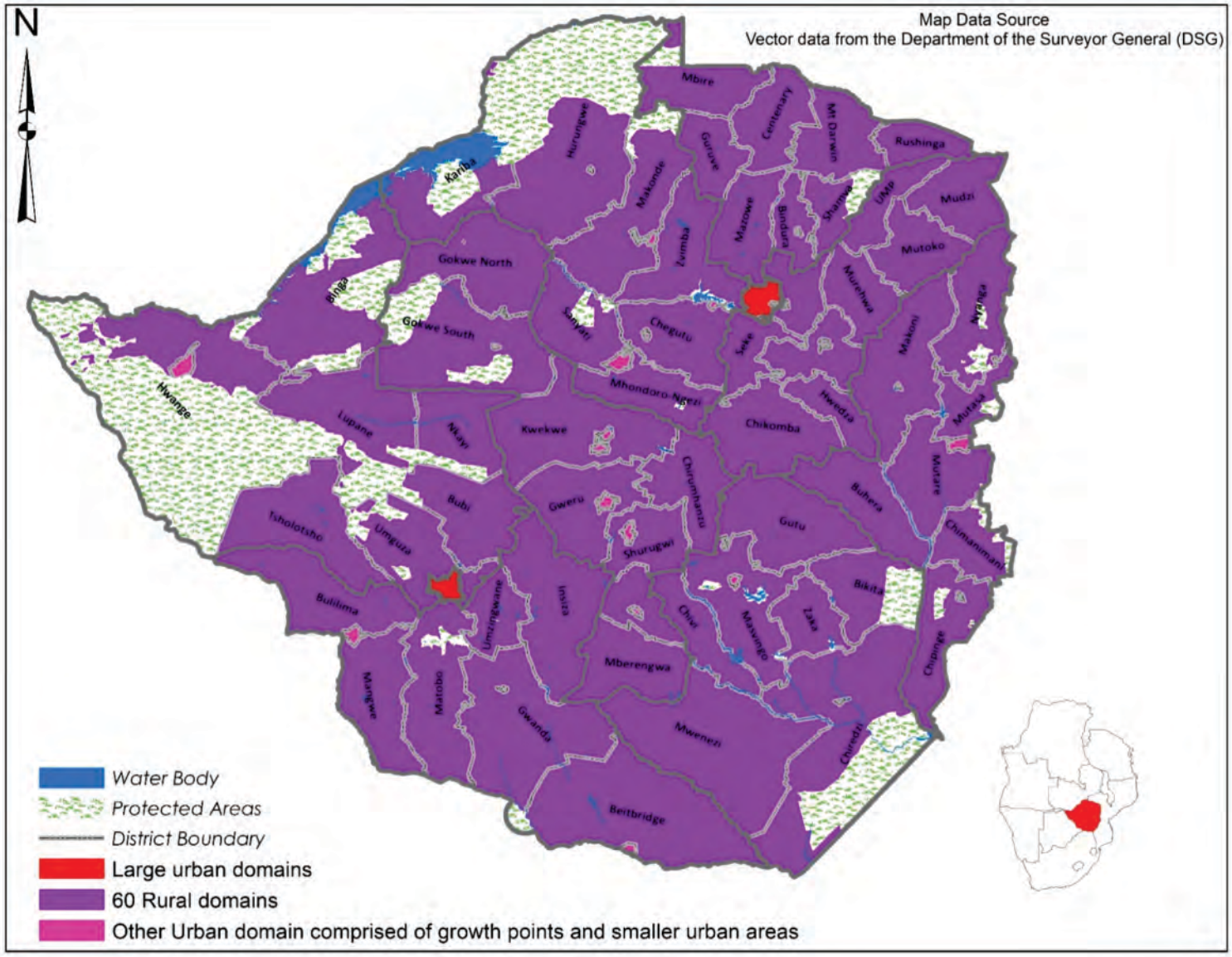


Data Collection, Preparation and Analysis

- Interviews and data transcription were android based using CSPro.
- All data on android gadgets was uploaded to a server hosted at FNC and consolidated using CSPro.
- Consolidated data was exported to SPSS and STATA as .sav and .dta datasets for household and child food and nutrition key indicators analysis.
- Data cleaning and analysis were done using SPSS V 20, ENA, Stata-13, Microsoft Office (Excel) and GIS packages (ARC GIS 10.1).
- Analyses of the different thematic areas covered by the survey were informed and guided by the food and nutrition security and survey methodological conceptual framework.
- In addition to the above, field observations and systematic secondary data review yielded valuable information that was used in the analysis and writing of the assessment report.

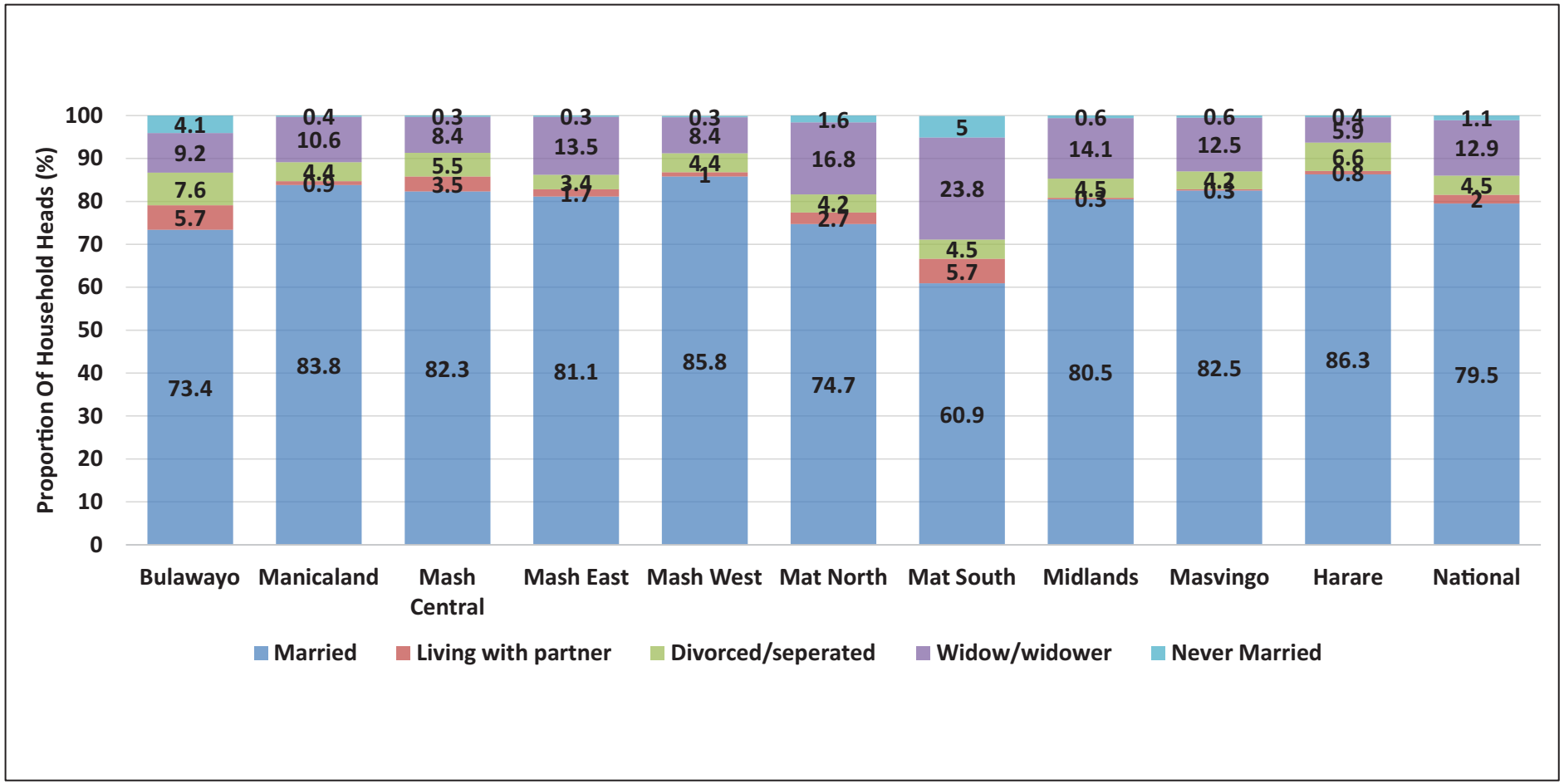
1. DEMOGRAPHICS

Sampled Households by Household Characteristics

	Total Households		Proportion (%)	
Household Characteristic	**2010 (N=21 006)**	**2018 (N=28 331)**	**2010**	**2018**
Male headed	14,675	19.289	70	72
Female headed	6,331	7.342	30	28
Child headed	44	124	0.2	0.5
Elderly headed	3,325	4.551	16	17
Presence of an orphan	5,034	541	24	2
Presence of chronically ill person	3,034	3.317	15	12
Presence of mentally/physically challenged persons	-	2.239		8

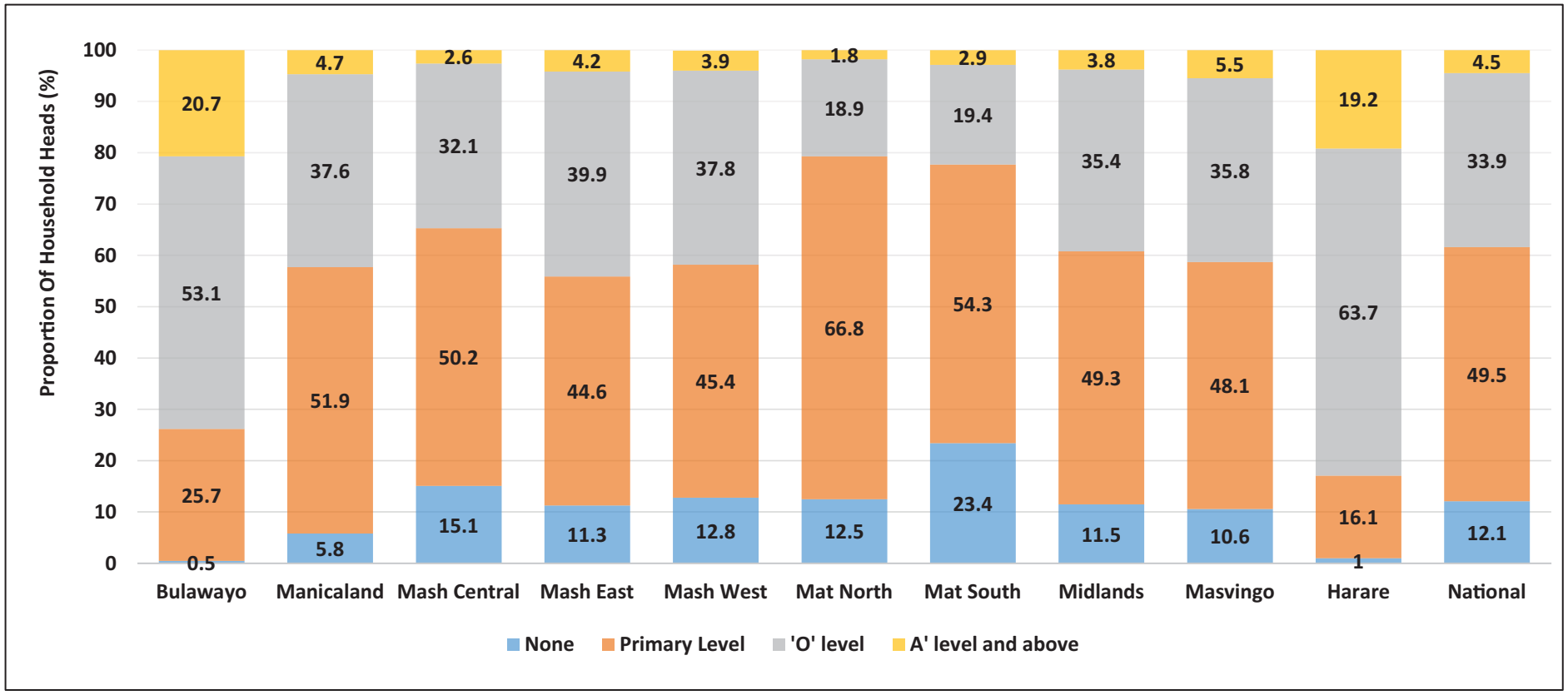
- The proportion of households with an orphan decreased from 24% in 2010 to 2% in 2018.
- There was a slight increase in the proportion of child headed families from 0.2% in 2010 to 0.5% in 2018.

Marital Status of Household Head



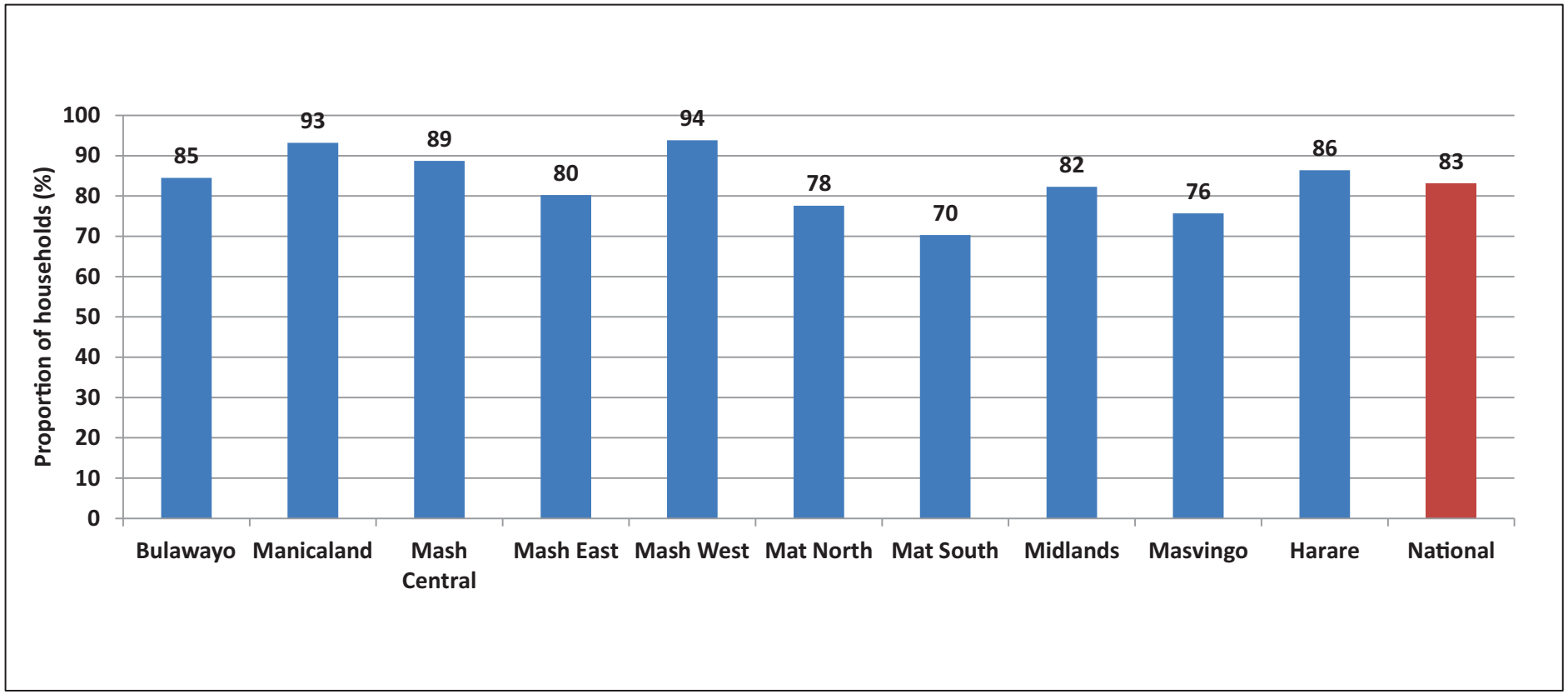
- Matabeleland South (23.8%) and Matabeleland North (16.8%) had the highest proportion of households headed by widows and widowers.

Educational Level of the Household Head



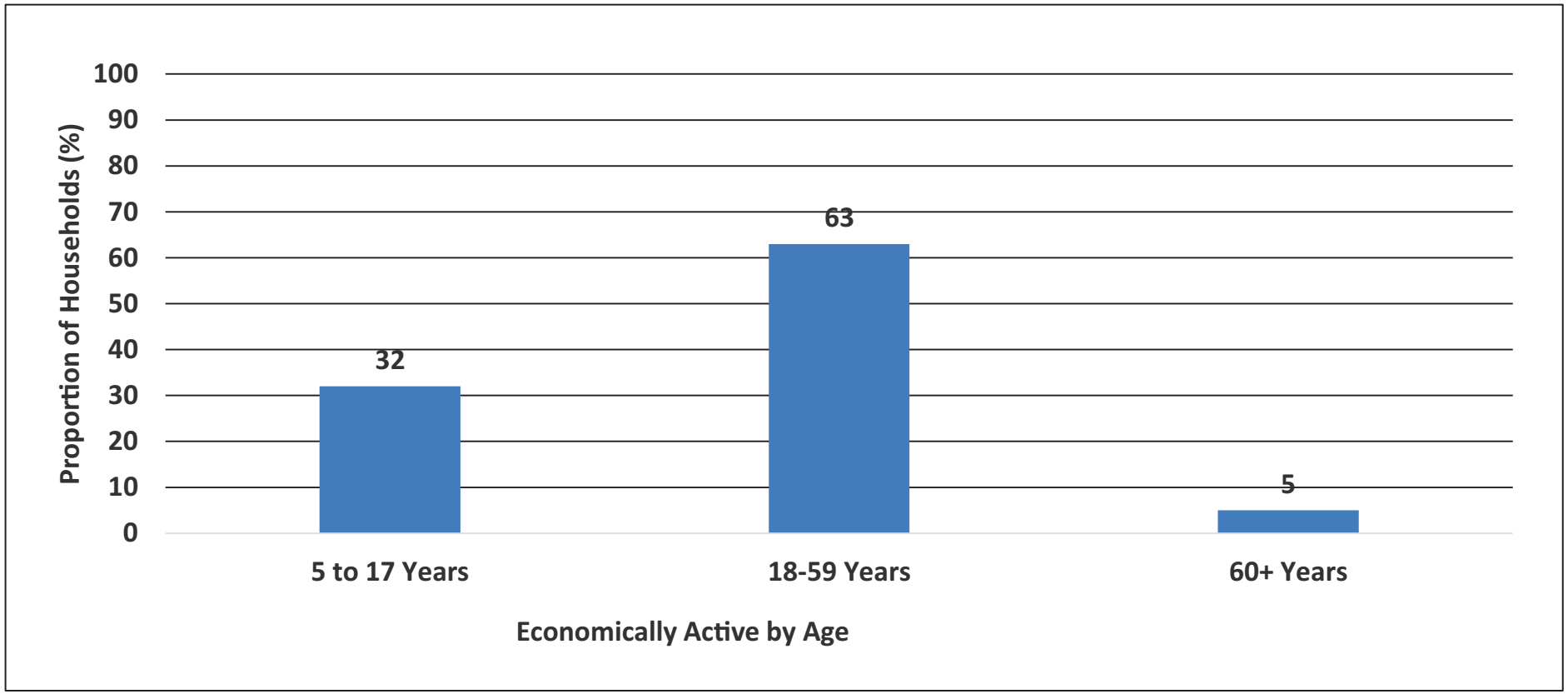
- Matabeleland South had the highest proportion of household heads who had not completed at least primary education.
- Urban areas (Harare and Bulawayo) had the lowest proportion of household heads who had not attained primary education.
- Bulawayo and Harare had the highest proportion of household heads with A' Level and above.

Proportion of Households with Economically Active Household Heads



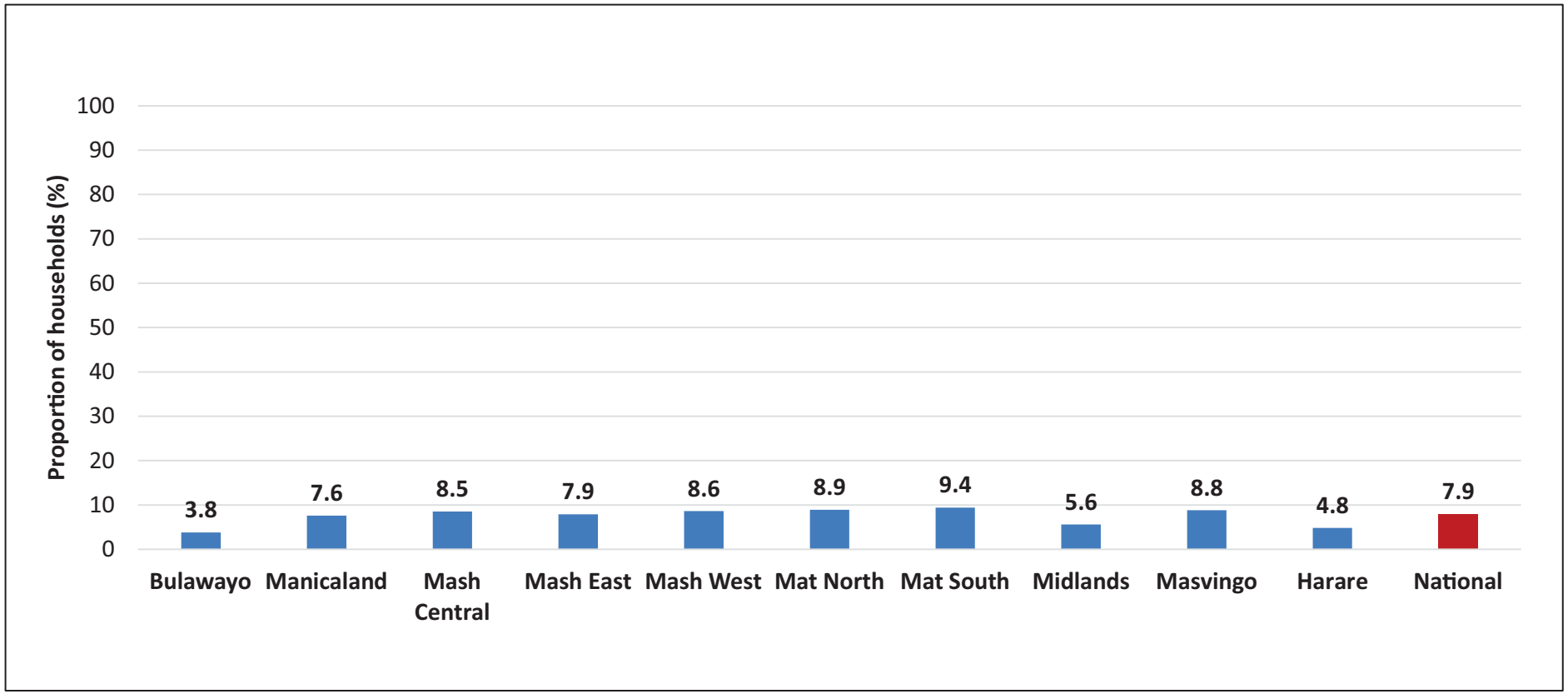
- Mashonaland West (94%) and Manicaland (93%) had the highest proportion of households with economically active household heads.
- Matabeleland South (70%) had the lowest proportion.

Proportion of Economically Active Members by Age



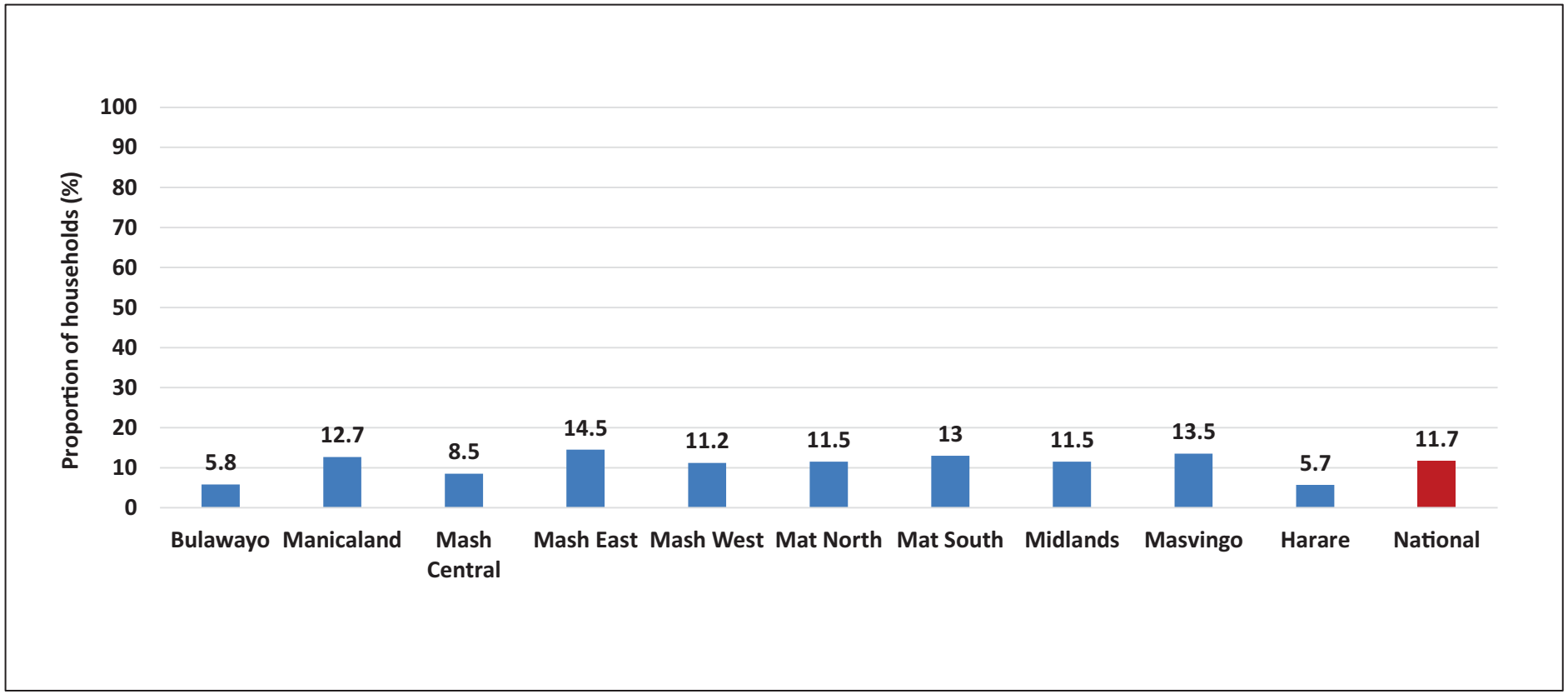
- The majority of household members who were economically active were between 18 – 59 years.
- Nationally, 32% of children between 5 to 17 years were economically active.

Proportion of Households with a Mentally/Physically-Challenged Member



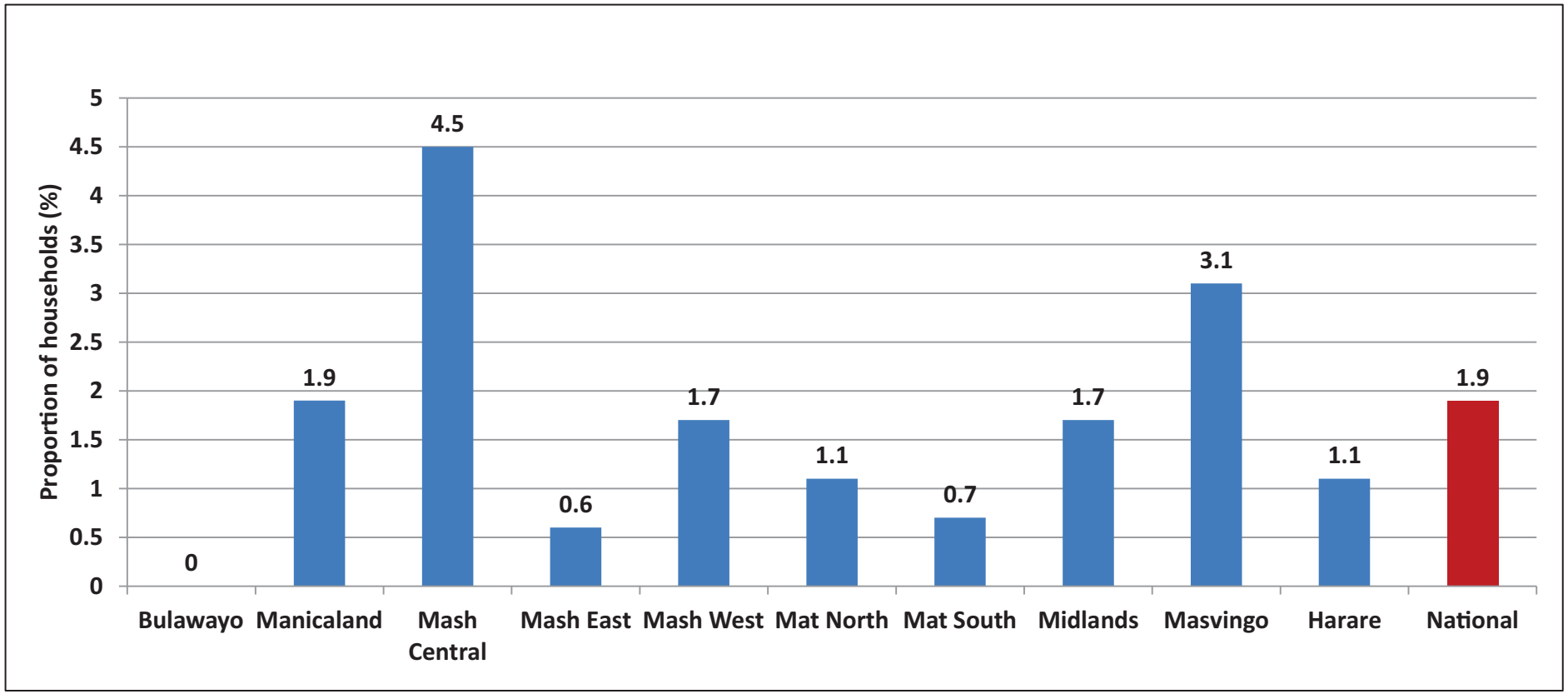
- Matabeleland South (9.4%) had the highest proportion of households with mentally/physically challenged members.
- Bulawayo (3.8%) had the lowest proportion of households with mentally/physically challenged members.

Proportion of Households with a Chronically-ill Member



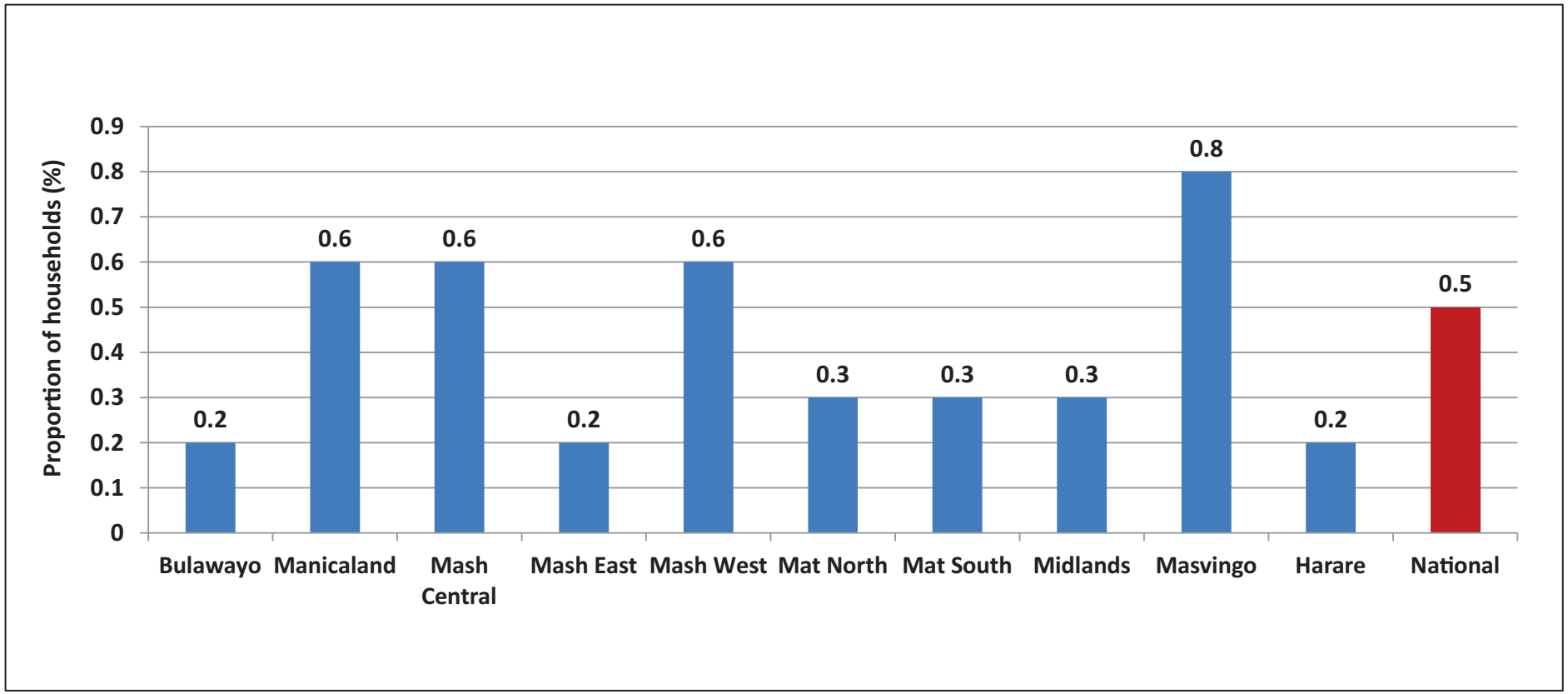
- Mashonaland East (14.5%) had the highest proportion of households with chronically ill members whilst Bulawayo (5.8%) had the lowest.

Proportion of Households with an Orphan



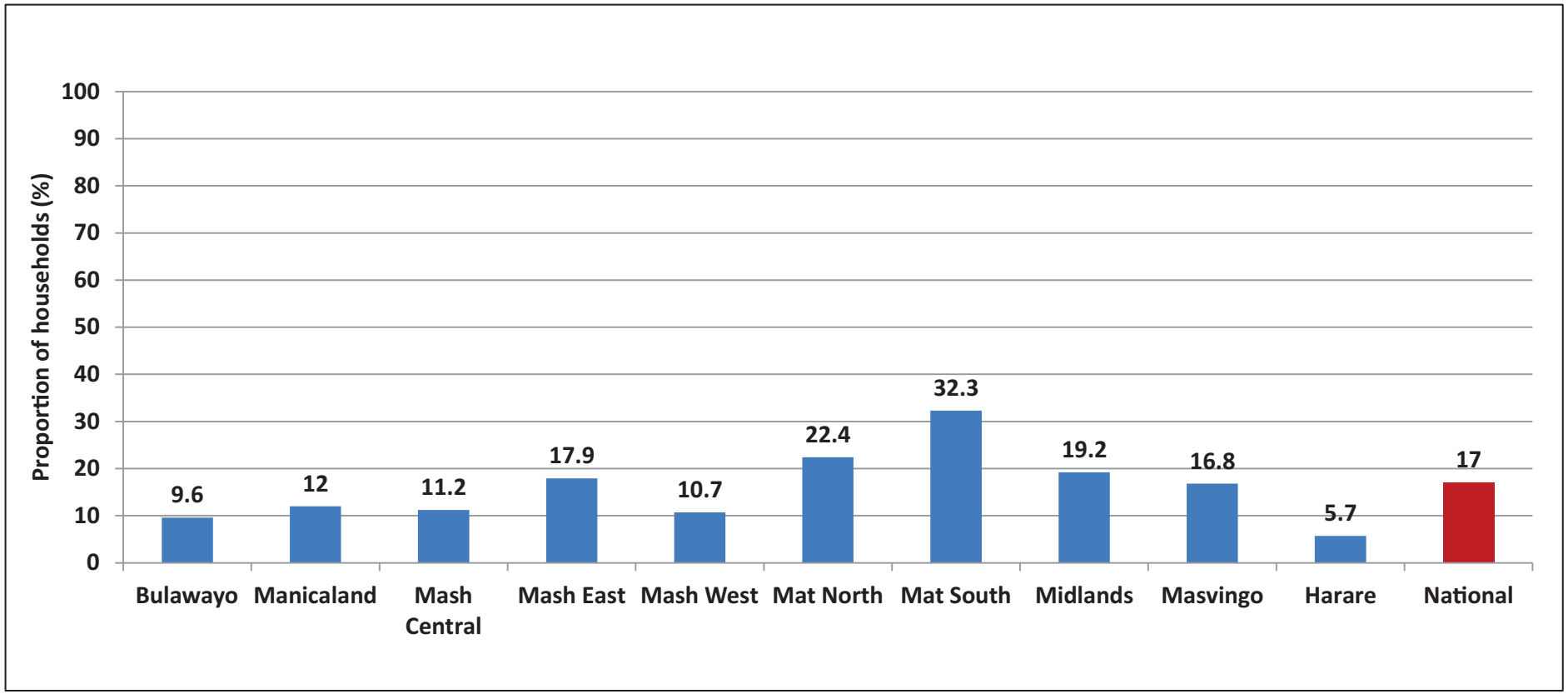
- Mashonaland Central (4.5%) had the highest proportion of households with at least one orphan.

Proportion of Child Headed Households



- About 0.5% of the households were headed by children.
- Masvingo province (0.8%) had the highest proportion of child headed households.
- Harare, Bulawayo and Mashonaland East had the least proportion of child headed households.

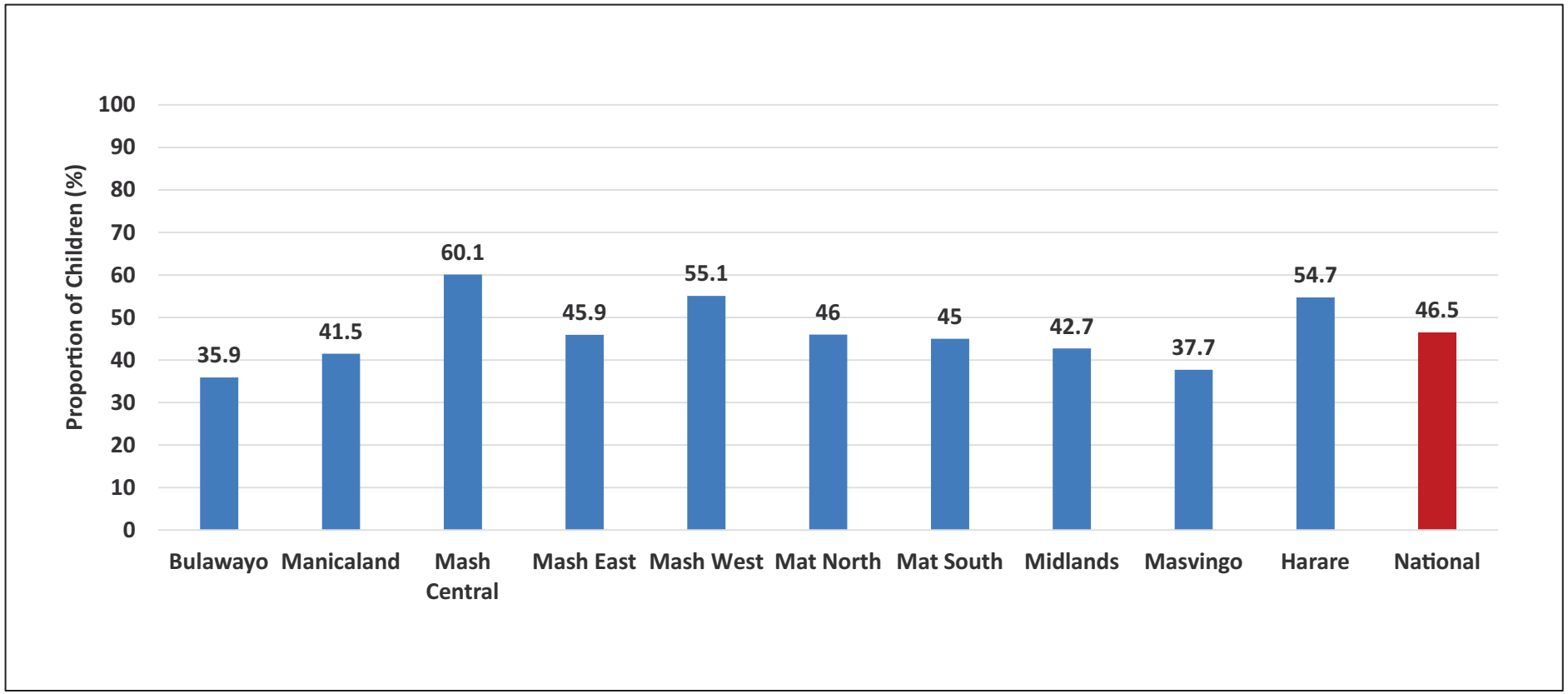
Proportion of Elderly Headed Households



- Nationally, at least 17% of the households were headed by the elderly.
- Matabeleland South (32.3%) had the highest proportion of households headed by the elderly with the least proportion recorded in Harare (5.7%).

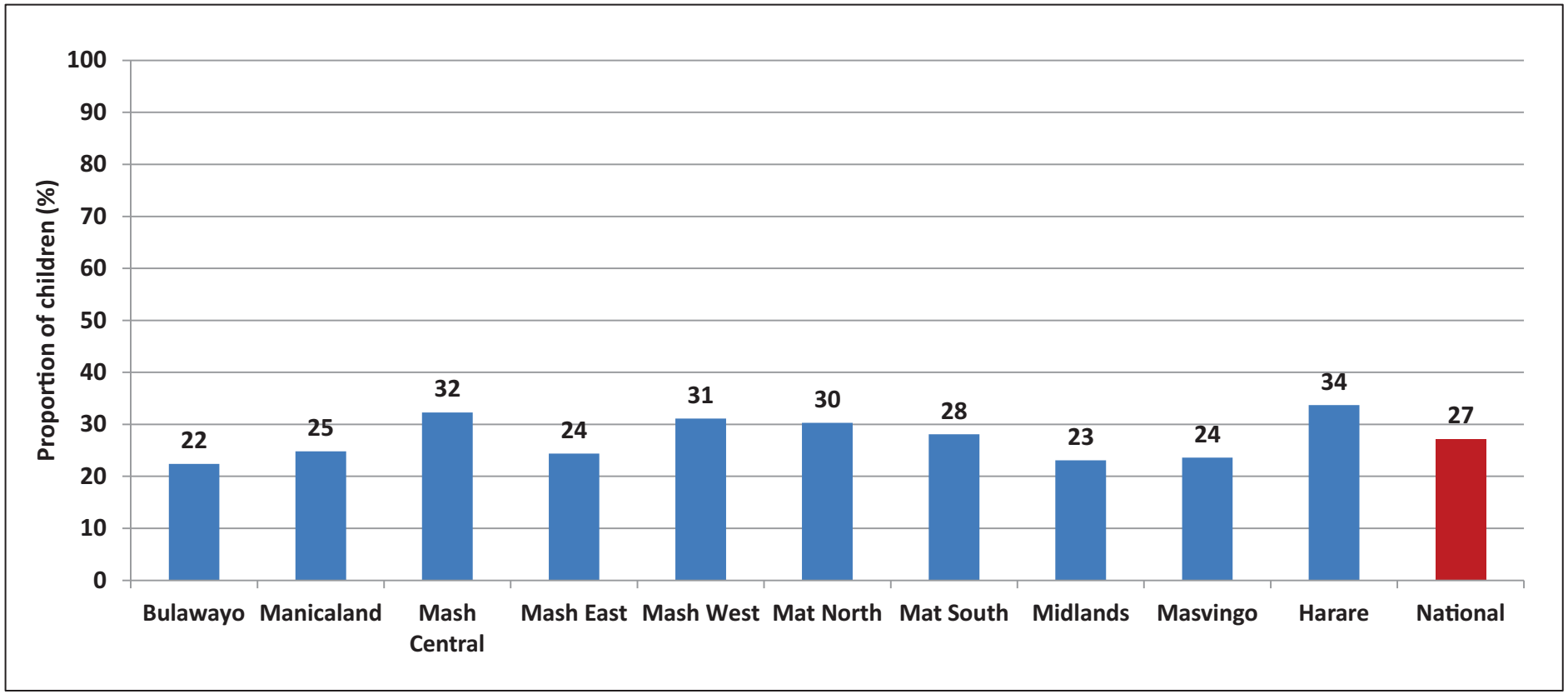
2. EDUCATION

Proportion of ECD Children Out of School



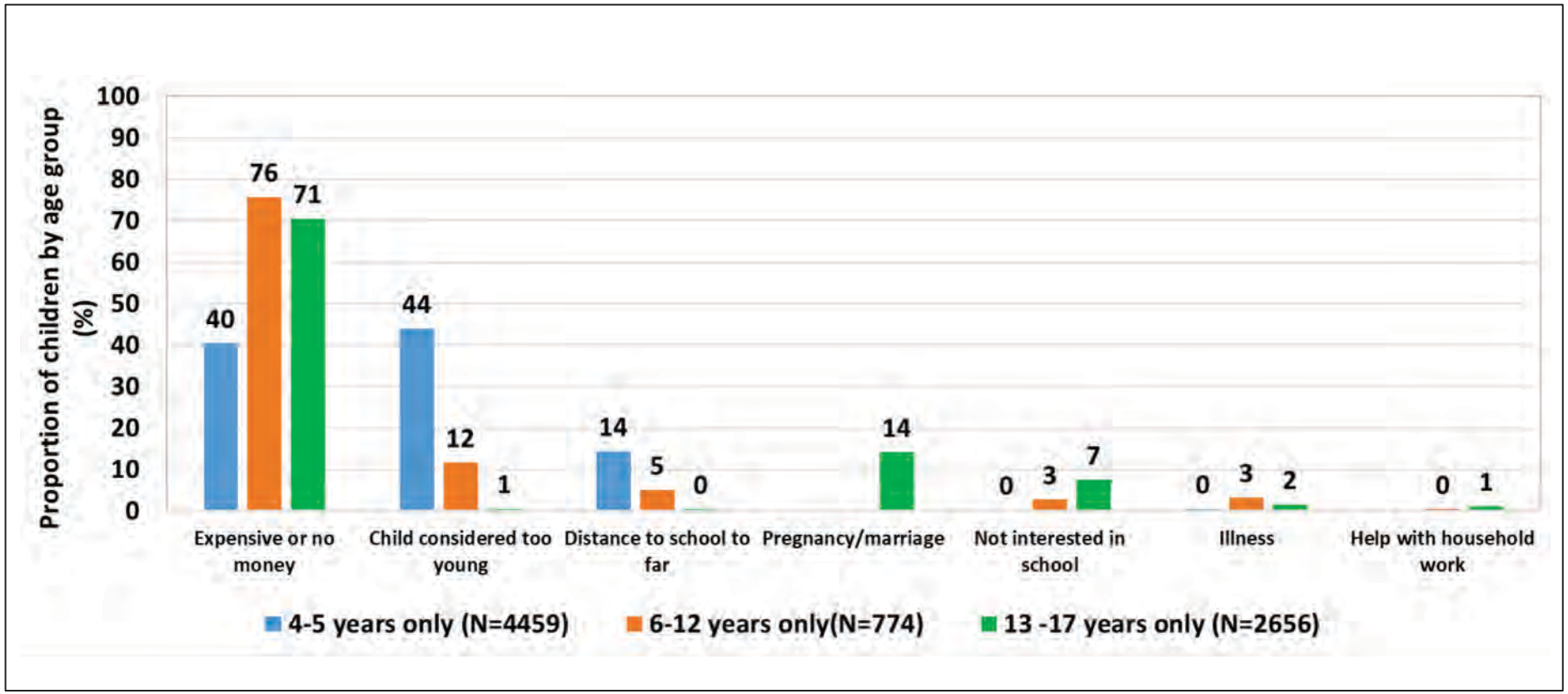
- Nationally, (46.5%) of children between 4 – 5 years were not in school at the time of the survey.
- Mashonaland Central (60.1%) recorded the highest proportion of children not attending Early Childhood Development (ECD).

Proportion of Children (6-17 Years) Out of School



- About 27% of the children of school going age were not in school during the time of the survey.
- Harare (34%) followed by Mashonaland Central (32%) had the highest proportion of children of school going age who were not in school during the time of the survey.
- Bulawayo had the least proportion.

Major Reasons for Not Attending School by Age Category



- The major reason why children aged 4-5 were out of school was that they were considered to be too young by their parents/guardians (44%).
- Some of the children aged 13-17 were out of school due to pregnancy or marriage (14%) and lack of interest (7%).

3. HOUSEHOLD CONSUMPTION PATTERNS

To assess the diversity and frequency of consumption of locally available micronutrient rich foods through household dietary diversity assessment and individual dietary diversity assessment of children 0–59 months of age and women of reproductive age in households with assessed children;

Notes:

- Foods consumed in the household have an influence on an individual's dietary intake and ultimately, the nutritional status.
- Household food consumption is a dynamic process and greatly influenced by several factors (including the socio-economic and demographics of the caregiver) that can affect the dietary intake and nutritional status of children living in the household.
- Dietary diversity is considered as a measure of access to food by households. It is related to income and demographic status.
- The Household Dietary Diversity Score HDDS shows the number of food groups consumed by households out of a total of 12 food groups and is used as a proxy for food access. It gives an estimation of the quality of the diet.

Household Dietary Diversity Score

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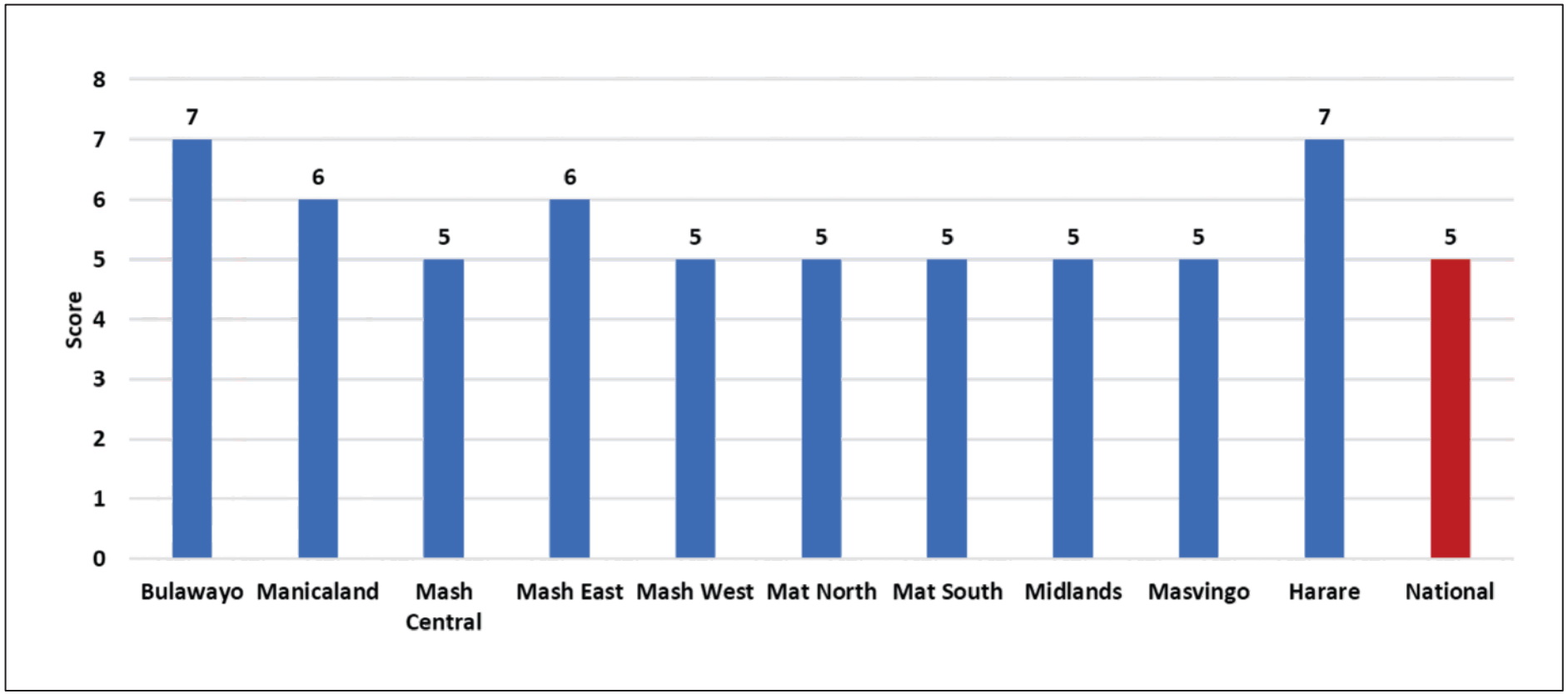
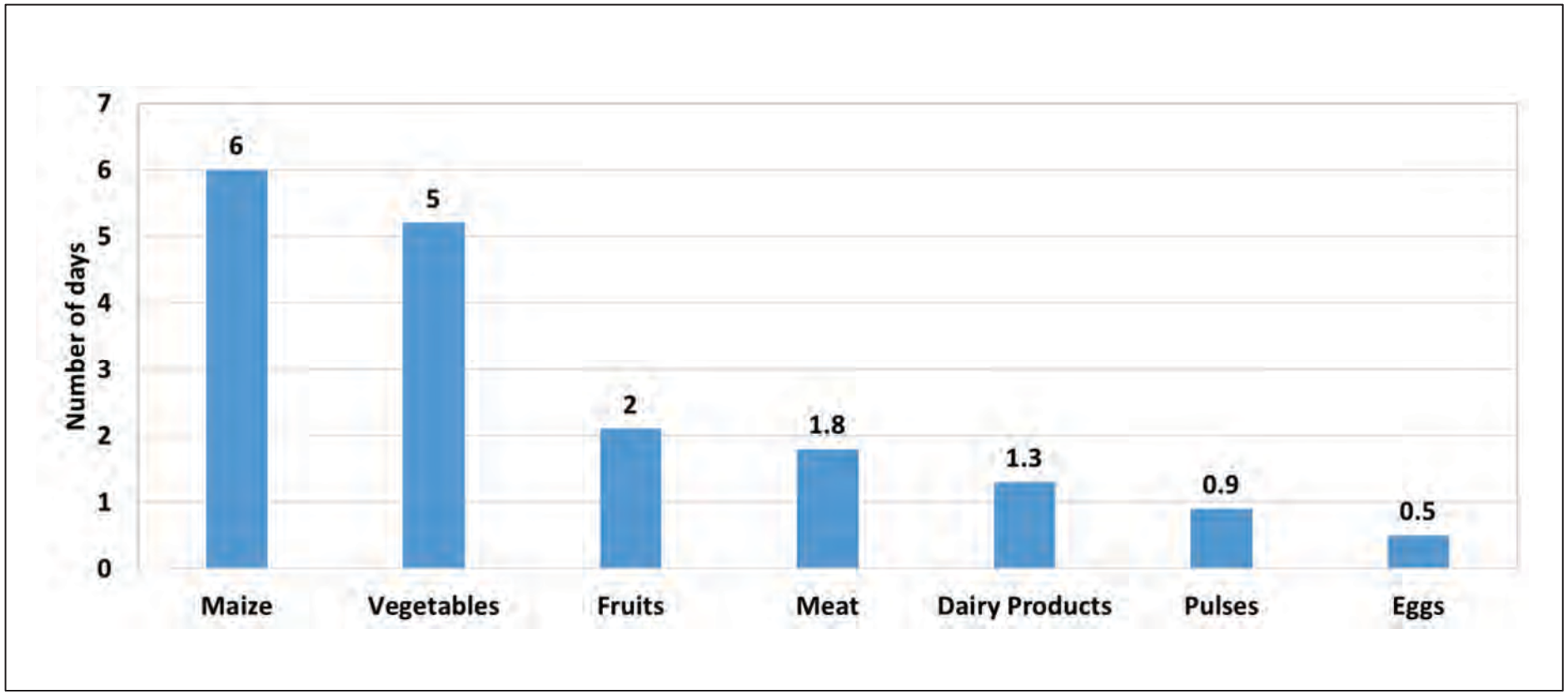


- The national average HDDS was 5 food groups out of the possible 12. Mashonaland East and Manicaland had an HDDS score of 6 whilst Harare and Bulawayo had 7 food groups out of the 12.

Number of Days Different Food Groups were Consumed



- The majority of households consumed mostly cereals while meat, dairy products, pulses and eggs were the least consumed.

Household Hunger Score

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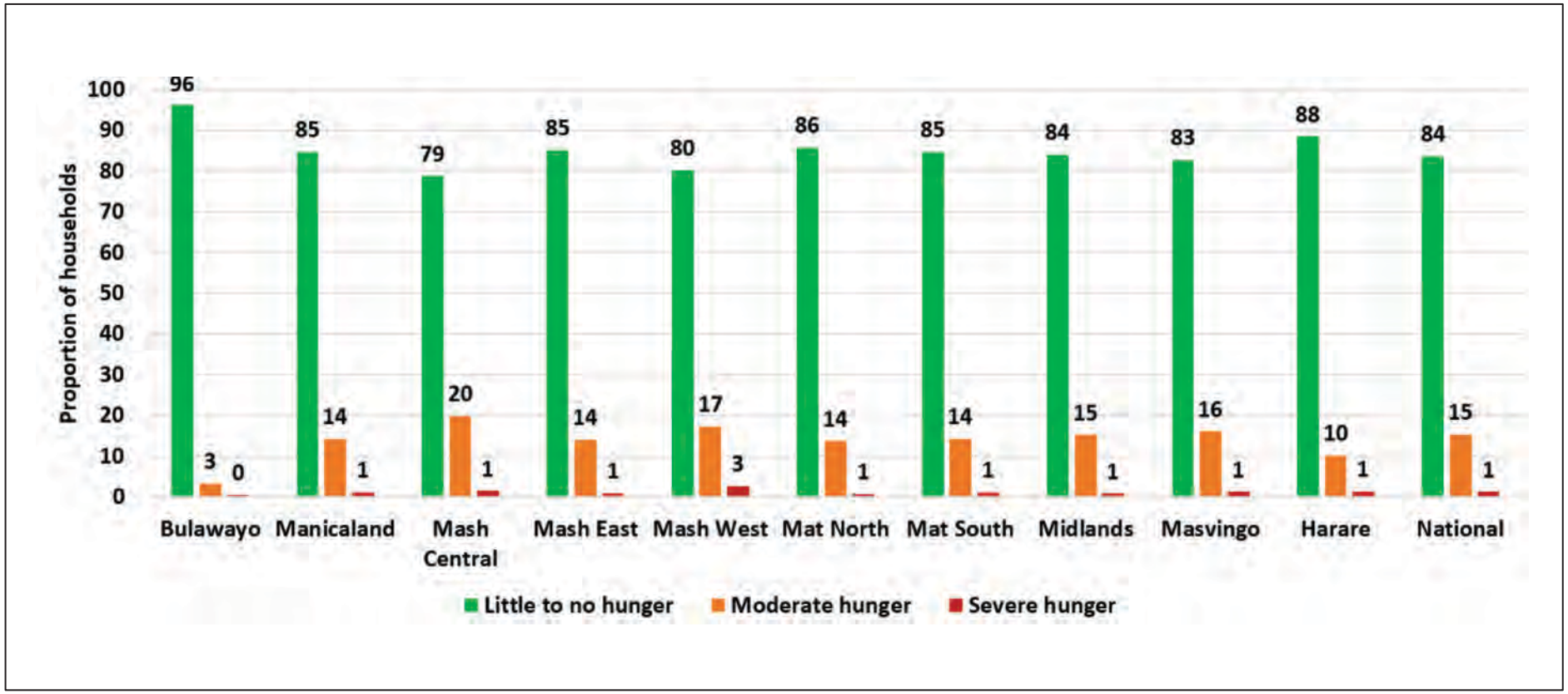
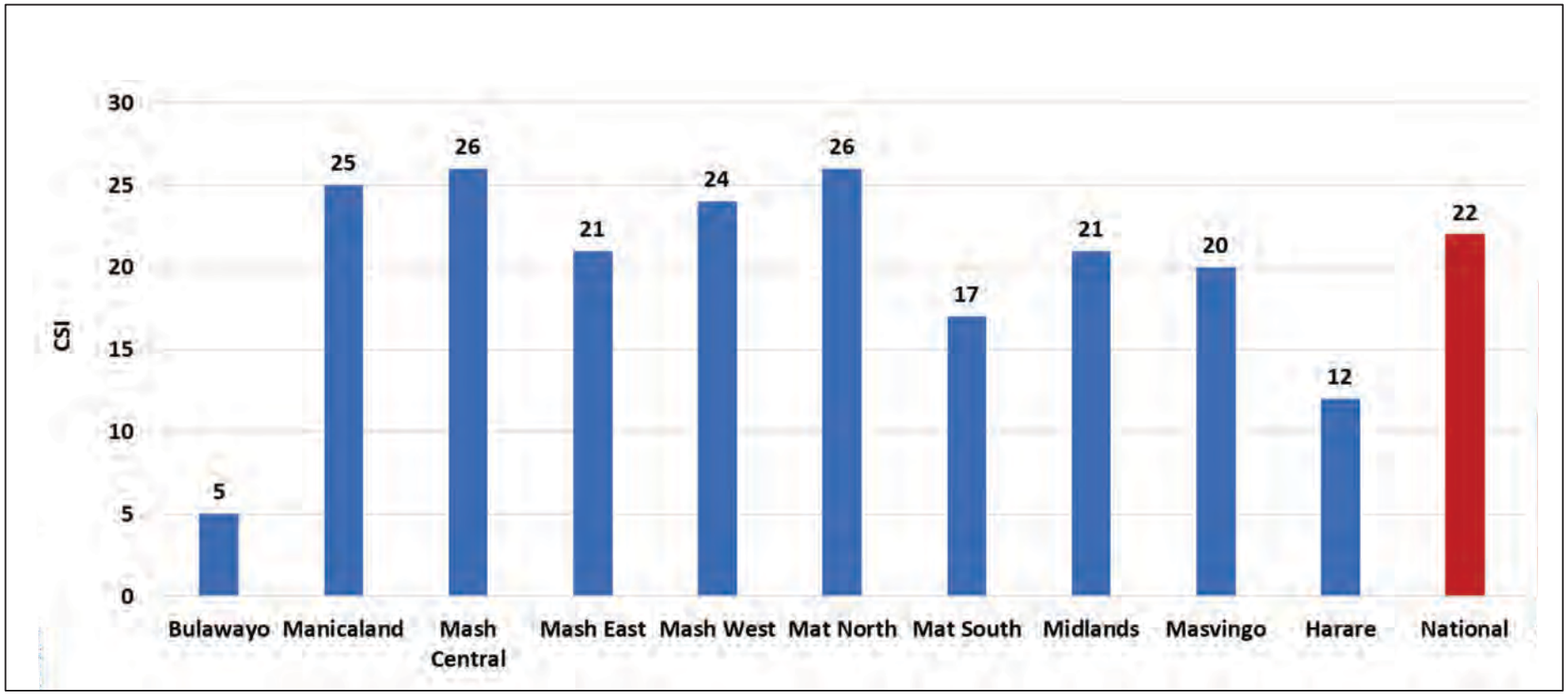


- The Household Hunger Score (HHS) is a household food deprivation scale which focuses on the food quantity dimension of food access.
- There was little to no hunger for 84% of the households whilst 15% faced moderate hunger and 1% faced severe hunger.
- Mashonaland Central and Mashonaland West had the highest proportion of households with moderate to severe hunger, 20% and 17% respectively.

Consumption Coping Strategy Index



- The national average Coping Strategy Index was 22 with Mashonaland Central and Matabeleland North having the highest CSI of 26 indicating a worse off situation than the other provinces.

Food Consumption Score

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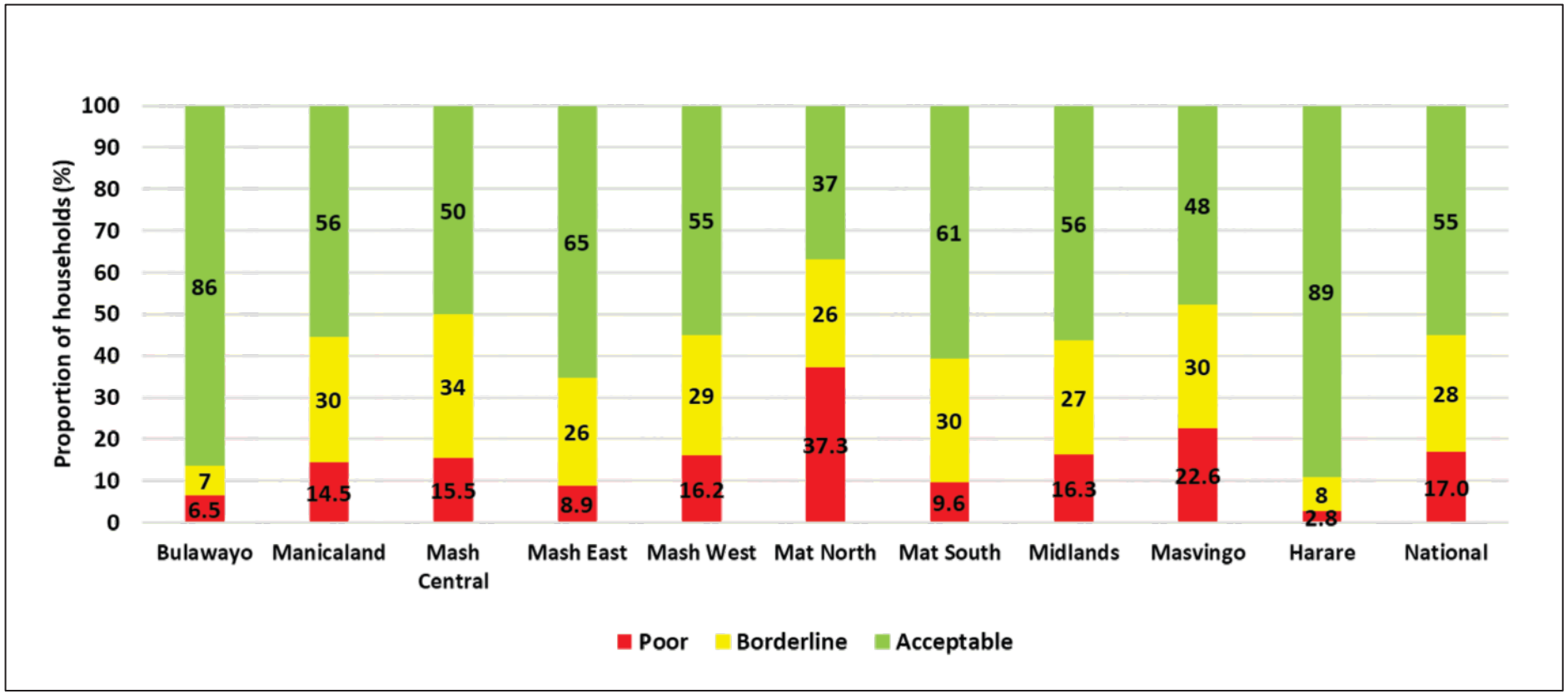
Food Consumption Score Group	Score	Description
Poor	0 - 21	An expected consumption of staple 7 days, vegetables 5-6 days, sugar 3-4days, oil/fat 1 day a week, while animal proteins are totally absent
Borderline	21.5 - 35	An expected consumption of staple 7 days, vegetables 6-7 days, sugar 3 - 4days, oil/fat 3 days, meat / fish / egg / pulses 1-2 days a week, while dairy products are totally absent
Acceptable	>35	As defined for the borderline group with more number of days a week eating meat, fish, egg, oil, and complemented by other foods such as pulses, fruits, milk

Food Consumption Scores



- Slightly more than half of the households had food consumption scores rated as acceptable
- Nationally, 17% of households were consuming poor diets and the province with the highest proportion was Matabeleland North (37%).

Food Consumption Score

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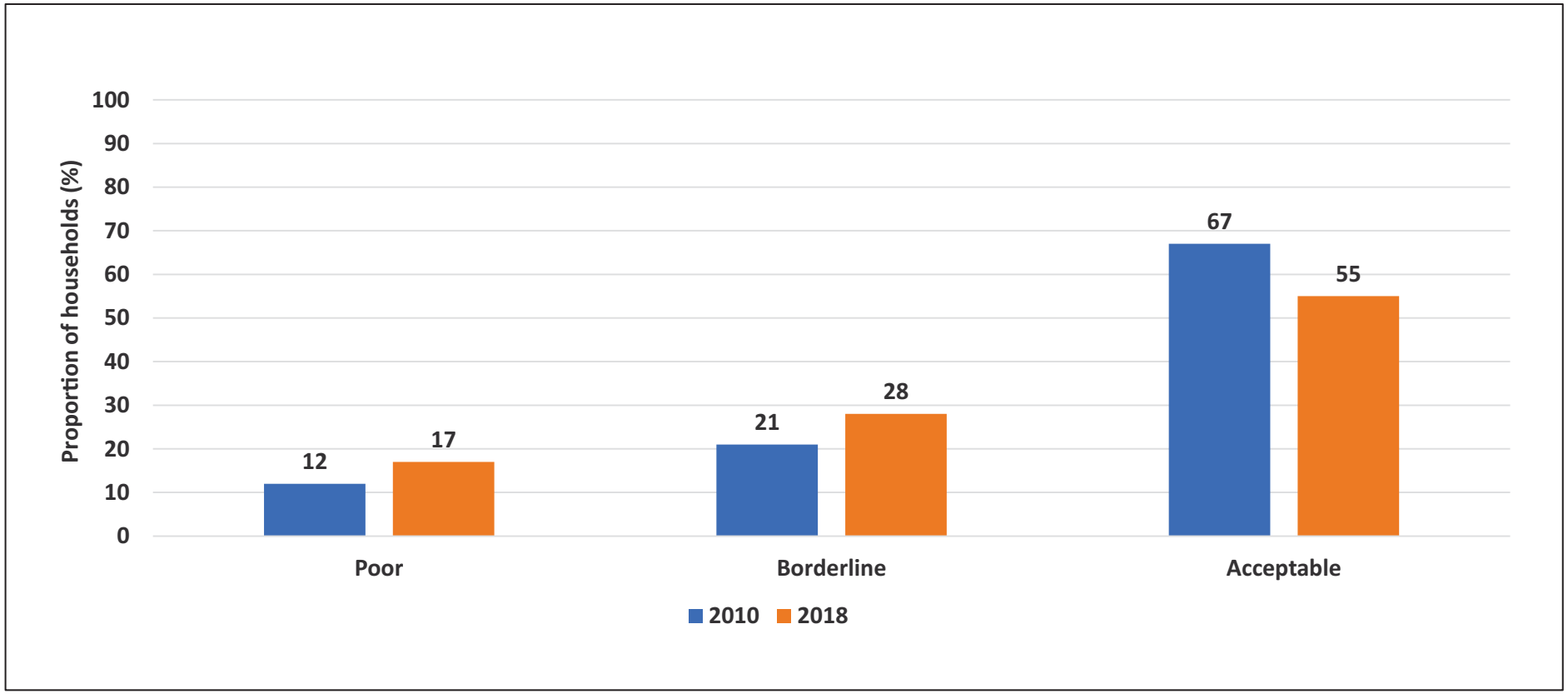
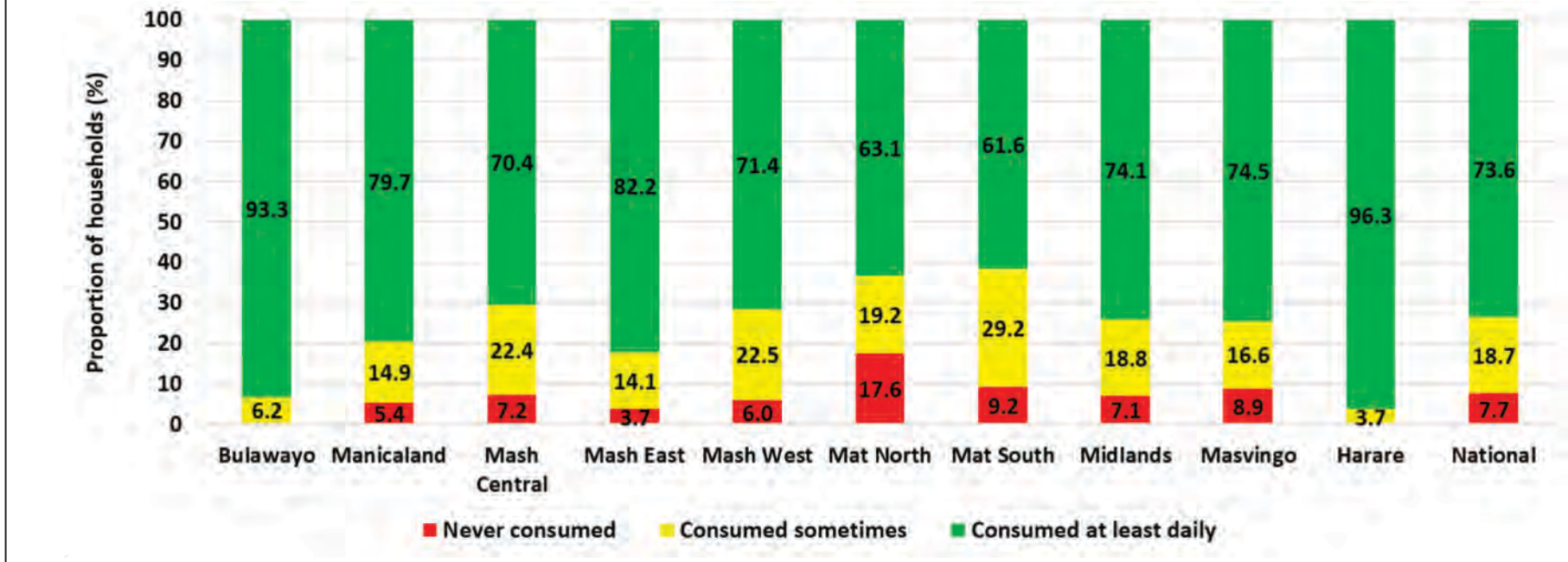


- There was a decrease in the proportion of households consuming an acceptable diet from 67% in NNS 2010 to 55% in 2018.
- The proportion of households in the poor and borderline categories increased in year 2018 compared to 2010, an indication of depreciation of quality of diet.

Proportion of Households Consuming Vitamin A Rich Foods



- Proportion of households consuming Vitamin A rich foods seven days prior to the survey was 92% of which 19% consumed sometimes and 74% consumed at least daily.
- Matabeleland North(18%) had the highest proportion of households who never consumed vitamin A rich foods indicative of poor consumption that could lead to vitamin A deficiencies.

Proportion of Households Consuming Protein Rich Foods

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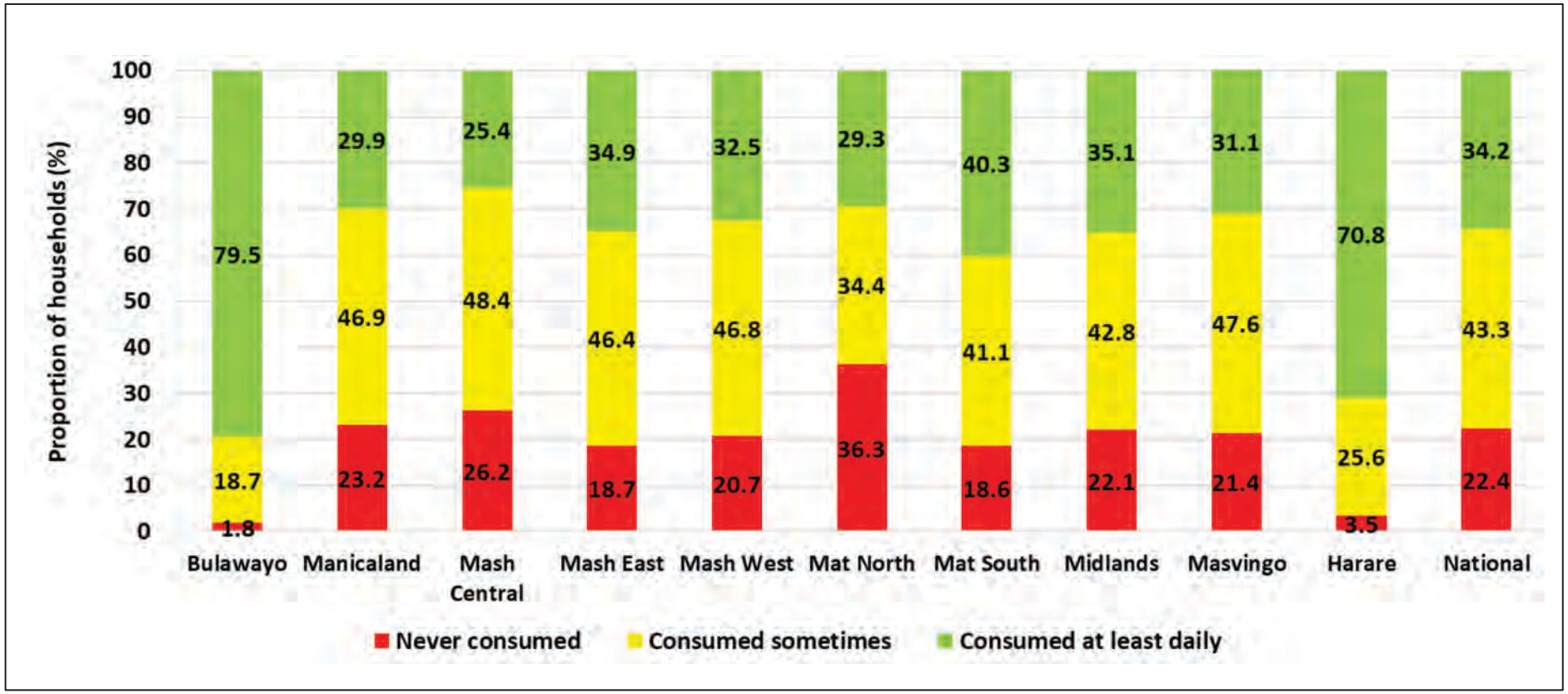
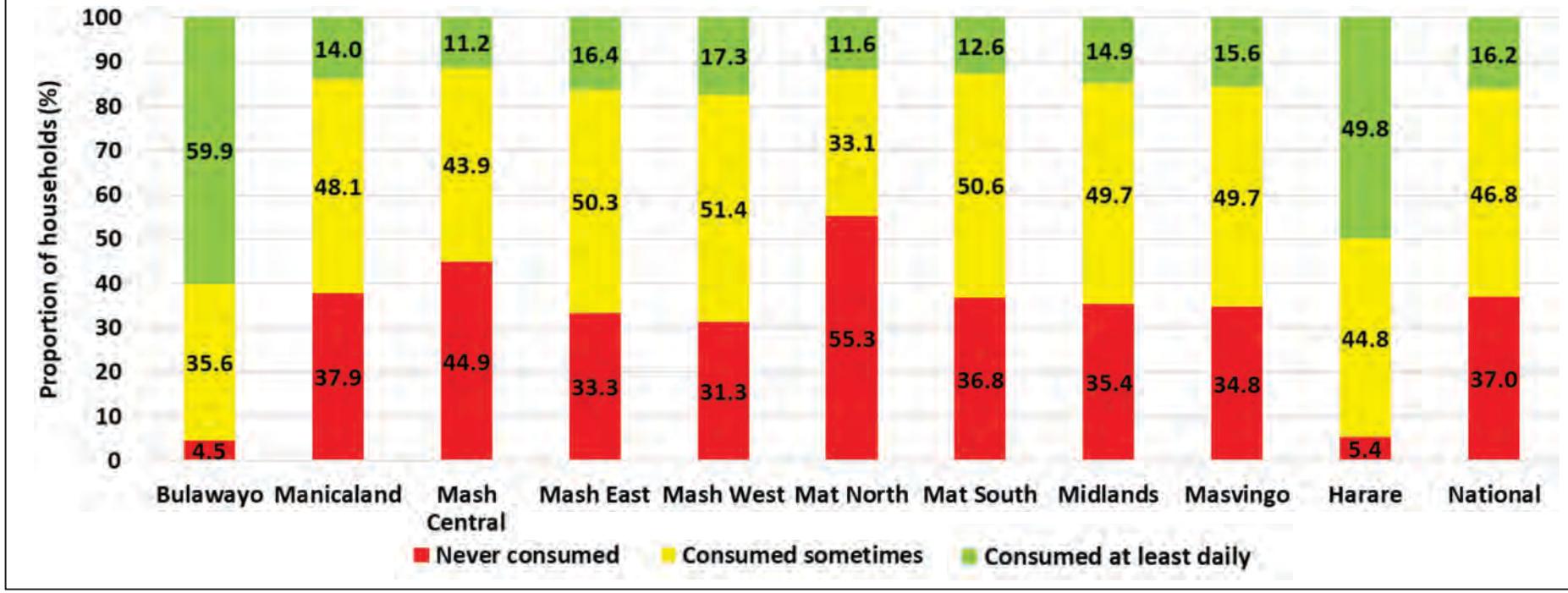


- The proportion of households consuming protein rich foods seven days prior to the survey was 78% of which 43% consumed sometimes and 34% consumed at least daily.
- Matabeleland North had the highest proportion of households which never consumed protein-rich foods from both animal and plant sources.

Proportion of Households Consuming Iron Rich Foods



- Iron is a mineral that is found in animal and plant foods which plays a crucial role for cell growth, development, producing energy, optimal immune function, storing oxygen in the muscles and transporting oxygen around the body.
- Matabeleland North(55%) and Mashonaland Central(45%) had the highest proportion of households that never consumed iron rich foods seven days prior to the survey.
- Consumption of diets low in iron rich foods poses a risk of iron deficiency anaemia (characterized by fatigue, weakness, and other ill-health), complications during pregnancy, and delayed growth in infants and children.

4. MINIMUM DIETARY DIVERSITY FOR WOMEN

Promoting a Diversified Diet for Better Nutrition

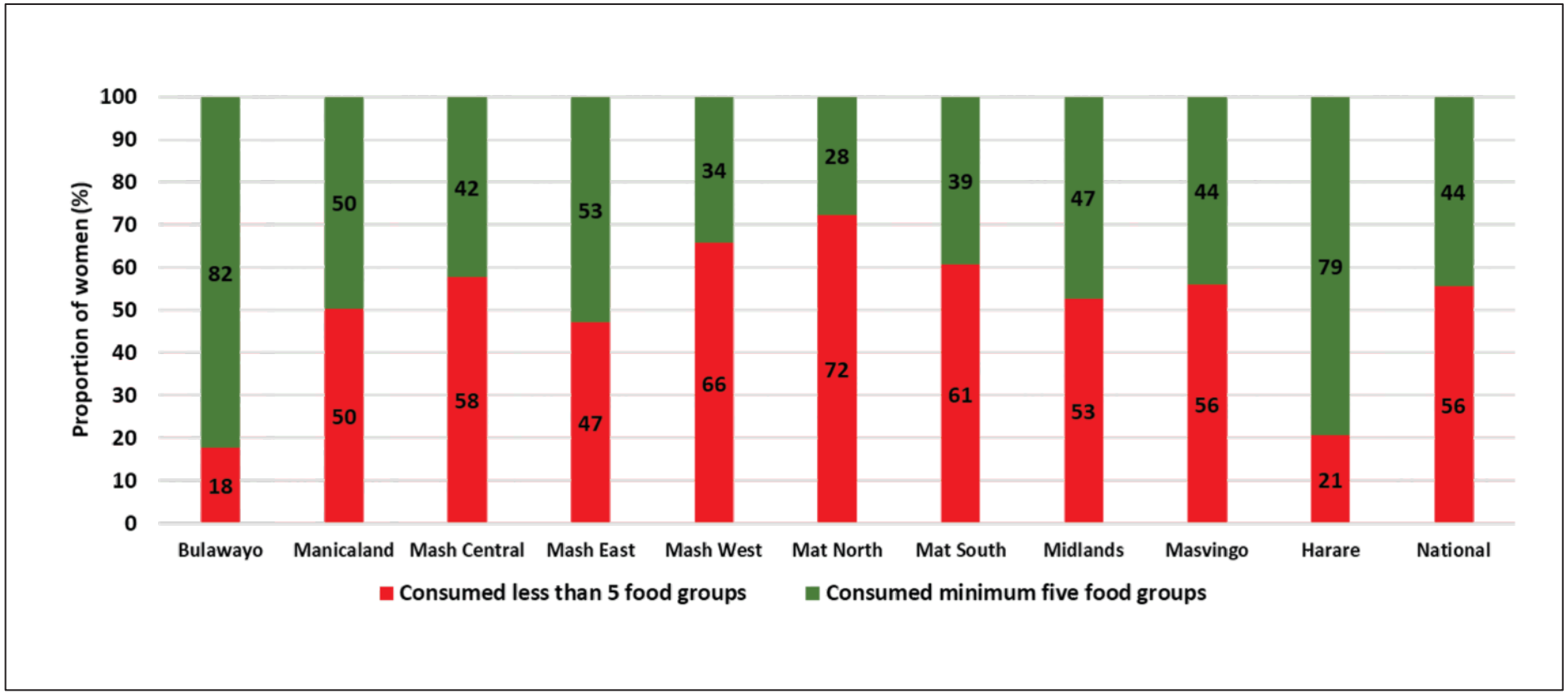
Notes:

- Improving women's diets is important for improving women's health and ability to work and care for their families, at the same time having a positive effect on pregnancy outcomes and the health and nutrition of infants and young children, within the 1 000-day window of opportunity.

- The Minimum Dietary Diversity for Women (MDD-W) is defined as the consumption of at least five out of ten food groups over the previous 24 hours.

- Women consuming foods from five or more of the selected ten food groups have a greater likelihood of meeting their micronutrient needs.

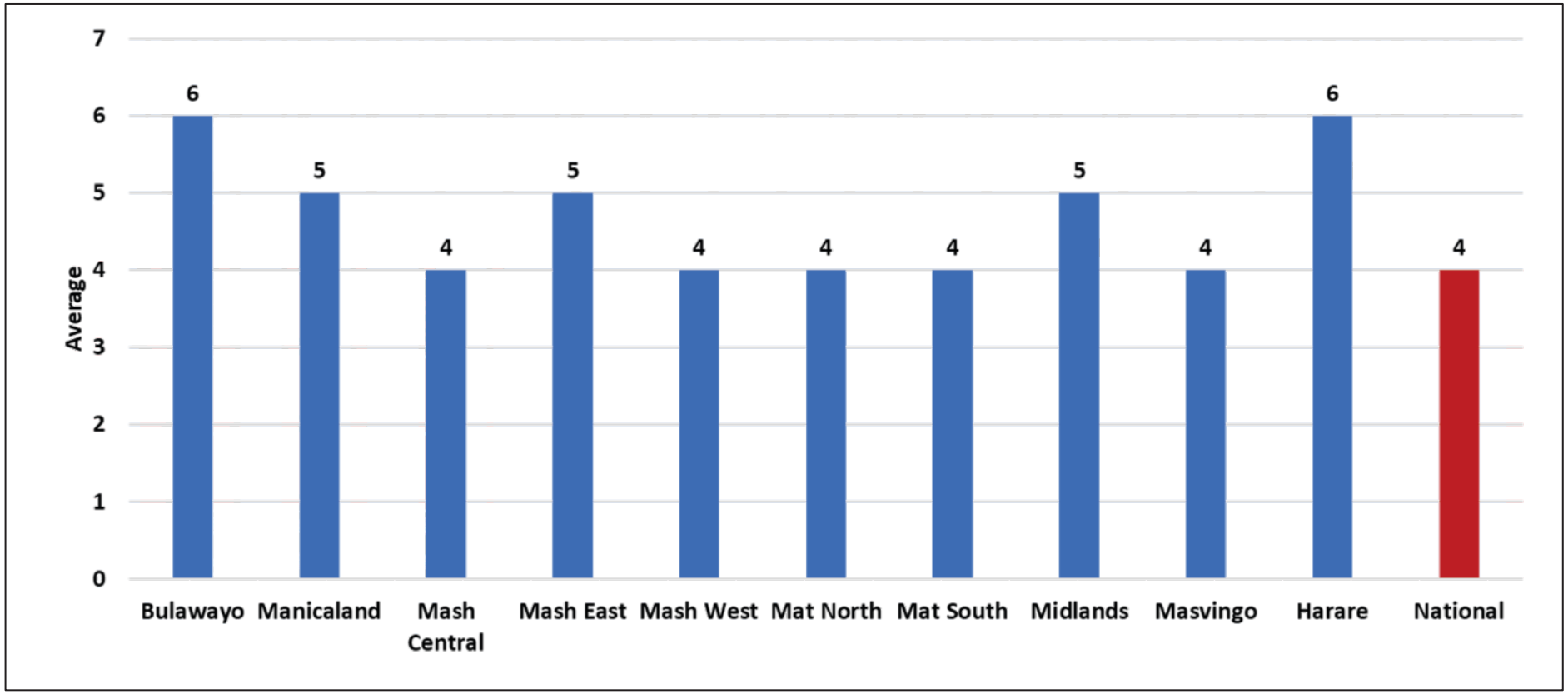
Women Minimum Dietary Diversity



- Nationally, 44% women of childbearing age achieved a minimum dietary diversity (MDD) and therefore more likely to have adequate micronutrient intakes.
- Matabeleland North (28%) had the least proportion of women 15-49years whose diets met the required minimum diversity.

Average Women Dietary Diversity Score

Promoting a Diversified Diet for Better Nutrition



- The average dietary diversity for women of child bearing age was 4.

5. FOOD FORTIFICATION

FORTIFIED FOOD
PROMOTING HEALTHY LIVES

To assess awareness and uptake of fortified products (Fortified Food vehicles, Micro Nutrient Powders & Bio Fortified Crops)

Food Fortification

Notes:

- Food Fortification is the process of adding minute levels of vitamins and minerals to foods. 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.

- Micronutrients, namely vitamins and minerals, are nutrients needed in the body in small quantities for protecting the body from illness and diseases.

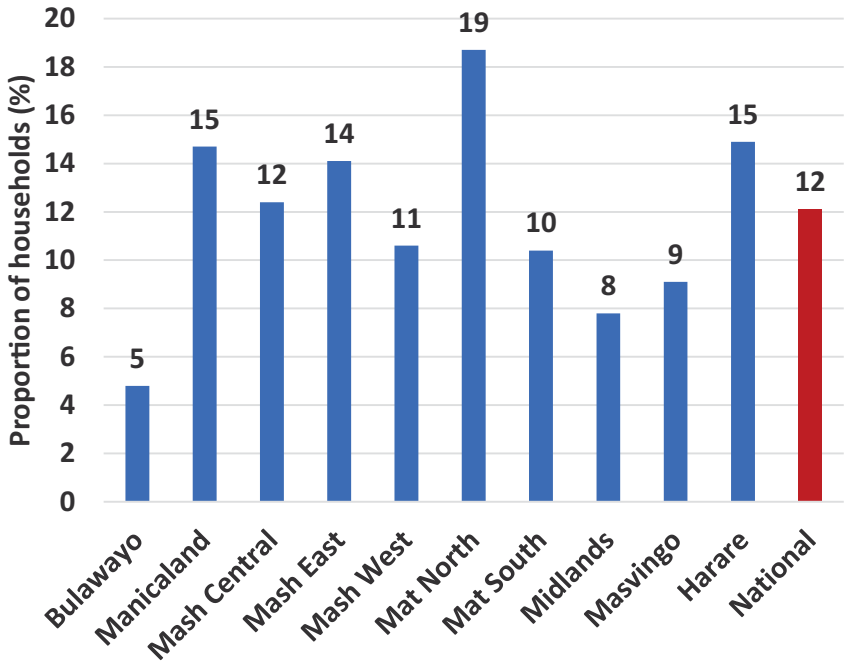
- Benefits of food fortification are that it helps in addressing micronutrient deficiencies, improving cognitive development and future productivity, reducing health care cost and improving health and quality of life for the population.

- In line with the Food and Nutrition Security Policy, the country launched the Zimbabwe National Food Fortification Strategy. The food vehicles for industrial fortification are sugar, cooking oil, maize meal, and wheat flour. Sugar is fortified with vitamin A; cooking oil with vitamin A and D; and wheat flour and maize meal with vitamin A, B1, B2, B3, B6, B12, folic acid, iron and zinc. The assessment was targeting the new food vehicles excluding the salt iodization which commenced in the early 1990s.

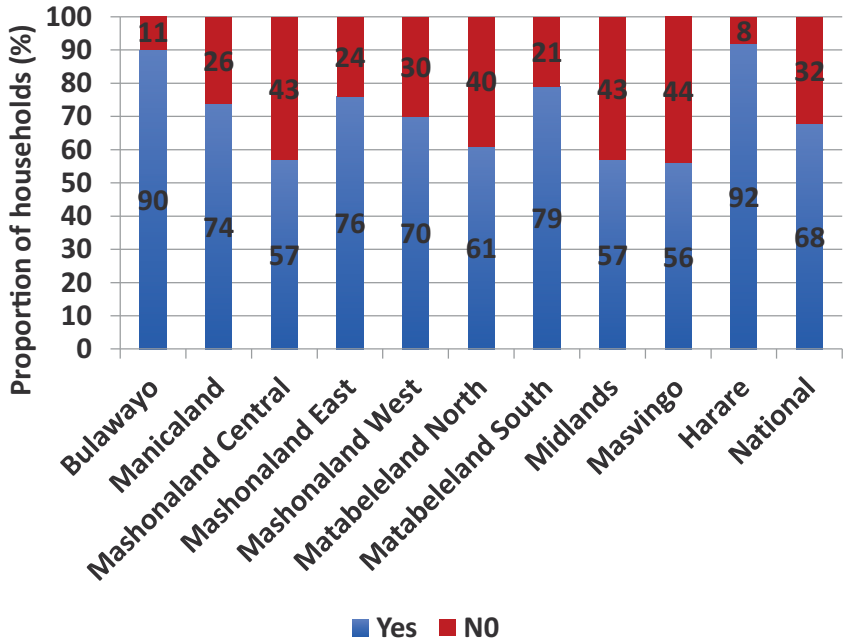
- Biological fortification, commonly known as bio-fortification is the process of breeding staple crops to increase their nutritional value. All bio-fortified crop varieties being promoted and released in Zimbabwe are conventionally bred.

Fortified Foods Awareness and Identification

Proportion of households which had heard about fortified foods

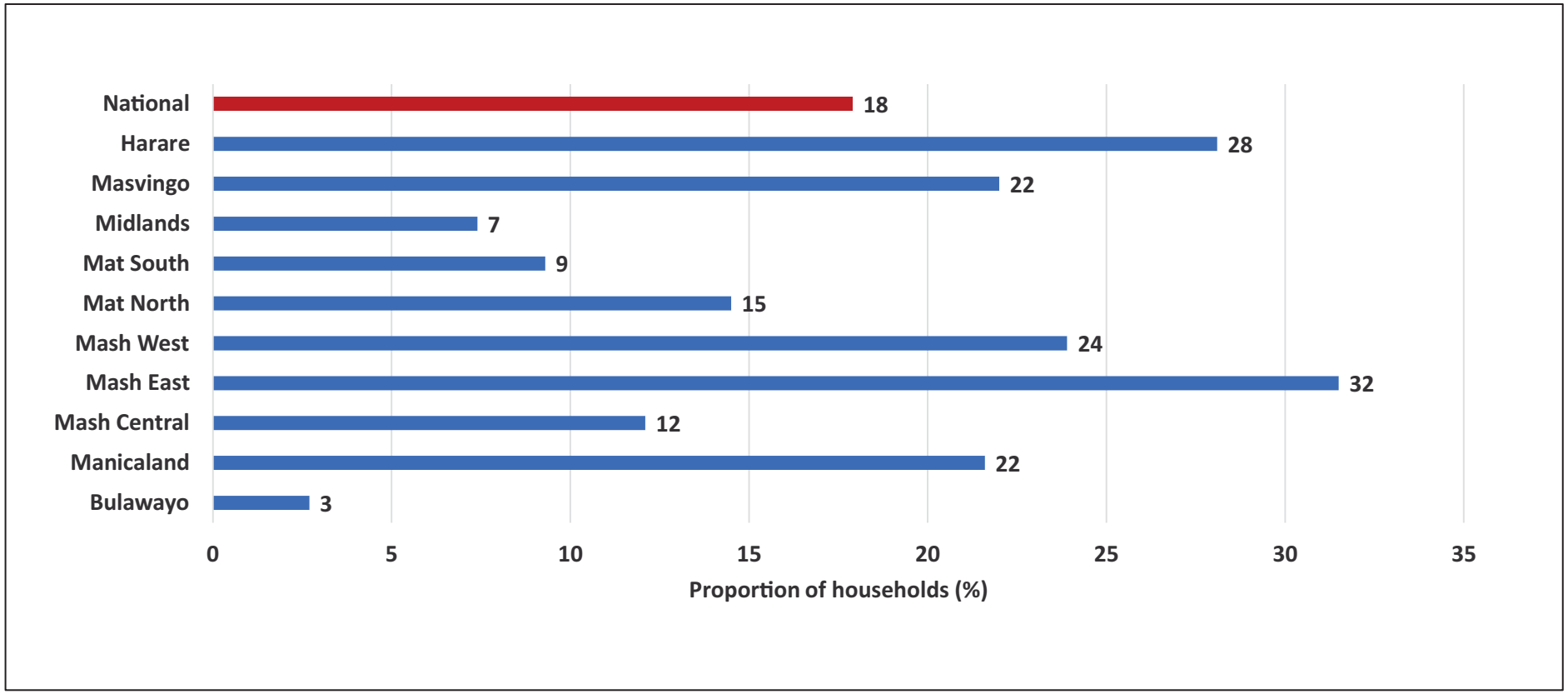


Proportion of households which had heard about fortified foods and could identify them on the market



- Nationally 12% of the households had heard about fortified foods.
- Of these 68% could identify them on the market-usually through reading the fortification label on the food package.

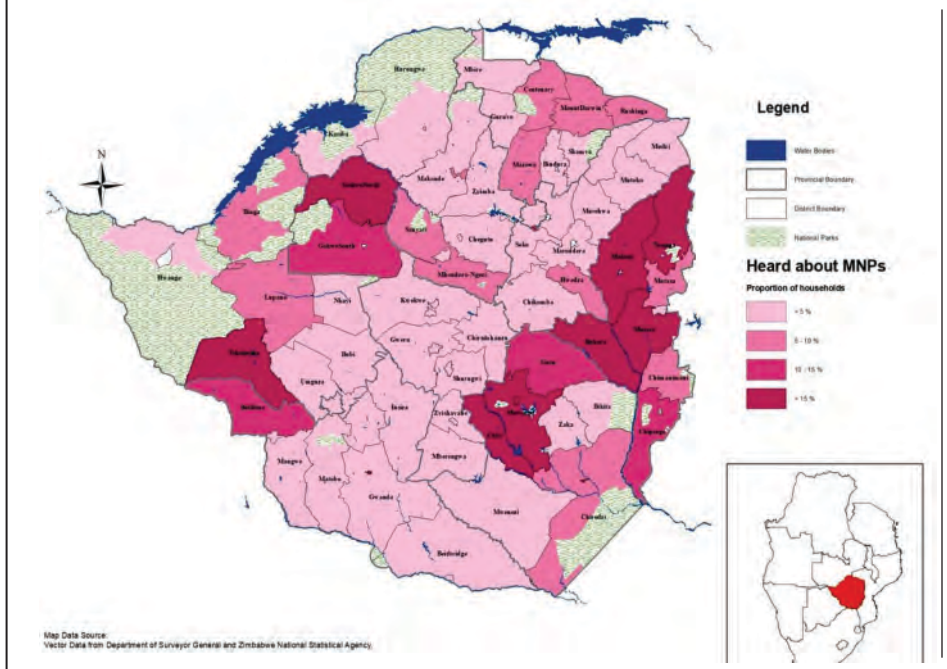
Proportion of Households that had Purchased Fortified Foods in the Last 30 Days



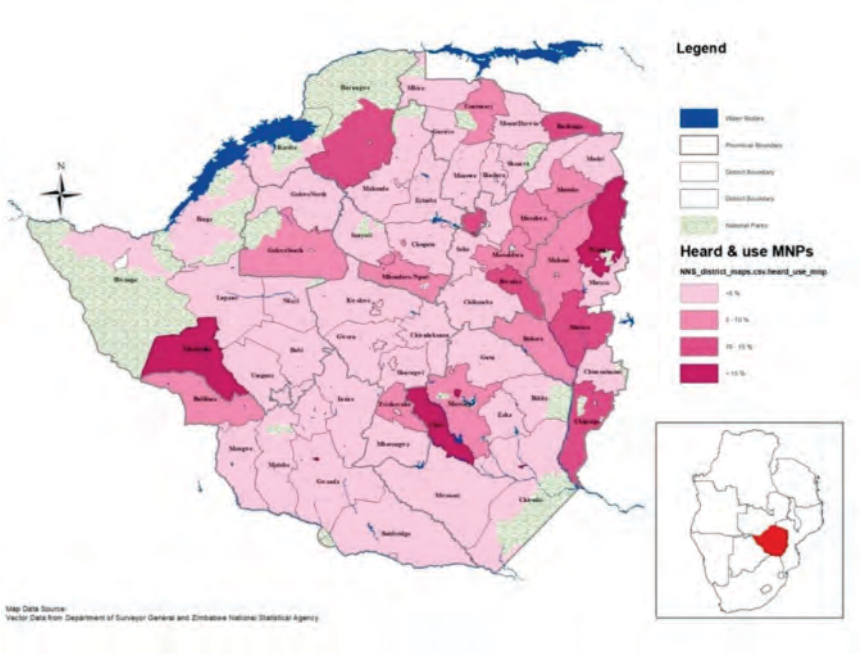
- Nationally, only 18% of households reported having purchased fortified foods in 30 days preceding the survey.
- Bulawayo, Midlands and Matabeleland South indicated proportions of less than 10%.
- Given mandatory food fortification of cooking oil, sugar, flour and maize meal since July 2017, knowledge and awareness on food fortification remains low.

Micronutrient Powders Awareness and Usage

Proportion of households which had heard about micronutrient powders



Proportion of households which had heard about micronutrient powders and used them to feed children (6- 23months) in the last 30 days

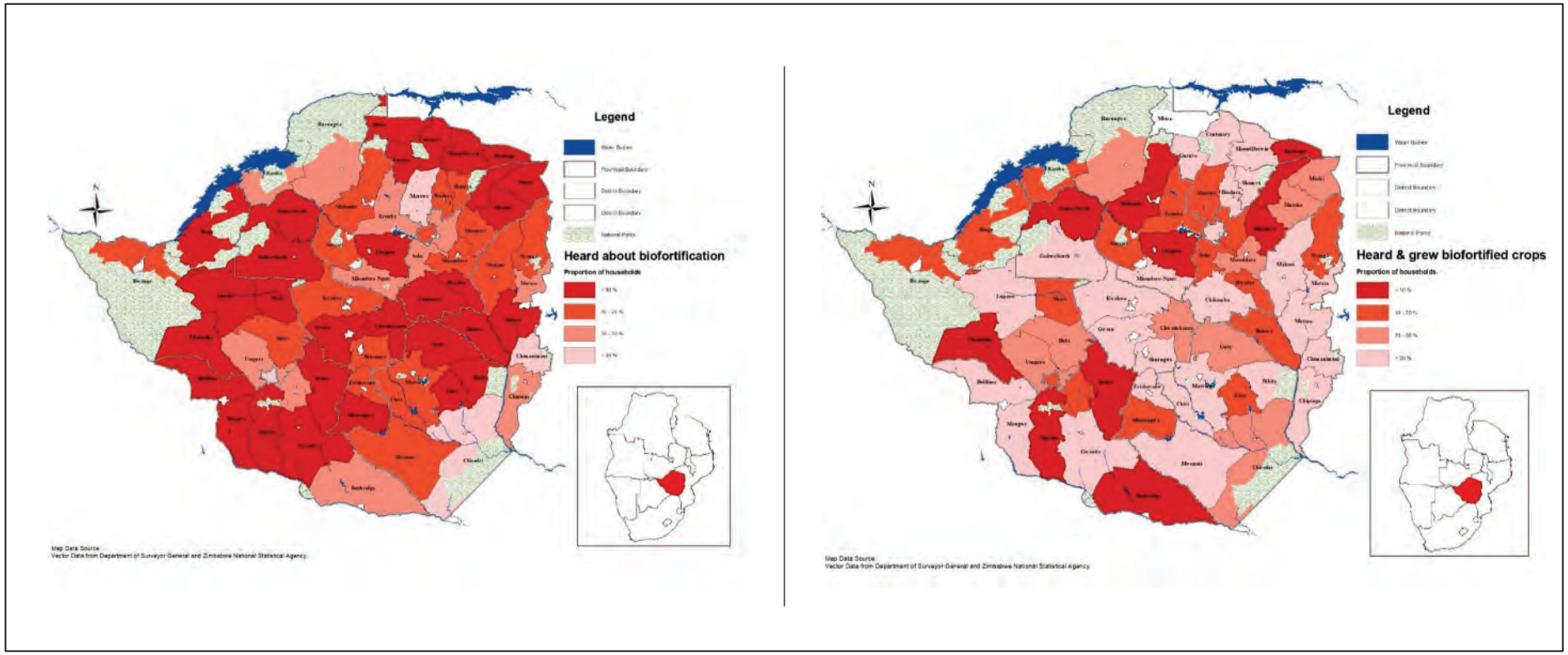


- Nationally 7% of the households had heard about micronutrient powders.
- About 5% of these had used them to feed children between 6 and 23 months in the last 30 days prior to the survey.
- Usage was highest in Masvingo urban, Nyanga and Tsholotsho districts.

Bio Fortification Awareness and Utilisation

Proportion of households which heard about biofortification

Proportion of households which had grown or purchased biofortified crops in the last 6 months



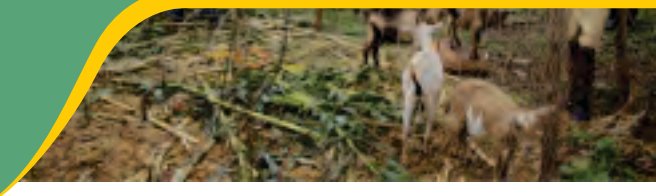
- Nationally 6% of the households were aware of biofortified crops.
- Of these 33% had grown or purchased biofortified crops in the last 6 months nationally. Utilisation of biofortified crops was highest in Shamva, Bulilima, Harare, Chipinge and Chimanimani.

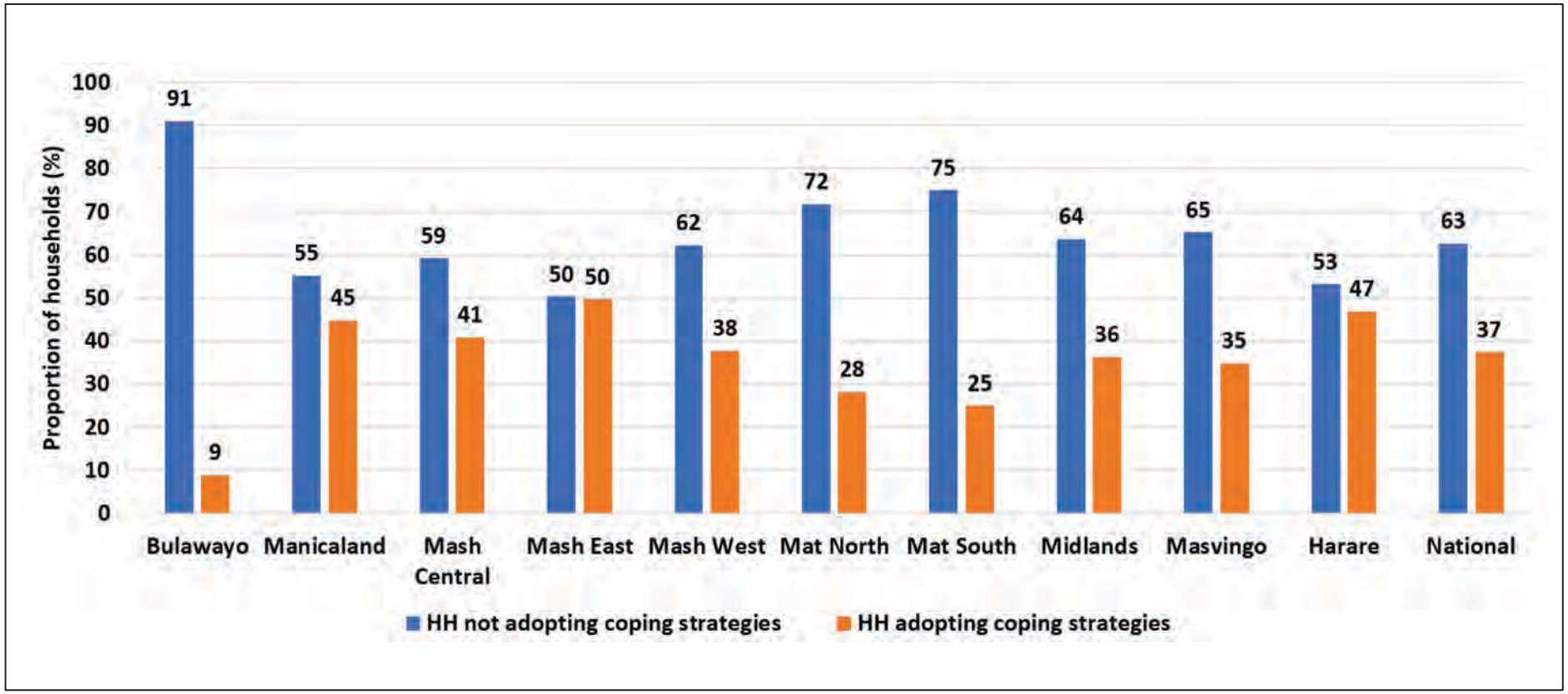
6. LIVELIHOOD BASED COPING STRATEGIES

- Households engage in various methods of coping when faced with food access challenges.
- Livelihood coping strategies are employed in order to increase food availability outside of their normal livelihoods.
- The Livelihood Coping Strategies have been classified into three categories namely Stress, Crisis and Emergency as according to WFP Technical guidance note 2015.

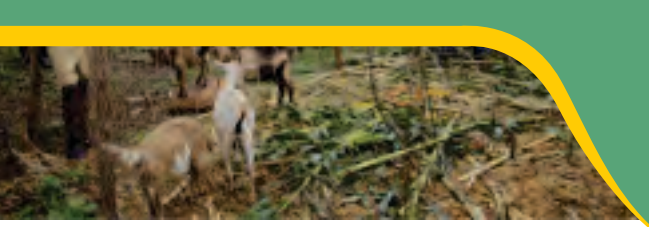
Category	Coping Strategy
Stress	• Borrowing money , spending savings , selling assets and more livestock than usual.
Crisis	• Selling productive assets, directly reduces future productivity, including human capital formation. • Withdrawing children from school • Reducing non food expenditure.
Emergency	• Selling one's land, affects future productivity, but are more difficult to reverse or more dramatic in nature. • Begging of food. • Selling last breeding stock too buy food.

Proportion of Households Adopting Livelihood Based Coping strategies

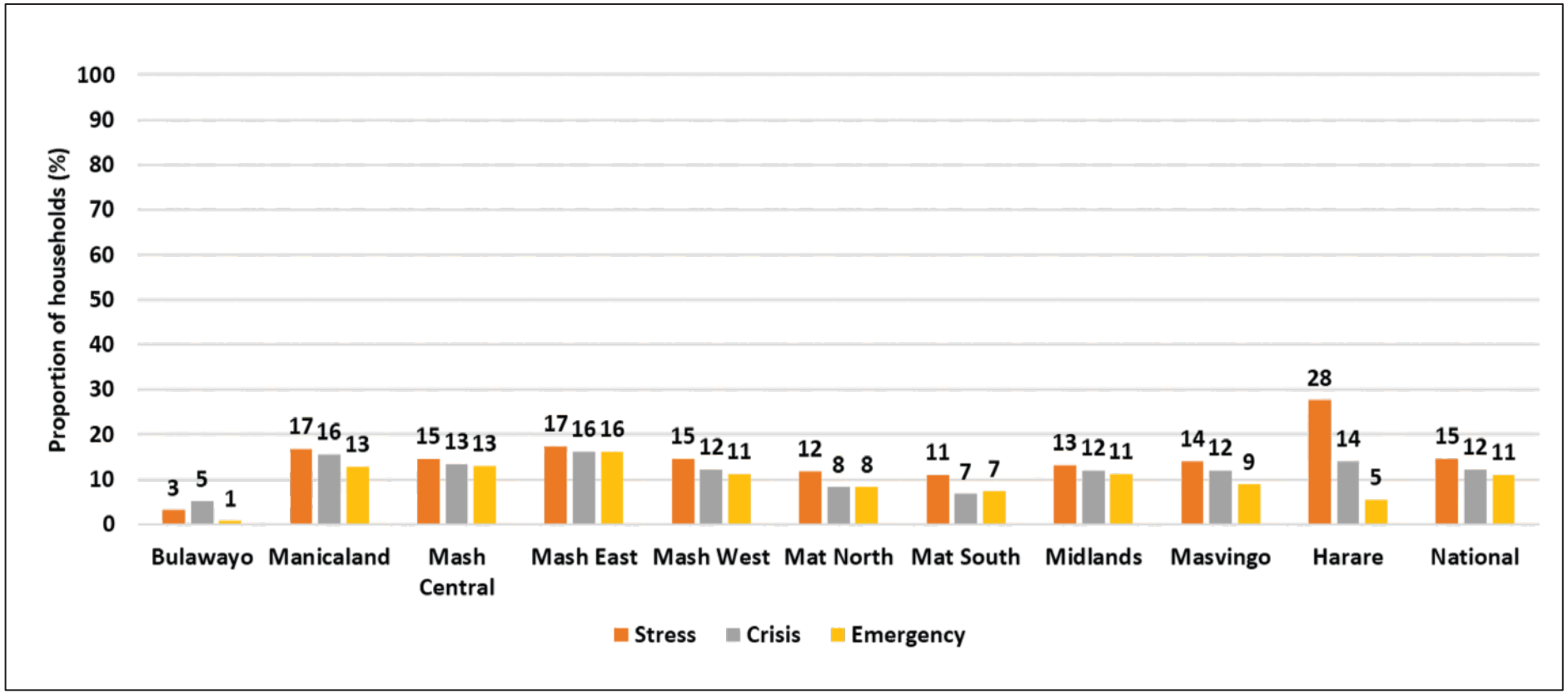




- Proportion of households adopting livelihood based coping strategies was 37% whilst 63% were not.
- Mashonaland East (50%) had the highest proportion of households engaged in livelihood-based coping strategies.



Livelihood Based Coping Strategies Categorized



- The proportion of households engaging in the Emergency livelihood coping strategies was 11% whilst 12% engaged in Crisis activities and 15% engaged in Stress activities.
- In Harare (28%) of the households engaged in the stress activities.
- Mashonaland East (16%) had the highest proportion of households engaged in the emergency livelihood based coping strategies.

7. IMMUNISATIONS

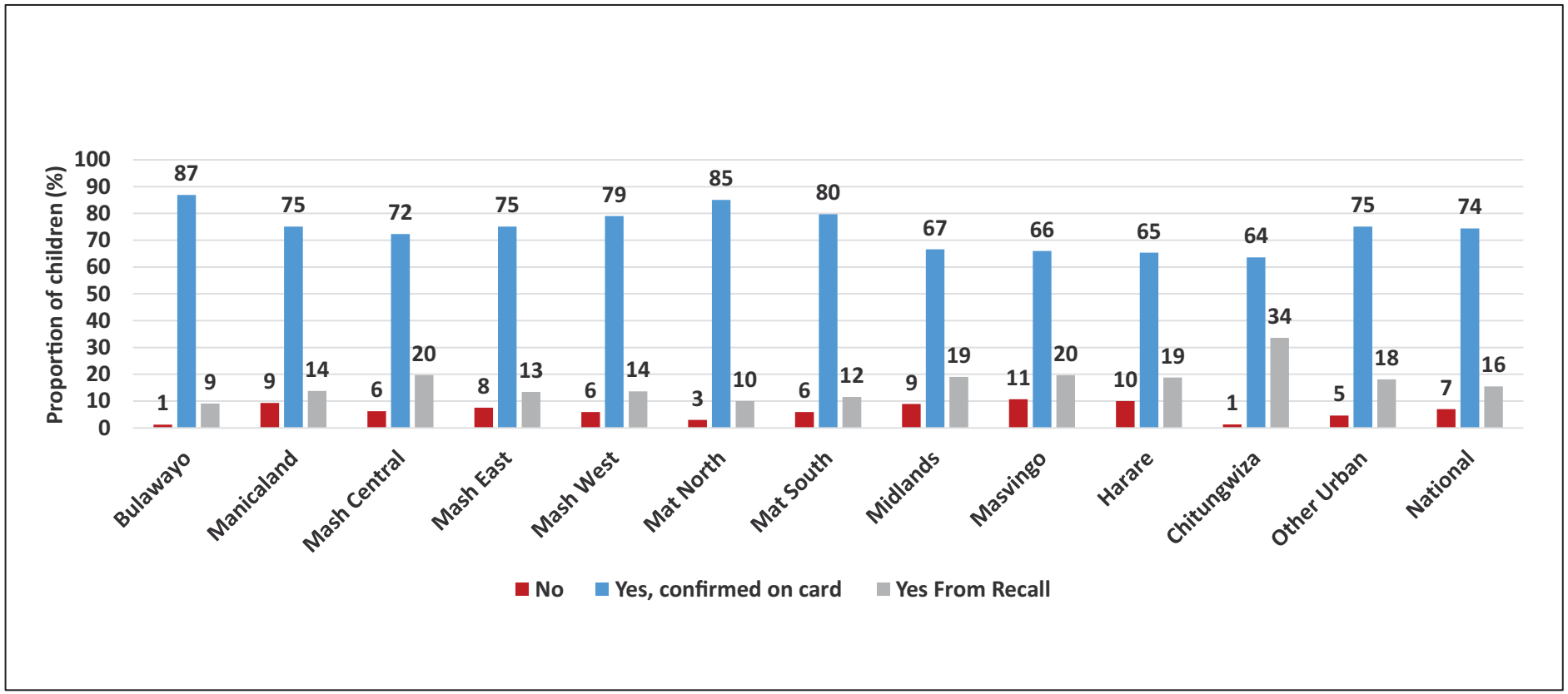
To assess coverage for key national vaccinations and micronutrient interventions as well as growth monitoring in children 0–59 months of age;

Notes:

- According to WHO, a child is considered to have received all basic vaccinations if he or she has received:
  - a BCG vaccination against tuberculosis;
  - three doses of DPT vaccine to prevent diphtheria, pertussis, and
  - tetanus (or three doses of pentavalent, which includes DPT and vaccinations against both hepatitis B and haemophilus influenza type B);
  - at least three doses of polio vaccine; and one dose of measles vaccine.

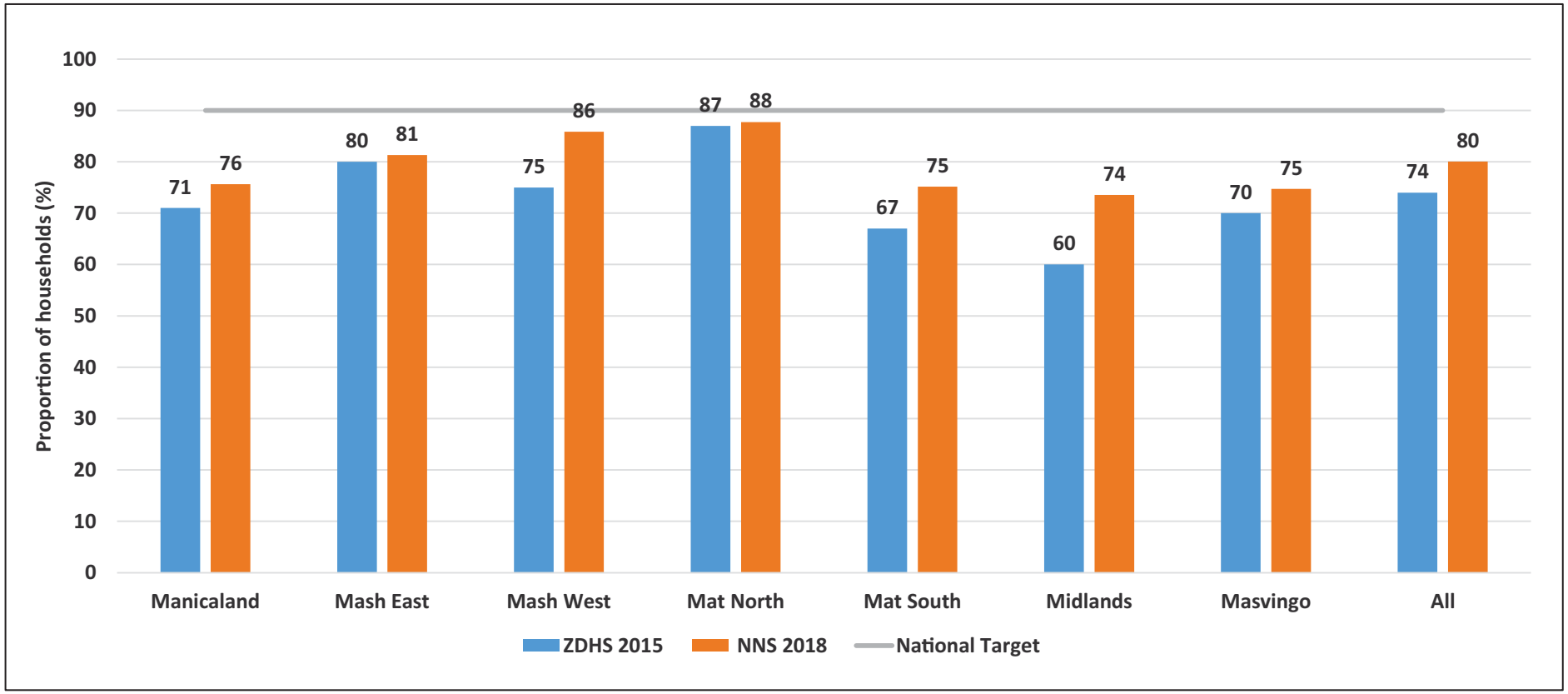
These vaccinations should be received during the first year of life.

Proportion of Children Under 5 who Received Vaccinations



- The proportion of children under five who had received any vaccination to prevent them from getting vaccine preventable diseases was high across all provinces.
- Bulawayo had the highest proportion of children (87%) who received any vaccination, whilst Chitungwiza had the least (64%).
- Overall, the proportion of children who had not received any vaccination was 7%, with Masvingo (11%) recording the highest proportion of children who had not received any vaccination.

Proportion of Children 12-23 with Vaccination Primary Course Completed



- There was a notable increase in the proportion of children 12-23 months who reported primary course completion from 74% (ZDHS 2015) to 80% (NNS 2018).
- None of the provinces had a proportion of children with primary course completion above the national target of 90%

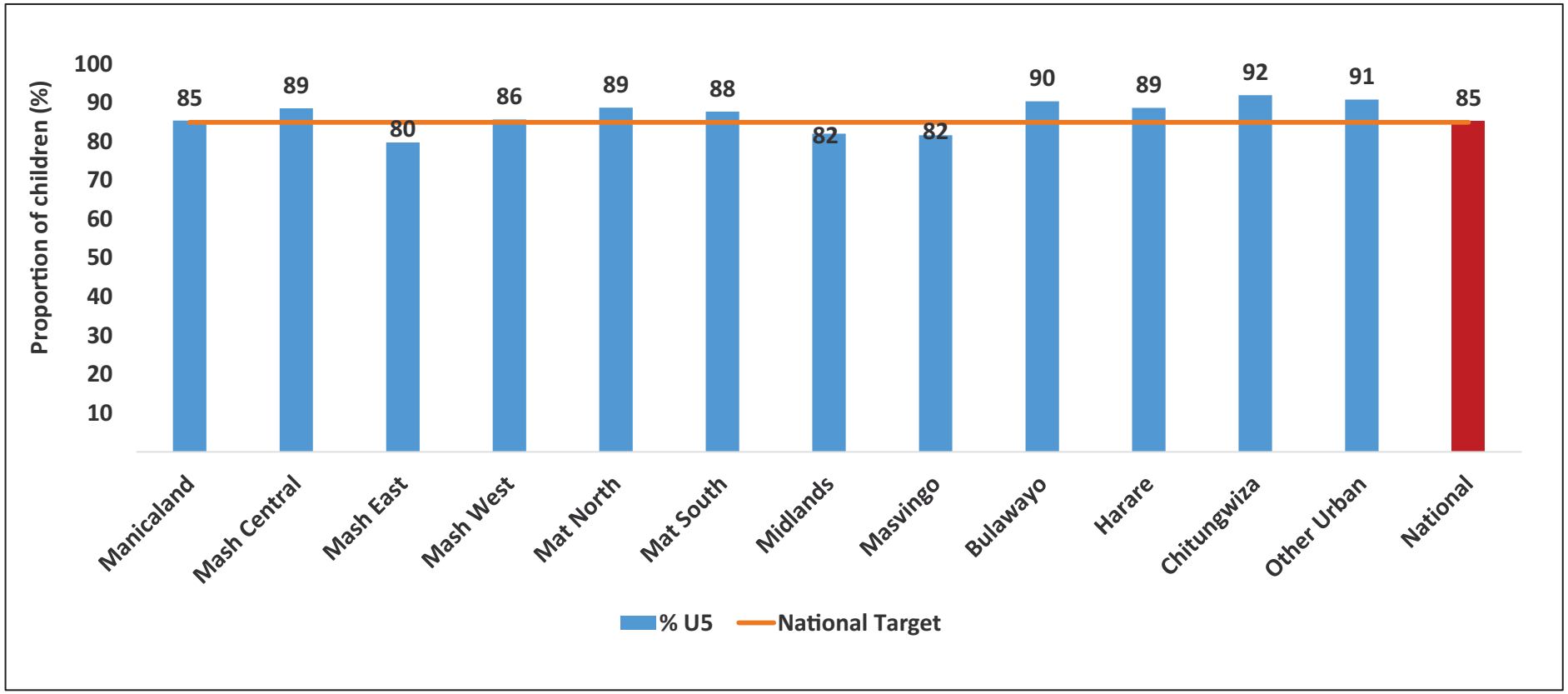
Proportion of Children Aged 12-23 Months who Received Specific Vaccines

	BCG	Polio				Pentavalent vaccine				Pneumococcal vaccine				Rotavirus vaccine				Measles Rubella
Doses received		0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	
Manicaland	90.9	6.1	2.3	6.4	85.2	6.7	5.9	4.9	82.5	6.8	1.9	6.4	84.8	8.6	3.2	82.2	5.9	83
Mash Central	94.5	2.8	1.9	3.6	91.8	4	1.4	3.7	90.9	3	1.4	5.3	90.2	4.2	4.7	87.3	3.8	78
Mash East	90.6	8	1.7	3.7	86.5	8.8	1.2	4.4	85.6	8.1	1	5	85.8	8.8	3.6	85.8	1.7	81
Mash West	94	3.9	1.2	2.9	92	4.9	0.7	1.9	92.5	4.5	0.4	4.2	90.9	5.3	3.1	89.8	1.8	76
Mat North	96.9	1.5	1.5	2.8	94.2	2.7	1.5	3.1	92.7	2	1.5	5.3	91.2	3.2	3.5	87.8	5.4	78
Mat South	95.2	4.9	2.3	6.2	86.5	8	4	3.7	84.3	5.3	1.8	5.3	87.6	5.9	5.8	84.2	4.2	86
Midlands	91	8.8	3.9	8	79.3	10.9	1.1	3.9	84.1	9.4	0.6	5.6	84.3	10.1	3.3	82.5	4.1	83
Masvingo	91.5	5.9	2.2	7.3	84.5	6.9	1.7	6	85.4	7.1	1.4	7.8	83.6	7.5	3.3	85.6	3.6	76
Bulawayo	92.9	1.6	0.8	0.8	96.8	1.6	0	1.6	96.8	1.6	0	1.6	96.8	1.6	0.8	94.4	3.2	78
Harare	92.9	4.9	0	2.1	93	9.9	0	4.2	85.9	5.6	0	3.5	90.8	5.6	2.1	86.6	5.6	85
Chitungwiza	96	2.2	5.1	23.4	69.3	8	10.9	13.1	67.9	2.9	1.5	9.5	86.1	2.2	5.1	88.3	4.4	88
Other Urban	96.8	3	2.4	3.7	90.9	4.9	0	2.4	92.7	4.9	0	3.7	91.5	4.9	6.1	87.8	1.2	82
National	**93.2**	**5.1**	**2.2**	**5.3**	**87.4**	**6.6**	**2.2**	**4.1**	**87.1**	**5.7**	**1.2**	**5.6**	**87.5**	**6.5**	**3.8**	**85.9**	**3.8**	**80**

- Provinces which include Mashonaland Central, Mashonaland West and Matabeleland North recorded a coverage of above 90% for the polio, pentavalent and pneumococcal vaccines .
- Nationally, the proportion of children who received the recommended two doses of Rotavirus vaccine was 85.9 %.

Proportion of Children under 5 who Received at Least 1 Dose of Vitamin A in the Past 12 Months

Promoting a Diversified Diet for Better Nutrition



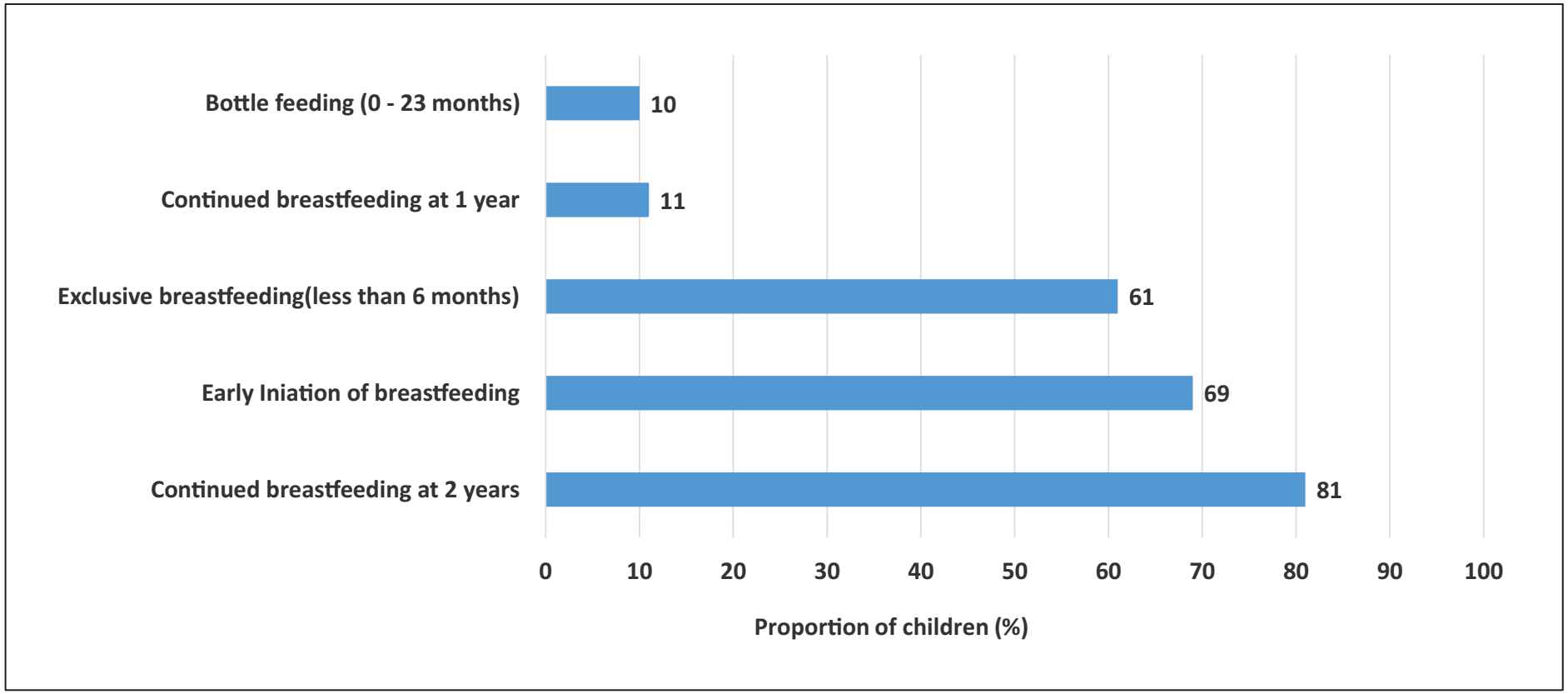
- The national coverage of children under the age of five who received at least one dose of Vitamin A was 85%.
- Chitungwiza (92%) had the highest proportion of children that were reported to have received Vitamin A.
- Midlands (82%), Masvingo (82%) and Mashonaland East (80%) were the only provinces that did not surpass the national target of 85%.

8. INFANT AND YOUNG CHILD FEEDING PRACTICES

To determine the practices related to Infant and Young Child Feeding;

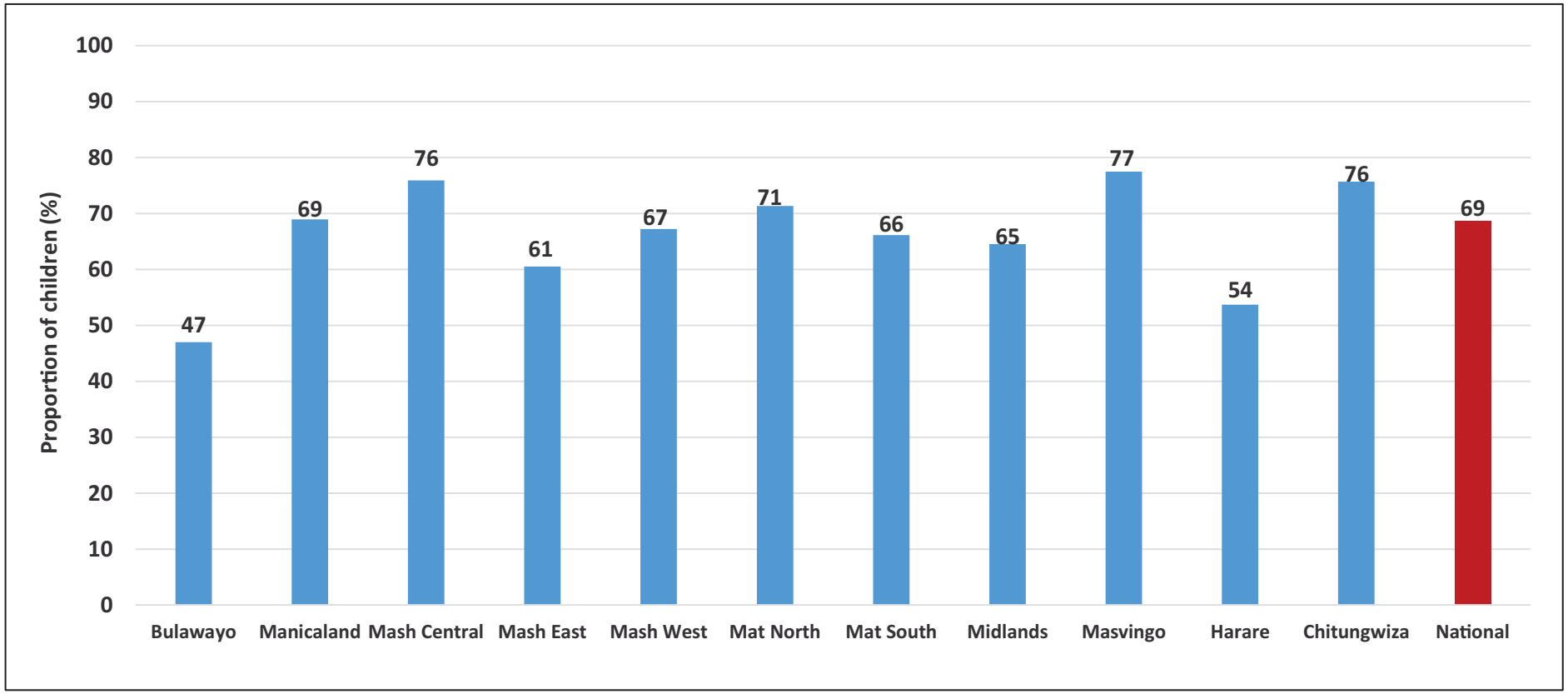
Summary of Breastfeeding Practices

Promoting a Diversified Diet for Better Nutrition



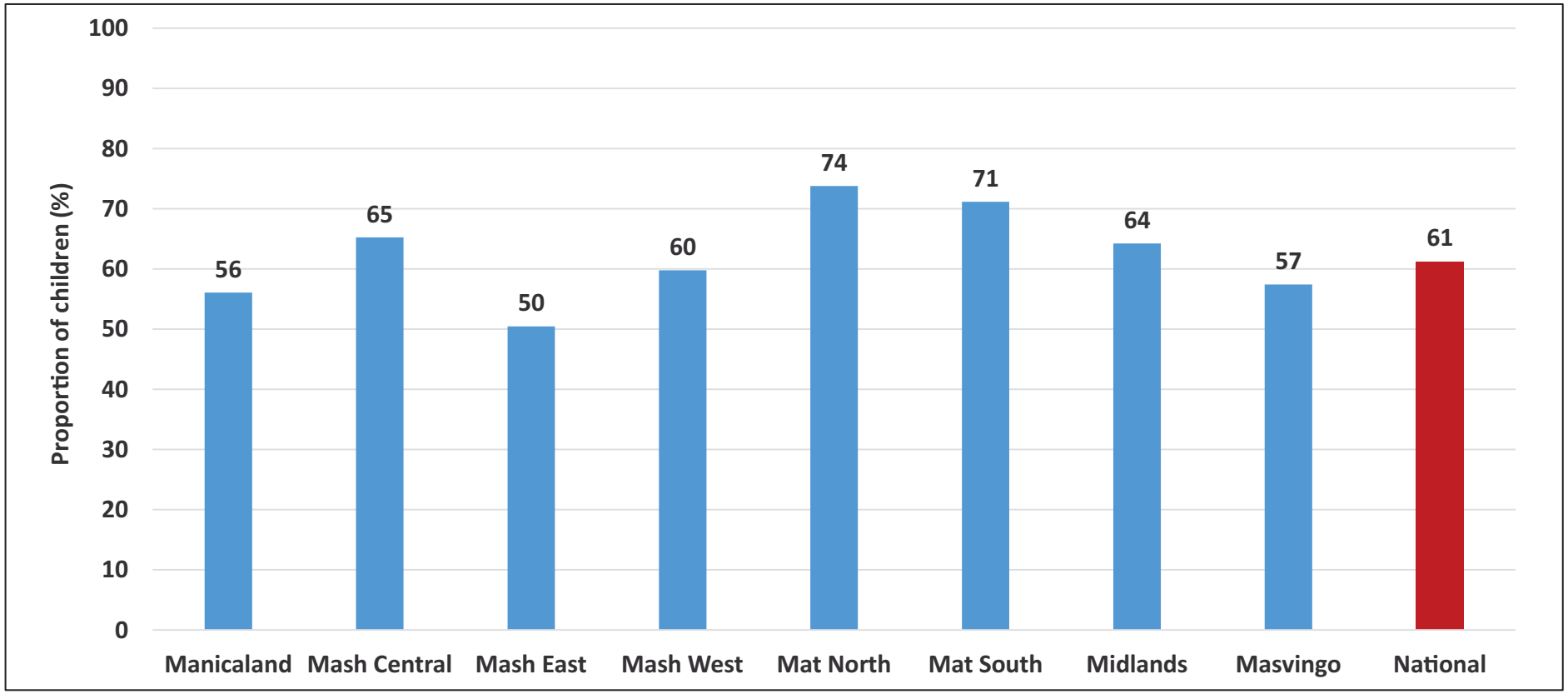
- About 81% of the children were breastfed up to 2 years of age compared to 77% reported by the NNS in 2010.
- Only 11% were breastfed up to the age of 1 year.
- A small proportion of the children (10%) were reported to be bottle fed.

Early Initiation of Breastfeeding



- About 69% of the children were initiated to breastfeeding within the first hour of birth, with variations across the provinces.
- There was a decrease in early initiation from the 75% reported in the NNS 2010.

Exclusive Breastfeeding



- At least 61% of children below the age of 6 months were exclusively breastfed.
- This proportion has surpassed the 50% World Health Assembly target.

Complementary Feeding

Notes:

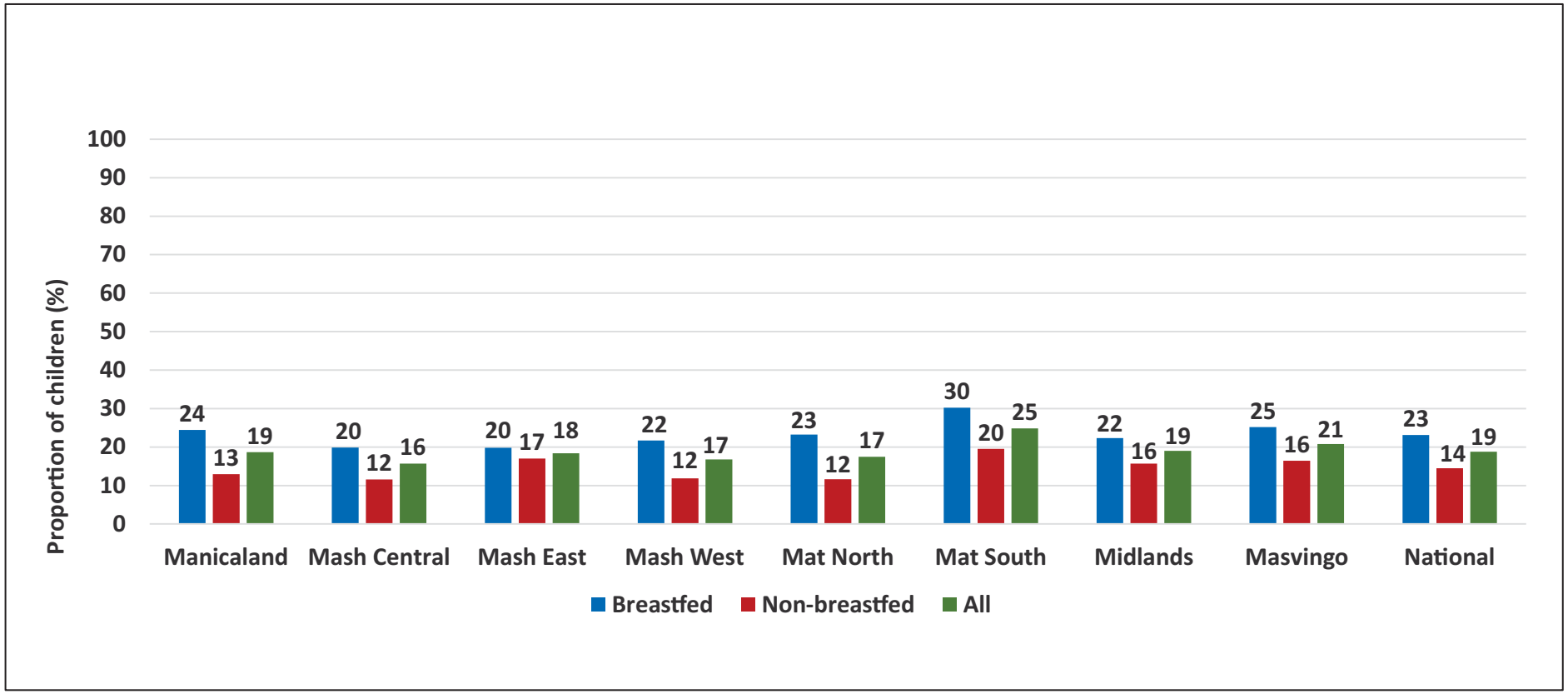
- Dietary Diversity is a proxy indicator for adequate micronutrient density. Both breastfed and non-breastfed infants are expected to consume at least four of the seven food groups that are recommended by the World Health Organisation.

- Minimum Meal Frequency (MMF) is a proxy for a child's energy requirements and is the proportion of breastfed and non-breastfed children 6 to 23 months of age who receive solid, semi-solid, or soft-foods or milk feeds the minimum number of times or more.

- Minimum Acceptable Diet (MAD) is a composite indicator of minimum meal frequency and dietary diversity. It represents minimum standards of IYCF practices.

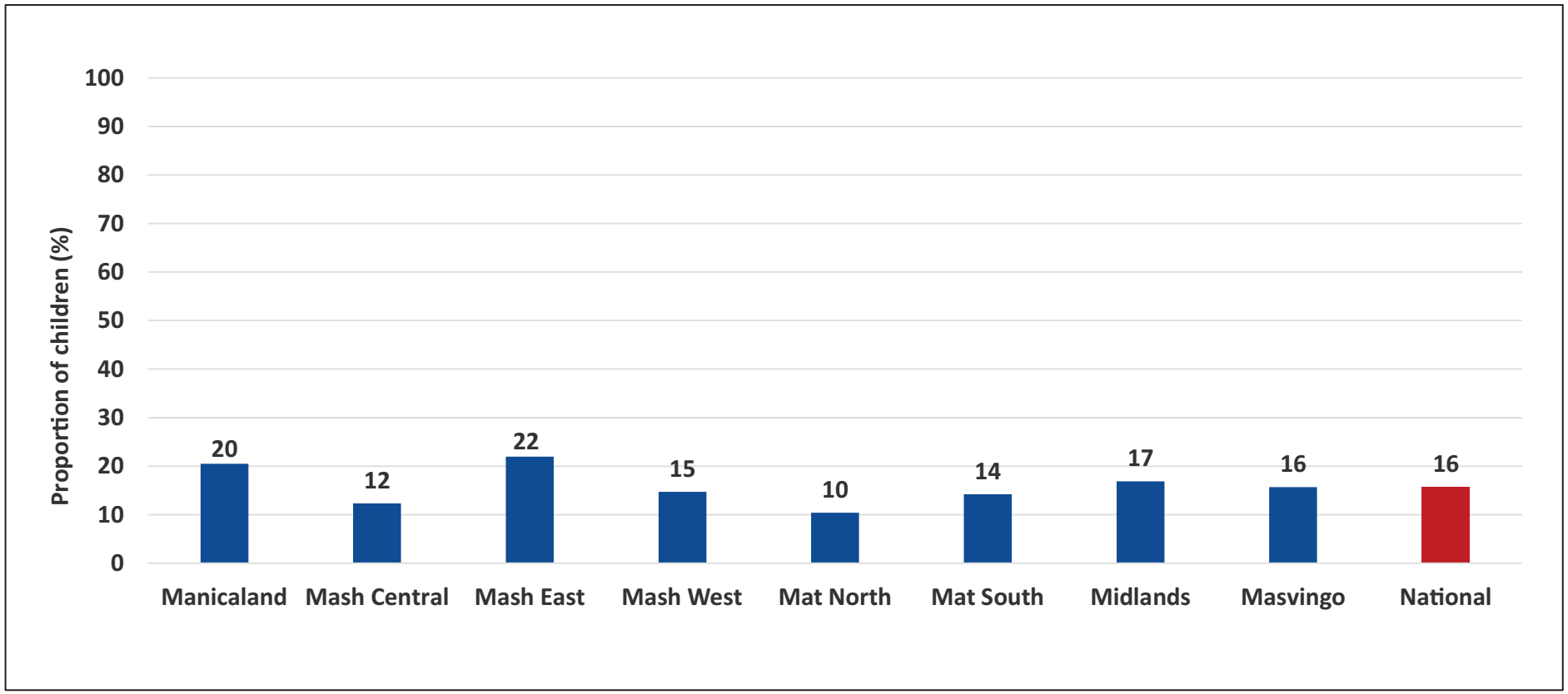
Minimum Meal Frequency for Children 6-23 Months

Promoting a Diversified Diet for Better Nutrition



- About 19% of the children 6-23 months received the recommended minimal meal frequency.
- Meal frequency varied across provinces with the least being recorded in Mashonaland Central at 16% and the highest being recorded in Matabeleland South at 25%.
- Breastfed children fared better at 23% as compared to 14% for their non- breastfed counterparts.

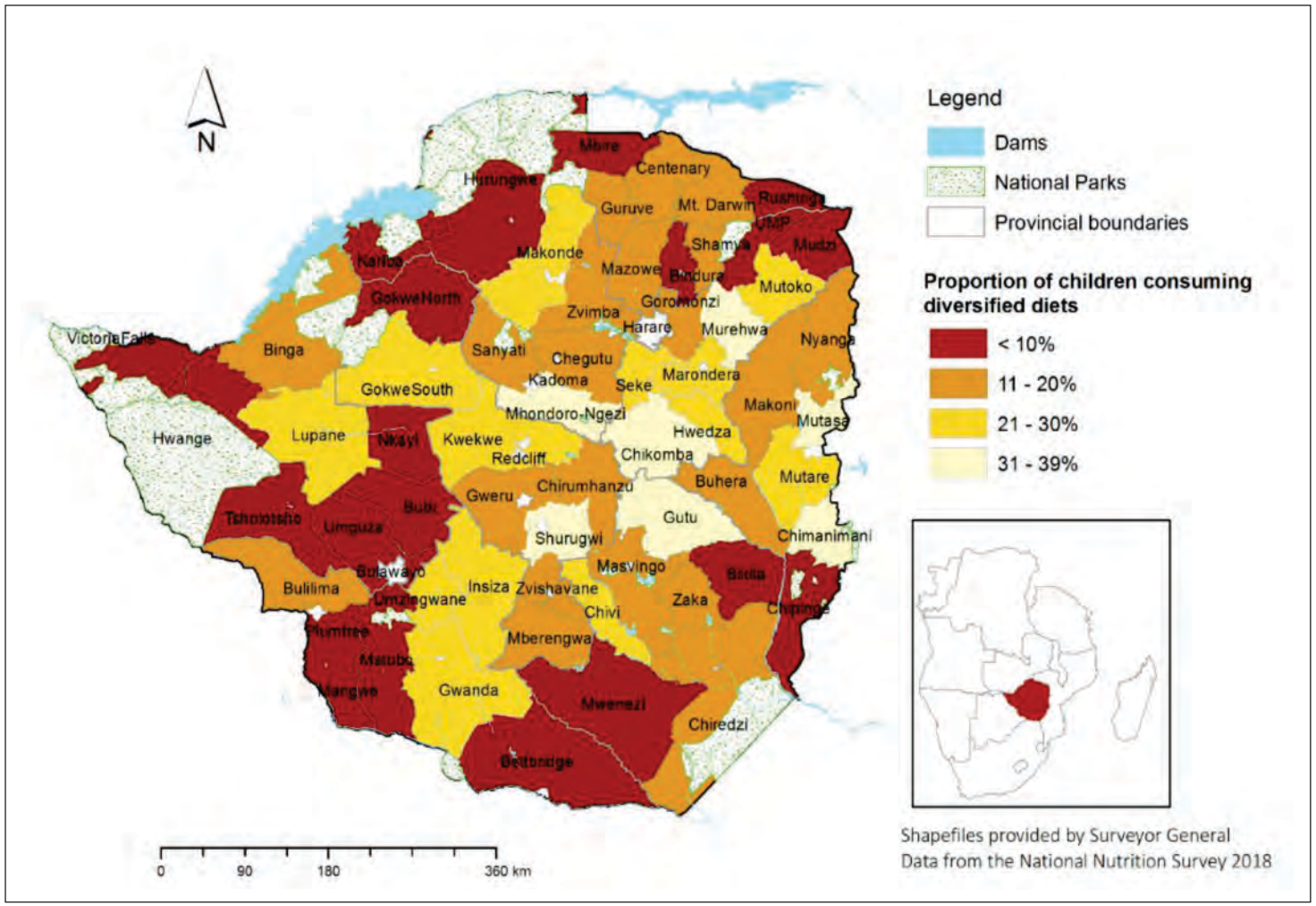
Minimum Dietary Diversity for Children 6-23 Months



- Only 16% of children 6- 23 months consumed at least 4 food groups in the 24 hours preceding the survey.
- The least proportion of children receiving a minimum dietary diversity was from Matabeleland North (10%) and the highest proportion was reported in Mashonaland East (22%).

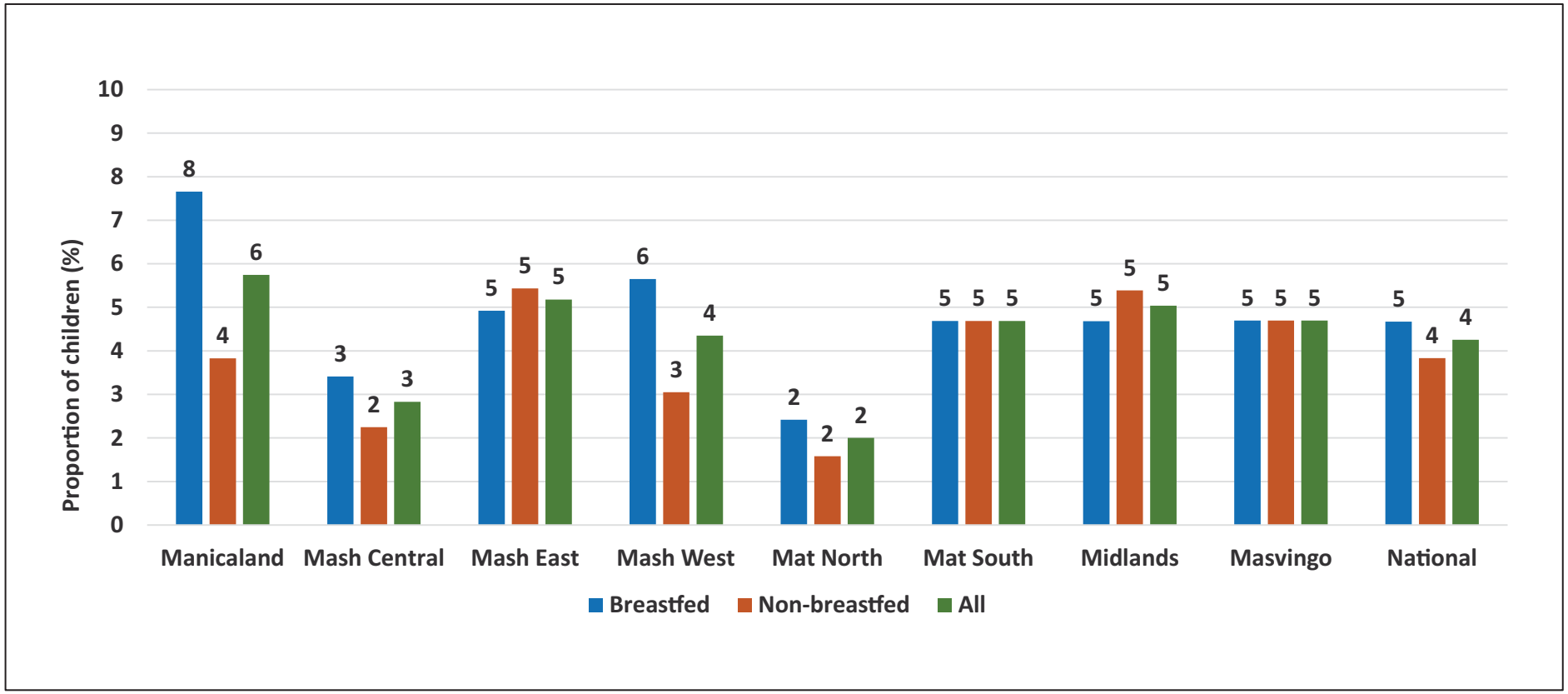
Minimum Dietary Diversity for Children 6-23 Months by District

Promoting a Diversified Diet for Better Nutrition



- The lowest dietary diversity was recorded in Mangwe District at 1% and the highest in Mutasa at 39%.

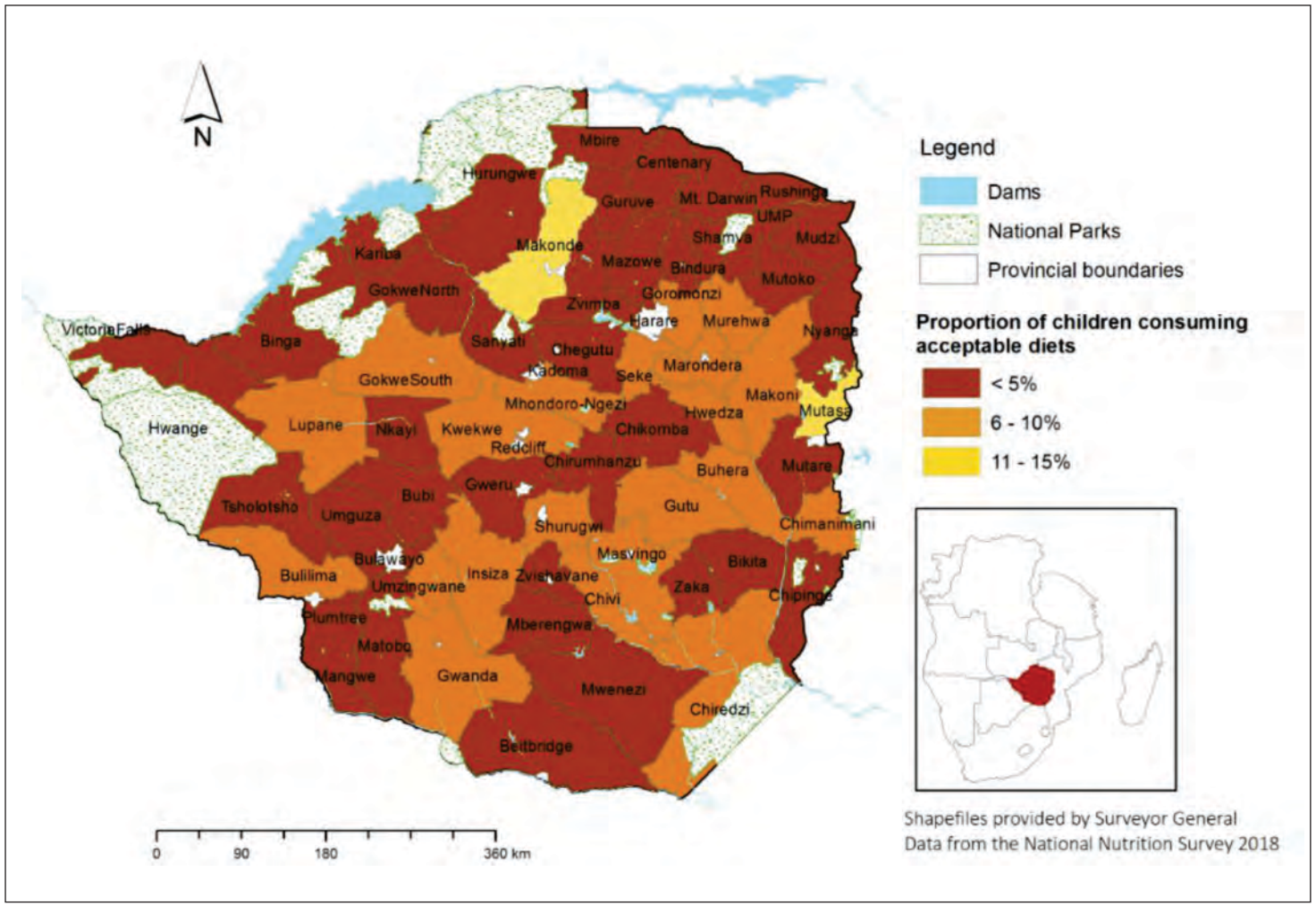
Minimum Acceptable Diet for Children 6-23 Months



- Only 4% of children received a minimum acceptable diet with inter province variances.
- The current 4% is lower than the 8% reported in the 2010 NNS.

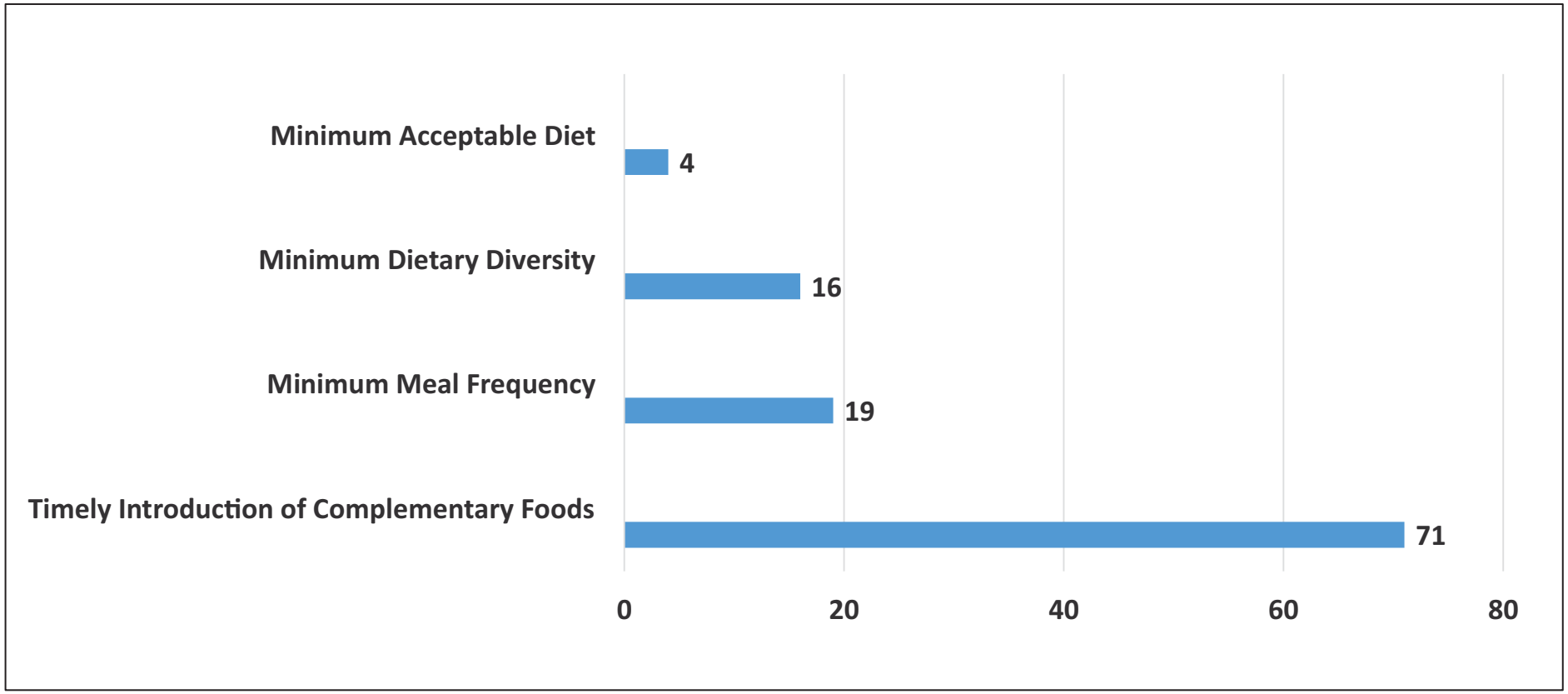
Minimum Acceptable Diet for Children 6-23 Months

Promoting a Diversified Diet for Better Nutrition



- There was no district having MAD above 15% as per 2018 National Nutrition Strategy targets.

Summary of Complementary Feeding



- A high proportion of children 6-8 months (71%) were timely introduced to complementary feeds.
- However, the quality and quantity of foods was not optimal for most children.

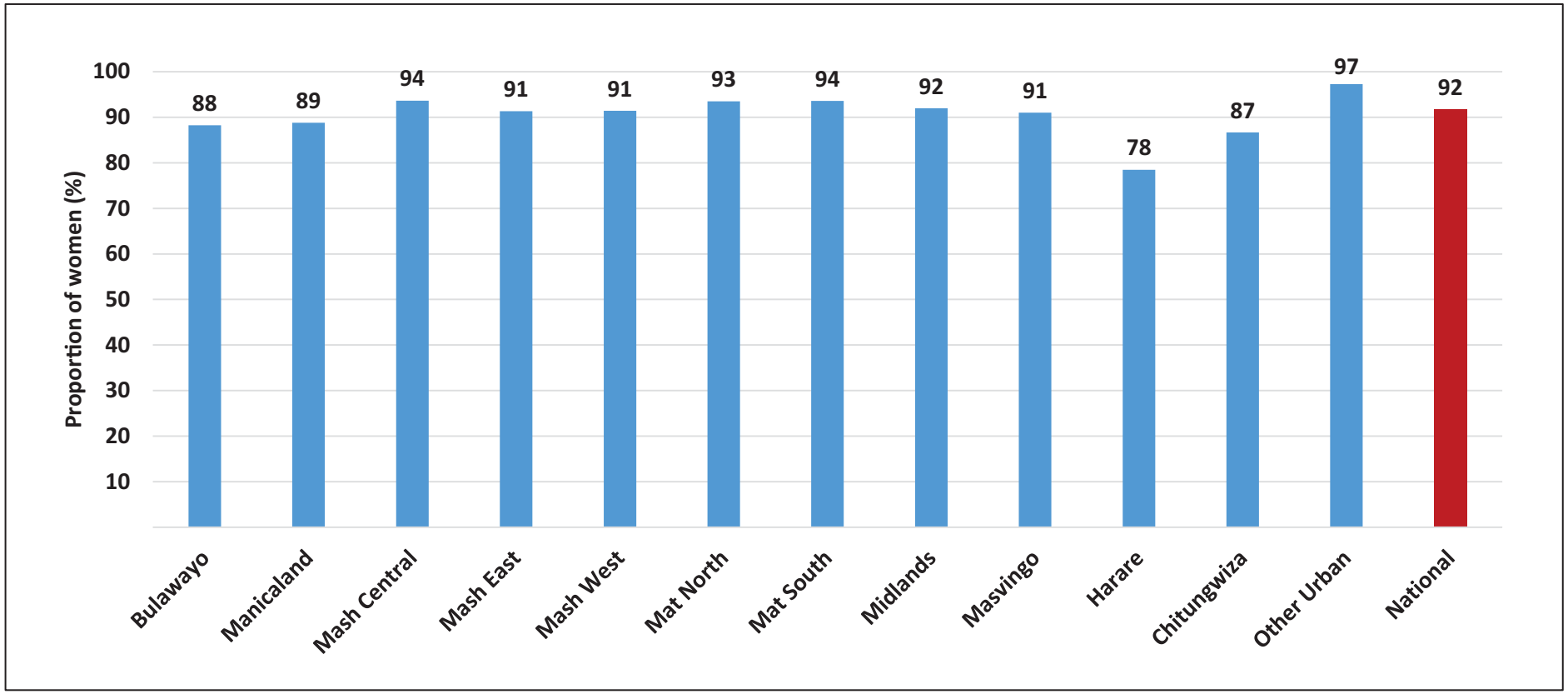
9. MATERNAL HEALTH

To assess maternal health and nutrition with a focus on ANC, PNC and maternal micronutrient supplementation amongst care givers and low birth weight amongst children.

Notes:

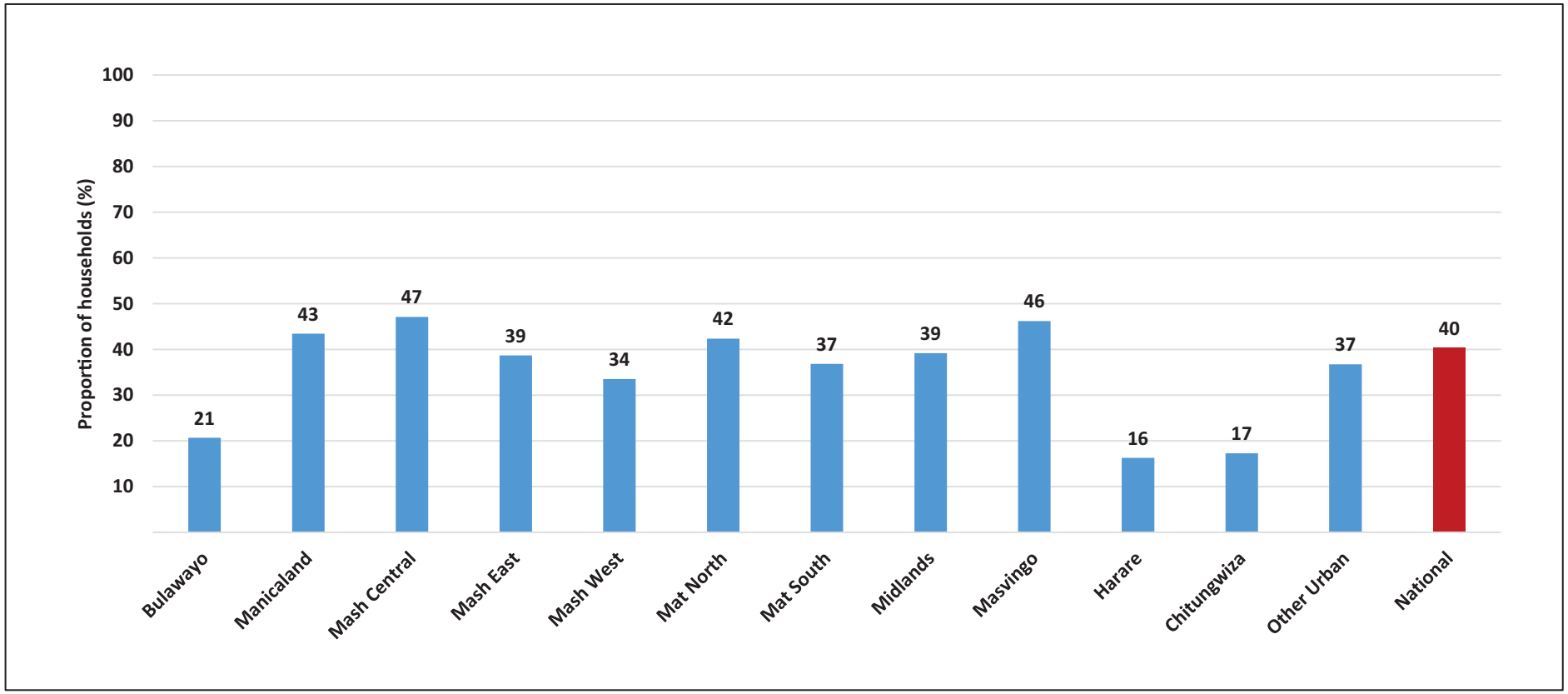
- Maternal health refers to the health of women during pregnancy, child birth and postpartum period. Maternal well-being is inextricably linked to child survival.

Proportion of Women who Attended ANC During Pregnancy



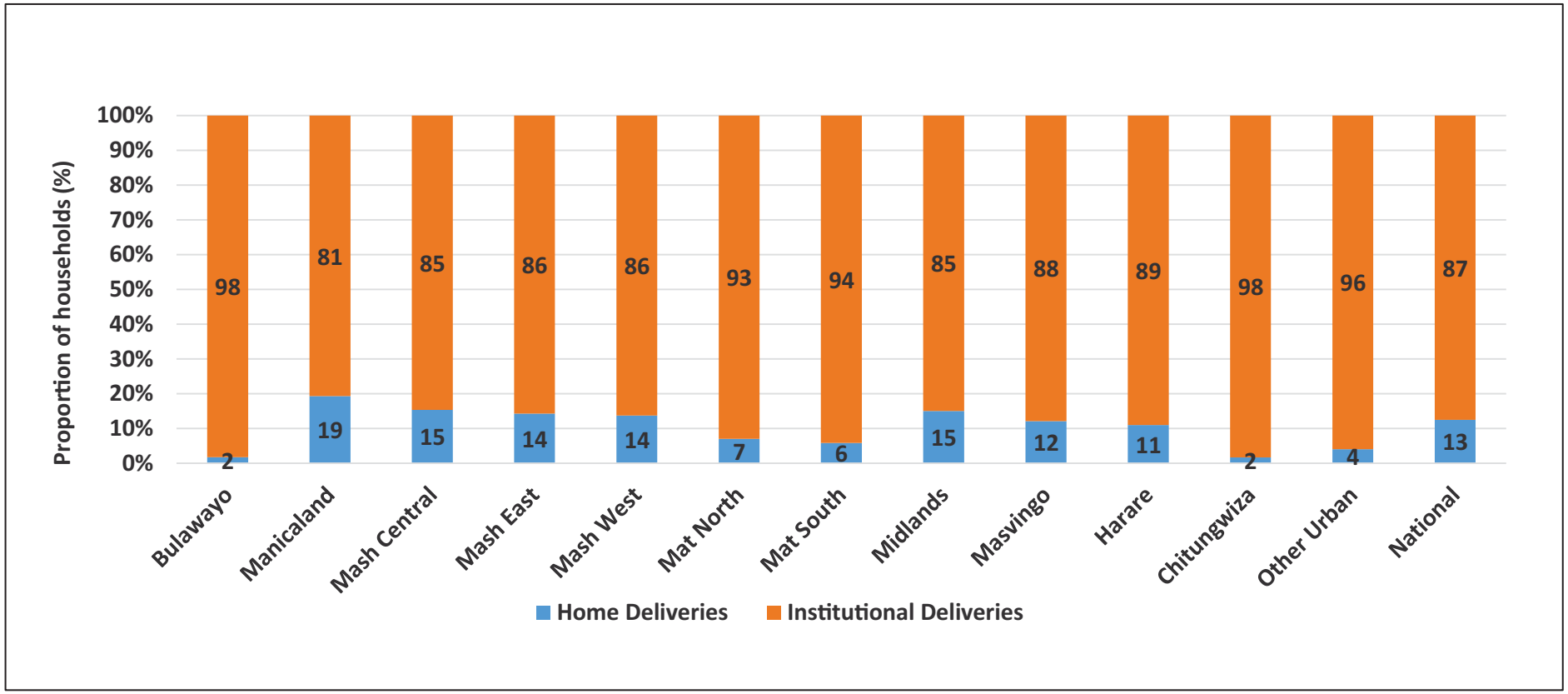
- At least 92% of the women who gave birth in the last 2 years went for ANC during Pregnancy.

Proportion of Women Booking Early for ANC



- The national average of early ANC booking was 40%.
- Mashonaland Central had the highest proportion of women booking early for ANC at 47%.
- Harare had a low proportion of women booking early at 16%.

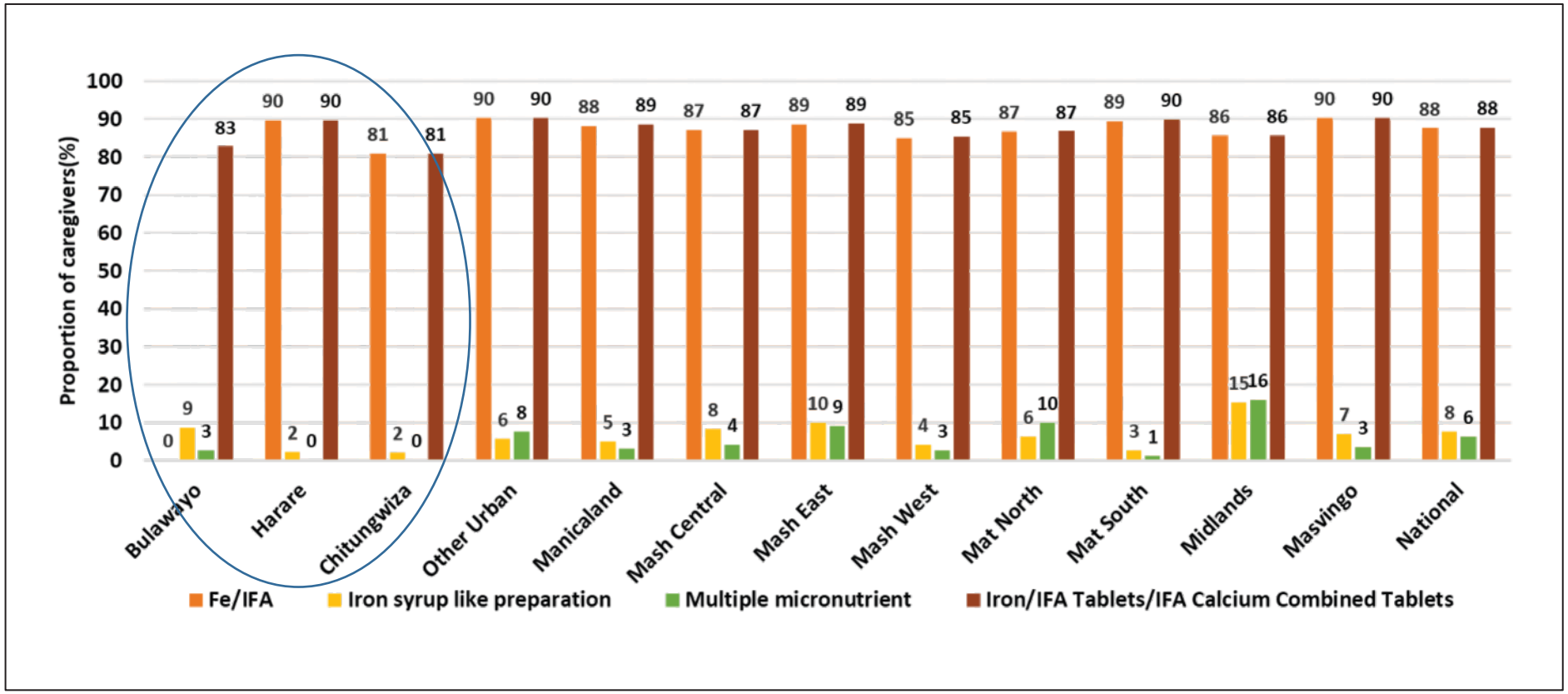
Proportion of Institutional Deliveries vs Home Deliveries



- Nationally, 87% of women delivered at health institutions. However, 19% of women in Manicaland reported that they delivered at home.
- Bulawayo and Chitungwiza had a high proportion of institutional deliveries at 98%.

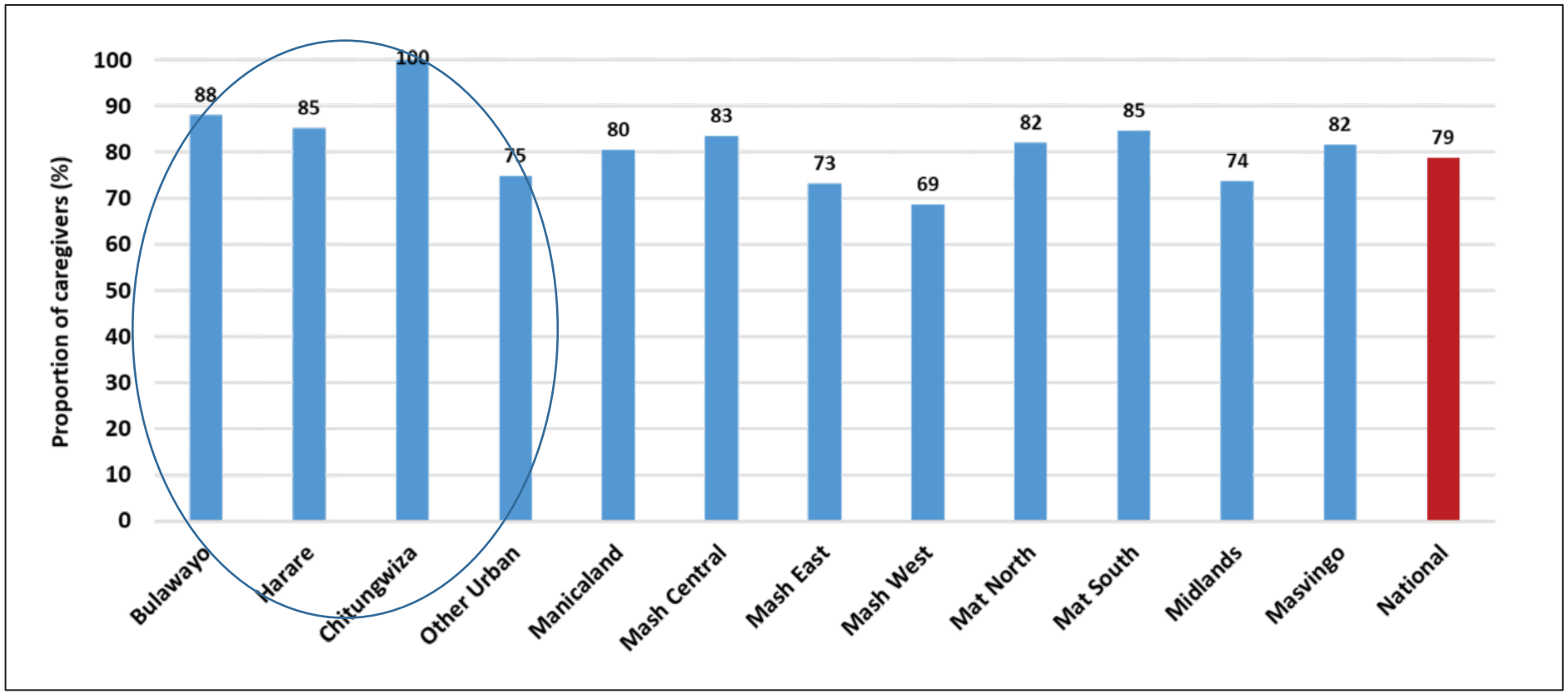
Proportion of Women who took Micronutrient Supplements During their Last Pregnancy

Promoting a Diversified Diet for Better Nutrition



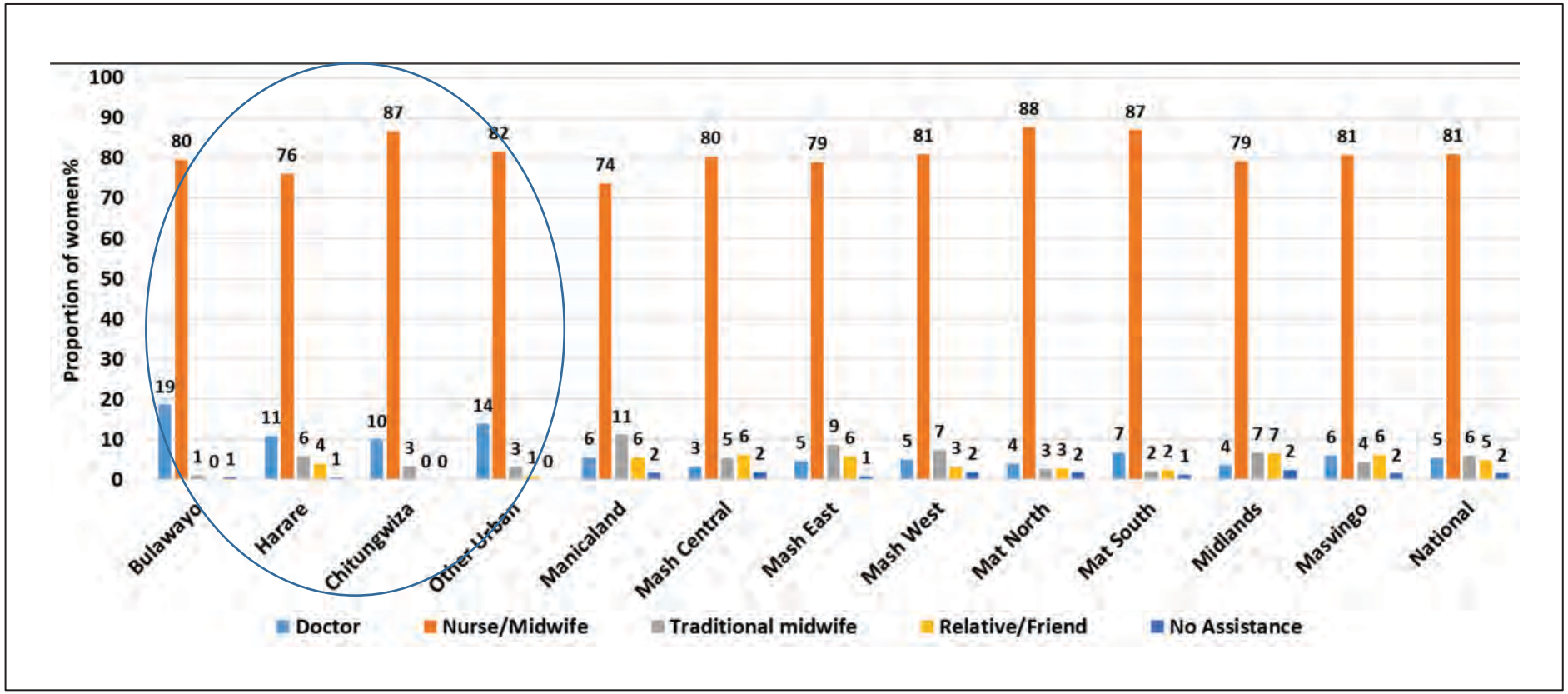
- Of the women that reported to have been pregnant in the last two years, 88% reported that they took iron/iron folate tablets during that pregnancy.
- The same proportion of women (88%) reported that they took combined micronutrient tablets.

Proportion of Women who Received Nutrition Education During their Last Pregnancy



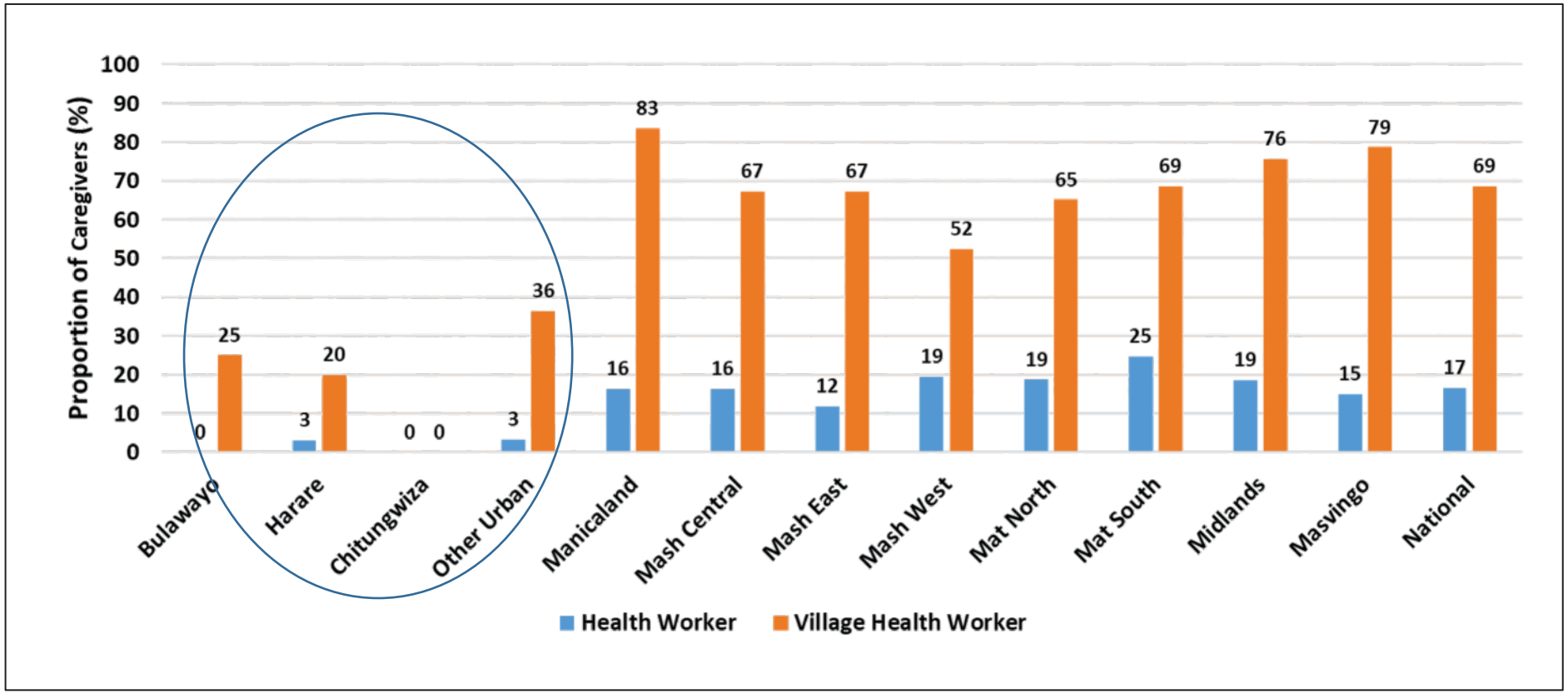
- The national average of women who received Nutrition Education was 79%. The lowest proportion was in Mashonaland West (69%).
- Chitungwiza had a proportion of 100% of women who reported that they received Nutrition Education during their last pregnancy.

Skilled Birth Attendance by Type of Attendant



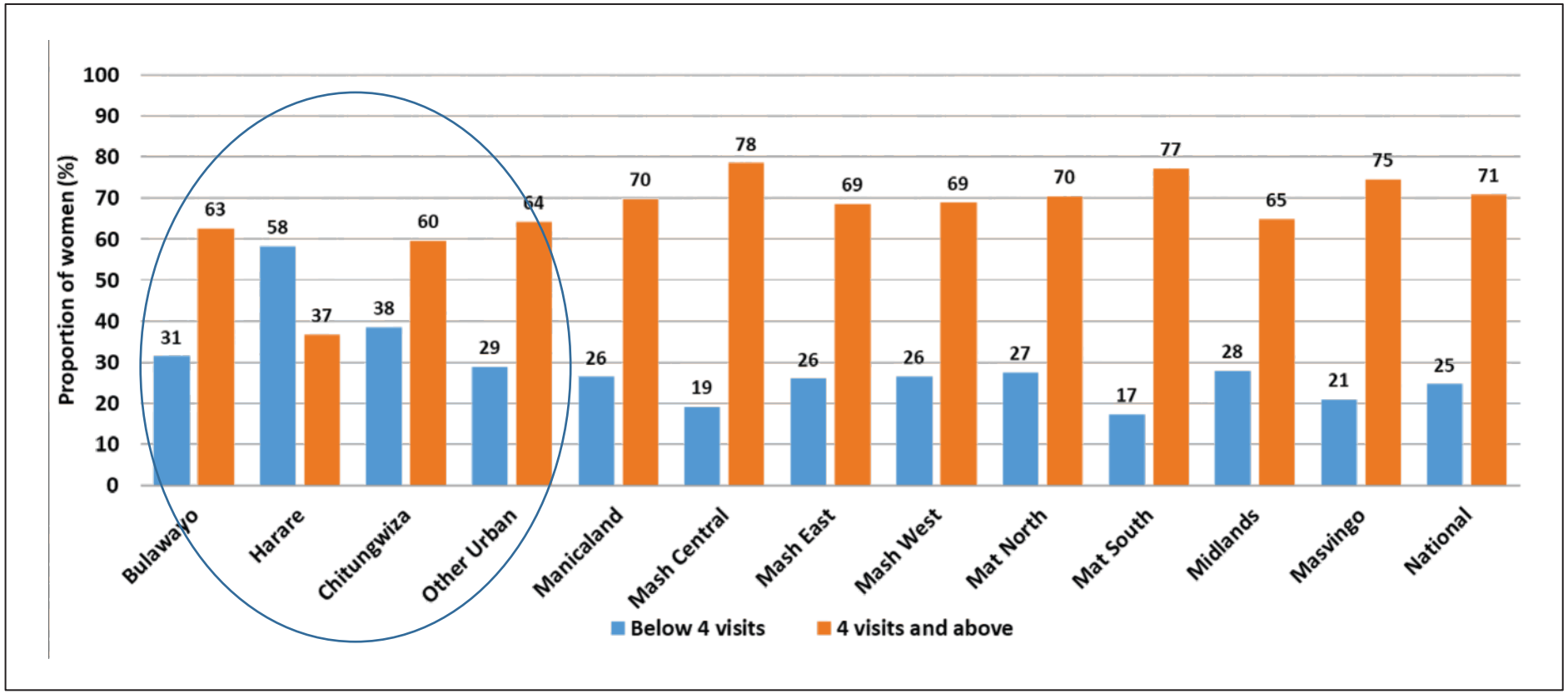
- Of the women interviewed, 81% were attended to by a Nurse or midwife during childbirth.
- Those that reported to have been attended to by a traditional midwife or friend or relative were 6% and 5% respectively.

Proportion of Women who Received Home Visits from Health Worker or Village Health Worker



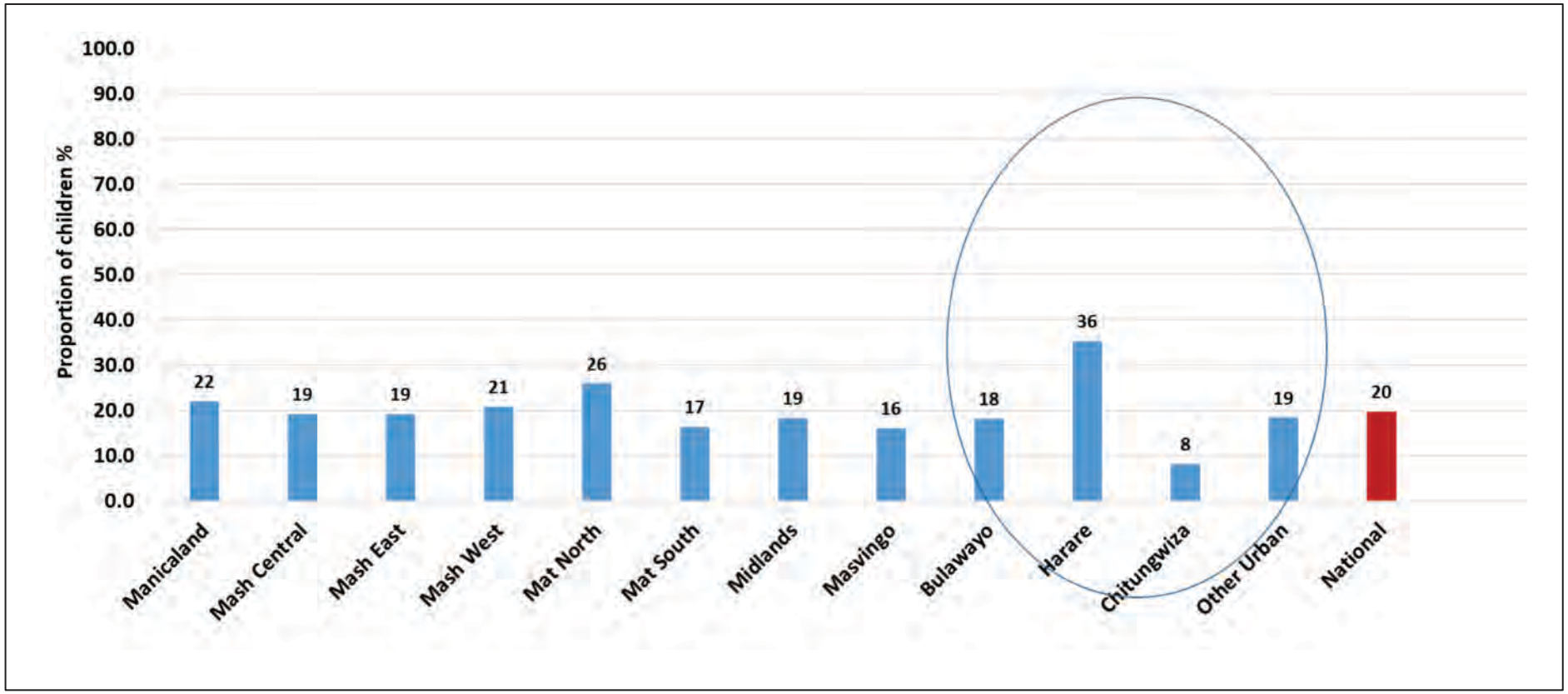
- The national average of women who received a home visit from a Village Health Worker (VHW) was 69% with Manicaland having the highest proportion (83%) followed by Masvingo (79%).
- However in Chitungwiza, no women reported that they were visited by either a Health Worker or Village Health Worker.

Proportion of Women with at Least 4 ANC visits vs those with less than 4 ANC Visits



- Mashonaland Central (78%) had the highest proportion of women who attended at least 4 ANC visits.
- The national average of at least 4 ANC visits was at 71%.

Prevalence of Low Birth Weight by Province

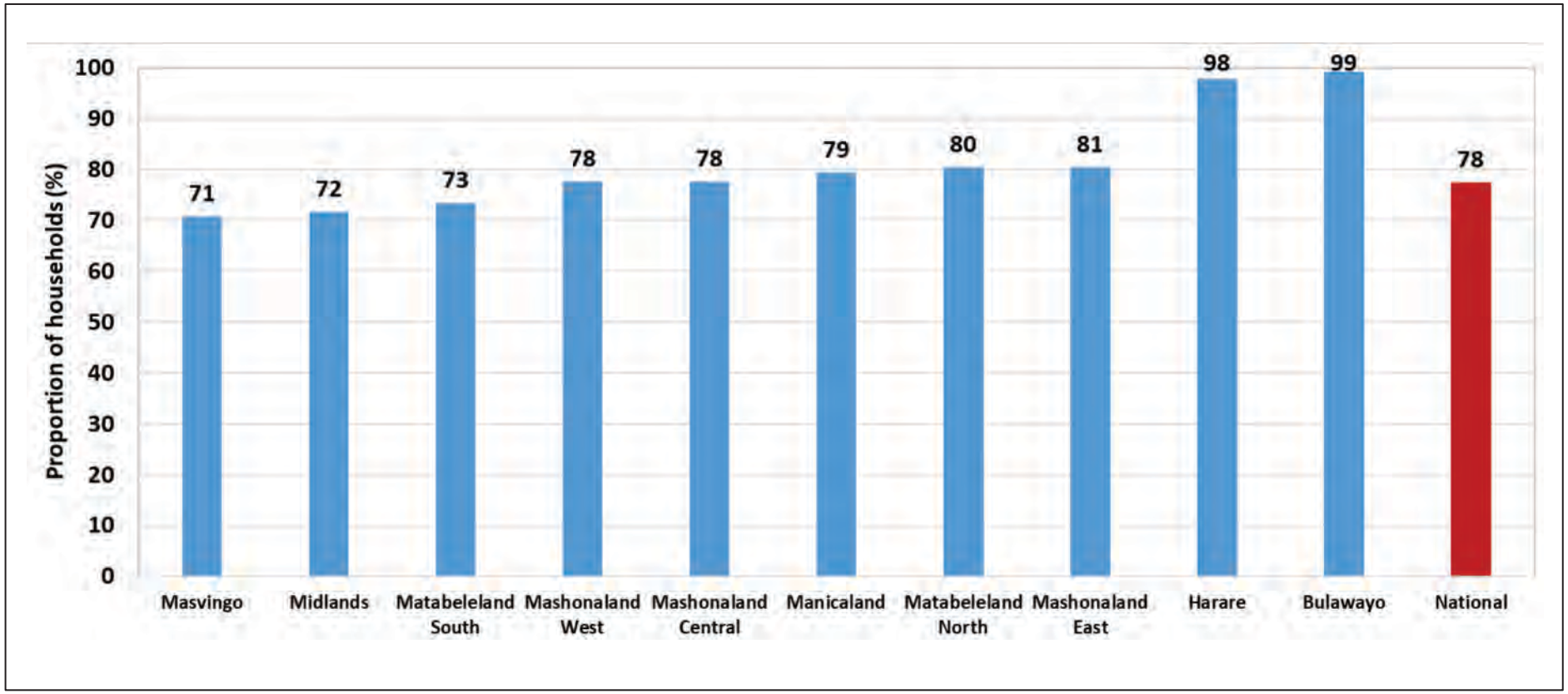


- Nationally, the average proportion of babies born with Low Birth weight was at 20%.
- Harare had the highest proportion of babies with Low Birth weight (36%) followed by Matabeleland North with 26%.

10. WATER, SANITATION AND HYGIENE

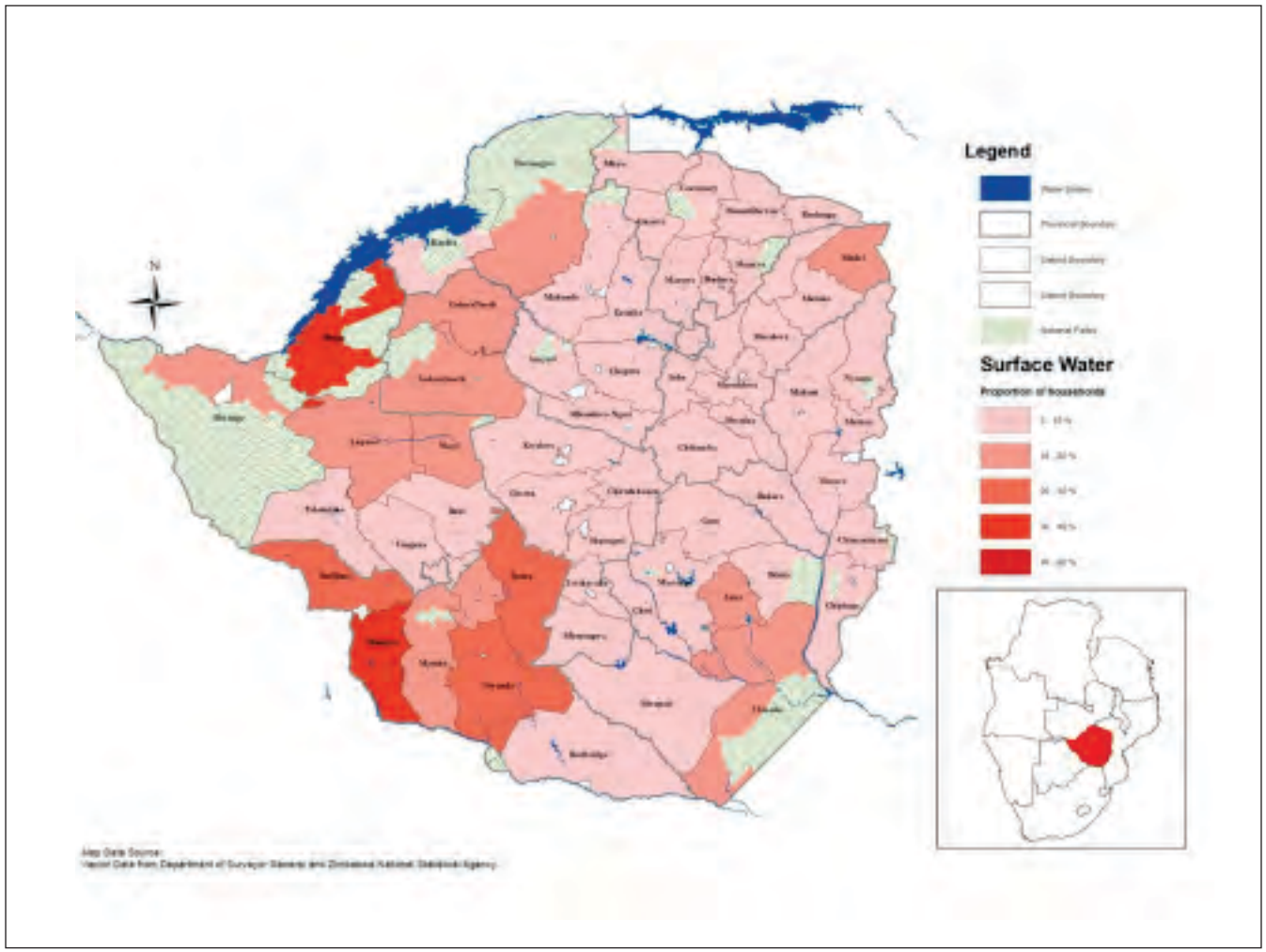
(WASH)

Proportion of Households with Access to Improved Water Sources



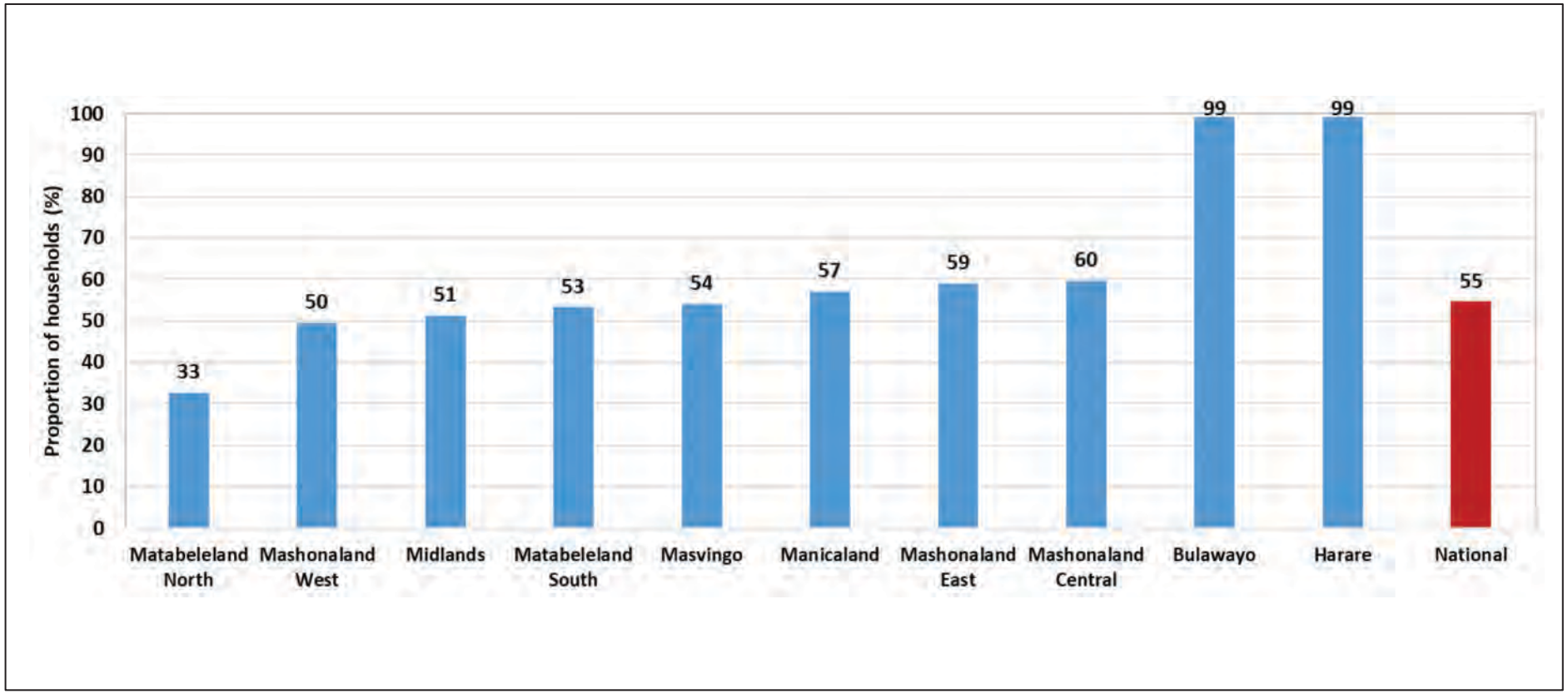
- Nationally, 78% of the households had access to improved water sources.

Proportion of Households Drinking Surface Water



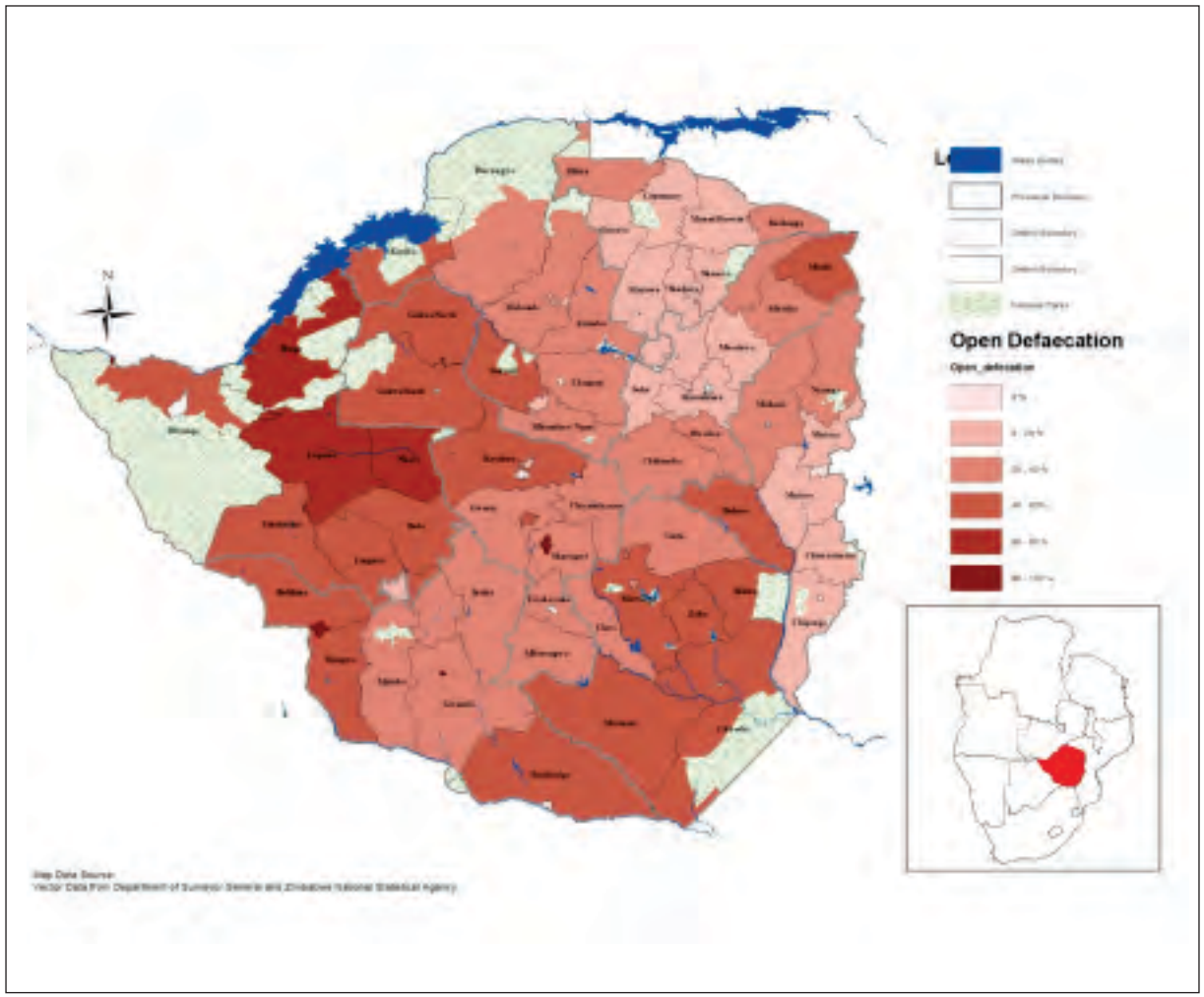
- The proportion of households drinking surface water from dams, rivers, and irrigation channels ranged from 0% to 36%.
- Binga district had the highest proportion of households drinking surface water.
- In Chitungwiza, Bulawayo, Shamva and Makoni, none of the households (0%) drank surface water.

Proportion of Households with Access to Improved Sanitation Facilities



- At least 55% of the households had access to improved sanitation facilities.

Proportion of Households Practising Open Defecation



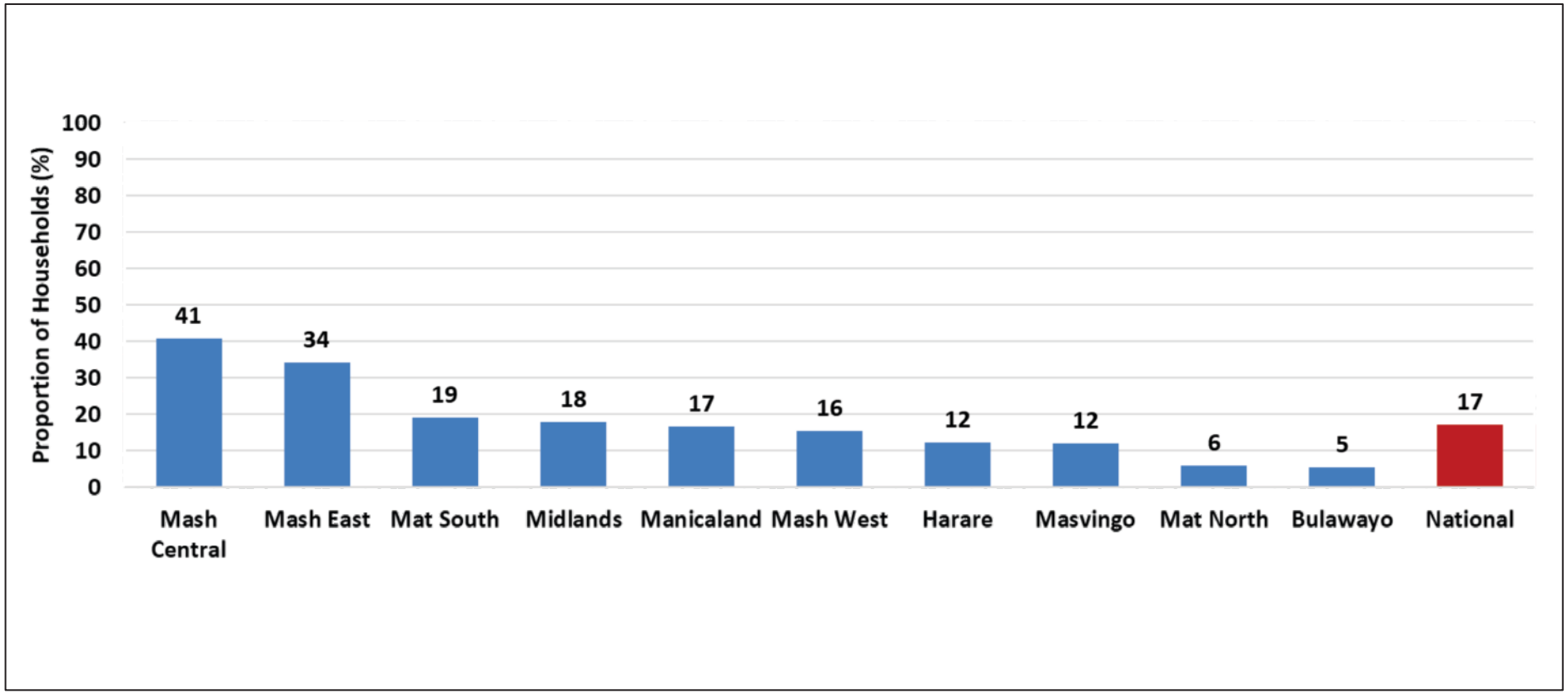
- A total of 13 districts had more than 50% of households practising open defecation.
- The majority of the districts with highest proportion of households that practised open defecation was in Matabeleland North.
- Binga had the highest proportion of households practising open defecation. More than three quarters of households in Binga district (76%) practised open defecation.

Method of Stool Disposal for Children 0-59 Months

	Child used toilet or latrine %	Put/rinsed into toilet or latrine%	Put/rinsed into drain or ditch %	Threw into garbage %	Buried %	Left in the open %	Other %
Bulawayo	0	0	0	66.7	0	0	16.7
Manicaland	6.5	60.7	5.6	3.7	8.4	0.9	6.5
Mashonaland Central	43.4	26.4	3.8	0	5.7	3.8	1.9
Mashonaland East	26.8	36.3	3.8	1.6	22.5	6.5	0.6
Mashonaland West	25.6	14.0	0	4.7	23.3	9.3	18.6
Matabeleland North	4.3	27.6	15.7	3.8	31.0	11.4	3.8
Matabeleland South	10.5	35.4	1.1	4.4	35.9	3.3	5.5
Midlands	47.8	21.7	8.7	0	17.4		4.3
Masvingo	15.5	37.3	4.5	2.0	29.3	10.8	0.3
Harare	33.3	0	0	66.7	0	0	0
Other Urban	30.7	58.4	2.0	4.0	1.0	3.0	0
National	22.0	36.7	4.6	2.4	23.3	6.9	1.8

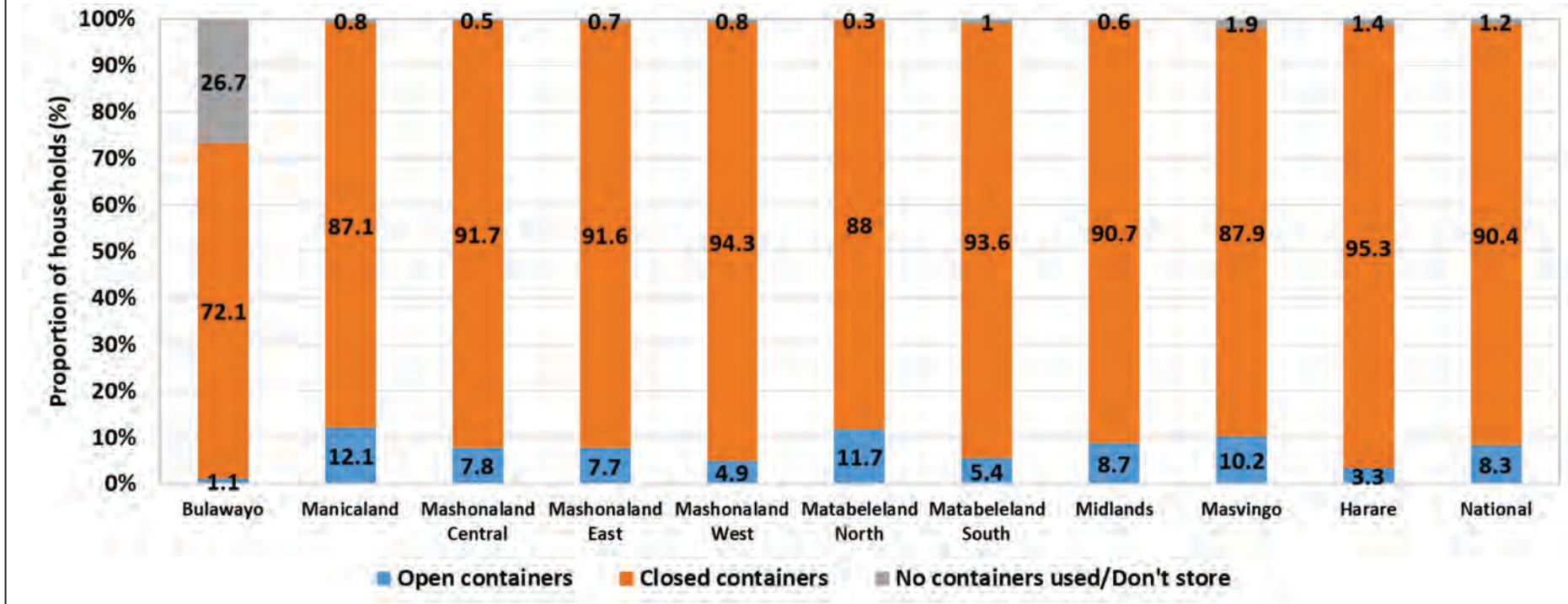
- The most common method of disposing children's stool was rinsing into a toilet/latrine. Sixty seven percent of the respondents in Bulawayo and Harare threw children's stool into garbage.

Proportion of Households Without Water from Main Source at the Time of the Survey



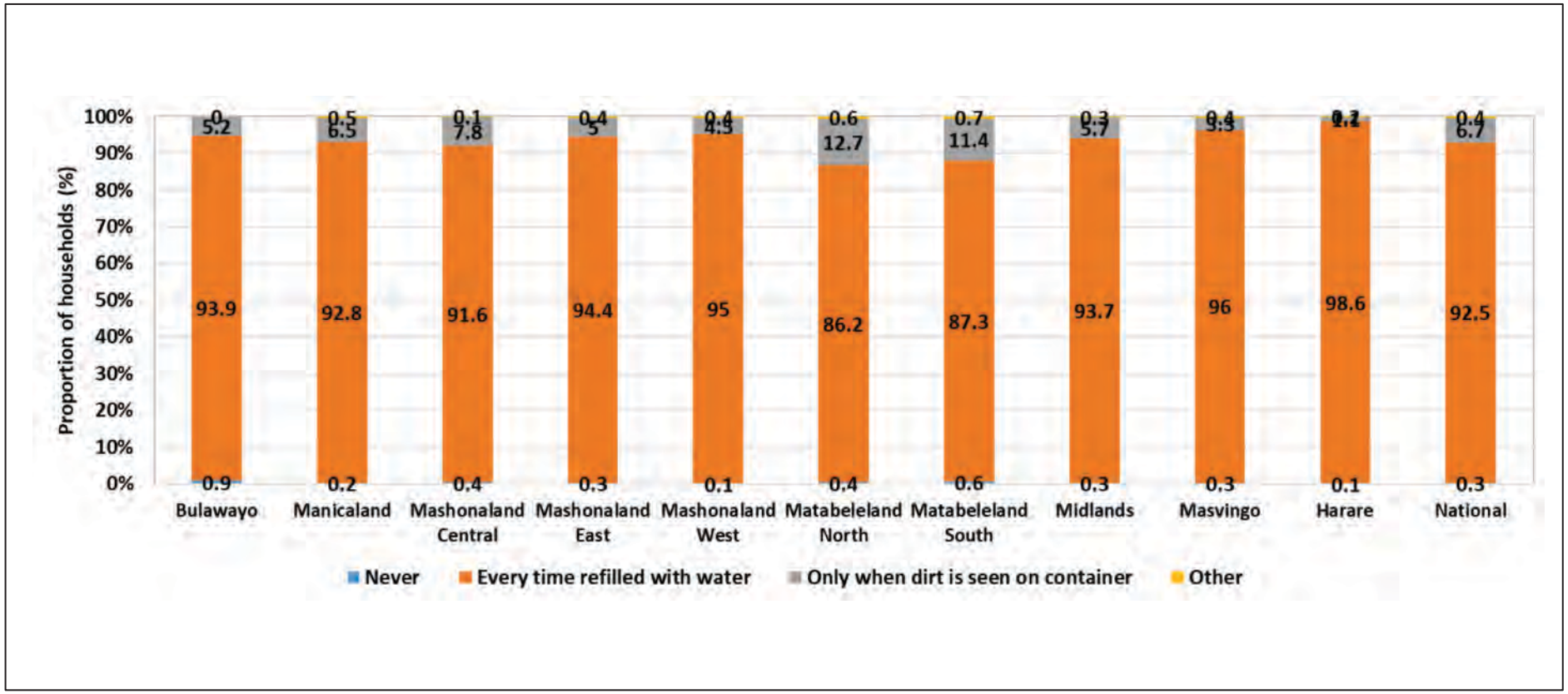
- Up to 17% of the households in Zimbabwe did not have water from their main source at the time of the survey.
- Mashonaland Central (41%), followed by Mashonaland East (34%) had the highest proportion of households that did not have water from their main source at the time of the survey. Bulawayo had the least proportion of households (5%).

Types of Containers Used for Water Storage



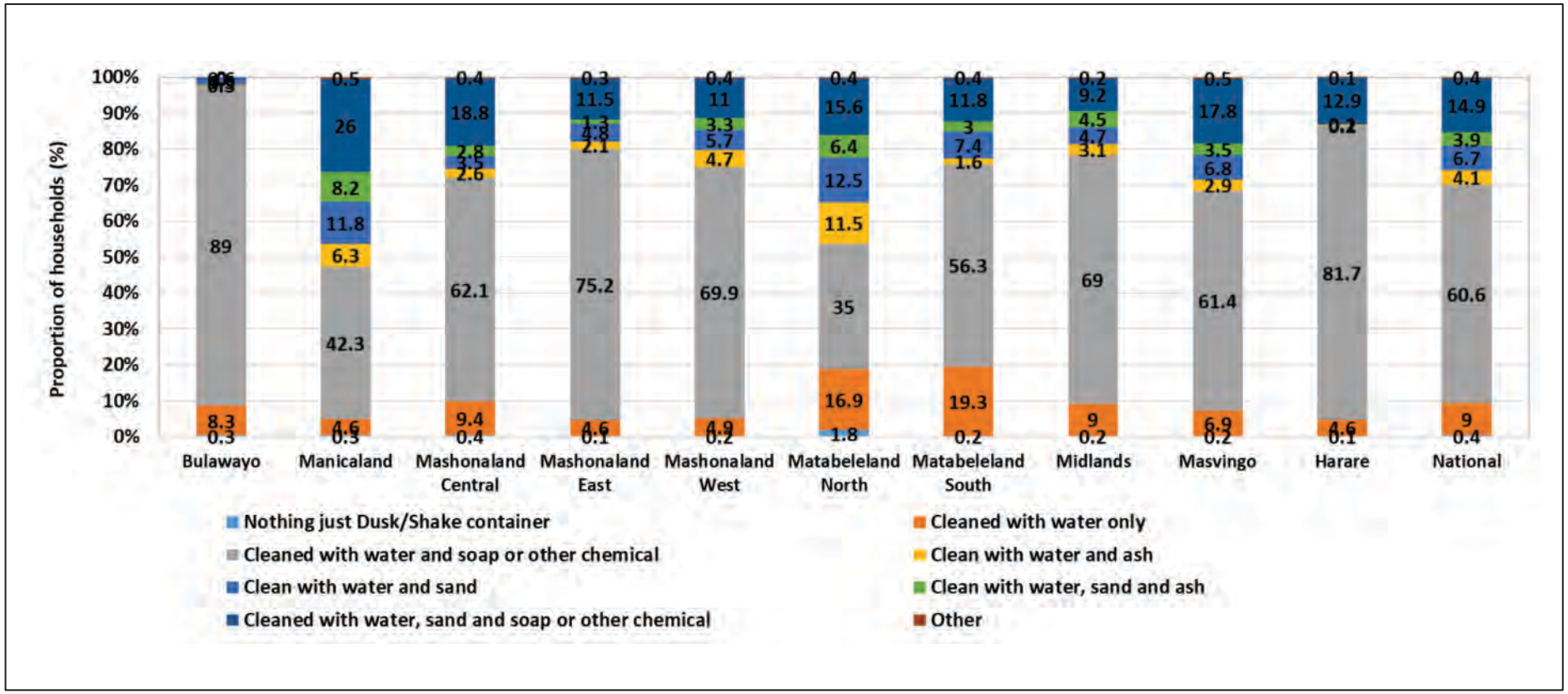
- Nationally, 90.4% of the households used closed containers for water storage.
- The highest proportion of households storing water in open containers was in Manicaland (12.1%).

Frequency of Washing Storage Containers



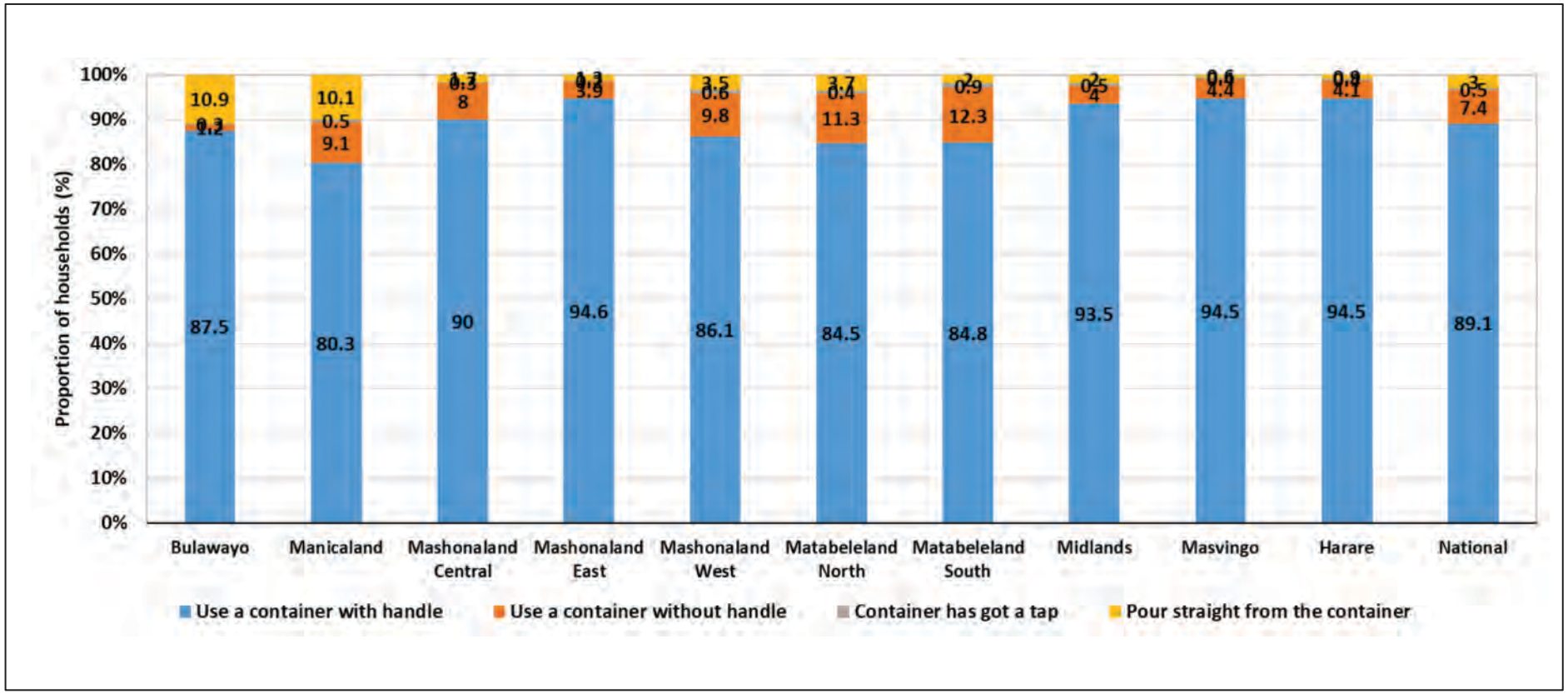
- The majority of households (92.5%) washed their containers every time they are refilled with water.

Method of Washing the Storage Containers



- At least 60.6% of the households cleaned their water storage containers with water and soap or other chemicals.

Methods Used to Draw Water from the Storage Containers



- About 89.1% of the households used a container with a handle to draw water from storage containers.

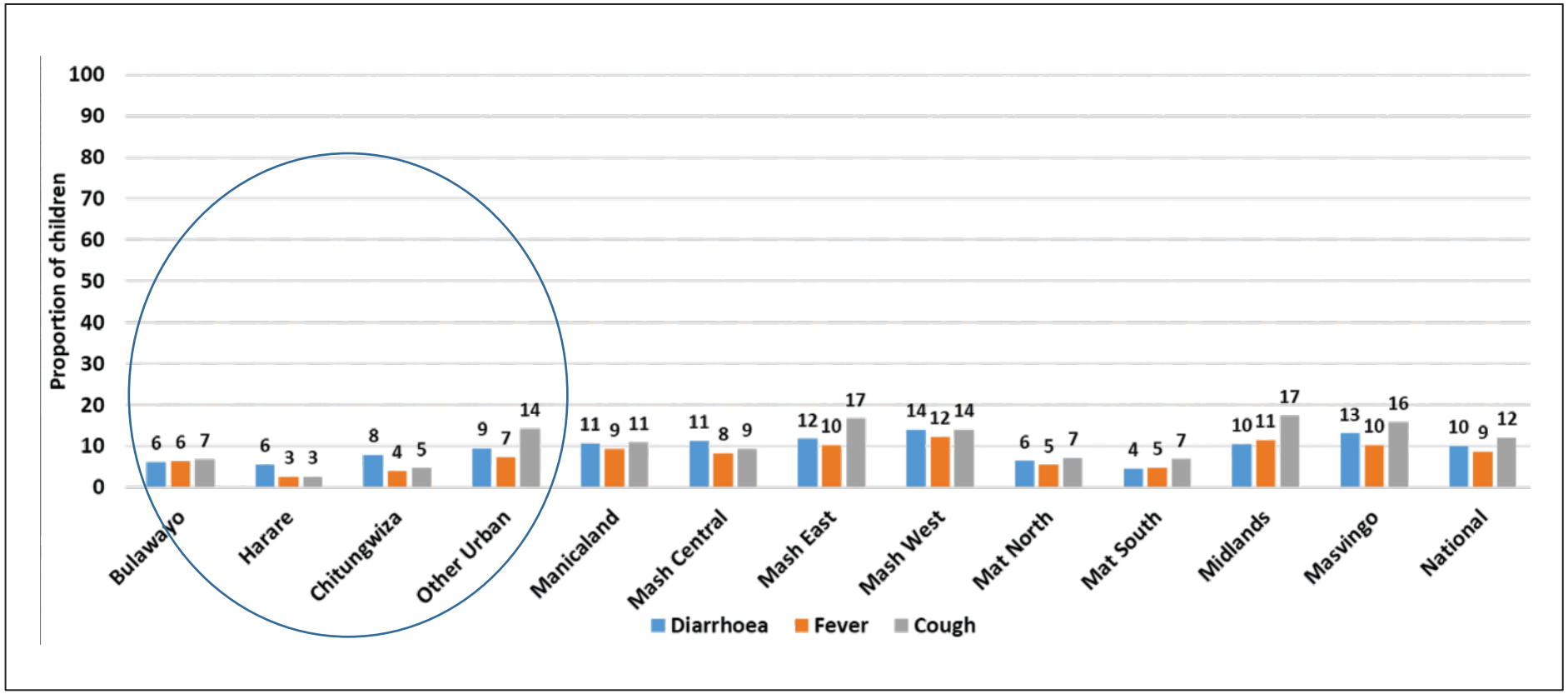
11. CHILD MORBIDITY

To assess the prevalence of morbidity (cough, fever and diarrhoea) among children 0–59 months of age.

Notes:

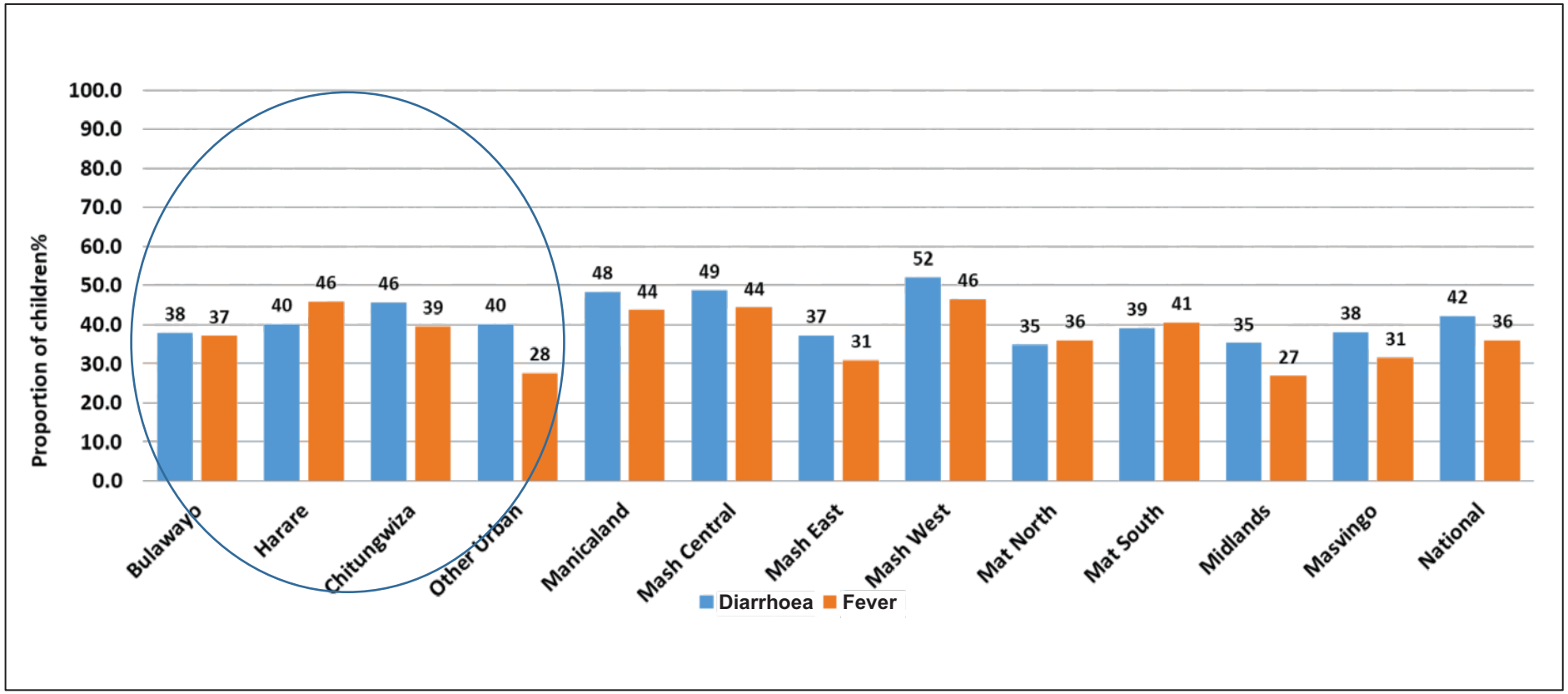
- The major causes of death in children under five worldwide apart from neonatal disorders are diarrhoea, fever and Acute Respiratory Infection (ARI).
- Presence of illness and infection can result in malnutrition and increased morbidity.
- The prevalence of diarrhoea, fever and ARI was estimated by asking mothers whether their children under five had been ill in the two weeks preceding the survey.

Prevalence of Child Illness



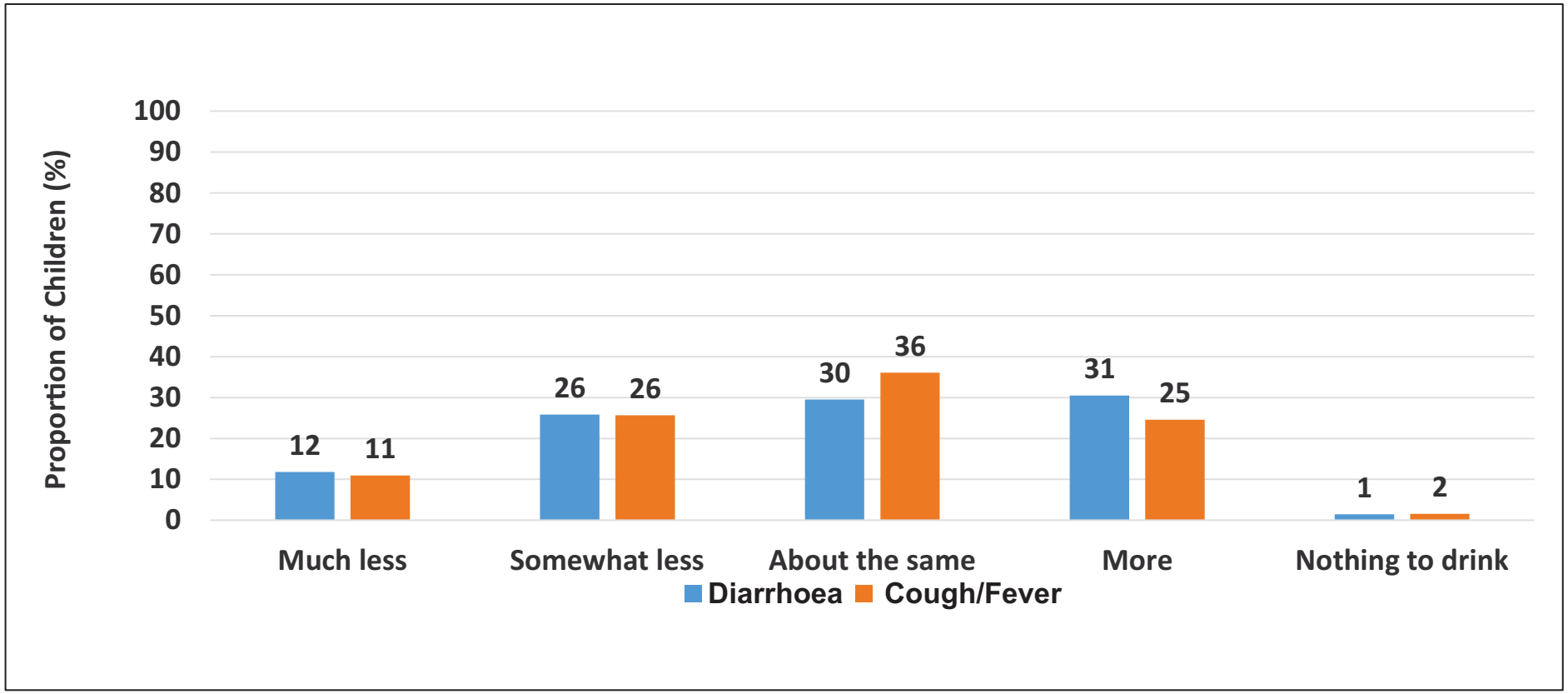
- Cough had the highest prevalence nationally at 12% followed by diarrhoea at 10%. Midlands and Mashonaland East reported the highest prevalence (17%) of children who had a cough two weeks prior to the survey.
- The least prevalence of cough was in Harare province at 3%. Diarrhoea and fever were highest in Mashonaland West at 14% and 12% respectively.

Proportion of Caregivers who Sought Advice/Treatment when Child was Ill



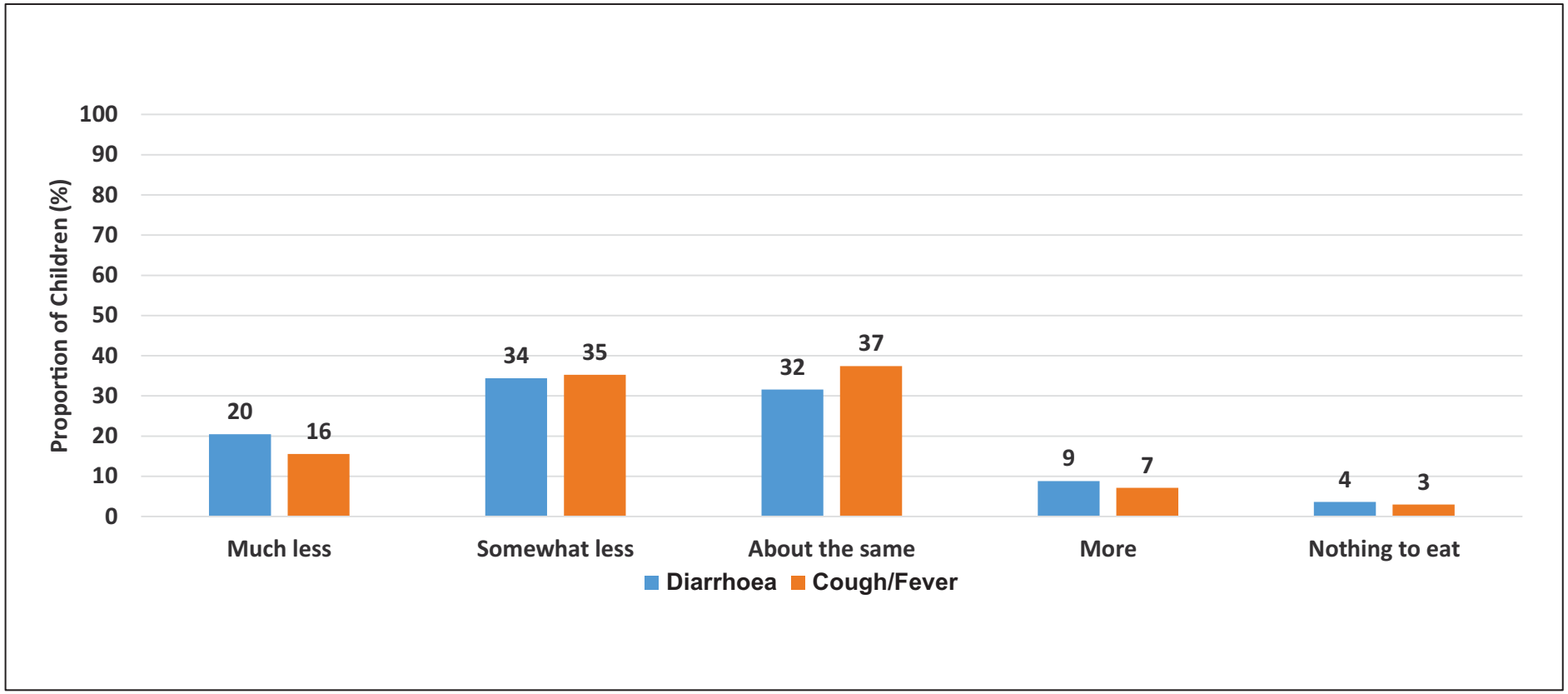
- Nationally, 42% of the caregivers sought advice or treatment when child had diarrhoea whilst 36% sought advice or treatment when the child had fever.
- The province with the least proportion of caregivers who sought advice/treatment when their children were ill was Midlands (35%) and 27% for diarrhoea and cough/fever respectively.

Distribution of Children by Amount of Liquid Offered During illness



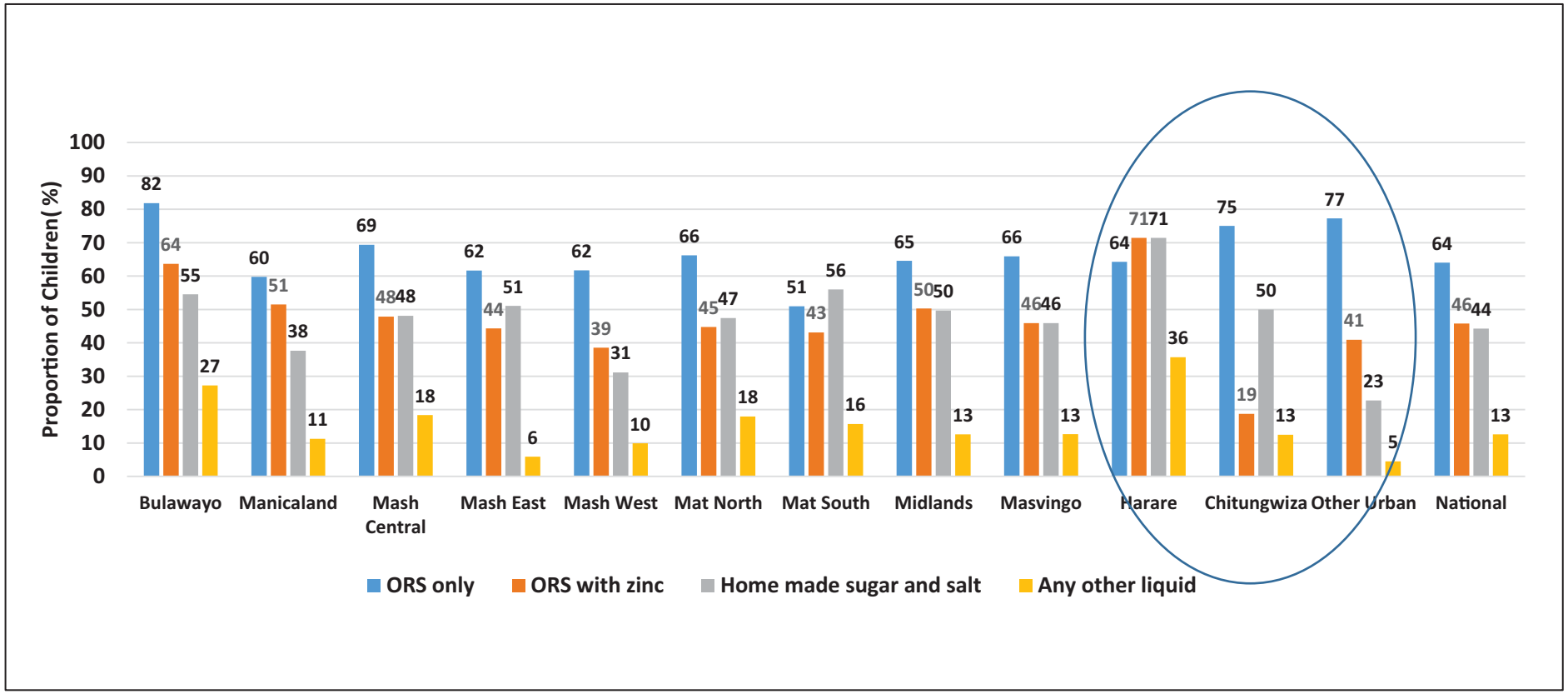
- Thirty six percent of parents/caregivers of children under five offered their children about the same amount of liquid to drink when they were suffering from cough/fever.
- About 31% of caregivers offered more liquid to drink compared to 25% for children who suffered from cough or fever.

Distribution of Children by Amount of Food Offered During illness



- Generally 34% of parents/caregivers of children under five offered their children less amount of food when suffering from diarrhoea. Parents/caregivers of who gave more food to their children when they had diarrhoea were 9%.
- Children who were not given anything to eat when they were ill were 4% and 3% for diarrhoea and cough/fever respectively.

Treatment Received During Diarrhoea Illness for Children 0-59 Months



- Generally most caregivers gave Oral Rehydration Solution (ORS) only in the event of diarrhoea.
- Bulawayo had 82% and other urban areas 77% of children given ORS during illness.
- There was a higher proportion of children in Matabeleland South given home made sugar and salt solution as treatment compared to other types.

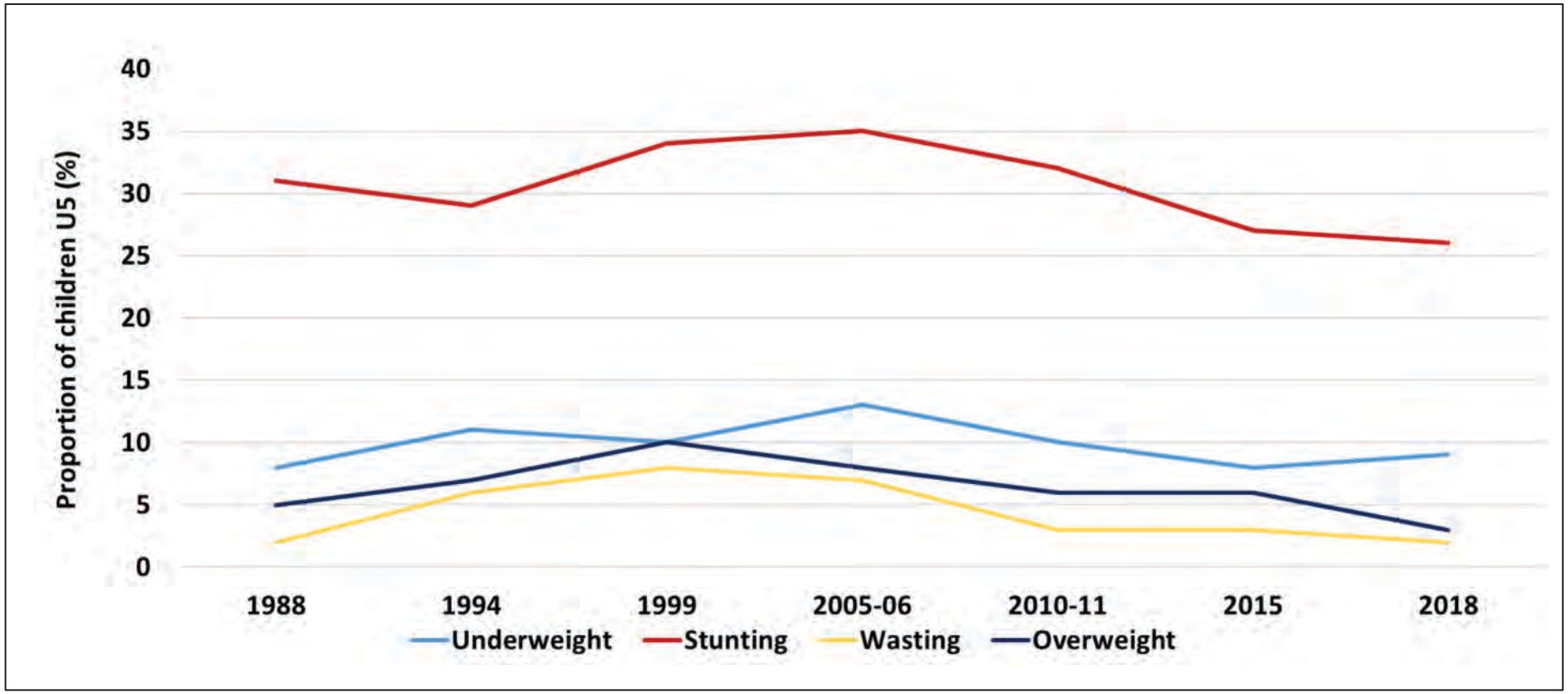
12. CHILD NUTRITION STATUS

To assess the nutritional status (anthropometry) in children 0–59 months of age, focusing particularly on the prevalence of stunting, underweight, wasting and obesity especially in children 6 - 24 months

Notes:

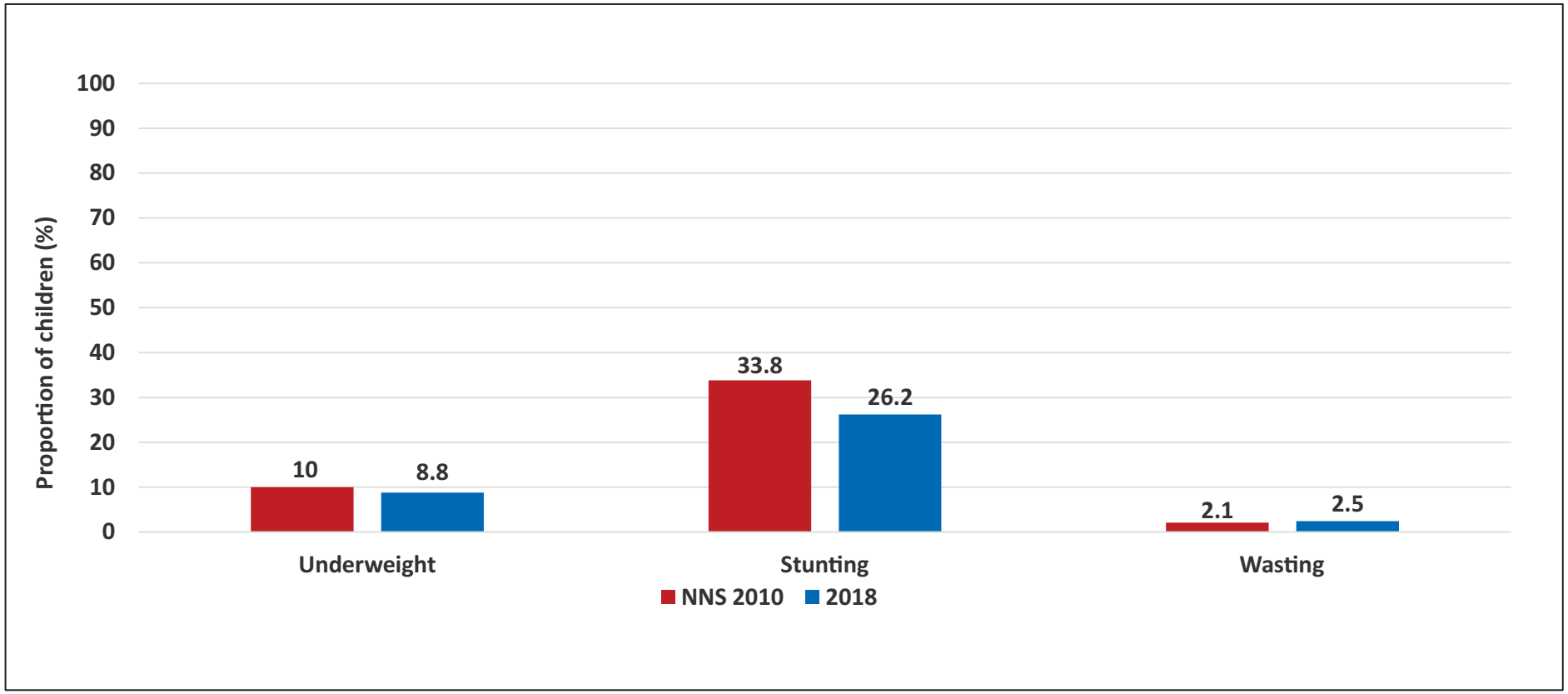
Indicator	National Prevalence (%)	WHO Prevalence cut-off values for public health significance
Underweight	**8.8**	< 10% Low Prevalence 10-19% Medium Prevalence 20-29 % High Prevalence ≥ 30% Very High Prevalence
Stunting	**26.2**	< 20% Low Prevalence 20-29% Medium Prevalence 30-39 % High Prevalence ≥ 40% Very High Prevalence
Wasting	**2.5**	< 5 % Acceptable 5-9% Poor 10-14 % Serious ≥ 15% Critical

Trends in Child Nutrition Status (Comparing ZDHS and NNS 2018)



- There was a gradual decline in child malnutrition for all indices over the years from 2006 .

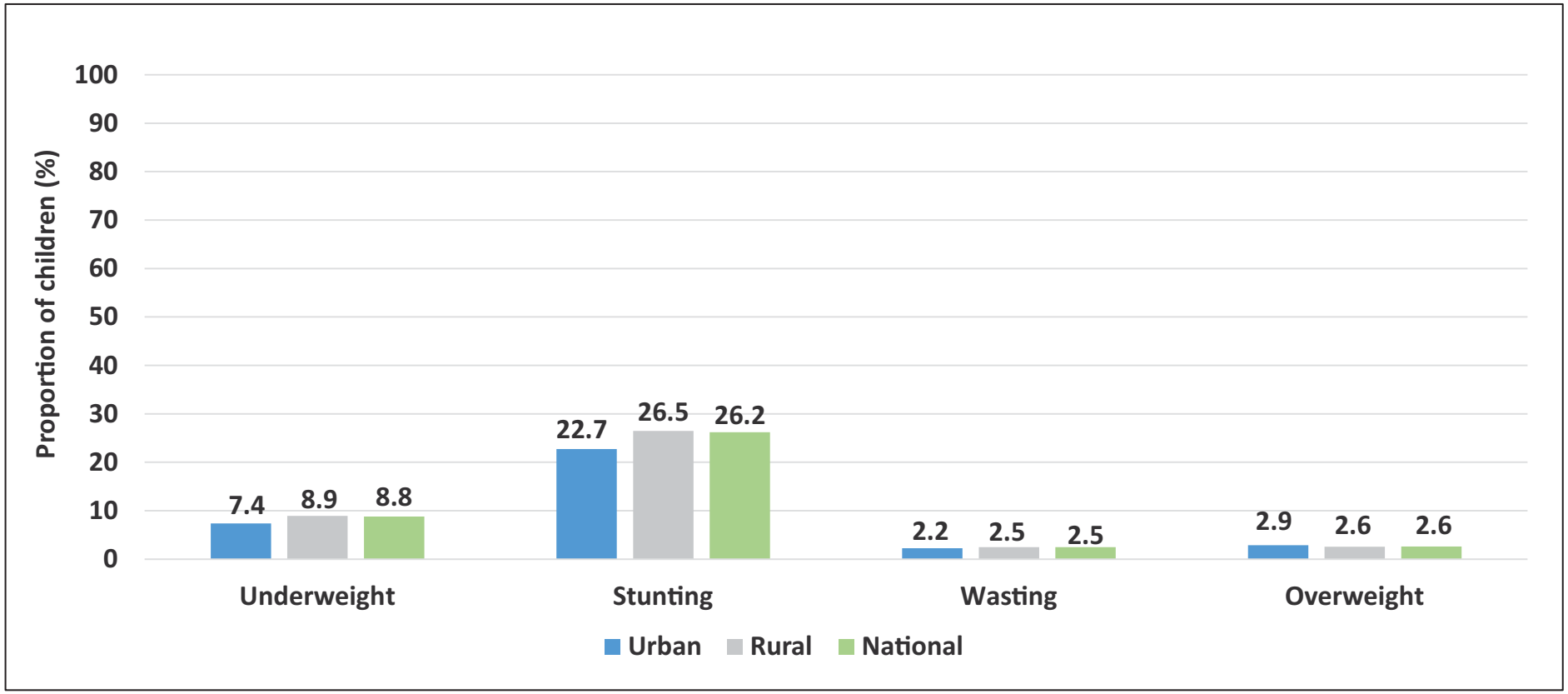
Child Nutrition Status



- Underweight and stunting have reduced from the 2010 levels.
- There has been a marginal increase in wasting from 2.1% in 2010 to 2.5% in 2018.

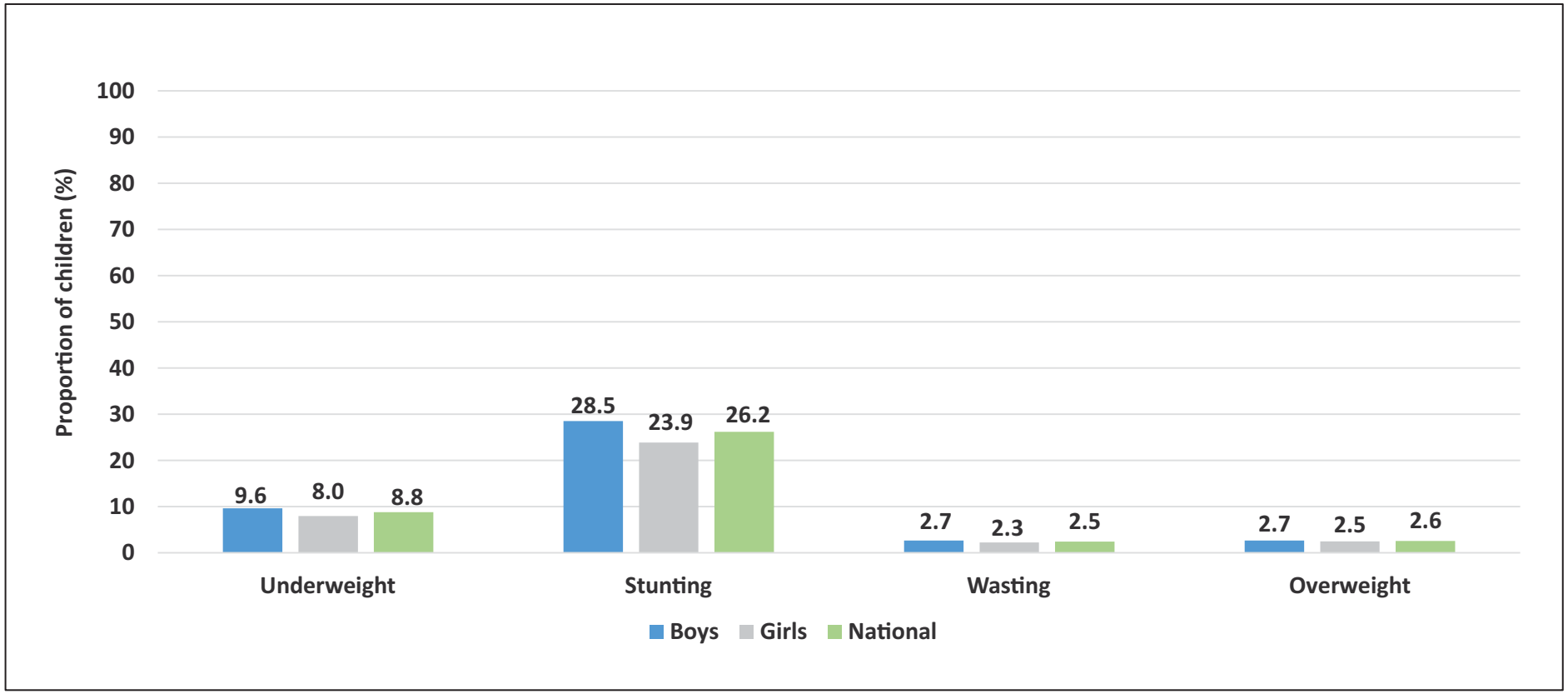
Nutrition Status by Urban and Rural Residence

Promoting a Diversified Diet for Better Nutrition



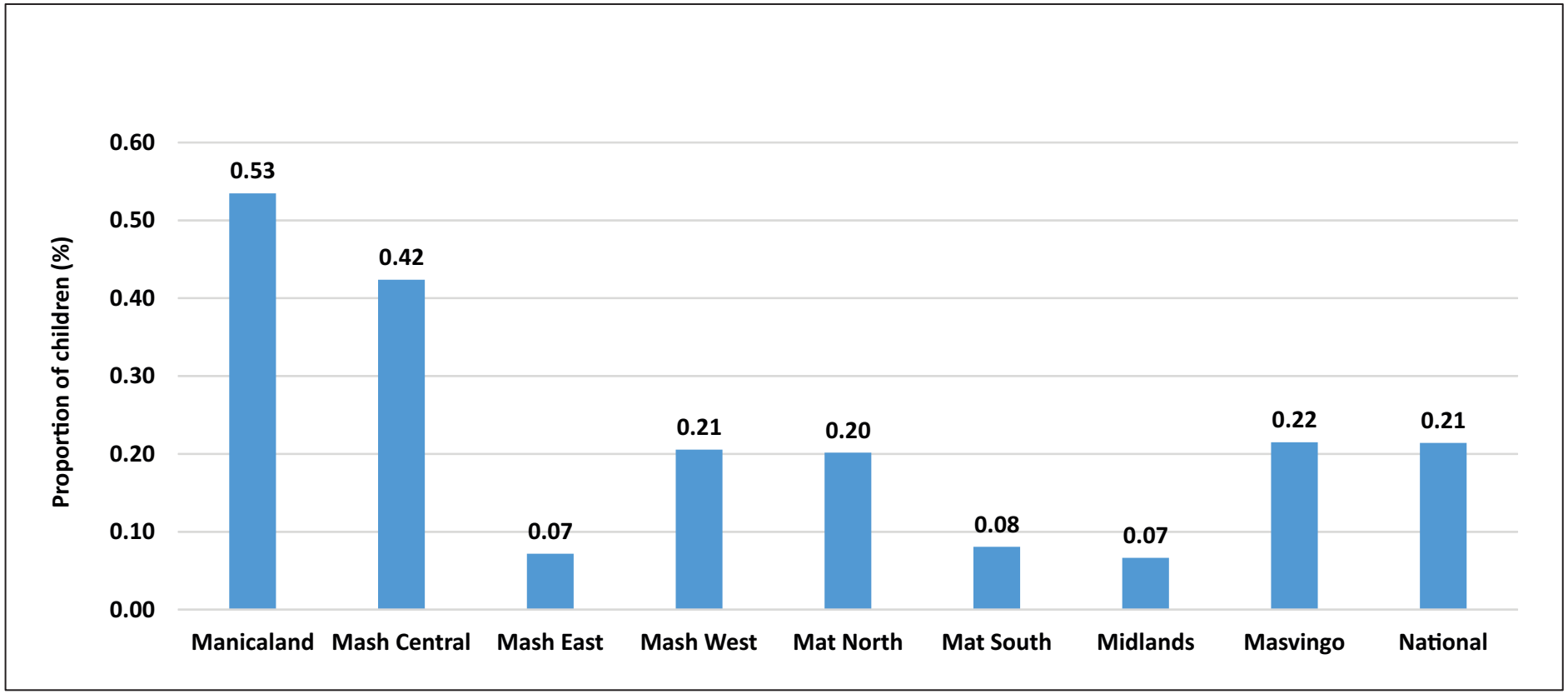
- Wasting was at 2.2% among urban children and 2.5 % among rural children.

Nutrition Status by Sex of Child



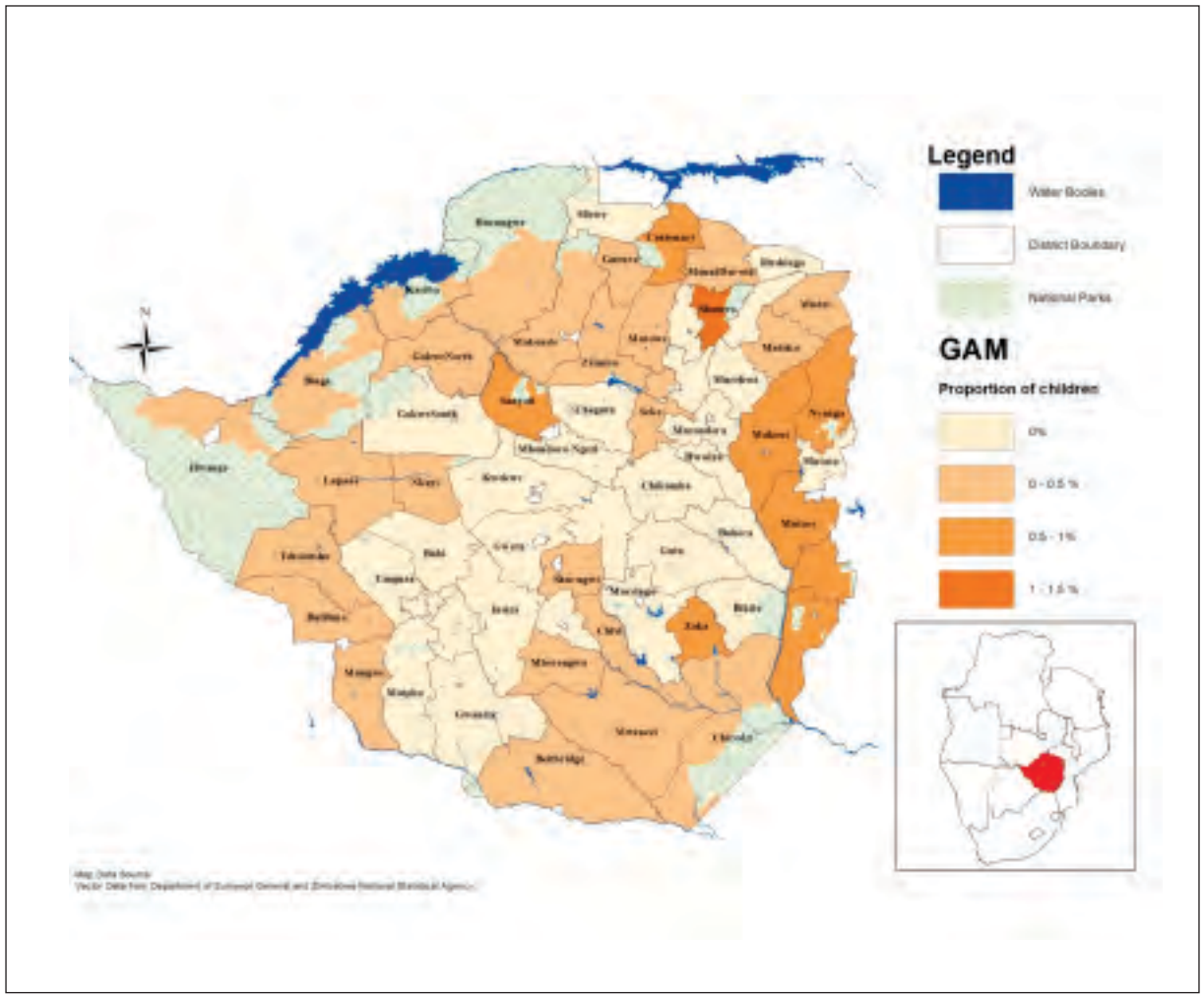
- Across all the assessed indices, malnutrition was higher in boys than in girls.
- This is similar to findings from the 2010 NNS.

Global Acute Malnutrition by Province (WHO Standards)



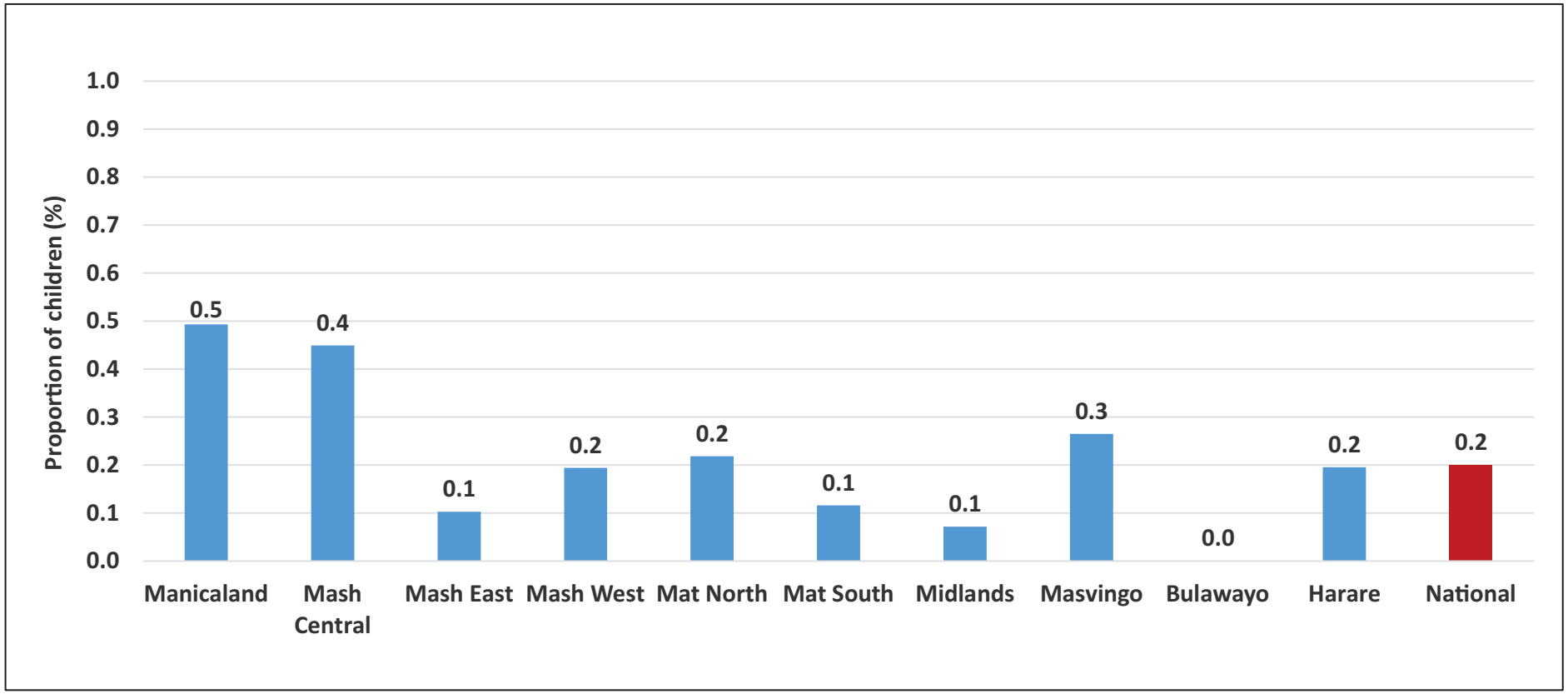
- At national level, global acute malnutrition was 0.21%. The highest prevalence was in Manicaland (0.53%) and Mashonaland Central (0.42%).

Global Acute Malnutrition by District



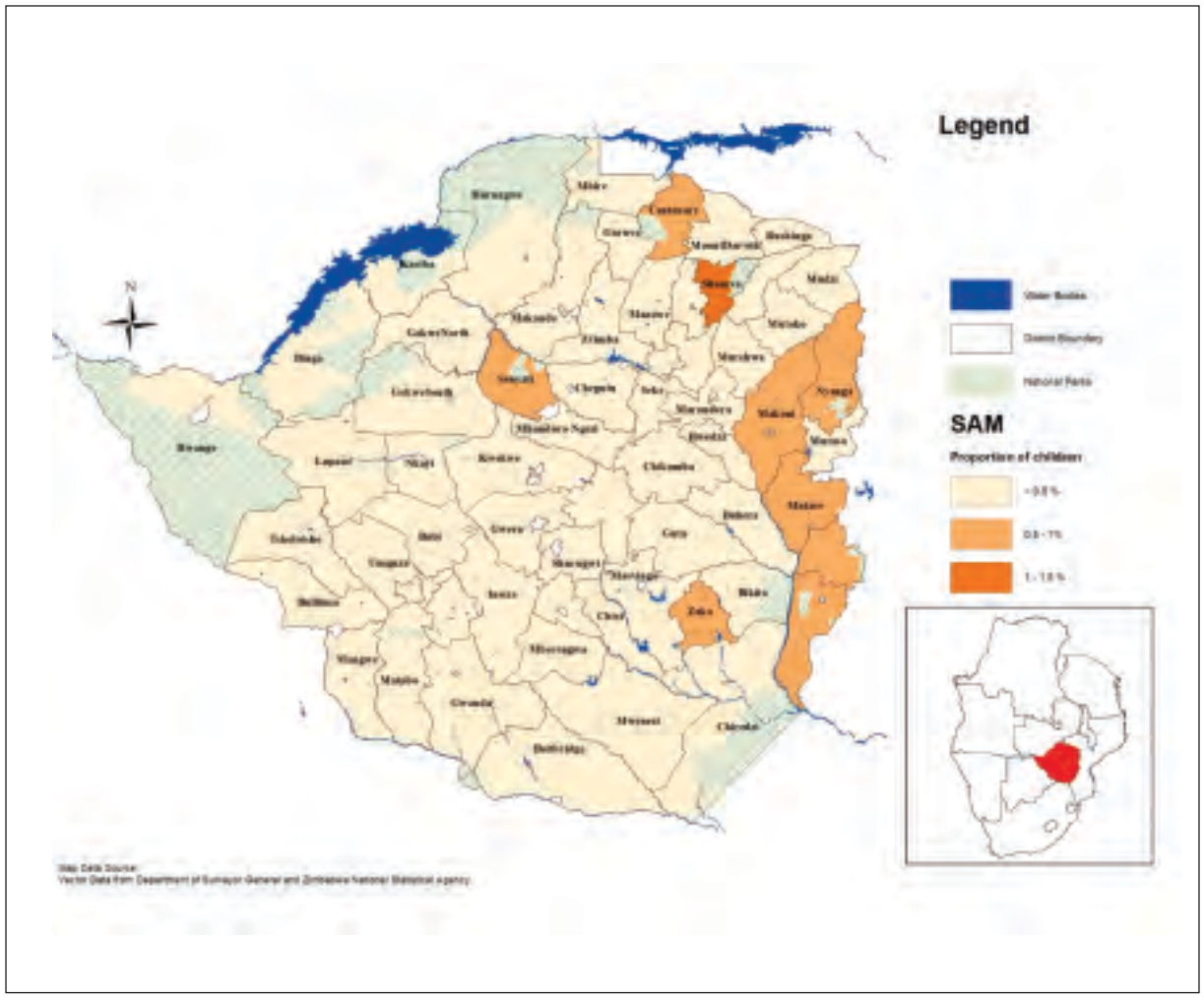
- GAM at national level was at 0.21% with inter district variances

Severe Acute Malnutrition by Province (WHO Standards)



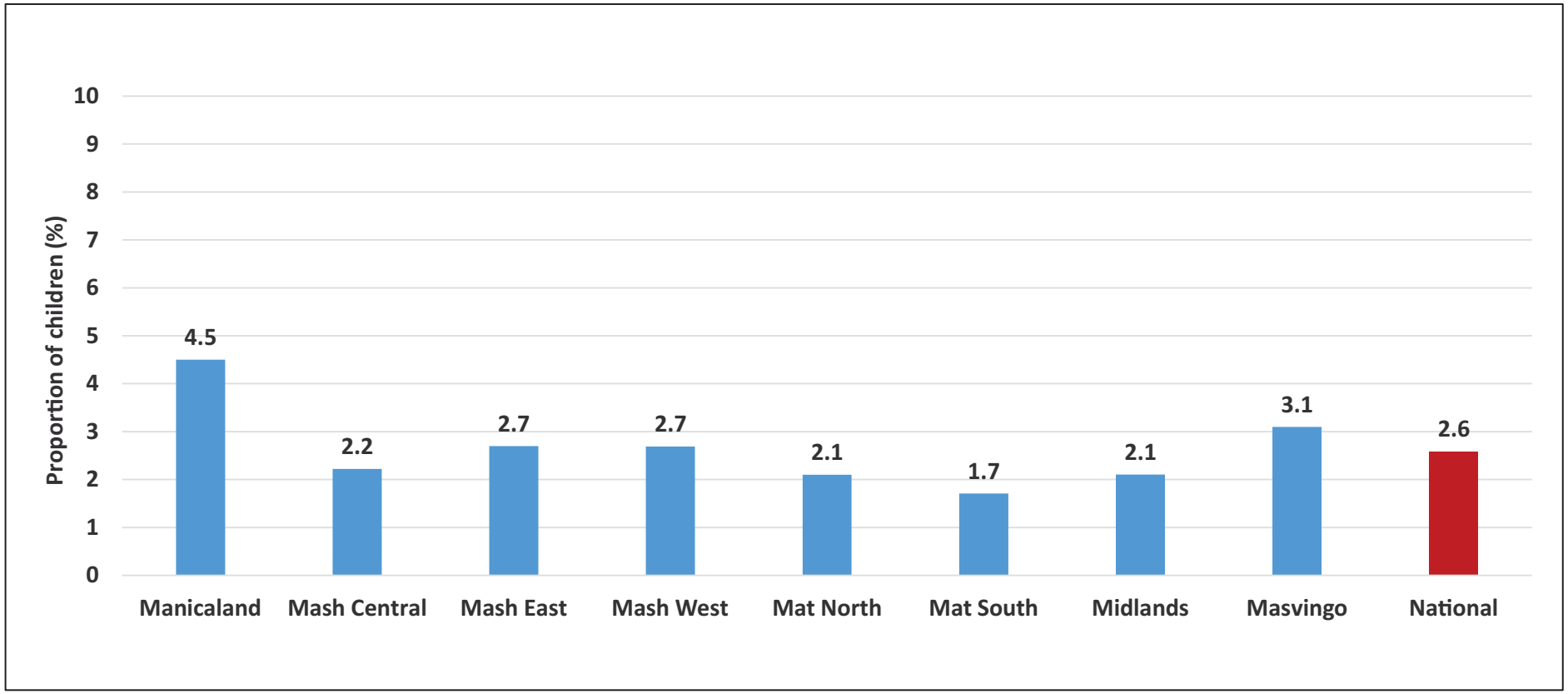
- Nationally, Severe Acute malnutrition (SAM) was at 0.2%.
- The highest rate was recorded in Manicaland (0.5%).
- SAM burden was low and below global thresholds for emergencies

Severe Acute Malnutrition by District



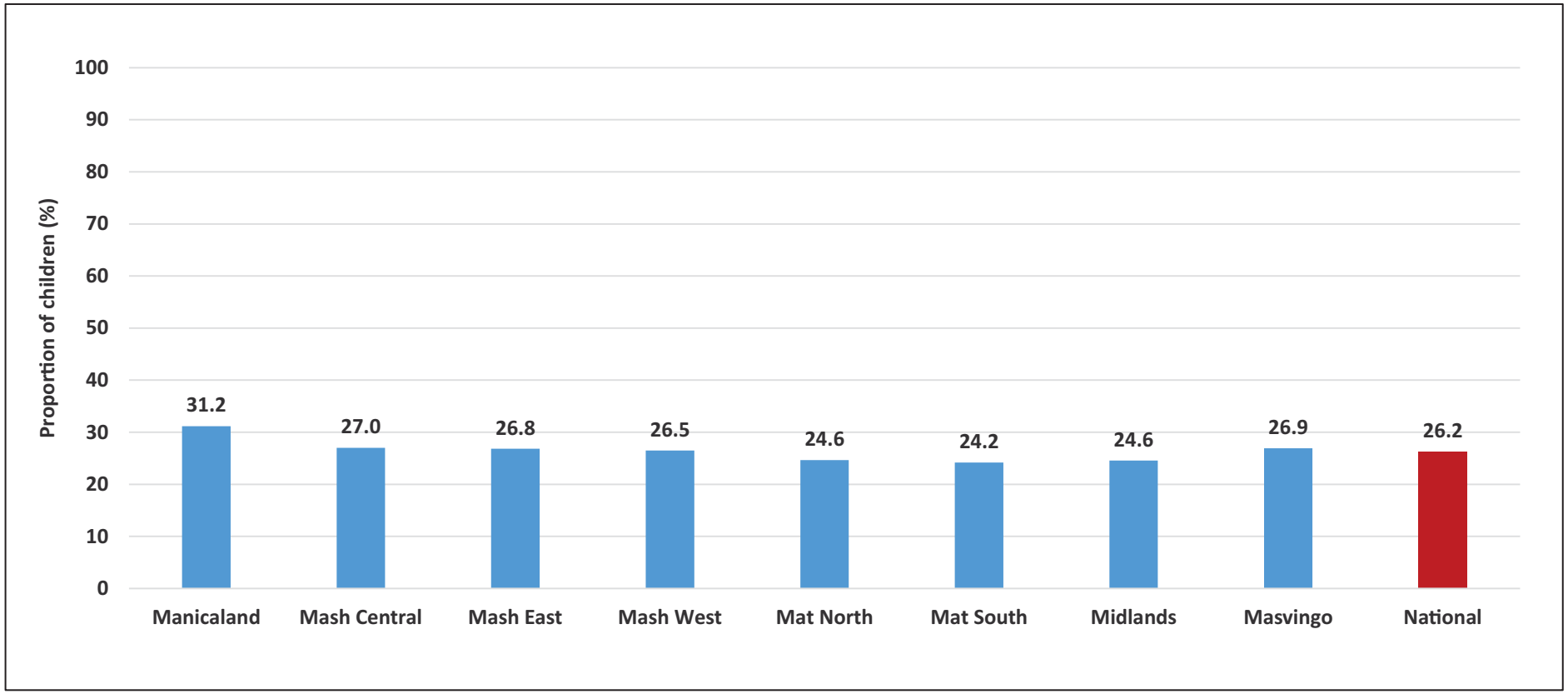
- Generally, Acute malnutrition was within acceptable levels with inter district variances

Overweight by Province



- Overweight was highest in Manicaland Province (4.5%) and lowest in Matabeleland South (1.7%).

Stunting By Province

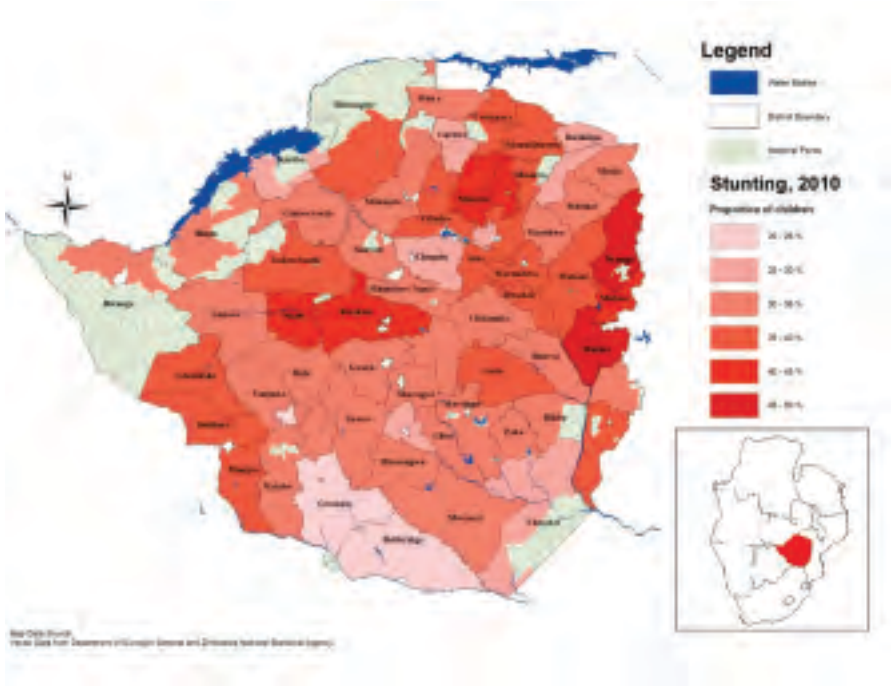


- The national stunting average was 26.2%; representing an improvement from the 2010 levels (33.8%).

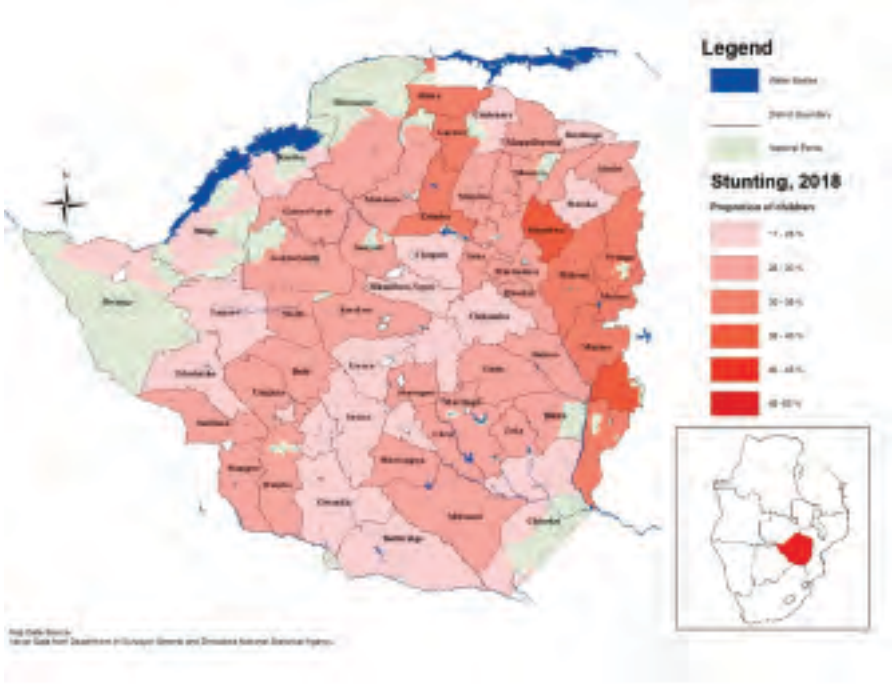
Stunting Levels 2010 and 2018

Promoting a Diversified Diet for Better Nutrition

Stunting Prevalence 2010



Stunting Prevalence 2018



- In line with the national trend stunting prevalence is showing a general decline.
- Manicaland remains a hotspot for stunting in Zimbabwe.
- Although the districts have shown improvement from the 2010 levels, a lot still needs to be invested to get to the Malabo Declaration's 10% commitment by 2025.

Districts with the Highest Stunting Prevalence

District	NNS 2010 Stunting Prev	NNS 2018 Stunting Prev	District	NNS 2010 Stunting Prev	NNS 2018 Stunting Prev
Murewa	30.9	36.2	Goromonzi	35.8	29.9
Chimanimani	35	35.3	Bikita	32.3	29.9
Nyanga	46	33.3	Gokwe South	35.9	29.6
Makoni	38.7	31.9	Mazowe	40.8	28.9
Mutasa	40.1	31.4	Harare	28.7	28.9
Zvimba	35.3	30.7	Sanyati	31.7	28.9
Chipinge	38.1	30.5	Hurungwe	35.9	28.8
Guruve	29.9	30.5	Gutu	39.8	28.7
Mbire	33.6	30.4	Kwekwe	40.3	28.4
Mutare Rural	47.2	30.3	Hwedza	35.4	28.0

- Districts highlighted in green have recorded a high decrease in stunting prevalence compared to others. These include Nyanga, Makoni, Mutasa, Mutare rural, Mazowe, Gutu and Kwekwe.
- Murehwa district reported an increase in the stunting level as compared to 2010.

Districts with the Lowest Stunting Prevalence

District	NNS 2010 Stunting Prev	NNS 2018 Stunting Prev	District	NNS 2010 Stunting Prev	NNS 2018 Stunting Prev
Chiredzi	27.3	24.7	Chikomba	32	22.6
Rushinga	26.1	24.7	Kariba	27.3	22.4
Tsholotsho	37.4	24.7	Umzingwane	34.3	22.2
Beitbridge	21.8	24.7	Gweru	33.3	22.1
Insiza	30.1	24.6	Mutoko	34.6	21.3
Muzarabani	36.6	24.3	Hwange	30.3	21.2
Chirumanzu	31.1	23.8	Chitungwiza	30	20.3
Binga	32.7	23.7	Bulawayo	23.6	18.7
Chegutu	29.2	23.2	Zvishavane	29.2	18.1
Lupane	33.2	22.8	Gwanda	24.7	17.8

- Most districts have shown major decreases in stunting prevalence.

13. GROWTH MONITORING

Notes:

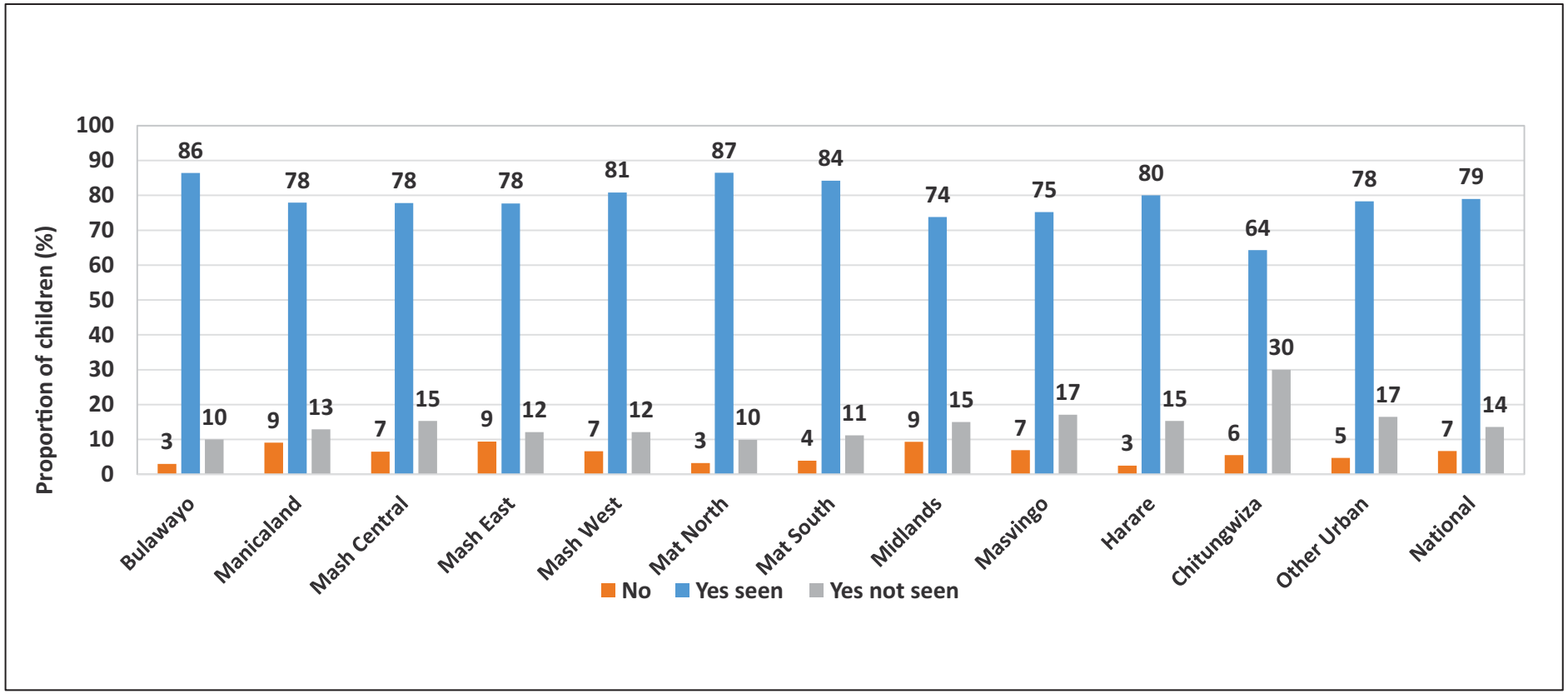
- The conceptual framework on malnutrition provides a basis for the analysis of children's wellbeing in relation to food security, illnesses and care.

- Nutrition status of children can be used as a measure and progress towards development. Improving nutrition for mothers and children during the first 1000 days helps ensure children get the best start to life and the opportunity to reach their full potential.

- Child nutrition status is a good proxy for the estimation of the nutrition situation of the entire population. Malnutrition has lifelong impacts on education, health, productivity and economic development of a population.

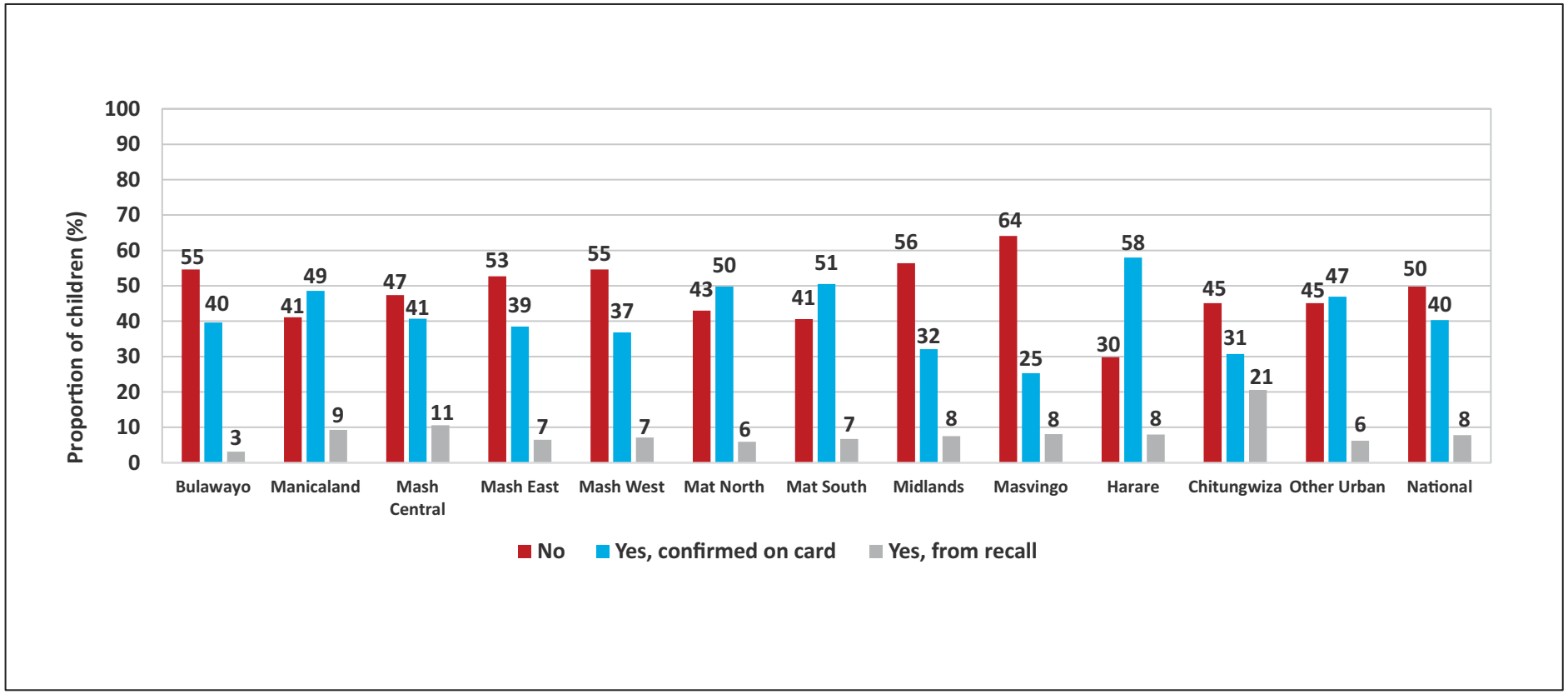
- Growth monitoring (GM) is defined as the process of following the growth rate of a child in comparison to a standard through periodic anthropometric measurements. It aims to improve nutrition, reduce the risk of death or inadequate nutrition, help educate care givers and lead to early referral. (Garner et al., 2000).

Proportion of Children Under 5 with a Child Health Card



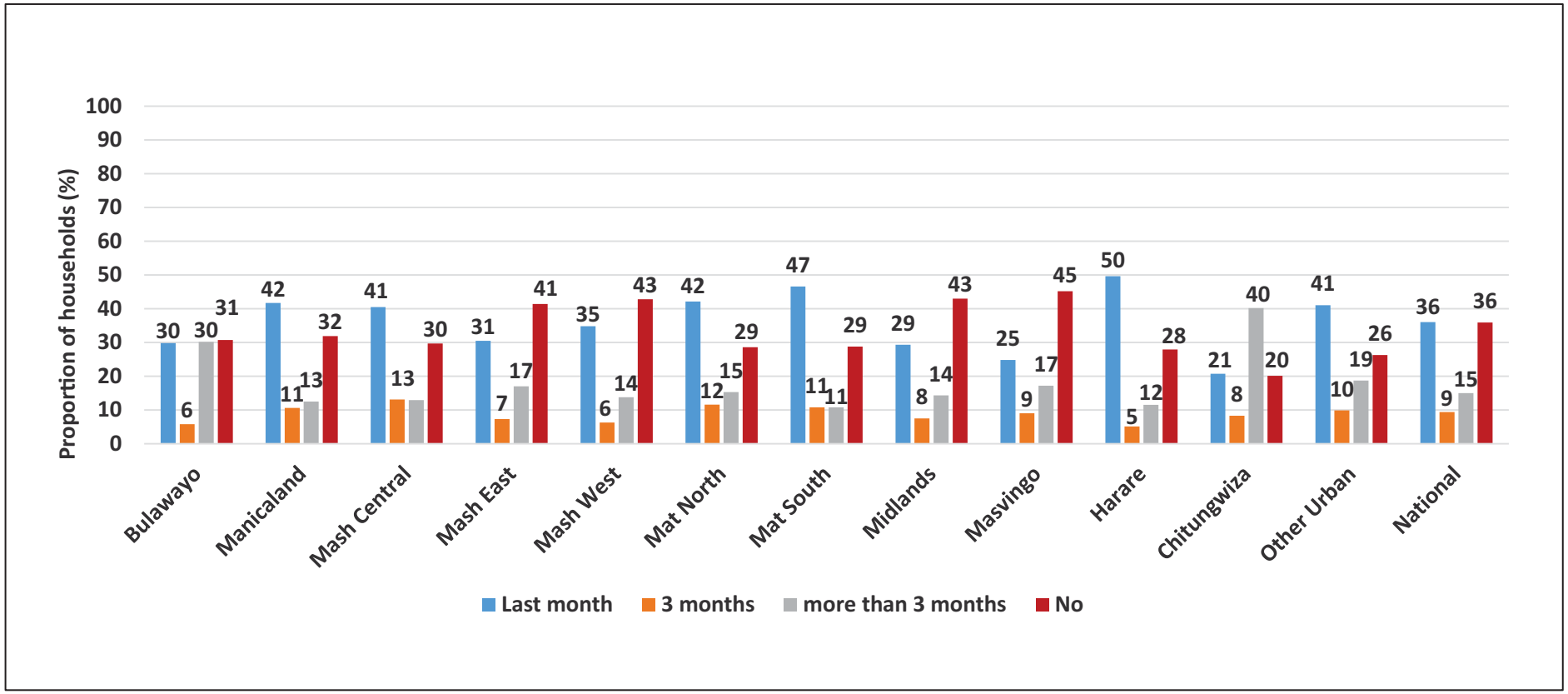
- Generally across all other provinces, over 70% of children under 5 were reported to have child health cards at the time of the survey.
- The highest proportion of children with child health cards was in Matabeleland North (87%) and Bulawayo (86%) while Chitungwiza had the least proportion (64%).

Proportion of Children Under 5 Measured Weight



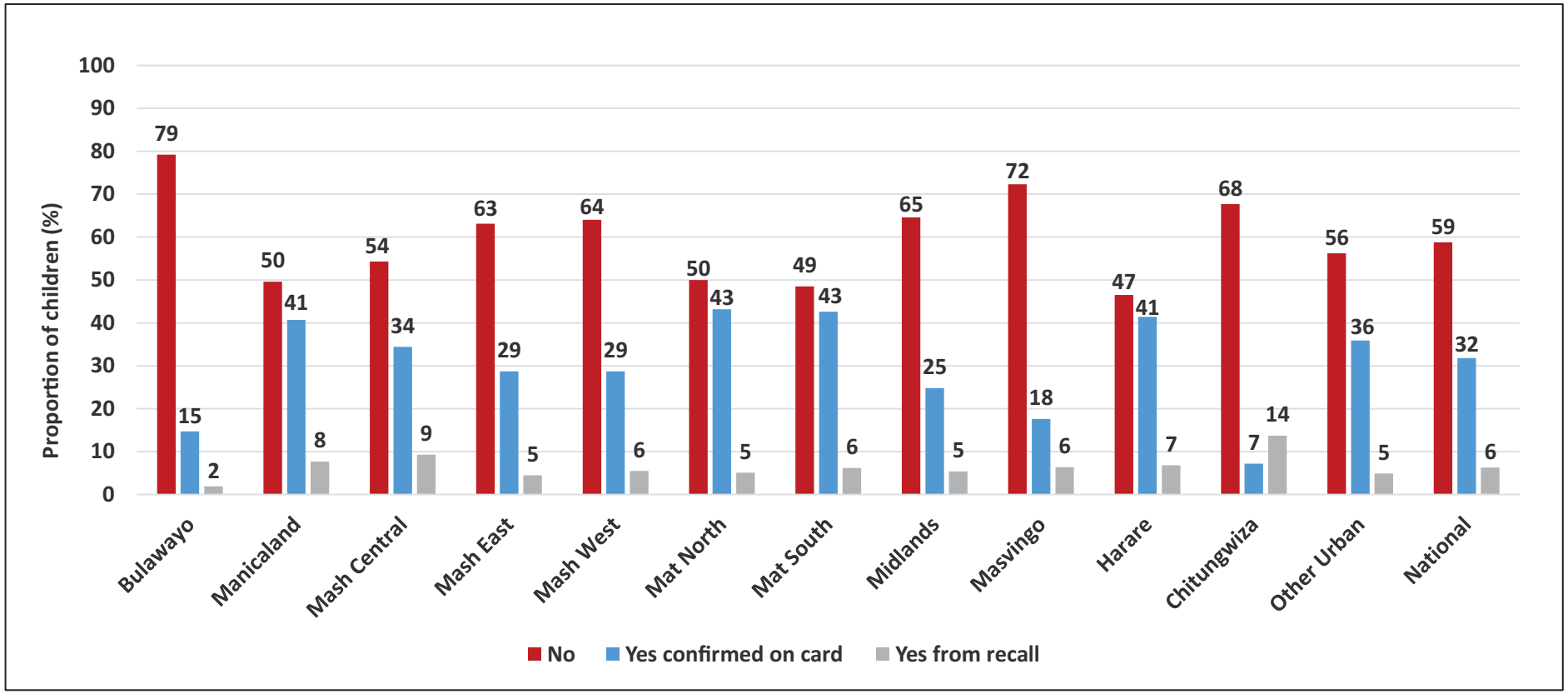
- Overally, the proportion of children who had their weights measured across all provinces was low.
- Harare (58%) had the highest proportion of children who had their weights measured in the 30 days preceding the survey.
- Masvingo (25%) had the least proportion of children who had their weights measured.

Proportion of Children Under 5 Measured Height or Length



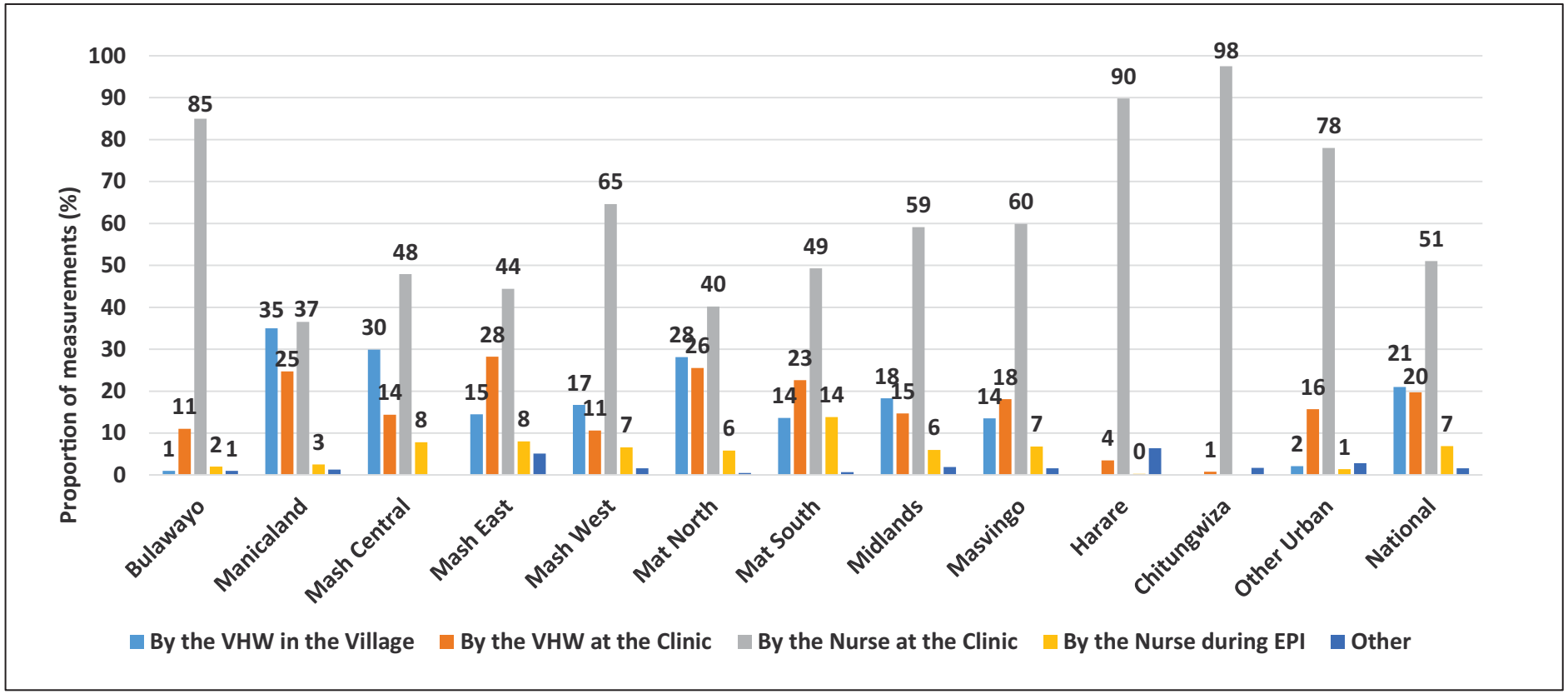
- Nationally, the proportion of children who had their height or length measured in the 30 days prior to the survey was low (36%).
- This is consistent with monthly DHIS 2017 growth monitoring surveillance tracking system findings.

Proportion of Children Under 5 Measured Mid Upper Arm Circumference



- Nationally, the proportion of children below the age of 5 who had their MUAC measured was 32% .

MUAC Measurements by Type of Health Worker



- The majority of children under the age of five had their MUAC measurements taken by the nurse at the clinic (51%) followed by the village health worker either at the village (21%) or at the clinic (20%).

14. CONCLUSIONS AND RECOMMENDATIONS

- Of the women who gave birth within the last 2 years preceding the survey, 91% received micronutrient supplements free of charge.

- 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 delivery at health institutions.

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

- The provision of child health services such as growth monitoring by community based workers remains low. The Ministry of Health and Child Care needs to introduce integrated community services through multi-sectoral partnerships.

Conclusions and Recommendations

Promoting a Diversified Diet for Better Nutrition

- The proportion of women who had less than 4 Ante Natal Care visits during their last pregnancy was 27%. There is need to undertake campaigns to promote utilisation of goal-oriented Ante Natal Care 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 Ante Natal Care bookings.

- The prevalence of diarrhoea amongst children under five years was 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.

- More parents/caregivers offered about the same amount of food or fluids 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.

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

Conclusions and Recommendations

- About 37% 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.

- 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.

- Mandatory food fortification is a strategy adopted by Government to improve the quality of diets. Only 12% of the households reported having heard about fortified foods. There is 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 in food fortification.

Conclusions and Recommendations

- The average Minimum Dietary Diversity for women of child bearing age was 4 out of the possible 10. 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.

- 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%. This is an indication of depreciation in quality of diets over time. Nutrition sensitive interventions should focus on diversified crop and livestock production, household food processing as well as preservation to counter seasonal availability of foods.

- 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.

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

Conclusions and Recommendations

- 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.

- Whilst stunting prevalence has declined from 33% in 2010 to 26% in 2018, it remains above the acceptable global threshold of 20%. Furthermore, 35 districts are above the national average of 26% while 14 districts are in the high prevalence category according to WHO classifications (30-39%). Stunting reduction programmes need to be scaled up to accelerate reduction towards the Malabo declaration target of 10% by 2025.

- The current prevalence of wasting (2.5%) is within the acceptable WHO cut off values for public health action. However, some districts have prevalence above the national average. The Government of Zimbabwe needs to scale-up interventions that reduce and maintain wasting rates below global thresholds.

- The current national prevalence of underweight is 8.8% and remains acceptable based on the WHO threshold of below 10%. However, there are 14 districts which are in the medium prevalence of 10-19%. The Government of Zimbabwe needs to focus on interventions that reduce and maintain underweight rates below global thresholds.

Conclusions and Recommendations

- 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% of the children born within the 2 years preceding the survey were breastfed 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.

- 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 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.

- There is need for the Ministry of Health and Child Care, in collaboration with Government research institutions, 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.

15. ANNEXES

Acronyms

ANC	Antenatal Care
BEAM	Basic Education Assistance Module
CIYCF	Community Infant and Young Child Feeding
CSI	Coping Strategies Index
EA	Enumeration Area
EBF	Exclusive Breast Feeding
ECD	Early Childhood Development
EPI	Expanded Programme on Immunisation
FCS	Food Consumption Score
FNC	Food and Nutrition Council
FNSP	Food and Nutrition Security Policy
GAM	Global Acute Malnutrition
HDDS	Household Dietary Diversity
MAD	Minimum Acceptable Diet
MAM	Moderate Acute Malnutrition
MDD	Minimum Dietary Diversity
MMF	Minimum Meal Frequency
NNS	National Nutrition Survey
PNC	Post Natal Care
SAM	Severe Acute Malnutrition
WASH	Water, Sanitation and Hygiene
ZimASSET	Zimbabwe Agenda for Sustainable Socio-Economic Transformation

Definition of Terms-Child Nutrition Status

- **Moderate Acute Malnutrition (MAM)/ Wasting:** Weight for height index of between 2 and 3 standard deviation below the mean.

- **Severe Acute Malnutrition (SAM):** Weight for height of more than 3 standard deviation below the mean or/and oedema.

- **Height for Age:** An index of growth and development. It is an expression of long term exposure to nutritional inadequacy and indicates chronic malnutrition in children lacking essential nutrients but also related to poor sanitation, repeated infections, diarrhoea and inadequate care.

- **Stunting:** is defined as Height for age index of more than two standard deviation below the mean of the WHO reference population.

- **Global Acute Malnutrition (GAM):** is a sum of Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM).

- The prevalence of **Global Acute Malnutrition** is usually below 5 percent in any developing country provided there is no food shortage.

- **Growth monitoring (GM):** The process of following the growth rate of a child in comparison to a standard through periodic anthropometric measurements. (Garner et al., 2000).

Definition of Terms- IYCF

- **Exclusive Breast Feeding (EBF):** Giving no other food or drink not even water except breast milk for the first 6 months of life.
- **Early Initiation of Breastfeeding:** Initiation of breastfeeding within the first hour of birth.
- **Continued Breastfeeding:** Breastfeeding of children up to 2 years of age and beyond for optimal growth and development, reducing the risk of chronic diseases and increasing their chances of survival.
- **Complementary Feeding:** The process starting when breast milk alone is no longer sufficient to meet the nutritional requirements of infants, and therefore other foods and liquids are needed, along with breast milk (WHO, 2016).
- **Dietary Diversity:** is a proxy indicator for adequate micronutrient density. Both breastfed and non-breastfed infants are expected to consume at least four of the seven food groups that are recommended by the World Health Organisation.
- **Minimum Meal Frequency (MMF):** is a proxy for a child's energy requirements and is the proportion of breastfed and non-breastfed children 6 to 23 months of age who receive solid, semi-solid, or soft-foods or milk feeds the minimum number of times or more.
- **Minimum Acceptable Diet (MAD):** is a composite indicator of minimum meal frequency and dietary diversity. It represents minimum standards of IYCF practices.

Definition of Terms-Household Consumption

- **Dietary diversity:** is considered as a measure of access to food by households. It is related to income and demographic status.

- **Household Dietary Diversity Score (HDDS):** shows the number of food groups consumed by households out of a total of 12 food groups and is used as a proxy for food access. It gives an estimation of the quality of the diet. Even among households that satisfy calorie requirements, those who consume a non-diversified, unbalanced and unhealthy diet, can be classified as food insecure.

- **The Minimum Dietary Diversity for Women (MDD-W):** is defined as the consumption of at least five out of ten food groups over the previous 24 hours.

Survey Results Statistics

Promoting a Diversified Diet for Better Nutrition

Total Number of Children Weighed by Domain

Domains	N	Domains	N	Domains	N	Domains	N
Bulawayo	544	Masvingo	714	Binga	713	Shurugwi	559
Buhera	547	Mwenezi	613	Bubi	575	Zvishavane	602
Chimanimani	551	Zaka	650	Hwange	576	Harare	596
Chipinge	587	Chikomba	449	Lupane	556	Chitungwiza	531
Makoni	578	Goromonzi	527	Nkayi	567	Other Urban	651
Mutare Rural	465	Hwedza	392	Tsholotsho	612	Shurugwi	559
Mutasa	391	Marondera	525	Umguza	533		
Nyanga	524	Mudzi	576	Beitbridge	573		
Bindura	553	Murewa	389	Bulilima	662		
Muzarabani	629	Mutoko	374	Mangwe	515		
Guruve	491	Seke	440	Gwanda	558		
Mazowe	502	UMP	537	Insiza	478		
Mt Darwin	514	Chegutu	435	Matobo	518		
Rushinga	536	Hurungwe	463	Umzingwane	565		
Shamva	547	Kariba	618	Chirumanzu	595		
Mbire	441	Makonde	477	Gokwe North	600		
Bikita	632	Zvimba	559	Gokwe South	556		
Chiredzi	649	Mhondoro-Ngezi	365	Gweru	600		
Chivi	634	Sanyati	512	Kwekwe	396		
Gutu	539			Mberengwa	558		

Household Water Treatment Methods

Promoting a Diversified Diet for Better Nutrition

Domain	Treatment for safe water	Treatment for clean water	Nothing
	%	%	%
Bulawayo	8.3	1.1	90.6
Buhera	8.3	1.1	90.7
Chimanimani	4.4	0.5	95.1
Chipinge	3.2	0	96.8
Makoni	7.8	1.4	90.8
Mutare	8.6	1.7	89.7
Mutasa	7.7	0.6	91.7
Nyanga	5.1	0.2	94.7
Bindura	7.2	1	91.8
Centenary	11.6	2.1	86.3
Guruve	2.5	20.8	76.7
Mazowe	6.5	0	93.5
Mount Darwin	6.3	0	93.7
Rushinga	5.9	0	94.1
Shamva	6.9	0.4	92.6
Mbire	4.2	0.2	95.5
Chikomba	13.2	2.2	84.7
Goromonzi	10.4	1	88.6
Hwedza	7.4	0	92.6
Marondera	7.9	1.8	90.3
Mudzi	4.3	0.5	95.2
Murehwa	15	1.4	83.7
Mutoko	6.3	0	93.7
Seke	11.4	0.8	87.8
Uzumba Maramba Pfungwe	4.2	0.2	95.6
Chegutu	11.7	1.4	86.9
Hurungwe	9.1	0.7	90.2
Kadoma	0	0	100
Kariba	5.9	0.7	93.3
Makonde	4.2	0	95.8
Zvimba	6	0.2	93.8
Mhondoro-Ngezi	9.6	0	90.4

Domain	Treatment for safe water	Treatment for clean water	Nothing
	%	%	%
Sanyati	7.8	0.4	91.8
Binga	7	0.6	92.4
Bubi	9.4	6	84.5
Hwange	5.4	11.2	83.3
Lupane	9.3	1.8	89
Nkayi	4.9	2.9	92.1
Tsholotsho	3.7	1.7	94.6
Umguza	4.3	1.9	93.8
Beitbridge	4.9	0.7	94.4
Bulilima	2.6	0.9	96.5
Mangwe	7.1	1.5	91.4
Gwanda	7.5	1.3	91.3
Insiza	9.3	1.6	89.1
Matobo	1.6	2.3	96.1
Umzingwane	8.6	0.7	90.7
Chirumhanzu	6.6	1.4	92
Gokwe North	6.4	2.1	91.4
Gokwe South	4.6	1.1	94.3
Gweru	19.6	1.9	78.5
Kwekwe	3.5	9.3	87.2
Mberengwa	3.2	1.1	95.7
Shurugwi	12	1.1	86.9
Zvishavane	10.4	0.6	89.1
Bikita	7	0.6	92.4
Chiredzi	8	2.2	89.8
Chivi	8.4	0.4	91.1
Gutu	4.5	0.4	95.1
Masvingo	8.5	0.9	90.6
Mwenezi	7	1.1	91.9
Zaka	6.7	1.1	92.3
Harare	18.8	2.6	78.6
Chitungwiza	23.3	0.9	75.8
Epworth	15.5	0.6	83.9
National	7.7	1.7	90.6

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Household Access to Improved Water Sources

Domain	Improved water source %	Unimproved water source %
Bulawayo	99.3	0.7
Buhera	81.1	18.9
Chimanimani	81.4	18.6
Chipinge	84.1	15.9
Makoni	78.5	21.5
Mutare	74.3	25.7
Mutasa	68.1	31.9
Nyanga	84.3	15.7
Bindura	71	29
Centenary	49.3	50.7
Guruve	80.3	19.7
Mazowe	80.7	19.3
Mount Darwin	85.6	14.4
Rushinga	91.1	8.9
Shamva	81.9	18.1
Mbire	87.7	12.3
Chikomba	78.4	21.6
Goromonzi	91.3	8.7
Hwedza	74.9	25.1
Marondera	81.4	18.6
Mudzi	74.8	25.2
Murehwa	83.6	16.4
Mutoko	74.4	25.6
Seke	85.6	14.4
Uzumba Maramba Pfungwe	79.9	20.1
Chegutu	73.5	26.5
Hurungwe	68.8	31.2
Kadoma	85.7	14.3
Kariba	72.1	27.9
Makonde	76	24
Zvimba	79.2	20.8
Mhondoro-Ngezi	85.6	14.4

Domain	Improved water source	Unimproved water source
Sanyati	**86.7**	**13.3**
Binga	**52.1**	**47.9**
Bubi	**91.2**	**8.8**
Hwange	**88.5**	**11.5**
Lupane	**78.1**	**21.9**
Nkayi	**77.3**	**22.7**
Tsholotsho	**95**	**5**
Umguza	**93.6**	**6.4**
Beitbridge	**79**	**21**
Bulilima	**78.6**	**21.4**
Mangwe	**63.5**	**36.5**
Gwanda	**71**	**29**
Insiza	**60.6**	**39.4**
Matobo	**72.4**	**27.6**
Umzingwane	**83.3**	**16.7**
Chirumhanzu	**63.6**	**36.4**
Gokwe North	**44**	**56**
Gokwe South	**59.5**	**40.5**
Gweru	**80.8**	**19.2**
Kwekwe	**84.3**	**15.7**
Mberengwa	**74**	**26**
Shurugwi	**85.3**	**14.7**
Zvishavane	**80.9**	**19.1**
Bikita	**75.2**	**24.8**
Chiredzi	**70.4**	**29.6**
Chivi	**67.8**	**32.2**
Gutu	**67.6**	**32.4**
Masvingo	**68.4**	**31.6**
Mwenezi	**82.2**	**17.8**
Zaka	**64.1**	**35.9**
Harare	**99.4**	**0.6**
Chitungwiza	**99.8**	**0.2**
Epworth	**88.4**	**11.6**
National	**77.5**	**22.5**

Household Access to Safe Sanitation Facilities

Promoting a Diversified Diet for Better Nutrition

Domain	Improved sanitation	Unimproved sanitation	Open defecation
	%	%	%
Bulawayo	99.1	0.2	0.7
Buhera	53.7	1.3	45
Chimanimani	65.8	27.9	6.3
Chipinge	51.2	36.8	12
Makoni	52.1	27.4	20.5
Mutare	65	18.1	16.9
Mutasa	59	37.5	3.4
Nyanga	55.9	21.9	22.1
Bindura	56.8	39.4	3.8
Centenary	52.8	29.4	17.8
Guruve	69.1	16.7	14.2
Mazowe	56.3	40.7	3
Mount Darwin	69.6	14.8	15.5
Rushinga	71.1	7.7	21.1
Shamva	53.6	33.1	13.3
Mbire	46.4	29.8	23.8
Chikomba	61.6	1.5	36.9
Goromonzi	73.4	15.6	11
Hwedza	54.4	17.8	27.8
Marondera	43.3	47	9.7
Mudzi	40.4	16	43.6
Murehwa	68.2	18.2	13.7
Mutoko	68.8	7.8	23.4
Seke	73	17	10
Uzumba Maramba Pfungwe	55.1	19.7	25.2
Chegutu	50.7	13.4	35.9
Hurungwe	53.7	17	29.3
Kadoma	71.4	21.4	7.1
Kariba	32.7	7.6	59.6
Makonde	44.7	24.8	30.5
Zvimba	54.4	21.6	23.9
Chinhoyi	96.3	0	3.7
Mhondoro-Ngezi	72.2	1.8	26
Sanyati	40.6	10.5	48.9
Binga	24.5	0	75.5
Bubi	37.9	10.6	51.4
Hwange	39.8	2.2	57.9
Lupane	27.1	0.8	72.1
Nkayi	29.8	3.7	66.5
Tsholotsho	33.2	14.8	52.1
Umguza	39	2.6	58.3
Beitbridge	37	4.6	58.4
Bulilima	39.1	3.5	57.4
Mangwe	52.1	5.7	42.2
Gwanda	69.5	9.3	21.3
Insiza	54.5	10.2	35.3
Matobo	62.2	2.9	34.9
Umzingwane	62.3	8.3	29.4
Chirumhanzu	58.1	5.2	36.7
Gokwe North	24.3	17.5	58.2
Gokwe South	30.1	23	46.9
Gweru	57.7	11.1	31.2
Kwekwe	48.1	2.6	49.3
Mberengwa	55.3	5	39.7
Shurugwi	69.7	6.5	23.8
Zvishavane	63.7	3.4	32.9
Bikita	46	3.6	50.4
Chiredzi	55	1.3	43.7
Chivi	65.3	2.9	31.8
Gutu	62.5	3.6	33.9
Masvingo	51.3	5.5	43.2
Mwenezi	54	5.2	40.9
Zaka	44.8	6.9	48.3
Harare	99.7	0	0.3
Chitungwiza	100	0	0
Epworth	95.5	3.9	0.6
Total	54.6	12.9	32.6

Proportion of Children with Primary Course Completed and who Received Vitamin A

	N	Completed primary course			Received Vitamin A		
		%	95% CI		%	95% CI	
			Lower	Upper		Lower	Upper
Rural							
Manicaland	776	75.6	72.6	78.7	85.4	83.0	87.9
Mash Central	901	86.5	84.2	88.7	88.6	86.5	90.6
Mash East	861	81.3	78.7	83.9	79.8	77.1	82.5
Mash West	736	85.9	83.3	88.4	85.7	83.2	88.3
Mat North	863	87.7	85.5	89.9	88.8	86.6	90.9
Mat South	817	75.2	72.2	78.1	87.8	85.5	90.0
Midlands	942	73.6	70.7	76.4	82.1	79.6	84.5
Masvingo	898	74.7	71.9	77.6	81.6	79.1	84.2
Urban							
Bulawayo	125	92.0	87.2	96.8	90.4	85.2	95.6
Harare	142	83.8	77.7	89.9	88.7	83.5	94.0
Chitungwiza	137	59.9	51.5	68.2	92.0	87.4	96.6
Other Urban	164	87.2	82.0	92.4	90.9	86.4	95.3
All	7362	80.0	79.1	80.9	85.3	84.5	86.1

Proportion of Children with Primary Course Completed and who Received Vitamin A

Promoting a Diversified Diet for Better Nutrition

	N	Completed primary course			Received Vitamin A		
			95% CI			95% CI	
		%	Lower	Upper	%	Lower	Upper
Buhera	103	77.7	69.5	85.8	76.7	68.4	85.0
Chimanimani	128	57.8	49.1	66.5	90.6	85.5	95.7
Chipinge	124	69.4	61.1	77.6	91.1	86.1	96.2
Makoni	103	92.2	87.0	97.5	87.4	80.9	93.9
Mutare Rural	102	72.5	63.7	81.4	77.5	69.2	85.7
Mutasa	79	82.3	73.7	90.9	83.5	75.2	91.9
Nyanga	137	82.5	76.0	88.9	87.6	82.0	93.2
Bindura	134	91.0	86.1	95.9	93.3	89.0	97.6
Muzarabani	108	81.5	74.0	88.9	79.6	71.9	87.3
Guruve	124	82.3	75.4	89.1	86.3	80.2	92.4
Mazowe	120	86.7	80.5	92.8	91.7	86.6	96.7
Mt Darwin	112	78.6	70.9	86.3	86.6	80.2	93.0
Rushinga	111	88.3	82.2	94.4	94.6	90.3	98.9
Shamva	105	91.4	86.0	96.9	82.9	75.5	90.2
Mbire	87	93.1	87.7	98.5	93.1	87.7	98.5
Chikomba	84	77.4	68.2	86.5	81.0	72.4	89.5
Goromonzi	122	80.3	73.2	87.5	77.9	70.4	85.3
Hwedza	71	85.9	77.6	94.2	78.9	69.1	88.6
Marondera	111	79.3	71.6	86.9	83.8	76.8	90.7
Mudzi	111	73.0	64.6	81.4	68.5	59.7	77.2
Murewa	74	78.4	68.8	88.0	74.3	64.1	84.5
Mutoko	74	86.5	78.5	94.5	79.7	70.4	89.1
Seke	99	87.9	81.3	94.4	85.9	78.9	92.8
UMP	115	85.2	78.6	91.8	87.0	80.7	93.2
Chegutu	90	92.2	86.6	97.9	88.9	82.3	95.5
Hurungwe	121	85.1	78.7	91.6	81.8	74.8	88.8
Kariba	147	83.7	77.6	89.7	84.4	78.4	90.3
Makonde	95	89.5	83.2	95.8	88.4	81.9	95.0
Zvimba	122	88.5	82.8	94.3	92.6	87.9	97.3
Mhondoro-Ngezi	75	84.0	75.5	92.5	85.3	77.1	93.5

Proportion of Children with Primary Course Completed and who Received Vitamin A

		Completed primary course			Received Vitamin A		
			95% CI			95% CI	
	N	%	Lower	Upper	%	Lower	Upper
Sanyati	87	78.2	69.3	87.0	78.2	69.3	87.0
Binga	162	85.2	79.7	90.7	89.5	84.7	94.3
Bubi	117	89.7	84.2	95.3	91.5	86.3	96.6
Hwange	112	92.9	88.0	97.7	92.9	88.0	97.7
Lupane	120	88.3	82.5	94.2	89.2	83.5	94.8
Nkayi	109	89.0	83.0	95.0	86.2	79.7	92.8
Tsholotsho	135	82.2	75.7	88.8	80.7	74.0	87.5
Umguza	108	88.9	82.9	94.9	92.6	87.6	97.6
Beitbridge	127	59.1	50.4	67.7	79.5	72.4	86.6
Bulilima	133	76.7	69.4	84.0	86.5	80.6	92.4
Mangwe	111	70.3	61.6	78.9	88.3	82.2	94.4
Gwanda	112	75.0	66.9	83.1	90.2	84.6	95.8
Insiza	108	77.8	69.8	85.7	86.1	79.5	92.7
Matobo	118	79.7	72.3	87.0	92.4	87.5	97.2
Umzingwane	108	89.8	84.0	95.6	92.6	87.6	97.6
Chirumanzu	106	86.8	80.2	93.3	84.0	76.9	91.1
Gokwe North	123	75.6	67.9	83.3	78.9	71.5	86.2
Gokwe South	117	70.1	61.7	78.5	87.2	81.0	93.3
Gweru	150	48.0	39.9	56.1	82.0	75.8	88.2
Kwekwe	84	70.2	60.3	80.2	77.4	68.2	86.5
Mberengwa	113	81.4	74.1	88.7	81.4	74.1	88.7
Shurugwi	121	74.4	66.5	82.3	76.9	69.2	84.5
Zvishavane	128	88.3	82.6	93.9	87.5	81.7	93.3
Bikita	128	73.4	65.7	81.2	75.8	68.3	83.3
Chiredzi	148	71.6	64.3	79.0	85.1	79.3	90.9
Chivi	124	80.6	73.6	87.7	79.8	72.7	87.0
Gutu	102	75.5	67.0	84.0	92.2	86.9	97.5
Masvingo	141	75.9	68.7	83.0	86.5	80.8	92.2
Mwenezi	113	69.9	61.3	78.5	72.6	64.2	80.9
Zaka	142	76.1	69.0	83.2	79.6	72.9	86.3
Bulawayo	125	92.0	87.2	96.8	90.4	85.2	95.6
Harare	142	83.8	77.7	89.9	88.7	83.5	94.0
Chitungwiza	137	59.9	51.5	68.2	92.0	87.4	96.6
Other Urban	164	87.2	82.0	92.4	90.9	86.4	95.3
Total	7363	80.0	79.1	80.9	85.3	84.5	86.1

Proportion of Children Who Received Specific Vaccines

	Polio					Pentavalent vaccine					Pneumococcal vaccine					Rotavirus vaccine				
	0	1	2	3	Total	0	1	2	3	Total	0	1	2	3	Total	0	1	2	3	Total
Buhera	14.6%	1.0%	3.9%	80.6%	100.0%	14.6%	1.0%	3.9%	80.6%	100.0%	14.6%	2.9%	1.0%	81.6%	100.0%	15.5%		81.6%	2.9%	100.0%
Chimanimani	2.3%	1.6%	7.8%	88.3%	100.0%	3.9%	26.6%	7.0%	62.5%	100.0%	2.3%	1.6%	16.4%	79.7%	100.0%	5.5%	3.9%	87.5%	3.1%	100.0%
Chipinge	1.6%	5.6%	18.5%	74.2%	100.0%	1.6%	3.2%	9.7%	85.5%	100.0%	4.0%	4.0%	8.9%	83.1%	100.0%	5.6%	5.6%	67.7%	21.0%	100.0%
Makoni	1.0%	1.0%		98.1%	100.0%	1.0%	1.0%		98.1%	100.0%	1.0%	1.0%	1.0%	97.1%	100.0%	3.9%	2.9%	91.3%	1.9%	100.0%
Mutare Rural	16.7%		2.9%	80.4%	100.0%	18.6%	1.0%	2.9%	77.5%	100.0%	16.7%		3.9%	79.4%	100.0%	17.6%	1.0%	75.5%	5.9%	100.0%
Mutasa	6.3%	1.3%	5.1%	87.3%	100.0%	8.9%		3.8%	87.3%	100.0%	10.1%		2.5%	87.3%	100.0%	11.4%	2.5%	82.3%	3.8%	100.0%
Nyanga	2.9%	4.4%	4.4%	88.3%	100.0%	2.2%	3.6%	5.1%	89.1%	100.0%	2.9%	2.9%	7.3%	86.9%	100.0%	4.4%	5.1%	89.1%	1.5%	100.0%
Bindura	2.2%	.7%	3.0%	94.0%	100.0%	2.2%	1.5%	2.2%	94.0%	100.0%	2.2%	.7%	2.2%	94.8%	100.0%	3.7%	1.5%	92.5%	2.2%	100.0%
Muzarabani	7.4%	2.8%	5.6%	84.3%	100.0%	7.4%	.9%	5.6%	86.1%	100.0%	7.4%	3.7%	7.4%	81.5%	100.0%	9.3%	4.6%	76.9%	9.3%	100.0%
Guruve	4.8%	1.6%	2.4%	91.1%	100.0%	5.6%	1.6%	3.2%	89.5%	100.0%	5.6%	.8%	5.6%	87.9%	100.0%	6.5%	4.8%	84.7%	4.0%	100.0%
Mazowe	2.5%	4.2%	2.5%	90.8%	100.0%	5.0%	1.7%	1.7%	91.7%	100.0%	2.5%	2.5%	5.8%	89.2%	100.0%	4.2%	2.5%	86.7%	6.7%	100.0%
Mt Darwin	1.8%	.9%	6.3%	91.1%	100.0%	6.3%	.9%	8.9%	83.9%	100.0%	1.8%	.9%	11.6%	85.7%	100.0%	2.7%	5.4%	88.4%	3.6%	100.0%
Rushinga	.9%	1.8%	4.5%	92.8%	100.0%	2.7%	1.8%	3.6%	91.9%	100.0%	1.8%		5.4%	92.8%	100.0%	4.5%	3.6%	91.0%	.9%	100.0%
Shamva	1.9%	1.9%	1.0%	95.2%	100.0%	1.9%	1.9%	1.0%	95.2%	100.0%	1.9%	1.9%	1.0%	95.2%	100.0%	1.9%	2.9%	92.4%	2.9%	100.0%
Mbire		1.1%	3.4%	95.4%	100.0%		1.1%	3.4%	95.4%	100.0%		1.1%	3.4%	95.4%	100.0%		14.9%	85.1%		100.0%
Chikomba	11.9%	1.2%	4.8%	82.1%	100.0%	13.1%		3.6%	83.3%	100.0%	13.1%		3.6%	83.3%	100.0%	14.3%	3.6%	81.0%	1.2%	100.0%
Goromonzi	9.0%	1.6%	4.1%	85.2%	100.0%	9.0%	.8%	5.7%	84.4%	100.0%	9.0%	.8%	4.9%	85.2%	100.0%	9.8%	4.1%	85.2%	.8%	100.0%
Hwedza	5.6%	2.8%		91.5%	100.0%	5.6%	1.4%	1.4%	91.5%	100.0%	5.6%	1.4%	1.4%	91.5%	100.0%	5.6%	1.4%	93.0%		100.0%
Marondera	7.2%	1.8%	2.7%	88.3%	100.0%	9.9%	2.7%	2.7%	84.7%	100.0%	7.2%	1.8%	2.7%	88.3%	100.0%	8.1%	1.8%	87.4%	2.7%	100.0%
Mudzi	6.3%	2.7%	11.7%	79.3%	100.0%	9.0%	1.8%	8.1%	81.1%	100.0%	6.3%	2.7%	9.0%	82.0%	100.0%	8.1%	4.5%	82.0%	5.4%	100.0%
Murewa	12.2%	1.4%	2.7%	83.8%	100.0%	12.2%		5.4%	82.4%	100.0%	12.2%		6.8%	81.1%	100.0%	12.2%	2.7%	83.8%	1.4%	100.0%
Mutoko	9.5%		1.4%	89.2%	100.0%	9.5%		2.7%	87.8%	100.0%	9.5%		4.1%	86.5%	100.0%	9.5%	5.4%	83.8%	1.4%	100.0%
Seke	5.1%	1.0%	2.0%	91.9%	100.0%	5.1%		4.0%	90.9%	100.0%	5.1%		4.0%	90.9%	100.0%	6.1%	2.0%	90.9%	1.0%	100.0%
UMP	7.0%	2.6%	1.7%	88.7%	100.0%	7.0%	2.6%	4.3%	86.1%	100.0%	7.0%	1.7%	7.0%	84.3%	100.0%	7.0%	6.1%	86.1%	.9%	100.0%

Proportion of Children Who Received Specific Vaccines

	Polio					Pentavalent vaccine					Pneumococcal vaccine					Rotavirus vaccine				
	0	1	2	3	Total	0	1	2	3	Total	0	1	2	3	Total	0	1	2	3	Total
Chegutu	1.1%		3.3%	95.6%	100.0%	1.1%		3.3%	95.6%	100.0%	2.2%		6.7%	91.1%	100.0%	1.1%	2.2%	94.4%	2.2%	100.0%
Hurungwe	6.6%	1.7%	2.5%	89.3%	100.0%	7.4%	.8%	2.5%	89.3%	100.0%	8.3%	.8%	4.1%	86.8%	100.0%	8.3%	2.5%	87.6%	1.7%	100.0%
Kariba	2.7%	2.0%	5.4%	89.8%	100.0%	5.4%	1.4%	2.7%	90.5%	100.0%	3.4%	.7%	8.8%	87.1%	100.0%	4.1%	3.4%	89.8%	2.7%	100.0%
Makonde	1.1%	2.1%	2.1%	94.7%	100.0%	1.1%		1.1%	97.9%	100.0%	1.1%		2.1%	96.8%	100.0%	3.2%	3.2%	91.6%	2.1%	100.0%
Zvimba	1.6%	1.6%	.8%	95.9%	100.0%	2.5%	1.6%	1.6%	94.3%	100.0%	1.6%	.8%	2.5%	95.1%	100.0%	3.3%	5.7%	89.3%	1.6%	100.0%
Mhondoro-Ngezi	2.7%		2.7%	94.7%	100.0%	2.7%			97.3%	100.0%	2.7%		1.3%	96.0%	100.0%	4.0%		96.0%		100.0%
Sanyati	12.6%		2.3%	85.1%	100.0%	13.8%		1.1%	85.1%	100.0%	12.6%		1.1%	86.2%	100.0%	13.8%	3.4%	81.6%	1.1%	100.0%
Binga	2.5%	1.2%	3.7%	92.6%	100.0%	3.7%	1.9%	4.9%	89.5%	100.0%	3.1%	1.9%	7.4%	87.7%	100.0%	4.3%	4.9%	79.0%	11.7%	100.0%
Bubi	2.6%		1.7%	95.7%	100.0%	3.4%		1.7%	94.9%	100.0%	2.6%		1.7%	95.7%	100.0%	5.1%		94.9%		100.0%
Hwange	1.8%	2.7%	1.8%	93.8%	100.0%	3.6%	.9%	.9%	94.6%	100.0%	1.8%	.9%	6.3%	91.1%	100.0%	1.8%	1.8%	83.0%	13.4%	100.0%
Lupane	1.7%	1.7%	2.5%	94.2%	100.0%	1.7%	1.7%	1.7%	95.0%	100.0%	1.7%	1.7%	4.2%	92.5%	100.0%	3.3%	3.3%	93.3%		100.0%
Nkayi	.9%	.9%	.9%	97.2%	100.0%	5.5%	2.8%		91.7%	100.0%	1.8%			98.2%	100.0%	3.7%	1.8%	90.8%	3.7%	100.0%
Tsholotsho	.7%	2.2%	4.4%	92.6%	100.0%	.7%	2.2%	6.7%	90.4%	100.0%	1.5%	5.2%	9.6%	83.7%	100.0%	2.2%	8.1%	84.4%	5.2%	100.0%
Umguza		1.9%	3.7%	94.4%	100.0%		.9%	4.6%	94.4%	100.0%	.9%		6.5%	92.6%	100.0%	1.9%	2.8%	93.5%	1.9%	100.0%
Beitbridge	7.9%	6.3%	8.7%	77.2%	100.0%	15.0%	7.1%	3.9%	74.0%	100.0%	8.7%	3.1%	9.4%	78.7%	100.0%	9.4%	11.0%	74.8%	4.7%	100.0%
Bulilima	2.3%		6.0%	91.7%	100.0%	3.0%		1.5%	95.5%	100.0%	1.5%	1.5%	.8%	96.2%	100.0%	2.3%	4.5%	90.2%	3.0%	100.0%
Mangwe	7.2%	3.6%	10.8%	78.4%	100.0%	11.7%	2.7%	9.9%	75.7%	100.0%	6.3%	2.7%	9.9%	81.1%	100.0%	7.2%	7.2%	83.8%	1.8%	100.0%
Gwanda	3.6%	4.5%	8.0%	83.9%	100.0%	8.0%	5.4%	5.4%	81.3%	100.0%	5.4%	3.6%	.9%	90.2%	100.0%	5.4%	5.4%	88.4%	.9%	100.0%
Insiza	9.3%	.9%	3.7%	86.1%	100.0%	11.1%	.9%	1.9%	86.1%	100.0%	10.2%		6.5%	83.3%	100.0%	10.2%	3.7%	81.5%	4.6%	100.0%
Matobo	2.5%		4.2%	93.2%	100.0%	2.5%	11.0%	3.4%	83.1%	100.0%	2.5%	1.7%	8.5%	87.3%	100.0%	3.4%	5.1%	84.7%	6.8%	100.0%
Umzingwane	1.9%	.9%	1.9%	95.4%	100.0%	4.6%	.9%		94.4%	100.0%	2.8%		.9%	96.3%	100.0%	3.7%	2.8%	86.1%	7.4%	100.0%

Proportion of Children Who Received Specific Vaccines

	Polio					Pentavalent vaccine					Pneumococcal vaccine					Rotavirus vaccine				
	0	1	2	3	Total	0	1	2	3	Total	0	1	2	3	Total	0	1	2	3	Total
Chirumanzu	9.4%	.9%	1.9%	87.7%	100.0%	9.4%	.9%	1.9%	87.7%	100.0%	9.4%		3.8%	86.8%	100.0%	10.4%	1.9%	84.0%	3.8%	100.0%
Gokwe North	7.3%	.8%	9.8%	82.1%	100.0%	10.6%		4.9%	84.6%	100.0%	7.3%		10.6%	82.1%	100.0%	7.3%	4.1%	79.7%	8.9%	100.0%
Gokwe South	7.7%	.9%	8.5%	82.9%	100.0%	12.0%	2.6%	4.3%	81.2%	100.0%	7.7%	1.7%	4.3%	86.3%	100.0%	7.7%	3.4%	83.8%	5.1%	100.0%
Gweru	16.0%	15.3%	14.7%	54.0%	100.0%	19.3%		4.0%	76.7%	100.0%	14.7%		7.3%	78.0%	100.0%	16.0%	6.0%	74.0%	4.0%	100.0%
Kwekwe	7.1%	4.8%	10.7%	77.4%	100.0%	11.9%		6.0%	82.1%	100.0%	14.3%	1.2%	4.8%	79.8%	100.0%	16.7%	6.0%	73.8%	3.6%	100.0%
Mberengwa	6.2%	2.7%	1.8%	89.4%	100.0%	5.3%	1.8%	2.7%	90.3%	100.0%	8.0%		3.5%	88.5%	100.0%	8.0%		91.2%	.9%	100.0%
Shurugwi	9.9%	1.7%	11.6%	76.9%	100.0%	9.9%	1.7%	5.8%	82.6%	100.0%	9.1%	1.7%	5.8%	83.5%	100.0%	9.1%	4.1%	83.5%	3.3%	100.0%
Zvishavane	4.7%	1.6%	3.1%	90.6%	100.0%	7.0%	1.6%	2.3%	89.1%	100.0%	5.5%	.8%	3.9%	89.8%	100.0%	6.3%	.8%	89.8%	3.1%	100.0%
Bikita	6.3%	.8%	10.9%	82.0%	100.0%	5.5%	.8%	5.5%	88.3%	100.0%	5.5%	1.6%	5.5%	87.5%	100.0%	6.3%	1.6%	89.1%	3.1%	100.0%
Chiredzi	5.4%	3.4%	7.4%	83.8%	100.0%	7.4%	1.4%	6.8%	84.5%	100.0%	8.1%	3.4%	8.1%	80.4%	100.0%	6.1%	5.4%	83.8%	4.7%	100.0%
Chivi	8.9%	1.6%	4.8%	84.7%	100.0%	8.1%	2.4%	4.8%	84.7%	100.0%	8.1%	.8%	8.9%	82.3%	100.0%	10.5%	4.8%	82.3%	2.4%	100.0%
Gutu	2.9%	2.0%	4.9%	90.2%	100.0%	4.9%	4.9%	9.8%	80.4%	100.0%	4.9%	1.0%	10.8%	83.3%	100.0%	4.9%	2.9%	90.2%	2.0%	100.0%
Masvingo	2.8%	1.4%	8.5%	87.2%	100.0%	4.3%	.7%	5.7%	89.4%	100.0%	5.7%		7.1%	87.2%	100.0%	7.1%	.7%	86.5%	5.7%	100.0%
Mwenezi	8.8%	4.4%	8.0%	78.8%	100.0%	10.6%	1.8%	7.1%	80.5%	100.0%	9.7%	2.7%	11.5%	76.1%	100.0%	10.6%	5.3%	82.3%	1.8%	100.0%
Zaka	6.3%	2.1%	6.3%	85.2%	100.0%	7.7%	.7%	3.5%	88.0%	100.0%	7.7%	.7%	4.2%	87.3%	100.0%	7.0%	2.8%	85.9%	4.2%	100.0%
Bulawayo	1.6%	.8%	.8%	96.8%	100.0%	1.6%		1.6%	96.8%	100.0%	1.6%		1.6%	96.8%	100.0%	1.6%	.8%	94.4%	3.2%	100.0%
Harare	4.9%		2.1%	93.0%	100.0%	9.9%		4.2%	85.9%	100.0%	5.6%		3.5%	90.8%	100.0%	5.6%	2.1%	86.6%	5.6%	100.0%
Chitungwiza	2.2%	5.1%	23.4%	69.3%	100.0%	8.0%	10.9%	13.1%	67.9%	100.0%	2.9%	1.5%	9.5%	86.1%	100.0%	2.2%	5.1%	88.3%	4.4%	100.0%
Other Urban	3.0%	2.4%	3.7%	90.9%	100.0%	4.9%		2.4%	92.7%	100.0%	4.9%		3.7%	91.5%	100.0%	4.9%	6.1%	87.8%	1.2%	100.0%
All	5.1%	2.2%	5.3%	87.4%	100.0%	6.6%	2.2%	4.1%	87.1%	100.0%	5.7%	1.2%	5.6%	87.5%	100.0%	6.5%	3.8%	85.9%	3.8%	100.0%

Minimum Acceptable Diet

		Minimum Acceptable Diet (Breastfed)			Minimum Acceptable Diet (Non-breastfed)		
			95% CI			95% CI	
	N	%	Lower	Upper	%	Lower	Upper
Bulawayo	110	13.6%	7.1%	20.2%	14.5%	7.9%	21.2%
Harare	148	22.3%	15.5%	29.1%	16.2%	10.2%	22.2%
Chitungwiza	144	11.1%	5.9%	16.3%	19.4%	12.9%	26.0%
Other Urban	88	8.0%	2.2%	13.7%	9.1%	3.0%	15.2%
Total	**490**	**14.5%**	**11.4%**	**17.6%**	**15.5%**	**12.3%**	**18.7%**
Manicaland	888	7.7%	5.9%	9.4%	3.8%	2.6%	5.1%
Mash Central	1113	3.4%	2.3%	4.5%	2.2%	1.4%	3.1%
Mash East	975	4.9%	3.6%	6.3%	5.4%	4.0%	6.9%
Mash West	885	5.6%	4.1%	7.2%	3.1%	1.9%	4.2%
Mat North	1075	2.4%	1.5%	3.3%	1.6%	0.8%	2.3%
Mat South	768	4.7%	3.2%	6.2%	4.7%	3.2%	6.2%
Midlands	1132	4.7%	3.4%	5.9%	5.4%	4.1%	6.7%
Masvingo	1065	4.7%	3.4%	6.0%	4.7%	3.4%	6.0%
Total	**7901**	**4.7%**	**4.2%**	**5.1%**	**3.8%**	**3.4%**	**4.3%**

Minimum Acceptable Diet

Promoting a Diversified Diet for Better Nutrition

Domain	N	%	95% CI		%	95% CI	
			Lower	Upper		Lower	Upper
Bulawayo	110	13.6%	7.1%	20.2%	14.5%	7.9%	21.2%
Harare	148	22.3%	15.5%	29.1%	16.2%	10.2%	22.2%
Chitungwiza	144	11.1%	5.9%	16.3%	19.4%	12.9%	26.0%
Other Urban	88	8.0%	2.2%	13.7%	9.1%	3.0%	15.2%
Total	490	14.5%	11.4%	17.6%	15.5%	12.3%	18.7%
Buhera	109	7.3%	2.4%	12.3%	5.5%	1.2%	9.9%
Chimanimani	106	13.2%	6.7%	19.8%	6.6%	1.8%	11.4%
Chipinge	135	2.2%	-0.3%	4.7%	0.0%	0.0%	0.0%
Makoni	158	8.2%	3.9%	12.6%	1.9%	-0.3%	4.1%
Mutare Rural	124	3.2%	0.1%	6.4%	2.4%	-0.3%	5.2%
Mutasa	97	20.6%	12.4%	28.8%	8.2%	2.7%	13.8%
Nyanga	159	3.8%	0.8%	6.8%	4.4%	1.2%	7.6%
Bindura	161	4.3%	1.2%	7.5%	2.5%	0.1%	4.9%
Muzarabani	146	4.8%	1.3%	8.3%	2.1%	-0.3%	4.4%
Guruve	142	6.3%	2.3%	10.4%	1.4%	-0.6%	3.4%
Mazowe	170	5.9%	2.3%	9.5%	2.9%	0.4%	5.5%
Mt Darwin	118	0.8%	-0.8%	2.5%	0.8%	-0.8%	2.5%
Rushinga	136	0.7%	-0.7%	2.2%	1.5%	-0.6%	3.5%
Shamva	136	0.7%	-0.7%	2.2%	4.4%	0.9%	7.9%
Mbire	104	1.9%	-0.8%	4.6%	1.9%	-0.8%	4.6%
Chikomba	89	2.2%	-0.9%	5.4%	4.5%	0.1%	8.9%
Goromonzi	140	6.4%	2.3%	10.5%	7.1%	2.8%	11.5%
Hwedza	84	4.8%	0.1%	9.4%	8.3%	2.3%	14.4%
Marondera	155	11.6%	6.5%	16.7%	7.7%	3.5%	12.0%
Mudzi	138	0.7%	-0.7%	2.2%	3.6%	0.5%	6.8%
Murewa	87	9.2%	3.0%	15.4%	3.4%	-0.5%	7.4%
Mutoko	82	3.7%	-0.5%	7.8%	4.9%	0.1%	9.6%
Seke	79	2.5%	-1.0%	6.1%	10.1%	3.3%	16.9%
UMP	121	0.8%	-0.8%	2.5%	0.0%	0.0%	0.0%
Chegutu	59	3.4%	-1.4%	8.1%	0.0%	0.0%	0.0%
Hurungwe	120	1.7%	-0.7%	4.0%	3.3%	0.1%	6.6%
Kariba	189	0.5%	-0.5%	1.6%	1.1%	-0.4%	2.5%
Makonde	135	14.1%	8.1%	20.0%	6.7%	2.4%	10.9%
Zvimba	161	3.7%	0.8%	6.7%	1.9%	-0.2%	4.0%
Mhondoro-Ngezi	97	15.5%	8.1%	22.8%	2.1%	-0.8%	4.9%

Minimum Acceptable Diet

Domain	N	%	95% CI		%	95% CI	
			Lower	Upper		Lower	Upper
Sanyati	124	4.0%	0.5%	7.5%	5.6%	1.5%	9.8%
Binga	202	1.5%	-0.2%	3.2%	0.0%	0.0%	0.0%
Bubi	122	1.6%	-0.6%	3.9%	4.1%	0.5%	7.7%
Hwange	156	1.3%	-0.5%	3.1%	1.3%	-0.5%	3.1%
Lupane	147	8.2%	3.7%	12.6%	4.8%	1.3%	8.2%
Nkayi	116	2.6%	-0.3%	5.5%	0.9%	-0.8%	2.6%
Tsholotsho	183	2.2%	0.0%	4.3%	0.5%	-0.5%	1.6%
Umguza	149	0.0%	0.0%	0.0%	0.7%	-0.7%	2.0%
Beitbridge	127	3.9%	0.5%	7.4%	0.8%	-0.8%	2.3%
Bulilima	144	5.6%	1.8%	9.3%	5.6%	1.8%	9.3%
Mangwe	88	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Gwanda	85	5.9%	0.8%	11.0%	4.7%	0.1%	9.3%
Insiza	108	7.4%	2.4%	12.4%	3.7%	0.1%	7.3%
Matobo	112	2.7%	-0.4%	5.7%	6.3%	1.7%	10.8%
Umzingwane	104	6.7%	1.8%	11.6%	11.5%	5.3%	17.8%
Chirumanzu	143	2.1%	-0.3%	4.5%	6.3%	2.3%	10.3%
Gokwe North	149	2.0%	-0.3%	4.3%	2.0%	-0.3%	4.3%
Gokwe South	89	5.6%	0.7%	10.5%	5.6%	0.7%	10.5%
Gweru	193	5.7%	2.4%	9.0%	4.1%	1.3%	7.0%
Kwekwe	86	7.0%	1.5%	12.5%	4.7%	0.1%	9.2%
Mberengwa	141	2.8%	0.1%	5.6%	4.3%	0.9%	7.6%
Shurugwi	166	7.2%	3.2%	11.2%	12.7%	7.5%	17.8%
Zvishavane	165	5.5%	2.0%	9.0%	3.0%	0.4%	5.7%
Bikita	133	3.8%	0.5%	7.0%	0.0%	0.0%	0.0%
Chiredzi	169	5.3%	1.9%	8.7%	5.9%	2.3%	9.5%
Chivi	158	7.6%	3.4%	11.8%	5.7%	2.0%	9.3%
Gutu	115	6.1%	1.7%	10.5%	8.7%	3.5%	13.9%
Masvingo	169	4.7%	1.5%	8.0%	5.3%	1.9%	8.7%
Mwenezi	166	1.2%	-0.5%	2.9%	3.6%	0.7%	6.5%
Zaka	155	4.5%	1.2%	7.8%	3.9%	0.8%	6.9%
Total	7901	4.7%	4.2%	5.1%	3.8%	3.4%	4.3%

Minimum Acceptable Diet

Promoting a Diversified Diet for Better Nutrition

Domain	N	Minimum dietary diversity(4 or more food groups)		
		%	95% CI	
			Lower	Upper
Bulawayo	110	50.0%	40.5%	59.5%
Harare	148	56.1%	48.0%	64.2%
Chitungwiza	144	40.3%	32.2%	48.4%
Other Urban	88	37.5%	27.2%	47.8%
Total	490	46.7%	42.3%	51.2%
Buhera	109	17.4%	10.2%	24.7%
Chimanimani	106	34.0%	24.8%	43.1%
Chipinge	135	8.9%	4.0%	13.8%
Makoni	158	14.6%	9.0%	20.1%
Mutare Rural	124	21.0%	13.7%	28.2%
Mutasa	97	39.2%	29.3%	49.1%
Nyanga	159	17.6%	11.6%	23.6%
Bindura	161	8.7%	4.3%	13.1%
Muzarabani	146	17.8%	11.5%	24.1%
Guruve	142	14.8%	8.9%	20.7%
Mazowe	170	11.8%	6.9%	16.7%
Mt Darwin	118	12.7%	6.6%	18.8%
Rushinga	136	6.6%	2.4%	10.8%
Shamva	136	19.9%	13.1%	26.6%
Mbire	104	4.8%	0.6%	9.0%
Chikomba	89	38.2%	27.9%	48.5%
Goromonzi	140	20.0%	13.3%	26.7%
Hwedza	84	20.2%	11.5%	29.0%
Marondera	155	27.1%	20.0%	34.2%
Mudzi	138	9.4%	4.5%	14.4%
Murewa	87	39.1%	28.6%	49.5%
Mutoko	82	24.4%	14.9%	33.9%
Seke	79	29.1%	18.9%	39.4%
UMP	121	2.5%	-0.3%	5.3%
Chegutu	59	15.3%	5.8%	24.7%
Hurungwe	120	9.2%	3.9%	14.4%
Kariba	189	1.6%	-0.2%	3.4%
Makonde	135	28.1%	20.5%	35.8%
Zvimba	161	12.4%	7.3%	17.6%
Mhondoro-Ngezi	97	30.9%	21.6%	40.3%

Minimum Dietary Diversity

Domain	N	Minimum dietary diversity(4 or more food groups)		
		%	95% CI	
			Lower	Upper
Sanyati	124	15.3%	8.9%	21.8%
Binga	202	10.9%	6.6%	15.2%
Bubi	122	5.7%	1.6%	9.9%
Hwange	156	7.1%	3.0%	11.1%
Lupane	147	27.9%	20.6%	35.2%
Nkayi	116	6.9%	2.2%	11.6%
Tsholotsho	183	7.1%	3.3%	10.9%
Umguza	149	6.7%	2.6%	10.8%
Beitbridge	127	9.4%	4.3%	14.6%
Bulilima	144	13.2%	7.6%	18.8%
Mangwe	88	1.1%	-1.1%	3.4%
Gwanda	85	22.4%	13.3%	31.4%
Insiza	108	21.3%	13.5%	29.1%
Matobo	112	9.8%	4.2%	15.4%
Umzingwane	104	23.1%	14.8%	31.3%
Chirumanzu	143	12.6%	7.1%	18.1%
Gokwe North	149	8.1%	3.6%	12.5%
Gokwe South	89	20.2%	11.7%	28.7%
Gweru	193	13.0%	8.2%	17.7%
Kwekwe	86	29.1%	19.3%	38.9%
Mberengwa	141	12.1%	6.6%	17.5%
Shurugwi	166	34.3%	27.0%	41.6%
Zvishavane	165	11.5%	6.6%	16.4%
Bikita	133	6.8%	2.4%	11.1%
Chiredzi	169	13.6%	8.4%	18.8%
Chivi	158	23.4%	16.7%	30.1%
Gutu	115	32.2%	23.5%	40.8%
Masvingo	169	16.6%	10.9%	22.2%
Mwenezi	166	6.0%	2.4%	9.7%
Zaka	155	14.8%	9.2%	20.5%
Total	7901	15.7%	14.9%	16.5%

Minimum Meal Frequency

Promoting a Diversified Diet for Better Nutrition

Domain	N	Mean	95% Confidence Interval for Mean		Mean	95% Confidence Interval for Mean	
			Lower Bound	Upper Bound		Lower Bound	Upper Bound
Bulawayo	110	30.9%	22.1%	39.7%	28.2%	19.6%	36.7%
Harare	148	37.8%	29.9%	45.7%	25.0%	17.9%	32.1%
Chitungwiza	144	29.9%	22.3%	37.4%	37.5%	29.5%	45.5%
Other Urban	88	19.3%	10.9%	27.7%	13.6%	6.3%	20.9%
Total	490	30.6%	26.5%	34.7%	27.3%	23.4%	31.3%
Buhera	109	22.0%	14.1%	29.9%	11.0%	5.0%	17.0%
Chimanimani	106	26.4%	17.9%	34.9%	12.3%	5.9%	18.6%
Chipinge	135	13.3%	7.5%	19.1%	2.2%	-0.3%	4.7%
Makoni	158	25.9%	19.0%	32.9%	14.6%	9.0%	20.1%
Mutare Rural	124	13.7%	7.6%	19.8%	15.3%	8.9%	21.8%
Mutasa	97	44.3%	34.3%	54.4%	21.6%	13.3%	30.0%
Nyanga	159	28.9%	21.8%	36.1%	15.1%	9.5%	20.7%
Bindura	161	28.6%	21.5%	35.6%	13.0%	7.8%	18.3%
Muzarabani	146	21.9%	15.1%	28.7%	10.3%	5.3%	15.3%
Guruve	142	24.6%	17.5%	31.8%	16.9%	10.7%	23.1%
Mazowe	170	34.7%	27.5%	41.9%	17.1%	11.3%	22.8%
Mt Darwin	118	4.2%	0.5%	7.9%	5.9%	1.6%	10.3%
Rushinga	136	11.0%	5.7%	16.4%	12.5%	6.9%	18.1%
Shamva	136	5.1%	1.4%	8.9%	6.6%	2.4%	10.8%
Mbire	104	21.2%	13.2%	29.1%	6.7%	1.8%	11.6%
Chikomba	89	9.0%	2.9%	15.0%	11.2%	4.5%	17.9%
Goromonzi	140	15.0%	9.0%	21.0%	25.0%	17.7%	32.3%
Hwedza	84	33.3%	23.0%	43.6%	23.8%	14.5%	33.1%
Marondera	155	40.0%	32.2%	47.8%	21.3%	14.8%	27.8%
Mudzi	138	9.4%	4.5%	14.4%	8.0%	3.4%	12.5%
Murewa	87	21.8%	13.0%	30.7%	5.7%	0.8%	10.7%
Mutoko	82	17.1%	8.8%	25.4%	9.8%	3.2%	16.3%
Seke	79	12.7%	5.2%	20.2%	24.1%	14.4%	33.7%
UMP	121	14.9%	8.4%	21.3%	20.7%	13.3%	28.0%
Chegutu	59	13.6%	4.6%	22.6%	6.8%	0.2%	13.4%
Hurungwe	120	15.0%	8.5%	21.5%	13.3%	7.2%	19.5%
Kariba	189	16.4%	11.1%	21.7%	11.1%	6.6%	15.6%
Makonde	135	42.2%	33.8%	50.7%	15.6%	9.4%	21.7%
Zvimba	161	12.4%	7.3%	17.6%	9.3%	4.8%	13.9%
Mhondoro-Ngezi	97	25.8%	16.9%	34.6%	3.1%	-0.4%	6.6%

Minimum Meal Frequency

Domain	N	Mean	95% Confidence Interval for Mean		Mean	95% Confidence Interval for Mean	
			Lower Bound	Upper Bound		Lower Bound	Upper Bound
Sanyati	124	26.6%	18.7%	34.5%	20.2%	13.0%	27.3%
Binga	202	28.7%	22.4%	35.0%	3.5%	0.9%	6.0%
Bubi	122	26.2%	18.3%	34.1%	25.4%	17.6%	33.2%
Hwange	156	13.5%	8.0%	18.9%	12.8%	7.5%	18.1%
Lupane	147	31.3%	23.7%	38.9%	12.2%	6.9%	17.6%
Nkayi	116	15.5%	8.8%	22.2%	15.5%	8.8%	22.2%
Tsholotsho	183	30.6%	23.9%	37.3%	9.8%	5.5%	14.2%
Umguza	149	12.8%	7.3%	18.2%	8.7%	4.1%	13.3%
Beitbridge	127	25.2%	17.5%	32.9%	11.8%	6.1%	17.5%
Bulilima	144	40.3%	32.2%	48.4%	17.4%	11.1%	23.6%
Mangwe	88	23.9%	14.8%	32.9%	18.2%	10.0%	26.4%
Gwanda	85	36.5%	26.0%	46.9%	17.6%	9.4%	25.9%
Insiza	108	27.8%	19.2%	36.4%	11.1%	5.1%	17.1%
Matobo	112	25.9%	17.7%	34.1%	35.7%	26.7%	44.7%
Umzingwane	104	29.8%	20.9%	38.7%	26.0%	17.4%	34.5%
Chirumanzu	143	28.7%	21.2%	36.2%	19.6%	13.0%	26.2%
Gokwe North	149	8.1%	3.6%	12.5%	5.4%	1.7%	9.0%
Gokwe South	89	36.0%	25.8%	46.1%	13.5%	6.2%	20.7%
Gweru	193	25.4%	19.2%	31.6%	19.7%	14.0%	25.3%
Kwekwe	86	16.3%	8.3%	24.2%	12.8%	5.6%	20.0%
Mberengwa	141	22.7%	15.7%	29.7%	17.0%	10.7%	23.3%
Shurugwi	166	24.7%	18.1%	31.3%	21.1%	14.8%	27.4%
Zvishavane	165	19.4%	13.3%	25.5%	13.3%	8.1%	18.6%
Bikita	133	24.8%	17.4%	32.2%	9.0%	4.1%	14.0%
Chiredzi	169	26.6%	19.9%	33.4%	16.6%	10.9%	22.2%
Chivi	158	27.8%	20.8%	34.9%	19.0%	12.8%	25.2%
Gutu	115	18.3%	11.1%	25.4%	14.8%	8.2%	21.4%
Masvingo	169	22.5%	16.1%	28.8%	20.1%	14.0%	26.2%
Mwenezi	166	19.9%	13.7%	26.0%	16.9%	11.1%	22.6%
Zaka	155	34.8%	27.3%	42.4%	16.8%	10.8%	22.7%
Total	7901	23.1%	22.2%	24.0%	14.5%	13.7%	15.2%

Exclusive Breastfeeding 0-5 Months

Promoting a Diversified Diet for Better Nutrition

Domain	N	%	95% CI	
			Lower	Upper
Bulawayo	15	60.0%	31.9%	88.1%
Buhera	27	51.9%	31.7%	72.0%
Chimanimani	22	59.1%	36.8%	81.4%
Chipinge	30	53.3%	34.4%	72.3%
Makoni	32	56.3%	38.1%	74.4%
Mutare Rural	23	47.8%	25.7%	69.9%
Mutasa	25	48.0%	27.0%	69.0%
Nyanga	30	73.3%	56.5%	90.1%
Bindura	32	65.6%	48.2%	83.0%
Muzarabani	30	60.0%	41.4%	78.6%
Guruve	22	45.5%	22.9%	68.1%
Mazowe	27	66.7%	47.7%	85.7%
Mt Darwin	27	74.1%	56.4%	91.7%
Rushinga	28	71.4%	53.6%	89.3%
Shamva	32	68.8%	51.8%	85.7%
Mbire	12	66.7%	35.4%	98.0%
Chikomba	21	42.9%	19.8%	65.9%
Goromonzi	21	38.1%	15.4%	60.7%
Hwedza	21	52.4%	29.1%	75.7%
Marondera	42	38.1%	22.8%	53.4%
Mudzi	40	55.0%	38.9%	71.1%
Murewa	28	50.0%	30.3%	69.7%
Mutoko	14	71.4%	44.4%	98.5%
Seke	10	50.0%	12.3%	87.7%
UMP	23	69.6%	49.2%	89.9%
Chegutu	13	84.6%	61.9%	107.3%
Hurungwe	21	66.7%	44.7%	88.7%
Kariba	53	64.2%	50.8%	77.5%
Makonde	34	70.6%	54.5%	86.7%
Zvimba	26	61.5%	41.5%	81.6%
Mhondoro-Ngezi	9	44.4%	3.9%	85.0%

Exclusive Breastfeeding 0-5 Months

Domain	N	%	95% CI	
			Lower	Upper
Sanyati	40	32.5%	17.3%	47.7%
Binga	29	55.2%	35.9%	74.4%
Bubi	14	57.1%	27.5%	86.8%
Hwange	26	84.6%	69.8%	99.5%
Lupane	20	65.0%	42.1%	87.9%
Nkayi	15	66.7%	39.6%	93.7%
Tsholotsho	24	91.7%	79.7%	103.6%
Umguza	17	94.1%	81.6%	106.6%
Beitbridge	13	84.6%	61.9%	107.3%
Bulilima	10	80.0%	49.8%	110.2%
Mangwe	18	77.8%	56.5%	99.1%
Gwanda	17	76.5%	54.0%	99.0%
Insiza	14	57.1%	27.5%	86.8%
Matobo	21	52.4%	29.1%	75.7%
Umzingwane	11	81.8%	54.6%	109.0%
Chirumanzu	26	46.2%	25.6%	66.7%
Gokwe North	42	57.1%	41.5%	72.8%
Gokwe South	19	47.4%	22.6%	72.1%
Gweru	32	84.4%	71.1%	97.7%
Kwekwe	25	48.0%	27.0%	69.0%
Mberengwa	30	80.0%	64.8%	95.2%
Shurugwi	25	72.0%	53.1%	90.9%
Zvishavane	33	69.7%	53.1%	86.2%
Bikita	25	60.0%	39.4%	80.6%
Chiredzi	22	63.6%	41.8%	85.5%
Chivi	20	35.0%	12.1%	57.9%
Gutu	22	50.0%	27.3%	72.7%
Masvingo	43	55.8%	40.3%	71.3%
Mwenezi	9	77.8%	43.9%	111.7%
Zaka	14	78.6%	54.0%	103.2%
Harare	13	76.9%	50.4%	103.4%
Chitungwiza	4	0.0%	0.0%	0.0%
Other Urban	23	56.5%	34.6%	78.4%
Total	1506	61.2%	58.7%	63.6%

Early Initiation to Breastfeeding

Promoting a Diversified Diet for Better Nutrition

Domain	N	Early initiation (0-23 months)			Bottle fed (0-23 months)		
		%	95% CI		%	95% CI	
			Lower	Upper		Lower	Upper
Bulawayo	100	47.0%	37.0%	57.0%	25.0%	16.4%	33.6%
Buhera	114	71.9%	63.6%	80.3%	5.3%	1.1%	9.4%
Chimanimani	90	61.1%	50.8%	71.4%	10.0%	3.7%	16.3%
Chipinge	107	76.6%	68.5%	84.8%	7.5%	2.4%	12.5%
Makoni	139	72.7%	65.2%	80.2%	3.6%	0.5%	6.7%
Mutare Rural	100	42.0%	32.2%	51.8%	6.0%	1.3%	10.7%
Mutasa	96	67.7%	58.2%	77.2%	8.3%	2.7%	14.0%
Nyanga	149	81.2%	74.9%	87.6%	8.1%	3.6%	12.5%
Bindura	152	81.6%	75.3%	87.8%	5.3%	1.7%	8.9%
Muzarabani	124	75.8%	68.2%	83.4%	12.9%	6.9%	18.9%
Guruve	121	69.4%	61.1%	77.7%	5.8%	1.6%	10.0%
Mazowe	156	63.5%	55.8%	71.1%	7.1%	3.0%	11.1%
Mt Darwin	116	77.6%	69.9%	85.3%	8.6%	3.4%	13.8%
Rushinga	131	90.1%	84.9%	95.3%	8.4%	3.6%	13.2%
Shamva	122	70.5%	62.3%	78.7%	8.2%	3.3%	13.1%
Mbire	95	81.1%	73.0%	89.1%	9.5%	3.5%	15.5%
Chikomba	88	55.7%	45.1%	66.3%	11.4%	4.6%	18.1%
Goromonzi	125	48.0%	39.1%	56.9%	8.0%	3.2%	12.8%
Hwedza	91	62.6%	52.5%	72.8%	3.3%	-0.4%	7.0%
Marondera	170	71.8%	64.9%	78.6%	8.8%	4.5%	13.1%
Mudzi	160	70.0%	62.8%	77.2%	3.1%	0.4%	5.9%
Murewa	106	34.0%	24.8%	43.1%	21.7%	13.7%	29.7%
Mutoko	78	74.4%	64.5%	84.3%	3.8%	-0.5%	8.2%
Seke	63	68.3%	56.4%	80.1%	15.9%	6.6%	25.2%
UMP	122	57.4%	48.5%	66.3%	4.9%	1.0%	8.8%
Chegutu	64	75.0%	64.1%	85.9%	4.7%	-0.6%	10.0%
Hurungwe	104	72.1%	63.4%	80.9%	7.7%	2.5%	12.9%
Kariba	194	69.6%	63.1%	76.1%	6.7%	3.2%	10.3%
Makonde	122	69.7%	61.4%	77.9%	6.6%	2.1%	11.0%
Zvimba	141	58.2%	49.9%	66.4%	5.7%	1.8%	9.5%
Mhondoro-Ngezi	86	82.6%	74.4%	90.7%	31.4%	21.4%	41.4%

Early Initiation to Breastfeeding

Domain	N	Early initiation (0-23 months)			Bottle fed (0-23 months)		
			95% CI			95% CI	
		%	Lower	Upper	%	Lower	Upper
Sanyati	127	53.5%	44.8%	62.3%	16.5%	10.0%	23.1%
Binga	163	82.8%	77.0%	88.7%	14.7%	9.2%	20.2%
Bubi	97	72.2%	63.1%	81.2%	4.1%	0.1%	8.2%
Hwange	119	52.1%	43.0%	61.2%	2.5%	-0.3%	5.4%
Lupane	109	59.6%	50.3%	69.0%	7.3%	2.4%	12.3%
Nkayi	93	81.7%	73.7%	89.7%	6.5%	1.4%	11.5%
Tsholotsho	157	72.6%	65.6%	79.7%	12.7%	7.5%	18.0%
Umguza	127	74.8%	67.1%	82.5%	3.1%	0.1%	6.2%
Beitbridge	90	51.1%	40.6%	61.6%	16.7%	8.8%	24.5%
Bulilima	104	81.7%	74.2%	89.3%	21.2%	13.2%	29.1%
Mangwe	76	73.7%	63.6%	83.8%	10.5%	3.5%	17.6%
Gwanda	82	81.7%	73.2%	90.3%	8.5%	2.4%	14.7%
Insiza	82	52.4%	41.4%	63.5%	13.4%	5.9%	20.9%
Matobo	92	83.7%	76.0%	91.4%	4.3%	0.1%	8.6%
Umzingwane	88	36.4%	26.1%	46.6%	10.2%	3.8%	16.7%
Chirumanzu	137	54.0%	45.6%	62.5%	11.7%	6.2%	17.1%
Gokwe North	151	71.5%	64.2%	78.8%	4.6%	1.2%	8.0%
Gokwe South	92	57.6%	47.3%	67.9%	17.4%	9.5%	25.3%
Gweru	160	86.3%	80.9%	91.6%	1.9%	-0.2%	4.0%
Kwekwe	74	54.1%	42.4%	65.7%	9.5%	2.6%	16.3%
Mberengwa	127	75.6%	68.0%	83.2%	3.9%	0.5%	7.4%
Shurugwi	142	33.8%	25.9%	41.7%	9.2%	4.4%	14.0%
Zvishavane	168	72.0%	65.2%	78.9%	19.6%	13.6%	25.7%
Bikita	113	80.5%	73.1%	87.9%	3.5%	0.1%	7.0%
Chiredzi	143	86.0%	80.3%	91.8%	13.3%	7.7%	18.9%
Chivi	126	83.3%	76.7%	89.9%	11.9%	6.2%	17.6%
Gutu	94	69.1%	59.6%	78.7%	8.5%	2.8%	14.3%
Masvingo	178	70.2%	63.4%	77.0%	11.2%	6.6%	15.9%
Mwenezi	112	68.8%	60.0%	77.5%	4.5%	0.6%	8.3%
Zaka	136	83.1%	76.7%	89.5%	11.0%	5.7%	16.4%
Harare	108	53.7%	44.1%	63.3%	21.3%	13.5%	29.1%
Chitungwiza	107	75.7%	67.4%	84.0%	20.6%	12.8%	28.3%
Other Urban	86	74.4%	65.0%	83.8%	15.1%	7.4%	22.8%
Total	7486	68.7%	67.6%	69.7%	9.7%	9.0%	10.3%

Continued Breastfeeding At 1 Year (12-15 Months)

Promoting a Diversified Diet for Better Nutrition

Domain	N	%	95% CI	
			Lower	Upper
Bulawayo	16	63%	36%	89%
Buhera	18	67%	43%	91%
Chimanimani	23	83%	66%	99%
Chipinge	14	79%	54%	103%
Makoni	32	81%	67%	96%
Mutare Rural	24	92%	80%	104%
Mutasa	16	88%	69%	106%
Nyanga	32	91%	80%	101%
Bindura	25	100%	100%	100%
Muzarabani	26	92%	81%	103%
Guruve	27	81%	66%	97%
Mazowe	28	89%	77%	101%
Mt Darwin	19	89%	74%	105%
Rushinga	27	81%	66%	97%
Shamva	11	82%	55%	109%
Mbire	16	94%	80%	107%
Chikomba	12	50%	17%	83%
Goromonzi	24	33%	13%	54%
Hwedza	14	86%	65%	107%
Marondera	29	90%	78%	101%
Mudzi	30	80%	65%	95%
Murewa	19	95%	84%	106%
Mutoko	11	82%	55%	109%
Seke	6	67%	12%	121%
UMP	17	94%	82%	107%
Chegutu	14	79%	54%	103%
Hurungwe	17	76%	54%	99%
Kariba	26	92%	81%	103%
Makonde	18	89%	73%	105%
Zvimba	23	83%	66%	99%
Mhondoro-Ngezi	14	86%	65%	107%

Continued Breastfeeding At 1 Year (12-15 Months)

Domain	N	%	95% CI	
			Lower	Upper
Sanyati	16	63%	36%	89%
Binga	34	100%	100%	100%
Bubi	11	55%	19%	90%
Hwange	18	67%	43%	91%
Lupane	26	81%	65%	97%
Nkayi	16	75%	51%	99%
Tsholotsho	28	89%	77%	101%
Umguza	19	74%	52%	95%
Beitbridge	18	94%	83%	106%
Bulilima	19	74%	52%	95%
Mangwe	16	69%	43%	94%
Gwanda	10	80%	50%	110%
Insiza	17	88%	71%	105%
Matobo	18	61%	36%	86%
Umzingwane	21	62%	39%	85%
Chirumanzu	20	90%	76%	104%
Gokwe North	28	96%	89%	104%
Gokwe South	20	90%	76%	104%
Gweru	27	63%	43%	82%
Kwekwe	12	83%	59%	108%
Mberengwa	14	86%	65%	107%
Shurugwi	25	80%	63%	97%
Zvishavane	27	81%	66%	97%
Bikita	24	67%	46%	87%
Chiredzi	26	85%	70%	99%
Chivi	21	95%	85%	105%
Gutu	19	74%	52%	95%
Masvingo	28	82%	67%	97%
Mwenezi	16	63%	36%	89%
Zaka	27	93%	82%	103%
Harare	21	62%	39%	85%
Chitungwiza	29	69%	51%	87%
Other Urban	11	73%	41%	104%
Total	1310	81%	79%	83%

Continued Breastfeeding At 2 Years (20-23 Months)

Promoting a Diversified Diet for Better Nutrition

Domains	N	%
Buhera	43	7.0
Chimanimani	37	8.1
Chipinge	34	14.7
Makoni	53	15.1
Mutare Rural	40	2.5
Mutasa	26	11.5
Nyanga	60	6.7
Bindura	45	6.7
Muzarabani	46	10.9
Guruve	48	6.3
Mazowe	56	12.5
Mt Darwin	41	4.9
Rushinga	47	12.8
Shamva	35	8.6
Mbire	31	22.6
Chikomba	26	3.8
Goromonzi	43	11.6
Hwedza	34	8.8
Marondera	50	2.0
Mudzi	57	3.5
Murewa	32	18.8
Mutoko	24	8.3
Seke	25	4.0
UMP	46	2.2
Chegutu	27	11.1
Hurungwe	34	8.8
Kariba	57	21.1
Makonde	31	19.4
Zvimba	47	12.8
Mhondoro-Ngezi	28	10.7

Domain	N	%
Sanyati	**33**	**12.1**
Binga	**49**	**24.5**
Bubi	**34**	**8.8**
Hwange	**35**	**14.3**
Lupane	**45**	**15.6**
Nkayi	**43**	**18.6**
Tsholotsho	**57**	**17.5**
Umguza	**44**	**13.6**
Beitbridge	**39**	**15.4**
Bulilima	**35**	**11.4**
Mangwe	**25**	**4.0**
Gwanda	**25**	**16.0**
Insiza	**30**	**10.0**
Matobo	**40**	**7.5**
Umzingwane	**37**	**2.7**
Chirumanzu	**48**	**14.6**
Gokwe North	**49**	**16.3**
Gokwe South	**38**	**15.8**
Gweru	**65**	**7.7**
Kwekwe	**22**	**.0**
Mberengwa	**36**	**13.9**
Shurugwi	**51**	**5.9**
Zvishavane	**55**	**20.0**
Bikita	**44**	**9.1**
Chiredzi	**51**	**3.9**
Chivi	**41**	**7.3**
Gutu	**35**	**8.6**
Masvingo	**58**	**8.6**
Mwenezi	**41**	**9.8**
Zaka	**58**	**19.0**
Urban Domains		
Bulawayo	**36**	**11.1**
Harare	**41**	**7.3**
Chitungwiza	**57**	**5.3**
Other Urban	**28**	**10.7**
All	**2628**	**10.8**

Introduction to Solids

	N	%	95% CI	
			Lower	Upper
Rural Domains				
Manicaland	138	73.2	65.7	80.7
Mash Central	183	65.6	58.6	72.5
Mash East	173	74.6	68.0	81.1
Mash West	160	72.5	65.5	79.5
Mat North	183	56.3	49.0	63.5
Mat South	134	78.4	71.3	85.4
Midlands	207	70.0	63.8	76.3
Masvingo	160	77.5	71.0	84.0
Urban Domains				
Bulawayo	22	68.2	47.0	89.3
Harare	21	100.0	100.0	100.0
Chitungwiza	20	70.0	48.0	92.0
Other Urban	20	65.0	42.1	87.9
All	1421	70.8	68.4	73.2

Low Birth Weight

Promoting a Diversified Diet for Better Nutrition

Domain	Low birthweight
	Yes
Rural	
Buhera	35.2
Chimanimani	14.9
Chipinge	14.8
Makoni	14.4
Mutare Rural	34.1
Mutasa	16.8
Nyanga	25.1
Bindura	17.0
Muzarabani	24.0
Guruve	16.0
Mazowe	14.7
Mt Darwin	26.9
Rushinga	25.0
Shamva	15.8
Mbire	11.9
Chikomba	11.7
Goromonzi	19.8
Hwedza	15.5
Marondera	14.0
Mudzi	22.1
Murewa	32.9
Mutoko	24.0
Seke	8.1
UMP	27.3
Chegutu	13.6
Hurungwe	7.5
Kariba	32.2
Makonde	13.0
Zvimba	12.7
Mhondoro-Ngezi	5.1

Domain	Low birthweight
	Yes
Sanyati	41.4
Binga	54.5
Bubi	13.8
Hwange	10.3
Lupane	13.1
Nkayi	0.0
Tsholotsho	33.0
Umguza	17.8
Beitbridge	10.9
Bulilima	10.6
Mangwe	8.4
Gwanda	22.8
Insiza	13.7
Matobo	11.6
Umzingwane	36.5
Chirumanzu	9.4
Gokwe North	31.7
Gokwe South	31.9
Gweru	14.9
Kwekwe	21.9
Mberengwa	8.4
Shurugwi	17.2
Zvishavane	10.9
Bikita	21.6
Chiredzi	15.2
Chivi	11.8
Gutu	16.1
Masvingo	17.2
Mwenezi	18.5
Zaka	14.2
Bulawayo	18.4
Harare	35.6
Chitungwiza	8.3
Other Urban	18.6

Prevalence of Global Acute Malnutrition, Moderate Acute Malnutrition and Severe Acute Malnutrition

		Prevalence of global malnutrition (<-2 z-score and/or oedema)			Prevalence of moderate malnutrition(<-2 z-score and >=-3 z-score, no oedema)			Prevalence of severe malnutrition (<-3 z-score and/or oedema)		
		%	95% CI		%	95% CI		%	95% CI	
	N		Lower	Upper		Lower	Upper		Lower	Upper
Sex										
Boys	16462	0.2%	0.1%	0.3%	2.5%	2.3%	2.8%	0.2%	0.1%	0.3%
Girls	16700	0.2%	0.2%	0.3%	2.0%	1.8%	2.2%	0.2%	0.2%	0.3%
Total	33162	0.2%	0.2%	0.3%	2.3%	2.1%	2.4%	0.2%	0.2%	0.3%
Age In Months										
6-11	3644	0.2%	0.1%	0.4%	2.5%	2.0%	3.0%	0.2%	0.1%	0.4%
12-17	3655	0.2%	0.1%	0.4%	3.7%	3.1%	4.3%	0.2%	0.1%	0.4%
18-23	3826	0.3%	0.1%	0.4%	2.6%	2.1%	3.1%	0.3%	0.1%	0.4%
24-35	7724	0.2%	0.1%	0.3%	1.9%	1.6%	2.2%	0.2%	0.1%	0.3%
36-47	7671	0.2%	0.1%	0.3%	1.9%	1.5%	2.2%	0.2%	0.1%	0.3%
48-59	6642	0.2%	0.1%	0.3%	2.2%	1.8%	2.5%	0.2%	0.1%	0.3%
Total	33162	0.2%	0.2%	0.3%	2.3%	2.1%	2.4%	0.2%	0.2%	0.3%
Urban	2177	0.1%	0.0%	0.2%	2.3%	1.7%	2.9%	0.1%	0.0%	0.2%
Rural	30985	0.2%	0.2%	0.3%	2.3%	2.1%	2.4%	0.2%	0.2%	0.3%
Total	33162	0.2%	0.2%	0.3%	2.3%	2.1%	2.4%	0.2%	0.2%	0.3%

Prevalence of Global Acute Malnutrition, Moderate Acute Malnutrition and Severe Acute Malnutrition

Promoting a Diversified Diet for Better Nutrition

		Prevalence of global malnutrition (<-2 z-score and/or oedema)			Prevalence of moderate malnutrition(<-2 z-score and >=-3 z-score, no oedema)			Prevalence of severe malnutrition (<-3 z-score and/or oedema)		
		%	95% CI		%	95% CI		%	95% CI	
	N		Lower	Upper		Lower	Upper		Lower	Upper
Rural Domains										
Buhera	524	0.0%	0.0%	0.0%	1.9%	0.7%	3.1%	0.0%	0.0%	0.0%
Chimanimani	527	0.8%	0.0%	1.5%	0.9%	0.1%	1.8%	0.8%	0.0%	1.5%
Chipinge	570	0.7%	0.0%	1.4%	1.2%	0.3%	2.1%	0.7%	0.0%	1.4%
Makoni	529	0.8%	0.0%	1.5%	2.6%	1.3%	4.0%	0.8%	0.0%	1.5%
Mutare Rural	416	1.0%	0.0%	1.9%	1.4%	0.3%	2.6%	1.0%	0.0%	1.9%
Mutasa	364	0.0%	0.0%	0.0%	1.1%	0.0%	2.2%	0.0%	0.0%	0.0%
Nyanga	507	0.6%	-0.1%	1.3%	2.4%	1.0%	3.7%	0.6%	-0.1%	1.3%
Bindura	539	0.0%	0.0%	0.0%	1.9%	0.7%	3.0%	0.0%	0.0%	0.0%
Muzarabani	587	0.9%	0.1%	1.6%	2.9%	1.5%	4.3%	0.9%	0.1%	1.6%
Guruve	473	0.4%	-0.2%	1.0%	2.3%	1.0%	3.7%	0.4%	-0.2%	1.0%
Mazowe	486	0.2%	-0.2%	0.6%	2.9%	1.4%	4.4%	0.2%	-0.2%	0.6%
Mt Darwin	494	0.4%	-0.2%	1.0%	3.6%	2.0%	5.3%	0.4%	-0.2%	1.0%
Rushinga	515	0.0%	0.0%	0.0%	3.1%	1.6%	4.6%	0.0%	0.0%	0.0%
Shamva	481	1.5%	0.4%	2.5%	2.7%	1.2%	4.2%	1.5%	0.4%	2.5%
Mbire	429	0.0%	0.0%	0.0%	3.5%	1.8%	5.2%	0.0%	0.0%	0.0%
Chikomba	426	0.0%	0.0%	0.0%	1.4%	0.3%	2.5%	0.0%	0.0%	0.0%
Goromonzi	505	0.0%	0.0%	0.0%	2.4%	1.0%	3.7%	0.0%	0.0%	0.0%
Hwedza	387	0.0%	0.0%	0.0%	2.3%	0.8%	3.8%	0.0%	0.0%	0.0%
Marondera	484	0.0%	0.0%	0.0%	1.9%	0.7%	3.1%	0.0%	0.0%	0.0%
Mudzi	552	0.2%	-0.2%	0.5%	3.6%	2.1%	5.2%	0.2%	-0.2%	0.5%
Murewa	366	0.0%	0.0%	0.0%	2.2%	0.7%	3.7%	0.0%	0.0%	0.0%
Mutoko	360	0.3%	-0.3%	0.8%	3.1%	1.3%	4.8%	0.3%	-0.3%	0.8%
Seke	425	0.2%	-0.2%	0.7%	0.9%	0.0%	1.9%	0.2%	-0.2%	0.7%
UMP	519	0.0%	0.0%	0.0%	2.1%	0.9%	3.4%	0.0%	0.0%	0.0%
Chegutu	405	0.0%	0.0%	0.0%	3.0%	1.3%	4.6%	0.0%	0.0%	0.0%
Hurungwe	461	0.2%	-0.2%	0.6%	3.0%	1.5%	4.6%	0.2%	-0.2%	0.6%
Kariba	552	0.2%	-0.2%	0.5%	4.2%	2.5%	5.8%	0.2%	-0.2%	0.5%
Makonde	468	0.2%	-0.2%	0.6%	3.6%	1.9%	5.3%	0.2%	-0.2%	0.6%
Zvimba	556	0.2%	-0.2%	0.5%	0.7%	0.0%	1.4%	0.2%	-0.2%	0.5%
Mhondoro-Ngezi	340	0.0%	0.0%	0.0%	2.6%	0.9%	4.4%	0.0%	0.0%	0.0%

Prevalence of Global Acute Malnutrition, Moderate Acute Malnutrition and Severe Acute Malnutrition 23

FOOD & NUTRITION COUNCIL

		Prevalence of global malnutrition (<-2 z-score and/or oedema)			Prevalence of moderate malnutrition(<-2 z-score and >=-3 z-score, no oedema)			Prevalence of severe malnutrition (<-3 z-score and/or oedema)		
		%	95% CI		%	95% CI		%	95% CI	
	N		Lower	Upper		Lower	Upper		Lower	Upper
Sanyati	469	0.6%	-0.1%	1.4%	1.7%	0.5%	2.9%	0.6%	-0.1%	1.4%
Binga	686	0.3%	-0.1%	0.7%	4.1%	2.6%	5.6%	0.3%	-0.1%	0.7%
Bubi	560	0.0%	0.0%	0.0%	2.5%	1.2%	3.8%	0.0%	0.0%	0.0%
Hwange	557	0.2%	-0.2%	0.5%	2.9%	1.5%	4.3%	0.2%	-0.2%	0.5%
Lupane	520	0.4%	-0.1%	0.9%	2.7%	1.3%	4.1%	0.4%	-0.1%	0.9%
Nkayi	535	0.4%	-0.1%	0.9%	2.1%	0.8%	3.3%	0.4%	-0.1%	0.9%
Tsholotsho	588	0.2%	-0.2%	0.5%	2.7%	1.4%	4.0%	0.2%	-0.2%	0.5%
Umguza	516	0.0%	0.0%	0.0%	3.9%	2.2%	5.5%	0.0%	0.0%	0.0%
Beitbridge	552	0.2%	-0.2%	0.5%	2.4%	1.1%	3.6%	0.2%	-0.2%	0.5%
Bulilima	617	0.2%	-0.2%	0.5%	1.9%	0.9%	3.0%	0.2%	-0.2%	0.5%
Mangwe	476	0.2%	-0.2%	0.6%	4.0%	2.2%	5.8%	0.2%	-0.2%	0.6%
Gwanda	546	0.0%	0.0%	0.0%	2.0%	0.8%	3.2%	0.0%	0.0%	0.0%
Insiza	472	0.0%	0.0%	0.0%	1.9%	0.7%	3.1%	0.0%	0.0%	0.0%
Matobo	501	0.0%	0.0%	0.0%	1.8%	0.6%	3.0%	0.0%	0.0%	0.0%
Umzingwane	549	0.0%	0.0%	0.0%	1.6%	0.6%	2.7%	0.0%	0.0%	0.0%
Chirumanzu	557	0.0%	0.0%	0.0%	1.6%	0.6%	2.7%	0.0%	0.0%	0.0%
Gokwe North	579	0.2%	-0.2%	0.5%	2.4%	1.2%	3.7%	0.2%	-0.2%	0.5%
Gokwe South	551	0.0%	0.0%	0.0%	1.3%	0.3%	2.2%	0.0%	0.0%	0.0%
Gweru	588	0.0%	0.0%	0.0%	1.5%	0.5%	2.5%	0.0%	0.0%	0.0%
Kwekwe	441	0.0%	0.0%	0.0%	3.2%	1.5%	4.8%	0.0%	0.0%	0.0%
Mberengwa	548	0.2%	-0.2%	0.5%	2.0%	0.8%	3.2%	0.2%	-0.2%	0.5%
Shurugwi	542	0.2%	-0.2%	0.5%	1.5%	0.5%	2.5%	0.2%	-0.2%	0.5%
Zvishavane	572	0.0%	0.0%	0.0%	2.8%	1.4%	4.2%	0.0%	0.0%	0.0%
Bikita	579	0.0%	0.0%	0.0%	1.6%	0.5%	2.6%	0.0%	0.0%	0.0%
Chiredzi	609	0.3%	-0.1%	0.8%	1.5%	0.5%	2.4%	0.3%	-0.1%	0.8%
Chivi	584	0.2%	-0.2%	0.5%	1.5%	0.5%	2.5%	0.2%	-0.2%	0.5%
Gutu	534	0.0%	0.0%	0.0%	1.7%	0.6%	2.8%	0.0%	0.0%	0.0%
Masvingo	619	0.0%	0.0%	0.0%	2.3%	1.1%	3.4%	0.0%	0.0%	0.0%
Mwenezi	592	0.3%	-0.1%	0.8%	1.5%	0.5%	2.5%	0.3%	-0.1%	0.8%
Zaka	611	0.7%	0.0%	1.3%	1.0%	0.2%	1.8%	0.7%	0.0%	1.3%
Urban Domains										
Bulawayo	530	0.0%	0.0%	0.0%	1.9%	0.7%	3.0%	0.0%	0.0%	0.0%
Harare	591	0.3%	-0.1%	0.8%	3.0%	1.7%	4.4%	0.3%	-0.1%	0.8%
Chitungwiza	514	0.0%	0.0%	0.0%	1.9%	0.7%	3.1%	0.0%	0.0%	0.0%
Other Urban	630	0.0%	0.0%	0.0%	2.1%	1.0%	3.2%	0.0%	0.0%	0.0%
Total	33162	0.2%	0.2%	0.3%	2.3%	2.1%	2.4%	0.2%	0.2%	0.3%

Underweight, Stunting, Wasting and Overweight

Promoting a Diversified Diet for Better Nutrition

		Underweight: weight for age < –2 SD			Stunting: height for age < –2 SD			Wasting: weight for height < –2 SD and/or edema			Overweight: weight for height > +2 SD		
			95% CI			95% CI			95% CI			95% CI	
	N	Mean	Lower	Upper	Mean	Lower	Upper	Mean	Lower	Upper	Mean	Lower	Upper
Urban	2015	7.2%	6.1%	8.4%	22.2%	20.4%	24.0%	2.3%	1.7%	3.0%	2.9%	2.1%	3.6%
Rural	28592	8.9%	8.6%	9.2%	26.5%	26.0%	27.0%	2.5%	2.3%	2.6%	2.6%	2.4%	2.8%
Total	30607	8.8%	8.5%	9.1%	26.2%	25.7%	26.7%	2.5%	2.3%	2.6%	2.6%	2.4%	2.8%
boys	15390	9.6%	9.2%	10.1%	28.5%	27.8%	29.2%	2.7%	2.4%	2.9%	2.7%	2.4%	2.9%
girls	15217	8.0%	7.5%	8.4%	23.9%	23.2%	24.6%	2.3%	2.0%	2.5%	2.5%	2.2%	2.7%
Total	30607	8.8%	8.5%	9.1%	26.2%	25.7%	26.7%	2.5%	2.3%	2.6%	2.6%	2.4%	2.8%
6-11	3225	6.8%	6.0%	7.7%	14.9%	13.6%	16.1%	2.8%	2.2%	3.4%	4.4%	3.7%	5.1%
12-17	3317	9.4%	8.4%	10.4%	23.8%	22.3%	25.2%	3.6%	3.0%	4.3%	2.4%	1.9%	3.0%
18-23	3494	10.6%	9.6%	11.6%	35.9%	34.4%	37.5%	2.6%	2.1%	3.1%	3.0%	2.5%	3.6%
24-35	7099	9.4%	8.7%	10.1%	34.3%	33.2%	35.4%	2.0%	1.7%	2.3%	2.7%	2.3%	3.1%
36-47	7148	8.3%	7.7%	9.0%	25.3%	24.3%	26.3%	2.1%	1.8%	2.5%	2.4%	2.1%	2.8%
48-59	6113	8.5%	7.8%	9.2%	19.9%	18.9%	20.9%	2.5%	2.1%	2.8%	1.3%	1.0%	1.6%
Total	30396	8.8%	8.5%	9.1%	26.3%	25.8%	26.8%	2.5%	2.3%	2.6%	2.5%	2.4%	2.7%
Bulawayo	504	6.3%	4.2%	8.5%	18.7%	15.2%	22.1%	2.0%	0.8%	3.2%	2.2%	0.9%	3.5%
Manicaland	3245	7.9%	7.0%	8.8%	31.2%	29.6%	32.7%	2.1%	1.6%	2.6%	4.5%	3.8%	5.2%
Mash Central	3783	10.0%	9.1%	11.0%	27.0%	25.6%	28.4%	3.3%	2.7%	3.8%	2.2%	1.8%	2.7%
Mash East	3890	9.2%	8.2%	10.1%	26.8%	25.4%	28.2%	2.3%	1.8%	2.7%	2.7%	2.2%	3.2%
Mash West	3089	10.0%	8.9%	11.1%	26.5%	24.9%	28.0%	2.9%	2.3%	3.5%	2.7%	2.1%	3.3%
Mat North	3666	9.5%	8.6%	10.5%	24.6%	23.2%	26.0%	3.3%	2.7%	3.8%	2.1%	1.6%	2.6%
Mat South	3450	8.9%	7.9%	9.8%	24.2%	22.7%	25.6%	2.4%	1.9%	2.9%	1.7%	1.3%	2.1%
Midlands	4183	8.3%	7.4%	9.1%	24.6%	23.2%	25.9%	2.0%	1.5%	2.4%	2.1%	1.7%	2.5%
Masvingo	3775	7.3%	6.4%	8.1%	26.9%	25.5%	28.3%	1.7%	1.3%	2.1%	3.1%	2.5%	3.7%
Harare	1022	8.3%	6.6%	10.0%	25.0%	22.3%	27.6%	2.5%	1.6%	3.5%	2.3%	1.3%	3.2%
Total	30607	8.8%	8.5%	9.1%	26.2%	25.7%	26.7%	2.5%	2.3%	2.6%	2.6%	2.4%	2.8%

Underweight, Stunting, Wasting and Overweight

		Underweight: weight for age < –2 SD			Stunting: height for age < –2 SD			Wasting: weight for height < –2 SD and/or edema			Overweight: weight for height > +2 SD		
			95% CI			95% CI			95% CI			95% CI	
	N	Mean	Lower	Upper	Mean	Lower	Upper	Mean	Lower	Upper	Mean	Lower	Upper
Bulawayo	504	6.3%	4.2%	8.5%	18.7%	15.2%	22.1%	2.0%	0.8%	3.2%	2.2%	0.9%	3.5%
Buhera	495	7.3%	5.0%	9.6%	26.3%	22.4%	30.2%	2.0%	0.8%	3.3%	3.6%	2.0%	5.3%
Chimanimani	468	8.1%	5.6%	10.6%	35.3%	30.9%	39.6%	1.9%	0.7%	3.2%	6.0%	3.8%	8.1%
Chipinge	512	6.4%	4.3%	8.6%	30.5%	26.5%	34.5%	1.8%	0.6%	2.9%	4.9%	3.0%	6.8%
Makoni	483	9.5%	6.9%	12.2%	31.9%	27.7%	36.1%	2.5%	1.1%	3.9%	4.1%	2.4%	5.9%
Mutare Rural	363	6.9%	4.3%	9.5%	30.3%	25.6%	35.1%	1.9%	0.5%	3.3%	4.4%	2.3%	6.5%
Mutasa	344	7.6%	4.8%	10.4%	31.4%	26.5%	36.3%	0.9%	-0.1%	1.9%	3.5%	1.5%	5.4%
Nyanga	474	9.9%	7.2%	12.6%	33.3%	29.1%	37.6%	3.2%	1.6%	4.7%	4.6%	2.7%	6.5%
Bindura	507	9.1%	6.6%	11.6%	26.2%	22.4%	30.1%	1.8%	0.6%	2.9%	3.0%	1.5%	4.4%
Muzarabani	540	7.8%	5.5%	10.0%	24.3%	20.6%	27.9%	4.1%	2.4%	5.7%	1.3%	0.3%	2.3%
Guruve	453	10.8%	7.9%	13.7%	30.5%	26.2%	34.7%	2.2%	0.8%	3.6%	2.4%	1.0%	3.9%
Mazowe	456	11.8%	8.9%	14.8%	28.9%	24.8%	33.1%	3.1%	1.5%	4.7%	1.5%	0.4%	2.7%
Mt Darwin	451	11.8%	8.8%	14.7%	27.1%	22.9%	31.2%	4.0%	2.2%	5.8%	1.6%	0.4%	2.7%
Rushinga	486	8.0%	5.6%	10.4%	24.7%	20.8%	28.5%	3.3%	1.7%	4.9%	1.6%	0.5%	2.8%
Shamva	483	9.5%	6.9%	12.2%	25.3%	21.4%	29.1%	4.1%	2.4%	5.9%	2.7%	1.2%	4.1%
Mbire	398	12.3%	9.1%	15.6%	30.4%	25.9%	34.9%	3.5%	1.7%	5.3%	4.0%	2.1%	6.0%
Chikomba	403	6.7%	4.2%	9.2%	22.6%	18.5%	26.7%	1.5%	0.3%	2.7%	3.0%	1.3%	4.6%
Goromonzi	462	12.8%	9.7%	15.8%	29.9%	25.7%	34.1%	2.2%	0.8%	3.5%	3.2%	1.6%	4.9%
Hwedza	361	8.6%	5.7%	11.5%	28.0%	23.3%	32.6%	2.5%	0.9%	4.1%	2.5%	0.9%	4.1%
Marondera	453	9.9%	7.2%	12.7%	27.8%	23.7%	32.0%	2.0%	0.7%	3.3%	2.6%	1.2%	4.1%
Mudzi	528	9.8%	7.3%	12.4%	25.4%	21.7%	29.1%	3.8%	2.2%	5.4%	0.8%	0.0%	1.5%
Murewa	343	9.0%	6.0%	12.1%	36.2%	31.0%	41.3%	2.3%	0.7%	3.9%	2.6%	0.9%	4.3%
Mutoko	329	8.8%	5.7%	11.9%	21.3%	16.8%	25.7%	3.3%	1.4%	5.3%	1.5%	0.2%	2.8%
Seke	380	6.3%	3.9%	8.8%	27.4%	22.9%	31.9%	0.8%	-0.1%	1.7%	4.2%	2.2%	6.2%
UMP	483	9.9%	7.3%	12.6%	25.3%	21.4%	29.1%	1.9%	0.7%	3.1%	2.1%	0.8%	3.3%
Chegutu	388	8.0%	5.3%	10.7%	23.2%	19.0%	27.4%	3.1%	1.4%	4.8%	3.1%	1.4%	4.8%
Hurungwe	417	12.0%	8.9%	15.1%	28.8%	24.4%	33.1%	3.4%	1.6%	5.1%	1.4%	0.3%	2.6%
Kariba	501	13.6%	10.6%	16.6%	22.4%	18.7%	26.0%	4.8%	2.9%	6.7%	2.2%	0.9%	3.5%
Makonde	417	9.6%	6.8%	12.4%	27.1%	22.8%	31.4%	3.4%	1.6%	5.1%	2.6%	1.1%	4.2%
Zvimba	527	8.5%	6.1%	10.9%	30.7%	26.8%	34.7%	0.9%	0.1%	1.8%	1.7%	0.6%	2.8%
Mhondoro-Ngezi	294	7.5%	4.5%	10.5%	24.8%	19.9%	29.8%	2.4%	0.6%	4.1%	8.2%	5.0%	11.3%

Underweight, Stunting, Wasting and Overweight

Promoting a Diversified Diet for Better Nutrition

		Underweight: weight for age < –2 SD			Stunting: height for age < –2 SD			Wasting: weight for height < –2 SD and/or edema			Overweight: weight for height > +2 SD		
			95% CI			95% CI			95% CI			95% CI	
	N	Mean	Lower	Upper	Mean	Lower	Upper	Mean	Lower	Upper	Mean	Lower	Upper
Sanyati	409	10.5%	7.5%	13.5%	28.9%	24.4%	33.3%	2.7%	1.1%	4.3%	1.7%	0.4%	3.0%
Binga	630	10.6%	8.2%	13.0%	23.7%	20.3%	27.0%	4.6%	3.0%	6.2%	1.4%	0.5%	2.4%
Bubi	525	10.1%	7.5%	12.7%	26.3%	22.5%	30.1%	2.7%	1.3%	4.0%	2.5%	1.1%	3.8%
Hwange	509	9.4%	6.9%	12.0%	21.2%	17.7%	24.8%	3.3%	1.8%	4.9%	3.7%	2.1%	5.4%
Lupane	482	7.9%	5.5%	10.3%	22.8%	19.1%	26.6%	3.3%	1.7%	4.9%	2.9%	1.4%	4.4%
Nkayi	490	8.0%	5.6%	10.4%	27.3%	23.4%	31.3%	2.0%	0.8%	3.3%	0.6%	-0.1%	1.3%
Tsholotsho	563	11.0%	8.4%	13.6%	24.7%	21.1%	28.3%	3.0%	1.6%	4.4%	2.3%	1.1%	3.6%
Umguza	464	9.1%	6.4%	11.7%	26.9%	22.9%	31.0%	3.7%	1.9%	5.4%	1.3%	0.3%	2.3%
Beitbridge	507	7.7%	5.4%	10.0%	24.7%	20.9%	28.4%	2.6%	1.2%	3.9%	1.8%	0.6%	2.9%
Bulilima	569	10.7%	8.2%	13.3%	27.9%	24.2%	31.6%	2.1%	0.9%	3.3%	1.8%	0.7%	2.8%
Mangwe	431	12.3%	9.2%	15.4%	26.2%	22.0%	30.4%	4.2%	2.3%	6.1%	1.4%	0.3%	2.5%
Gwanda	517	7.7%	5.4%	10.0%	17.8%	14.5%	21.1%	2.3%	1.0%	3.6%	1.9%	0.7%	3.1%
Insiza	439	6.8%	4.5%	9.2%	24.6%	20.6%	28.6%	2.1%	0.7%	3.4%	2.1%	0.7%	3.4%
Matobo	471	11.3%	8.4%	14.1%	25.5%	21.5%	29.4%	1.9%	0.7%	3.2%	1.3%	0.3%	2.3%
Umzingwane	508	6.1%	4.0%	8.2%	22.2%	18.6%	25.9%	1.8%	0.6%	2.9%	1.8%	0.6%	2.9%
Chirumanzu	508	7.9%	5.5%	10.2%	23.8%	20.1%	27.5%	1.8%	0.6%	2.9%	1.8%	0.6%	2.9%
Gokwe North	529	10.0%	7.5%	12.6%	25.1%	21.4%	28.9%	2.6%	1.3%	4.0%	1.5%	0.5%	2.6%
Gokwe South	524	9.5%	7.0%	12.1%	29.6%	25.7%	33.5%	1.3%	0.3%	2.3%	2.9%	1.4%	4.3%
Gweru	553	6.3%	4.3%	8.4%	22.1%	18.6%	25.5%	1.6%	0.6%	2.7%	3.4%	1.9%	5.0%
Kwekwe	408	12.7%	9.5%	16.0%	28.4%	24.0%	32.8%	3.2%	1.5%	4.9%	1.5%	0.3%	2.6%
Mberengwa	525	9.0%	6.5%	11.4%	26.7%	22.9%	30.5%	1.3%	0.3%	2.3%	2.1%	0.9%	3.3%
Shurugwi	495	6.5%	4.3%	8.6%	25.3%	21.4%	29.1%	1.8%	0.6%	3.0%	2.6%	1.2%	4.0%
Zvishavane	536	5.4%	3.5%	7.3%	18.1%	14.8%	21.4%	2.4%	1.1%	3.7%	0.7%	0.0%	1.5%
Bikita	529	6.2%	4.2%	8.3%	29.9%	26.0%	33.8%	1.3%	0.3%	2.3%	4.0%	2.3%	5.6%
Chiredzi	534	6.4%	4.3%	8.4%	24.7%	21.0%	28.4%	2.1%	0.9%	3.3%	2.1%	0.9%	3.3%
Chivi	517	7.0%	4.8%	9.2%	26.9%	23.1%	30.7%	1.2%	0.2%	2.1%	3.7%	2.0%	5.3%
Gutu	502	6.6%	4.4%	8.7%	28.7%	24.7%	32.7%	1.6%	0.5%	2.7%	4.2%	2.4%	5.9%
Masvingo	537	8.9%	6.5%	11.4%	27.2%	23.4%	31.0%	2.2%	1.0%	3.5%	3.5%	2.0%	5.1%
Mwenezi	547	8.0%	5.8%	10.3%	25.8%	22.1%	29.5%	1.6%	0.6%	2.7%	1.8%	0.7%	3.0%
Zaka	559	7.9%	5.6%	10.1%	26.3%	22.6%	30.0%	1.6%	0.6%	2.7%	2.5%	1.2%	3.8%
Harare	553	11.0%	8.4%	13.6%	28.9%	25.1%	32.7%	2.9%	1.5%	4.3%	2.4%	1.1%	3.6%
Chitungwiza	469	5.1%	3.1%	7.1%	20.3%	16.6%	23.9%	2.1%	0.8%	3.4%	2.1%	0.8%	3.4%
Other Urban	565	6.5%	4.5%	8.6%	22.3%	18.9%	25.7%	1.9%	0.8%	3.1%	4.6%	2.9%	6.3%
Total	30607	8.8%	8.5%	9.1%	26.2%	25.7%	26.7%	2.5%	2.3%	2.6%	2.6%	2.4%	2.8%

Underweight, Stunting and Wasting

		Underweight: weight for age < –3 SD			Stunting: height for age < –3 SD			Wasting: weight for height (< –3 SD and/or edema)		
		%	95% CI		%	95% CI		%	95% CI	
	N		Lower	Upper		Lower	Upper		Lower	Upper
Rural										
Buhera	495	0.8	0.0	1.6	7.1	4.8	9.3	0.0	0.0	0.0
Chimanimani	468	0.0	0.0	0.0	9.6	6.9	12.3	0.9	0.0	1.7
Chipinge	512	0.6	-0.1	1.2	9.8	7.2	12.3	0.8	0.0	1.5
Makoni	483	1.0	0.1	1.9	8.5	6.0	11.0	0.6	-0.1	1.3
Mutare Rural	363	0.3	-0.3	0.8	8.8	5.9	11.7	0.6	-0.2	1.3
Mutasa	344	0.6	-0.2	1.4	6.7	4.0	9.3	0.0	0.0	0.0
Nyanga	474	0.8	0.0	1.7	8.2	5.7	10.7	0.6	-0.1	1.3
Bindura	507	1.0	0.1	1.8	5.9	3.9	8.0	0.0	0.0	0.0
Muzarabani	540	1.1	0.2	2.0	4.8	3.0	6.6	0.9	0.1	1.7
Guruve	453	0.9	0.0	1.7	5.1	3.0	7.1	0.4	-0.2	1.1
Mazowe	456	0.4	-0.2	1.0	5.5	3.4	7.6	0.0	0.0	0.0
Mt Darwin	451	1.1	0.1	2.1	4.9	2.9	6.9	0.4	-0.2	1.1
Rushinga	486	0.6	-0.1	1.3	5.3	3.3	7.4	0.2	-0.2	0.6
Shamva	483	1.0	0.1	1.9	4.8	2.9	6.7	1.4	0.4	2.5
Mbire	398	1.0	0.0	2.0	10.6	7.5	13.6	0.0	0.0	0.0
Chikomba	403	0.7	-0.1	1.6	4.5	2.4	6.5	0.0	0.0	0.0
Goromonzi	462	0.6	-0.1	1.4	6.3	4.1	8.5	0.0	0.0	0.0
Hwedza	361	0.6	-0.2	1.3	6.1	3.6	8.6	0.0	0.0	0.0
Marondera	453	1.3	0.3	2.4	8.2	5.6	10.7	0.0	0.0	0.0
Mudzi	528	0.9	0.1	1.8	3.0	1.6	4.5	0.2	-0.2	0.6
Murewa	343	1.7	0.4	3.1	7.6	4.8	10.4	0.0	0.0	0.0
Mutoko	329	1.2	0.0	2.4	3.6	1.6	5.7	0.3	-0.3	0.9
Seke	380	1.1	0.0	2.1	6.8	4.3	9.4	0.3	-0.3	0.8
UMP	483	1.2	0.3	2.2	5.0	3.0	6.9	0.0	0.0	0.0
Chegutu	388	1.0	0.0	2.0	4.9	2.7	7.1	0.0	0.0	0.0
Hurungwe	417	0.7	-0.1	1.5	7.0	4.5	9.4	0.2	-0.2	0.7
Kariba	501	1.2	0.2	2.2	4.4	2.6	6.2	0.2	-0.2	0.6
Makonde	417	0.7	-0.1	1.5	6.5	4.1	8.8	0.0	0.0	0.0
Zvimba	527	0.6	-0.1	1.2	6.8	4.7	9.0	0.2	-0.2	0.6
Mhondoro-Ngezi	294	0.7	-0.3	1.6	9.2	5.9	12.5	0.0	0.0	0.0

Underweight, Stunting and Wasting

Promoting a Diversified Diet for Better Nutrition

		Underweight: weight for age < –3 SD			Stunting: height for age < –3 SD			Wasting: weight for height (< –3 SD and/or edema)		
		%	95% CI		%	95% CI		%	95% CI	
	N		Lower	Upper		Lower	Upper		Lower	Upper
Sanyati	409	1.2	0.2	2.3	6.6	4.2	9.0	0.7	-0.1	1.6
Binga	630	0.6	0.0	1.3	4.1	2.6	5.7	0.3	-0.1	0.8
Bubi	525	2.1	0.9	3.3	7.8	5.5	10.1	0.0	0.0	0.0
Hwange	509	0.6	-0.1	1.3	6.1	4.0	8.2	0.2	-0.2	0.6
Lupane	482	0.8	0.0	1.6	4.4	2.5	6.2	0.4	-0.2	1.0
Nkayi	490	0.4	-0.2	1.0	6.3	4.2	8.5	0.4	-0.2	1.0
Tsholotsho	563	1.8	0.7	2.9	4.8	3.0	6.6	0.2	-0.2	0.5
Umguza	464	0.9	0.0	1.7	6.3	4.0	8.5	0.0	0.0	0.0
Beitbridge	507	0.6	-0.1	1.3	3.9	2.2	5.6	0.2	-0.2	0.6
Bulilima	569	0.7	0.0	1.4	6.0	4.0	7.9	0.0	0.0	0.0
Mangwe	431	1.4	0.3	2.5	5.3	3.2	7.5	0.2	-0.2	0.7
Gwanda	517	1.0	0.1	1.8	2.9	1.4	4.4	0.2	-0.2	0.6
Insiza	439	0.9	0.0	1.8	5.5	3.3	7.6	0.0	0.0	0.0
Matobo	471	1.1	0.1	2.0	4.9	2.9	6.8	0.0	0.0	0.0
Umzingwane	508	0.0	0.0	0.0	5.7	3.7	7.7	0.2	-0.2	0.6
Chirumanzu	508	1.0	0.1	1.8	6.1	4.0	8.2	0.0	0.0	0.0
Gokwe North	529	0.6	-0.1	1.2	5.3	3.4	7.2	0.2	-0.2	0.6
Gokwe South	524	0.6	-0.1	1.2	7.4	5.2	9.7	0.0	0.0	0.0
Gweru	553	0.0	0.0	0.0	4.5	2.8	6.3	0.0	0.0	0.0
Kwekwe	408	0.7	-0.1	1.6	5.6	3.4	7.9	0.0	0.0	0.0
Mberengwa	525	1.3	0.3	2.3	5.5	3.6	7.5	0.2	-0.2	0.6
Shurugwi	495	0.6	-0.1	1.3	5.1	3.1	7.0	0.2	-0.2	0.6
Zvishavane	536	0.6	-0.1	1.2	3.5	2.0	5.1	0.0	0.0	0.0
Bikita	529	0.6	-0.1	1.2	7.0	4.8	9.2	0.0	0.0	0.0
Chiredzi	534	1.1	0.2	2.0	6.0	4.0	8.0	0.4	-0.1	0.9
Chivi	517	1.0	0.1	1.8	6.0	3.9	8.0	0.2	-0.2	0.6
Gutu	502	0.6	-0.1	1.3	7.6	5.2	9.9	0.2	-0.2	0.6
Masvingo	537	1.3	0.3	2.3	7.3	5.1	9.5	0.0	0.0	0.0
Mwenezi	547	0.4	-0.1	0.9	5.5	3.6	7.4	0.4	-0.1	0.9
Zaka	559	0.2	-0.2	0.5	8.4	6.1	10.7	0.7	0.0	1.4
Urban										
Bulawayo	504	0.0	0.0	0.0	4.2	2.4	5.9	0.0	0.0	0.0
Harare	553	1.3	0.3	2.2	7.1	4.9	9.2	0.4	-0.1	0.9
Chitungwiza	469	1.3	0.3	2.3	5.3	3.3	7.4	0.0	0.0	0.0
Other Urban	565	0.9	0.1	1.7	4.2	2.6	5.9	0.2	-0.2	0.5
All	30607	0.8	0.7	0.9	6.0	5.7	6.3	0.2	0.2	0.3

Prevalence of Cough, Fever and Diarrhoea and Enrollment in Feeding Programme

		Diarrhea			Fever			Cough			Feeding Program		
			95% CI			95% CI			95% CI			95% CI	
	N	%	Lower	Upper	%	Lower	Upper	%	Lower	Upper	%	Lower	Upper
Bulawayo	578	6.1%	4.1%	8.0%	6.2%	4.3%	8.2%	6.6%	4.5%	8.6%	0.9%	0.1%	1.6%
Buhera	575	9.6%	7.2%	12.0%	7.5%	5.3%	9.6%	7.1%	5.0%	9.2%	0.0%	0.0%	0.0%
Chimanimani	593	6.6%	4.6%	8.6%	6.1%	4.1%	8.0%	8.8%	6.5%	11.1%	3.0%	1.7%	4.4%
Chipinge	670	6.6%	4.7%	8.4%	2.4%	1.2%	3.5%	2.5%	1.3%	3.7%	4.8%	3.2%	6.4%
Makoni	606	13.0%	10.3%	15.7%	8.7%	6.5%	11.0%	9.9%	7.5%	12.3%	0.5%	-0.1%	1.1%
Mutare Rural	507	18.5%	15.1%	21.9%	14.0%	11.0%	17.0%	16.8%	13.5%	20.0%	0.6%	-0.1%	1.3%
Mutasa	429	9.1%	6.4%	11.8%	10.0%	7.2%	12.9%	8.2%	5.6%	10.8%	7.7%	5.2%	10.2%
Nyanga	560	12.1%	9.4%	14.9%	17.5%	14.3%	20.7%	24.5%	20.9%	28.0%	0.9%	0.1%	1.7%
Bindura	588	12.9%	10.2%	15.6%	9.5%	7.1%	11.9%	10.5%	8.1%	13.0%	4.1%	2.5%	5.7%
Muzarabani	673	12.6%	10.1%	15.1%	10.4%	8.1%	12.7%	11.7%	9.3%	14.2%	0.4%	-0.1%	1.0%
Guruve	523	6.1%	4.1%	8.2%	3.6%	2.0%	5.2%	6.5%	4.4%	8.6%	1.1%	0.2%	2.1%
Mazowe	527	17.8%	14.6%	21.1%	10.8%	8.2%	13.5%	14.2%	11.2%	17.2%	0.4%	-0.1%	0.9%
Mt Darwin	553	13.0%	10.2%	15.8%	8.7%	6.3%	11.0%	6.7%	4.6%	8.8%	1.1%	0.2%	2.0%
Rushinga	573	3.7%	2.1%	5.2%	1.2%	0.3%	2.1%	1.2%	0.3%	2.1%	0.2%	-0.2%	0.5%
Shamva	535	14.4%	11.4%	17.4%	16.3%	13.1%	19.4%	16.8%	13.6%	20.0%	0.2%	-0.2%	0.6%
Mbire	475	8.8%	6.3%	11.4%	4.4%	2.6%	6.3%	5.5%	3.4%	7.5%	0.0%	0.0%	0.0%
Chikomba	482	11.4%	8.6%	14.3%	12.2%	9.3%	15.2%	19.5%	16.0%	23.1%	0.0%	0.0%	0.0%
Goromonzi	549	15.1%	12.1%	18.1%	12.0%	9.3%	14.8%	20.0%	16.7%	23.4%	0.7%	0.0%	1.4%
Hwedza	427	13.6%	10.3%	16.8%	19.0%	15.2%	22.7%	28.3%	24.0%	32.6%	3.5%	1.8%	5.3%
Marondera	558	16.8%	13.7%	20.0%	14.0%	11.1%	16.9%	20.4%	17.1%	23.8%	0.2%	-0.2%	0.5%
Mudzi	621	12.4%	9.8%	15.0%	3.5%	2.1%	5.0%	11.1%	8.6%	13.6%	0.2%	-0.2%	0.5%
Murewa	416	9.4%	6.6%	12.2%	8.2%	5.5%	10.8%	11.8%	8.7%	14.9%	0.7%	-0.1%	1.5%
Mutoko	403	7.2%	4.7%	9.7%	9.4%	6.6%	12.3%	18.4%	14.6%	22.2%	0.5%	-0.2%	1.2%
Seke	472	10.2%	7.4%	12.9%	6.6%	4.3%	8.8%	9.5%	6.9%	12.2%	0.2%	-0.2%	0.6%
UMP	598	7.5%	5.4%	9.6%	8.2%	6.0%	10.4%	12.4%	9.7%	15.0%	0.2%	-0.2%	0.5%
Chegutu	438	8.0%	5.4%	10.5%	5.3%	3.2%	7.3%	10.3%	7.4%	13.1%	0.9%	0.0%	1.8%
Hurungwe	512	12.9%	10.0%	15.8%	13.7%	10.7%	16.7%	16.2%	13.0%	19.4%	0.0%	0.0%	0.0%
Kariba	664	30.7%	27.2%	34.2%	26.2%	22.9%	29.6%	24.5%	21.3%	27.8%	2.4%	1.2%	3.6%
Makonde	534	4.9%	3.0%	6.7%	3.2%	1.7%	4.7%	6.0%	4.0%	8.0%	0.7%	0.0%	1.5%
Zvimba	558	12.9%	10.1%	15.7%	8.6%	6.3%	10.9%	10.2%	7.7%	12.7%	0.0%	0.0%	0.0%
Mhondoro-Ngezi	386	5.7%	3.4%	8.0%	4.9%	2.8%	7.1%	5.4%	3.2%	7.7%	0.0%	0.0%	0.0%

Prevalence of Cough, Fever and Diarrhoea and Enrollment in Feeding Programme

Promoting a Diversified Diet for Better Nutrition

		Diarrhea			Fever			Cough			Feeding Program		
			95% CI			95% CI			95% CI			95% CI	
	N	%	Lower	Upper	%	Lower	Upper	%	Lower	Upper	%	Lower	Upper
Sanyati	547	14.4%	11.5%	17.4%	16.6%	13.5%	19.8%	19.0%	15.7%	22.3%	1.6%	0.6%	2.7%
Binga	747	3.7%	2.4%	5.1%	3.7%	2.4%	5.1%	3.6%	2.3%	5.0%	0.1%	-0.1%	0.4%
Bubi	602	8.3%	6.1%	10.5%	6.1%	4.2%	8.1%	11.6%	9.1%	14.2%	0.2%	-0.2%	0.5%
Hwange	611	5.2%	3.5%	7.0%	3.3%	1.9%	4.7%	5.2%	3.5%	7.0%	0.0%	0.0%	0.0%
Lupane	556	6.8%	4.7%	8.9%	6.1%	4.1%	8.1%	5.6%	3.7%	7.5%	0.2%	-0.2%	0.5%
Nkayi	587	4.4%	2.8%	6.1%	1.5%	0.5%	2.5%	3.2%	1.8%	4.7%	0.2%	-0.2%	0.5%
Tsholotsho	645	8.5%	6.4%	10.7%	9.1%	6.9%	11.4%	10.7%	8.3%	13.1%	30.2%	26.7%	33.8%
Umguza	561	7.8%	5.6%	10.1%	7.8%	5.6%	10.1%	10.2%	7.7%	12.7%	0.2%	-0.2%	0.5%
Beitbridge	592	5.9%	4.0%	7.8%	4.7%	3.0%	6.4%	5.9%	4.0%	7.8%	1.0%	0.2%	1.8%
Bulilima	663	5.6%	3.8%	7.3%	1.2%	0.4%	2.0%	1.1%	0.3%	1.8%	0.9%	0.2%	1.6%
Mangwe	536	6.5%	4.4%	8.6%	1.7%	0.6%	2.8%	3.0%	1.5%	4.4%	16.8%	13.6%	20.0%
Gwanda	607	4.4%	2.8%	6.1%	5.9%	4.0%	7.8%	10.0%	7.7%	12.4%	9.2%	6.9%	11.5%
Insiza	498	3.8%	2.1%	5.5%	9.0%	6.5%	11.6%	10.6%	7.9%	13.4%	0.8%	0.0%	1.6%
Matobo	568	1.6%	0.6%	2.6%	3.5%	2.0%	5.0%	3.9%	2.3%	5.5%	1.2%	0.3%	2.1%
Umzingwane	599	3.3%	1.9%	4.8%	7.8%	5.7%	10.0%	13.4%	10.6%	16.1%	0.7%	0.0%	1.3%
Chirumanzu	652	9.2%	7.0%	11.4%	9.5%	7.3%	11.8%	16.3%	13.4%	19.1%	0.3%	-0.1%	0.7%
Gokwe North	650	16.5%	13.6%	19.3%	17.8%	14.9%	20.8%	16.6%	13.7%	19.5%	0.2%	-0.1%	0.5%
Gokwe South	585	5.8%	3.9%	7.7%	11.5%	8.9%	14.0%	15.0%	12.1%	17.9%	0.9%	0.1%	1.6%
Gweru	642	5.9%	4.1%	7.7%	4.2%	2.6%	5.8%	7.2%	5.2%	9.2%	0.0%	0.0%	0.0%
Kwekwe	426	7.3%	4.8%	9.8%	8.5%	5.8%	11.1%	11.3%	8.3%	14.3%	0.2%	-0.2%	0.7%
Mberengwa	583	12.7%	10.0%	15.4%	5.0%	3.2%	6.7%	17.7%	14.6%	20.8%	0.5%	-0.1%	1.1%
Shurugwi	605	8.3%	6.1%	10.5%	8.6%	6.4%	10.8%	14.2%	11.4%	17.0%	0.0%	0.0%	0.0%
Zvishavane	648	16.2%	13.4%	19.0%	23.9%	20.6%	27.2%	37.7%	33.9%	41.4%	0.8%	0.1%	1.4%
Bikita	638	13.3%	10.7%	16.0%	7.2%	5.2%	9.2%	11.3%	8.8%	13.7%	3.4%	2.0%	4.9%
Chiredzi	642	12.1%	9.6%	14.7%	7.5%	5.4%	9.5%	11.1%	8.6%	13.5%	5.5%	3.7%	7.2%
Chivi	638	14.6%	11.8%	17.3%	9.2%	7.0%	11.5%	21.5%	18.3%	24.7%	26.8%	23.4%	30.2%
Gutu	567	9.2%	6.8%	11.6%	12.7%	9.9%	15.4%	19.9%	16.6%	23.2%	2.1%	0.9%	3.3%
Masvingo	730	15.6%	13.0%	18.3%	9.0%	7.0%	11.1%	14.2%	11.7%	16.8%	4.9%	3.4%	6.5%
Mwenezi	633	13.6%	10.9%	16.3%	13.4%	10.8%	16.1%	17.9%	14.9%	20.8%	6.5%	4.6%	8.4%
Zaka	656	12.0%	9.5%	14.5%	12.0%	9.5%	14.5%	14.9%	12.2%	17.7%	12.2%	9.7%	14.7%
Harare	633	5.5%	3.7%	7.3%	2.5%	1.3%	3.8%	2.5%	1.3%	3.8%	0.3%	-0.1%	0.8%
Chitungwiza	524	7.8%	5.5%	10.1%	3.8%	2.2%	5.5%	4.6%	2.8%	6.4%	0.0%	0.0%	0.0%
Other Urban	692	9.4%	7.2%	11.6%	7.2%	5.3%	9.2%	14.2%	11.6%	16.8%	1.0%	0.3%	1.8%
Total	36646	10.0%	9.7%	10.3%	8.7%	8.4%	8.9%	12.0%	11.6%	12.3%	2.7%	2.6%	2.9%

Report Writing Team

Review Team: George D. Kembo and Ismael Ngnie Teta

Name	Organisation	Email
George D. Kembo	Food and Nutrition Council	gkembo@fnc.org.zw
Alfa Ndlovu	Food and Nutrition Council	andlovu@fnc.org.zw
Alina Michalska	UNICEF ESARO	amichalska@unicef.org
Angela Kafembe	FEWSNET	akafembe@fews.net
Anna Chineka	UNICEF	achineka@unicef.org
Arnold Damba	ZIMSTAT	dambaanro@gmail.com
David Chigodo	Food and Nutrition Council	dchigodo@fnc.org.zw
Dexter Chagwena	Ministry of Health and Child Care	tungadex@gmail.com
Elizabeth Katuruza	Ministry of Health and Child Care	ekaturuza39@gmail.com
Herbert Zvirere	Food and Nutrition Council	hzvirere@fnc.org.zw
Kiyasi Murovi	Ministry of primary and Secondary Education	kmurovi@gmail.com
Kudzai Mudukuti	UNICEF	kmukudoka@unicef.org
Lloyd Chadzingwa	Food and Nutrition Council	lchadzingwa@fnc.org.zw
Mahlatini Honest	Ministry of Health and Child Care	hnstmahlatini@gmail.com
Mangwiro Innocent	Food and Nutrition Council	imangwiro@fnc.org.zw
Miriam Banda	Food and Nutrition Council	miriebanda@yahoo.co.uk
Mpande Ruramai	Ministry of Primary and Secondary Education	rurampande@gmail.com
Muzangwa Lydia	Ministry of Health and Child Care	mlydiakudzai@gmail.com

Name	Organisation	Email
Nester Gumbo	Ministry of Lands, Agriculture and Rural Resettlement	gumbonester@gmail.com
Njovo Handrea	Ministry of Health and Child Care	hnjovo@gmail.com
Nyasha Gwamanda	Ministry of Health and Child Care	nyagwa@gmail.com
Patience Hoto	FAO	patience.hoto@fao.org
Perpetual Nyadenga	Food and Nutrition Council	pnyadenga@fnc.org.zw
Rongai Machinga	Ministry of Lands, Agriculture and Rural Resettlement	rmachinga@gmail.com
Rudo Sagomba	WFP	rudo.sagomba@wfp.org
Rutendo Nyahoda	Ministry of Lands, Agriculture and Rural Resettlement	rruwisi@yahoo.com
Ruth Machaka	Ministry of Health and Child Care	rumachaka78@gmail.com
Ruth Wutete	Food and Nutrition Council	ruthwutete@gmail.com
Shamiso Chikobvu	Ministry of Lands, Agriculture and Rural Resettlement	chikobvushamiso33@gmail.com
Siboniso Chigova	Food and Nutrition Council	schigova@fnc.org.zw
Tafara Ndumiyana	WFP	tafara.ndumiyana@wfp.org
Tanaka Jabangwe	Harare City	jabangwetana@gmail.com
Tasiyana Nyadzayo	Ministry of Health and Child Care	tknyadzayo@gmail.com
Tatenda Mudiwa	Food and Nutrition Council	tmudiwa@fnc.org.zw
Themba Maphosa	Ministry of Health and Child Care	tmaphosa09@gmail.com
Themba Nduna	USAID	tnduna@usaid.gov
Tinomutenda Makaudze	Food and Nutrition Council	tmakaudze@fnc.org.zw
Walter Chigumbu	Ministry of Health and Child Care	wchigumbu@yahoo.co.uk
Yvonne Mavhunga	Food and Nutrition Council	yvonnemavhunga@gmail.com
Zanele Moyo	Ministry of Health and Child Care	zanmoyo1@gmail.com

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