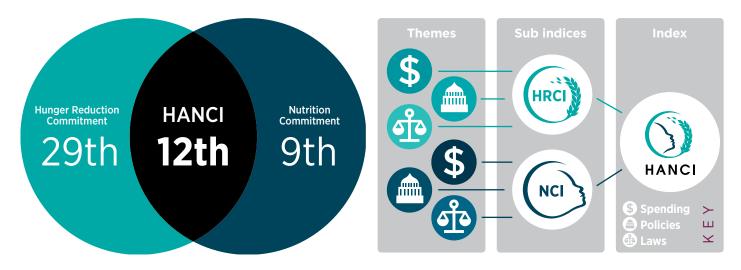


Key data for Zimbabwe





Existing rates of: Wasting: 3.2% Stunting: 26.8% Proportion of population underweight: 8.4%

Source: Government of Zimbabwe (DHS, 2015)

Strong Performance

- The Government of Zimbabwe has ensured tenure security for rural populations. Land titling is common and land markets function well. Policy promotes equitable access to common property resources.
- The National Nutrition Policy/Strategy identifies time bound nutrition targets and a multisectoral and multistakeholder policy coordination mechanism has been set up.
- Policymakers in Zimbabwe benefit from regular nutrition surveys that are statistically representative at national level. The last survey was published in 2015.
- The Government has fully enshrined the International Code of Marketing of Breastmilk Substitutes into domestic law.
- The Government of Zimbabwe promotes complementary feeding practices.
- In Zimbabwe 93.7% of women aged 15-49 were visited at least once during pregnancy by skilled health personnel in 2014.
- In Zimbabwe, constitutional protection of the right to food is strong.

Areas for improvement

- Spending on agriculture (6% of public spending in 2016), does not meet government commitments set out in the African Union's Maputo Declaration (10% of public spending).
- Zimbabwe's spending in its health sector (8.1% of public spending in 2015) does not fully meet (15%) commitments set out in the Abuja Declaration.
- Extension services are the preserve of government and poor farmers have no say in setting policy priorities. The agricultural research and extension system is not properly reaching out to poor farmers. There is no policy promoting gender equity in access to extension services.
- In Zimbabwe, the law gives women and men equal economic rights and equal legal access to agricultural land. However, these laws are not effectively enforced and discriminatory practices against women continue, increasing their vulnerability to hunger and undernutrition.
- Relative to other HANCI countries, Zimbabwe's medium/ long term national development policy (Zimbabwe Medium Term Plan) places weak importance to nutrition.
- The Government of Zimbabwe has achieved two high doses of vitamin A supplementation for only 45% of children in 2015.
- Weak access to improved sanitation facilities (61% in 2017) obstructs better hunger and nutrition outcomes.
- In Zimbabwe, constitutional protection of the right to social security is weak.
- Social safety nets in Zimbabwe are basic and only cover few risks for a limited number of beneficiaries.





Hunger Reduction Commitment Index (HRCI)

Public spending	Score*	Year	HRCI Rank of 45
\$ Public spending on agriculture as share of total public spending 1	6%	2016	Joint 20th
S Public spending on health as share of total public spending ²	8.1%	2015	16th
Policies			
Access to land (security of tenure) 3	Strong	2016	Joint 11th
Access to agricultural research and extension services ³	Weak	2007	Joint 42nd
Civil registration system — coverage of live births	32.3%	2014	35th
Functioning of social protection systems ³	Weak	2016	Joint 21st
Laws			
Devel of constitutional protection of the right to food ³	Strong	2016	Joint 1st
6 Equality of women's access to agricultural land (property rights) 4	In Law, not in Practice	2014	Joint 1st
Equality of women's economic rights 4	In Law, not in Practice	2014	Joint 1st
constitutional right to social security (yes/no)	No	2013	Joint 29th
¹ Possible scores are: ● <75% of agri. spending pledges (AU commitments s ² Possible scores are: ● <75% of health spending pledges (AU commitments s ³ Possible scores are: ● Very Weak/Weak ● Moderate ● Strong/Very St	s set out in the Abuja Declaratio		_

Nutrition Commitment Index (NCI)

⁴ Possible scores are: ● Not in Law ● In Law Not in Practice ● In Law & Practice

Public spending	Score*	Year	NCI Rank of 45
\$ Separate budget for nutrition (No/Sectoral only/Yes)	Sectoral only	2017	Joint 17th
Policies			
Vitamin A supplementation coverage for children	45%	2015	33rd
Government promotes complementary feeding (yes/no)	Yes	2014	Joint 1st
Population with access to an improved water source	73%	2017	32nd
Population with access to improved sanitation	61%	2017	8th
Health care visits for pregnant women	93.7%	2014	18th
Nutrition features in national development policy	Weak	2011-2015	37th
National nutrition policy/strategy (yes/no)	Yes	2017	Joint 1st
Multisector and multistakeholder policy coordination (yes/no)	Yes	2017	Joint 1st
Time bound nutrition targets (yes/no)	Yes	2017	Joint 1st
National nutrition survey in last 3 years (yes/no)	Yes	2015	Joint 1st
Laws			
	Fully Enshrined	2016	Joint 1st

¹ Possible scores are: • Very Weak/Weak • Moderate • Strong/Very Strong (Note: Performance relative to other countries).





² Possible scores are: Not Enshrined in Law Few/Many Aspects Enshrined Fully enshrined.

[^] International Code of Marketing of Breastmilk Substitutes