



# Preventing Malnutrition in all forms

ACUTE MALNUTRITION HAS WORSENER SINCE COVID-19,  
REQUIRING TREATMENT FOR SEVERE WASTING FOR 15,000 CHILDREN.

NEARLY ONE IN FOUR CHILDREN ARE STUNTED AND DO NOT DEVELOP  
TO THEIR FULL POTENTIAL.

## The Situation

The nutrition situation in Zimbabwe is precarious. According to the 2022 Zimbabwe Vulnerability Assessment (ZimVAC), wasting (acute malnutrition) has been increasing since COVID-19. Approximately 15,000 children are now treated for severe wasting every year. Despite improvements in the last 10 years, nearly one out of four Zimbabwean children (23.5% or over half a million children) are stunted (chronically malnourished) and do not grow and develop to their full potential.

Nutrition status in Zimbabwe is influenced by several factors, in particular poor quality of children's diets, low rates of exclusive breastfeeding, lack of safe water and basic sanitation services, reduced vaccination coverage since COVID-19, and other consequences due to

climate change and the Ukraine war which are impacting household purchasing power and choice of foods, posing a real threat to the progress made on stunting reduction.

With an unfinished agenda on reducing the number of stunted children as well as rising levels of overweight, interventions of UNICEF and its partners need to address the triple burden of malnutrition - underweight, micronutrient deficiencies and overweight - to protect and promote diets, services and practices through a multi-systems approach that supports optimal nutrition, growth and development for all children, adolescents, and women.



## UNICEF Response

To prevent malnutrition in all its forms, UNICEF works through a multi-sectoral and integrated response, supporting the national scale-up of the Care Group approach.

Care Groups are the multi-sectoral community-based platform through which interventions to improve food and water security at household level are supported and translated into improved care practices. This then ensures that better food security results in better nutrition status of children, adolescents, and women.

Care Groups also incorporate early childhood development into their counselling, encouraging participation of fathers and male caretakers and providing training on early stimulation. Each Care Group is linked to the local health facility and is supervised by the health facility staff.

Beneficiaries include the Village Health Workers (VHWs), lead mothers and mothers/caregivers enrolled to the Care

Groups together with their children less than 5 years. Estimated numbers of beneficiaries per district based on an estimated coverage of 15 wards per district include more than 16,500 households (or some 83,270 people), 290 village health workers, and 7,250 mothers/caregivers.

### Target beneficiaries

15 wards

6,654 households

83,270 people

290 village health workers

7,250 mothers/caregivers and children under 2 years enrolled

725 lead mothers trained

### TOTAL BUDGET \$75k

Capacity building for establishment, maintenance and coordination of Care Groups, including context-specific social and behavior change and communication training.

**\$30k**

Supportive supervision, monitoring and reporting of care groups.

**\$5k**

Identification and treatment of wasting (estimated at average 350 children per district per year)

**\$35k**

#### CONTACTS

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