



Improving the Nutrition of School-Aged children in Zimbabwe

20% OF ADOLESCENTS SUFFER FROM ANAEMIA.

TO REACH CHILDREN OF THIS AGE GROUP, SCHOOLS ARE A PROVEN PLATFORM FOR THE DELIVERY OF NUTRITION INTERVENTIONS

The Situation

Across the globe the face of malnutrition has evolved. The problem of undernutrition has been coupled with hidden hunger (micronutrient deficiencies), undernutrition (stunting and wasting) and a growing prevalence of overweight and obesity. In Zimbabwe, this triple burden of malnutrition is found within communities, schools, households and individuals.

School-aged children and adolescents in Zimbabwe are particularly affected by malnutrition. Twenty per cent of the adolescents suffer from anaemia which reduces cognitive performance and affects performances in school. The nutrition status of adolescents is further impacted by the high levels of teenage pregnancies: nearly one out of four girls and young women aged 15 to 24 years have given birth. HIV is another contribution factor to malnutrition among school aged children. Young people (15-24 years) also make up approximately half of all new

HIV infections in Zimbabwe. Adolescents living with HIV are more prone to undernutrition. Finally, Zimbabwe's water, sanitation and hygiene services being inadequate, they contribute to increased levels of malnutrition, also among adolescents and school-aged children.

Zimbabwe has shown limited progress towards achieving the diet-related non-communicable disease targets, and targets for obesity. The first window of opportunity to correct malnutrition is the first 1,000 days of life. However, adolescence offers a second window to correct nutritional deficiencies and insufficient growth and development. Adequate nutrition and positive nutrition behaviours adopted during this critical age period leads to improved health and development of these school-aged children, and their future children, bringing potential intergenerational benefits



UNICEF Response

UNICEF Zimbabwe is working with the Ministry of Health and Childcare (MoHCC) and the Ministry of Primary and Secondary Education (MoPSE) to initiate nutrition programming for school-going children. The Ministry, UNICEF and partners developed an adolescent nutrition social behaviour change communication strategy, rolled-out school nutrition implementation guidelines and initiated a pilot initiative in schools.

Zimbabwe is now ready to scale up nutrition interventions for school aged children with an overall goal of contributing to improving the nutrition status of adolescents through improving diet diversity and reducing micronutrient deficiencies at school.

Furthermore, UNICEF is supporting activities to improve the food environment in and around schools, including through restrictions on the sale of unhealthy foods and drinks, and the promotion of fresh fruits and vegetables.

Target beneficiaries

10,000 school-going adolescents aged 15-19 years, both boys and girls, in 10 schools per district

One school health officer per school

TOTAL BUDGET \$950k

Procurement of nutrition supplies for school age and adolescent for 10 districts	\$150k
Improved Governmental policies, processes and systems to ensure an enabling environment for programming for nutrition of school-aged children nutrition for 10 districts	\$350k
Improved food environments in and around schools nutrition for 10 districts	\$250k
Monitoring and supportive supervision conducted nutrition for 10 districts	\$200k

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