In Zimbabwe, a tradition of collaboration is streamlined with support from UNN

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A period of extended instability, marked by fuel shortages, irregular electricity supply, hyperinflation, limited access to comprehensive health services and natural disasters, among other issues, continues to challenge the nutrition community in Zimbabwe. In the face of such hurdles, progress is being made to reduce stunting, micronutrient deficiencies, obesity and to increase a nutrient-rich diet. This success is due, in part, to a tradition of collaboration.

In 2010, a UN flagship programme brought together four agencies: FAO, UNICEF, WFP and WHO. Zimbabwe was early to join the SUN Movement in 2011, which further encouraged this approach. The country’s UNN was formalized in 2014, the starting point for more structured cooperation. Ms. Kudzai Mukudoka, UNICEF Nutrition Officer, reflected, “Before, [our collaboration] was more improvisational. With UNN, the duplication of our efforts has been reduced.”

**Layered interventions**

**Successful pilot in Mutasa District**

Stunting is Zimbabwe’s primary concern, according to nutrition experts from various sectors. The low height-for-age (HfA) ratio can lead to poor performance at school or increase the risk of disease, as well as shorten lifespan. In 2014, UN agencies including FAO, UNICEF, WFP and WHO decided to tackle stunting rates in the rural Mutasa district, near the border with Mozambique. This district was chosen, along with three others, because it is one of the top 10 districts with the highest number of stunted children (ZimVAC 2016), approximately 40 percent.

With UNN guidance, the four agencies decided to collaborate on monitoring and evaluation, communication, capacity strengthening, and supply chain and logistics; in addition to nutrition-focused activities. This joint programming, in line with the SUN principles of multi-sectoral/stakeholder engagement, targeted nutrition-specific and sensitive actions across programming, building on the comparative
advantage of each agency. WHO provided technical expertise, UNICEF made
direct nutrition interventions and WASH support. FAO facilitated nutrition
centers and agricultural assistance and WFP focused on food security, behavior
change communication and livelihoods. “Within this one district, we ended
up having geographical convergence, but also a programmatic convergence,”
explained Mukudoka.

As a result, stunting levels decreased from 42 percent to 31 percent since the
programme started in 2014 (Mutasa Media Kit, WFP, 2018). FAO Nutrition Officer
and Food Safety Specialist, Delilah Takawira, was a part of this process. “If you look
at Mutasa, we’ve really made an impact on minimum dietary diversity. This district is
now ahead of the others, which I attribute to the joint programming work. We would
like to do this in more districts and come up with a joint programme going forward
to 2020.” The statistics are compelling; minimum dietary diversity increased from 6
to 39 percent (highest in the country) and the proportion of households with access
to safe drinking water rose from 60 to 68 percent (National Nutrition Survey, WFP
Baseline Study Mutasa, 2014). Moreover, the statistically significant reduction of
stunting was achieved in a relatively short time span.

Another unintentional benefit occurred when the programming spilled over into
neighboring districts. According to WFP Programme Officer and UNN focal point
Tafara Ndumiyana, Mutare district also reduced stunting. While it was not an
official pilot site, the same programmes were running. “The UNN footprint in
Mutare was high. In those areas [in Manicaland] where the UNN was supporting
the government and NGOs to do particular programs, there has been stunting
reduction,” she added.

Scaling up from the original four districts in the Mutasa pilot, Zimbabwe
implemented the Multi-sectoral Community Based Model (MCBM) for food
and nutrition security with a focus on stunting reduction to 15 districts in
2016 and 32 in 2019. Under this model, government ministries, development
partners, traditional leaders, civil society and the private sector meet monthly.
The model was also expanded to 260 wards in 2018, up from 75 in 2016. Capacity-building trainings reached 75 Ward Food and Nutrition Committees, with a focus on community-based, multi-stakeholder approaches for reducing stunting. An additional feature of the program is hosting food fairs, with cooking demonstrations and talks on infant and young child feeding.

“At FAO, we’ve been very keen about the UNN network. Even before we started describing it as the UNN, we were working closely with UNICEF, WFP and WHO. We made sure that the interventions we chose also addressed the causes of malnutrition,” Takawira commented.

‘Always a month behind’
Collecting Data in Real Time

Before 2017, nutrition-related data collection on sectors like water and sanitation, immunizations and other indicators were recorded on paper in wards across the country. These forms were then sent by mail to districts and entered by hand into a database. The hitch was that the data didn’t reach the national level until one month later. To remedy this, the Near Real Time Monitoring System was established in 2017 as part of the UNN convergence, led by UNICEF which co-chairs the Network in Zimbabwe.

In this new system, all data is entered onto networked tablets at ward level, and all stakeholders have immediate access to it. No lag time means that
programmes and supplies can be adjusted according to the needs of the community. “Decision-making needs to be evidence-based, thus presenting this evidence early to decision-makers allows them to intervene in a timely manner,” Ndumiyana clarified.

**Don’t forget Harare**  
When data drives policy and implementation

With dozens of United Nations and other humanitarian agencies on the ground, running programs according to their mandate, gaps in services as well as overlaps need to be identified. The UNN offers sophisticated inventory-taking and mapping tools that reveal these patterns with geographic and population-specific numbers and graphs. These exercises were conducted in 2018, and stakeholders were surprised to find there were gaps in programming in the capital, Harare.

WFP Programme Officer, Nyumiyana recalled, “Everybody thought things were fine [in Harare], but the mapping revealed that a huge number of malnourished children resided there, with a rate of 25 percent stunting; in absolute numbers, this represents 84,000 children.” In response, the agencies refocused their efforts towards urban programming in Harare and different urban areas, introducing cash transfers and other interventions.

UNICEF focal point, Mukudoka, came away from the 2018 exercise with a better strategy for how to support local government. “What we ended up seeing during the inventory process that took place in 2018 was that we were operating more at an implementation level instead of a strategic policy level. We don’t want to compete with government; we want to help them build capacity. To provide more technical support around nutrition governance. The survey also showed us our rural bias, in terms of how our interventions are spread,” she observed.
A third intervention that was revealed by the Inventory was the need for fortification of basic foods, an initiative being led by FAO with the participation of the business community. Currently, fortification of mealie meal, cooking oil and flour with Vitamin A, iron and other nutrients, is mandated by government. Biofortification of maize with Vitamin A, and beans with iron, along with orange-fleshed sweet potato is currently under review.

At the national level, the government (including the SUN Focal Point) is being supported by UNN (including its UNN-REACH Facilitator) in coordinating nutrition actions across multiple stakeholders and sectors. Today, there are eight agencies taking part in UNN: FAO, IOM, UNDP, UNFPA, UNICEF, WFP, WHO and the World Bank. The UNN provides tools for taking stock of and monitoring progress.

From stunting reduction in Mutasa District, to the launch of the Near Real Time Monitoring System, the UNN’s impact increased coordination from ward level upwards, established baselines, improved capacity, advocated for behaviour change and continues to drive data-based policy. Lessons learnt are being documented and will feed into efforts to scale up the model in other districts with high levels of malnutrition.