



GLOBAL ACTION PLAN ON CHILD WASTING

Zimbabwe Operational Roadmap

September 2025



Table of Contents

Foreword	1
Background	2
Child Wasting: Global Targets and National Prevalence.....	3
Geographic Priority Areas.....	3
Outcome 1: Reduced Low Birthweight by Improving Maternal Nutrition.....	4
Outcome 2: Improved Child Health by Enhancing Access to Primary Health Care, WASH, and Food Safety.....	10
Outcome 3: Improved Infant and Young Child Feeding.....	15
Outcome 4: Improved Treatment of Children with Wasting.....	21
Policy Mapping.....	26
Budget and Population Targets	39

FOREWORD

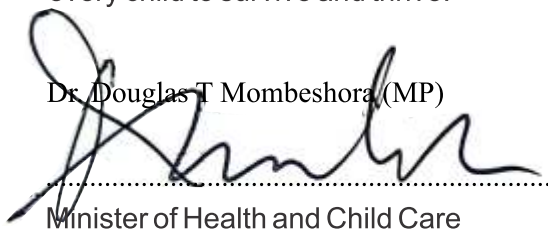
Child wasting remains one of the most urgent and visible signs of undernutrition, posing a significant threat to child survival, growth, and development. While Zimbabwe has made commendable progress in reducing national levels of wasting to within global targets, the persistence of regional variances and the increasing frequency of climate-induced shocks such as droughts and food insecurity demand a renewed, coordinated, and multisectoral response.

This Zimbabwe Operational Roadmap under the Global Action Plan (GAP) on Child Wasting presents a strategic commitment to accelerate progress towards ending child wasting. It is a product of extensive collaboration among government ministries, United Nations agencies, civil society organizations and development partners. The roadmap outlines a comprehensive framework that integrates health, food systems, water, sanitation and hygiene (WASH), and social protection to address both the immediate and underlying causes of wasting.

Grounded in evidence and aligned with national policies and global targets, this plan prioritizes high-burden districts and vulnerable populations, especially in the context of the climate induced hazards. It emphasizes the importance of prevention, early detection, and treatment of wasting, while also promoting sustainable community-based approaches such as the care group model and integrated management of acute malnutrition (IMAM).

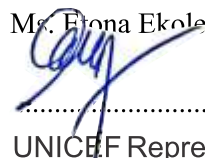
As we implement this roadmap, we reaffirm our collective responsibility to ensure that no child suffers from the preventable consequences of wasting. We call upon all stakeholders, government, partners, communities, and individuals to unite in action and invest in proven interventions and uphold the right of every child to survive and thrive.

Dr. Douglas T Mombeshora (MP)



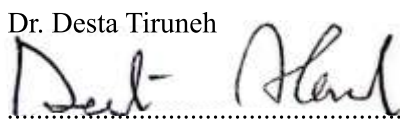
Minister of Health and Child Care

Ms. Erona Ekole



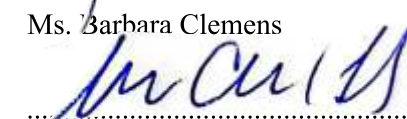
UNICEF Representative

Dr. Desta Tirunch



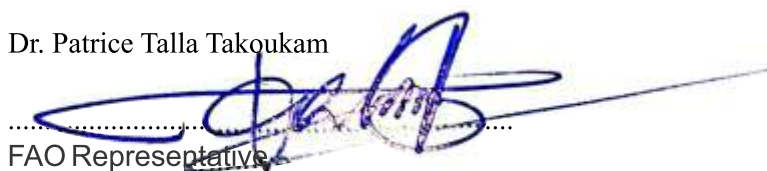
WHO Representative

Ms. Barbara Clemens



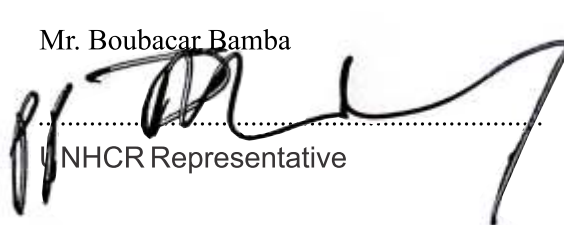
WFP Representative

Dr. Patrice Talla Takoukam



FAO Representative

Mr. Boubacar Bamba



UNHCR Representative

BACKGROUND

According to the 2024 Demographic Health Survey (DHS) for Zimbabwe, the level of wasting was estimated at 1.5% with regional variances across provinces. Masvingo had the highest prevalence with 3.0% followed by Matabeleland North with 2.5%, with Harare and Mashonaland central the lowest at 0% and 0.4% respectively. Wasting in Zimbabwe is influenced by multiple factors including poor quality of diets, reduced vaccination coverage, lack of safe water and basic sanitation, prevalence of childhood diseases coupled with consequence of climate change that have led to drought emergencies in the Country. According to the 2022 Global nutrition report, Zimbabwe is on course to meet three targets for maternal, infant, and young child (MIYCN). Meanwhile, no progress has been made towards achieving the low-birth-weight target, with 8.7% of infants having a low weight at birth (MICS 2019) though some progress has been made towards achieving the exclusive breastfeeding target with 42.4% of infants aged 0 to 5 months exclusively breastfed (DHS 2024). Zimbabwe is also on course to meet the target for wasting with 1.5% of children under 5 years of affected, while the country is off-track to meet the stunting indicator with 27% of children under 5 years already suffering from stunting. While progress is evident on several indicators, there is need to continue the scale up of key interventions across multiple systems to maintain the gains made so far and fast track the attainment of other targets where limited or no progress has been recorded. The impacts of El Nino continue to exacerbate a dire nutrition situation in the Country with the 2024 ZiMLAC livelihood assessment, identifying 38 high priority districts where the impacts of food security have been most severe and where intense multi-sectoral response should be supported.

Zimbabwe has been implementing the Integrated Management of Malnutrition (IMAM) program delivered through the health system and that have been critical in ensuring that children requiring care and treatment are supported hence lives saved. Additionally, Zimbabwe has been implementing the care group approach an important service delivery platform for enhancing nutrition, health, growth and development of women, infants and young children at individual and community level. The country has leveraged the care group model as a platform where communities are supported to improve their wellbeing through community driven interventions which ensures sustainability.

While the national levels of wasting are within the global targets, there is need to scale up multi-system efforts towards reduction of wasting and in the drought affected districts and provinces that have recorded high levels of wasting above 3%. Zimbabwe is prone to climate induced impacts such as the El Nino that have been associated with prolonged dry spells, reduced rainfall and increased temperatures with these conditions often leading to droughts, water shortage and crop failure that pose significant challenges to nutrition. As a result, it is extremely important to support these interventions to maintain the gains made in meeting global targets while supporting scale up progress in other provinces that have significantly higher prevalence of wasting.

CHILD WASTING: GLOBAL TARGETS AND NATIONAL PREVALENCE

Global Target (2030): **By 2030, reduce wasting prevalence to less than 3%**

Global Target (2025): **By 2025, reduce wasting prevalence to less than 5%.**

Current National Prevalence (Source, Year): **2.9% (2019 MICS)**

The 2019 Multiple Indicator Cluster Survey (2019 MICS) wasting prevalence shown in Figure 1.

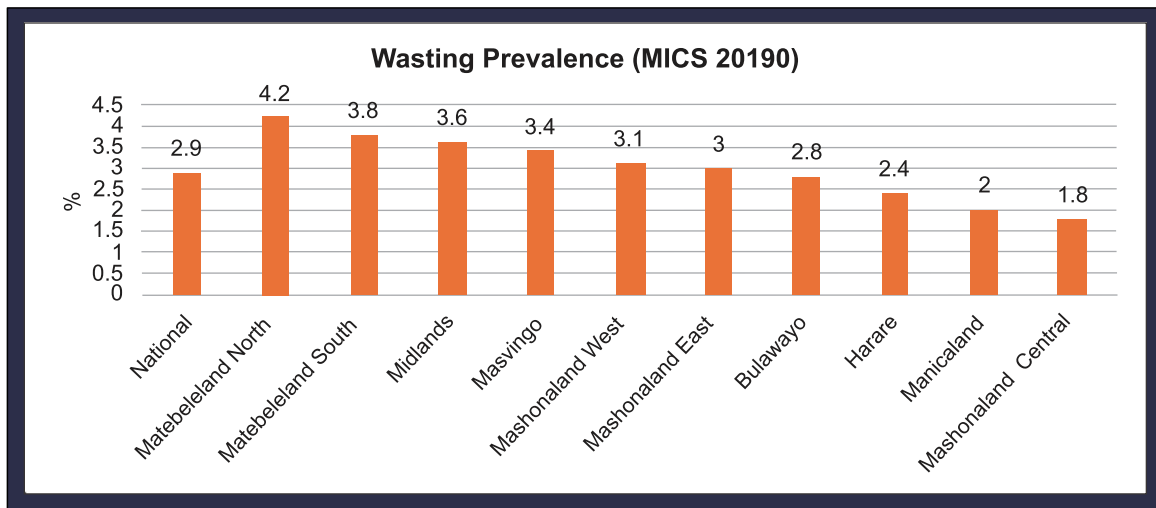


Figure 1: 2019 MICS Wasting Prevalence

GEOGRAPHIC PRIORITY AREAS

While the national levels of wasting are notably low at 1.5% according to the 2024 ZDHS, subnational disparities exist with some pockets recording significantly high level of wasting. The action plan will focus on the 38 high priority districts which have been identified given their high levels of global acute malnutrition coupled with the high levels of food insecurity with these districts recording IPC AFI 3+ according to the 2024 ZiMLAC assessment. The main agencies in Zimbabwe UNICEF, WFP, WHO and FAO have presence in these districts which will allow for enhanced coordination of the actions across the different agencies allowing complementarity and provision of comprehensive package of preventive interventions to address malnutrition.

The map in Figure 2 shows the priority districts

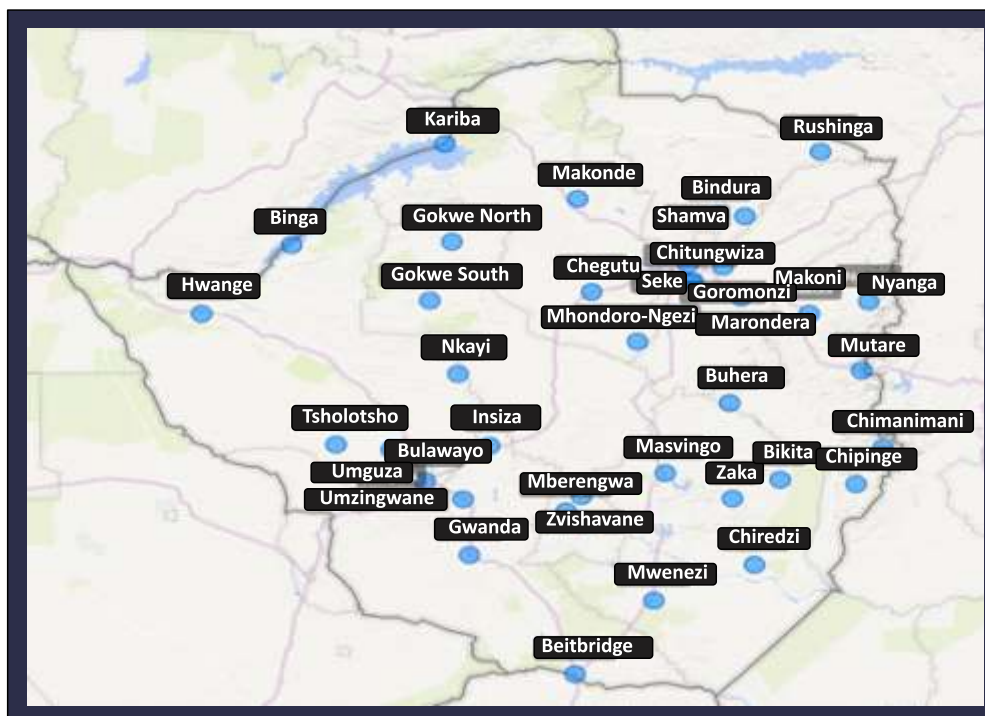


Figure 2: Priority Districts

OUTCOME 1. REDUCED LOW BIRTHWEIGHT BY IMPROVING MATERNAL NUTRITION

Global Target (2025): **By 2025, reduce low birthweight by 30%**

National Target (2025): **5%**

OUTCOME 1: OPERATIONAL FRAMEWORK

System	National Policy Commitment	Operational Accelerator for: 38 priority districts.			Stakeholder Support	
		Intervention	Delivery Platform	Target Population	Responsible	Non-Government Support (e.g., UN Agencies, Civil Society, Donors, Academics)
Health	Scale up services to provide iron and folic acid supplements to women of reproductive age, particularly those who go through a pregnancy. In populations with a high prevalence of nutritional deficiencies provide services to give multiple micronutrient supplements to pregnant women that include iron and folic acid	Scaling up Iron and folic acid supplementation to include all women of child bearing age and adolescents.	Health Facilities-ANC, Schools	All women of child bearing age and Adolescents	Ministry of Health and Child Care (MoHCC) Implementation, financing	WHO, UNICEF and national level implementing NGO/CSO partners
		Comprehensive pilot of Multiple micro nutrient supplements MMS in at least in at least 3 districts in the country (2 rural and 1 urban).	Health Facilities	All women of child bearing age and Adolescents	Ministry of health for the implementation of the pilot	WHO, UNICEF and national level implementing NGO/CSO partners
		Scale up SBCC aimed at creating demand for IFA in all districts covering 90% of the population (community dialogues, radio shows, road shows)	Health facilities, Community structures- Care groups	All women of child bearing age and Adolescents	Ministry of Health and Child Care (MoHCC)	WHO, UNICEF and national level implementing NGO/CSO partners
	<i>Nutrition Development Strategy 1 (NDS1) (2021-2025) Multi-sectoral Food and Nutrition Security</i>	Advocacy for the Integration of Iron and Folic acid as part of the essential medicines package	National level coordination fora	Ministry responsible for Health and Ministry responsible for Education Policy makers	Ministry of Health and Child Care (MoHCC)	WHO and UNICEF to support the advocacy briefs

Health	<p>Increase the number of infants born safely at health facilities having received appropriate antenatal care support</p> <p><i>National Health Strategy 2021-2025</i> <i>Strategic Direction 3.2.1- Address gaps in access and quality of RMNCAHN and Child Care services.</i></p>	Enhance nutrition counseling and support for pregnant women, particularly in rural areas	ANC at facility level and community	Pregnant women	Ministry of Health and Child Care (MoHCC)	UNICEF, WHO technical support NGO implementing partners
		Strengthen antenatal care services, including regular check-ups and screenings for pregnant women, including provision of essential tools and equipment to health facilities	ANC across Health facilities	Pregnant women	Ministry of Health and Child Care (MoHCC)	UNICEF, WHO technical support NGO implementing partners
		Roll out Baby Friendly Hospital and Community initiatives (BFHI/BFCI)	Health facilities Community	Women of the reproductive age	Ministry of Health and Child Care (MoHCC)	UNICEF, WHO technical support NGO implementing partners
		Strengthen early booking and HIV testing/screening among pregnant women at ANC	Health facilities Community	Women of the reproductive age	Ministry of Health and Child Care (MoHCC)	UNICEF, WHO technical support NGO implementing partners
Food	Strengthen the food value chain that aims to increase the accessibility and affordability of sustainable healthy diets for women of reproductive age (minimum diet diversity with an emphasis on animal source foods, pulses, fruits and vegetables and fortified foods as needed)	Promote home grown school feeding program for school aged children and adolescents through promoting school gardening, strengthening school-community linkage and health school food environments	Community level-School	School going children and their households	Ministry of Agriculture Ministry of Education	WFP, FAO for technical assistance NGO implementing partners

Food	<i>Multi-Sectoral Food and Nutrition Security Strategy 2023-2025 Goal 3: Increase the domestic production, supply and consumption of foods rich in micronutrients by 2025</i>	Promote crop and livestock diversification (production and consumption) through food fairs, food demonstrations, community gardens and capacity building on post-harvest food handling	Community level	Small holder farmers	Ministry of Agriculture Ministry of Education	WFP, FAO for technical assistance NGO implementing partners
	<i>Zimbabwe National Agriculture Policy Framework 2019-2023 Strategic Objective 4.1.1</i>	Strengthen linkages between care groups, Farmer Field Schools, community garden and keyhole gardens	Community level	Women of child bearing age, School aged children and Adolescents	Ministry of Agriculture Ministry of Education	WFP, FAO for technical assistance NGO implementing partners
		Scale up research and innovations to improve access to diverse foods including nutrition, sensitive agriculture and innovation	Research Institutions and Community level	Small holder farmers, Commercial farmers, Schools, Women of child bearing age and Adolescents	Ministry of Agriculture Ministry of Basic Education Ministry of Higher Education	WFP, FAO for technical assistance NGO implementing partners
Food	Improve the design of micronutrient fortification programmes through food fortification of common staple foods (wheat flour, maize flour, sugar, edible oils and salt). Include biofortification of staple crops using conventional breeding techniques as part of food security and resilience agricultural	Advocate for mandatory fortification of food (maize flour, wheat flour, sugar, edible oil and salt) and strengthen enforcement of the fortification legislation.	Policy level- National and subnational level	Policy makers and industrial players for food fortification vehicles Environmental Health Practitioners, Law enforcement officers	Ministry of Agriculture, Ministry of Industry and Commerce Ministry of Health and Child Care (MoHCC) Implementation, financing	UN Agencies-UNICEF, WFP, FAO and WHO technical assistance in reviewing the policy environment

Food	strategies to improve diets of vulnerable rural communities that rely heavily on few staples	Strengthen food fortification monitoring and enforcement	National and sub national level	Food Industry players	Ministry of Health and Child care (MoHCC) Ministry responsible for Agriculture Ministry of local government Ministry of Home affairs	FAO, UNICEF, WHO- Technical support around advocacy NGO implementing agencies
	<i>National Food Fortification Strategy 2022-2025 Multi-Sectoral food and nutrition Security Strategy 2023-2025) Goal 1</i>	Promote the use of biotechnology and agriculture to improve and promote high yielding varieties/hybrids including bio fortified crops	Research institutions Community	Farmers, Community Leadership, Media	Ministry of Health and Child Care (MoHCC) Ministry responsible for Agriculture Ministry Local Government	FAO, UNICEF, WHO- Technical support around advocacy NGO implementing agencies
		Increase awareness of food fortification among all stakeholders and community level to increase uptake of fortified foods	Community	All women of childbearing age, school aged children and Adolescents	Ministry of Agriculture Ministry of Commerce and Industry Ministry of Health and Childcare (MoHCC)	FAO, UNICEF, WHO- Technical support around advocacy NGO implementing agencies
		Support and capacitate industry to fortify foods and comply with nation food fortification regulations and standards Increase awareness of food fortification among all stakeholders Incorporation of bio fortified food products in on going private and public programmes Scale up operations research support and capacity for biofortification and clinical studies	National Level	Industrial players	Ministry of Agriculture Ministry of Commerce and Industry Ministry of Health and Childcare (MoHCC)	FAO, UNICEF, WHO- Technical support around advocacy NGO implementing agencies

<p>Food</p>	<p>Improve the design of food assistance programmes on the basis of the specific nutritional needs of adolescents, pregnant and breastfeeding women and girls.</p> <p><i>Food Deficit Mitigation Strategy 2010 Objective 1.1.2</i></p>	<p>Promote gender integration, and women and community empowerment and participation for improved food and nutrition security</p>	<p>Community</p>	<p>Women of child bearing</p>	<p>Ministry of Agriculture Ministry of Social Welfare</p>	<p>FAO, UNICEF, WHO- Technical support around advocacy NGO implementing agencies</p>
	<p>Strengthen institutional procurement as part of national and/or large-scale programs (e.g., school meals, cash plus and vouchers, food assistance)</p> <p><i>National Development Strategy 1 NDS1 Multi-sectoral food and nutrition Security Strategy 2023-2025) KRA 3 Goal 4</i></p>	<p>Prioritize procurement of food for national school meals and nutrition program from local small holder farmers</p>	<p>Schools, Community, Grain Marketing Board</p>	<p>School boards/management, School development committee</p>	<p>Ministry of Basic Education Ministry of Agriculture</p>	<p>FAO, UNICEF, WHO- Technical support around advocacy NGO implementing agencies</p>
<p>Social Protection</p>	<p>Improve the use of school platforms to support efforts to reach adolescent girls with school feeding and education/messaging around nutrition and reproductive health</p> <p><i>Multi-Sectoral Food and Nutrition Security Strategy 2023-2025 Goal 3 School Health Policy, Zimbabwe Food</i></p>	<p>Advocate for the increase of coverage of social assistance including the digitization of an all-inclusive social protection database, capacity building of social development department and development of an SOP for social protection assistance</p>	<p>National level advocacy</p>	<p>Policy makers, Adolescent girls</p>	<p>Ministry of Social Welfare</p>	<p>UNICEF -Technical assistance in policy and guideline review</p>

Social Protection	<i>Safety Standards and Practical Food Handlers Guide for the Home-Grown School Feeding Programme</i>	Implementation of home-grown school feeding program to promote consumption of nutritious diets	Schools, Community	Adolescent girls	Ministry of Agriculture Ministry of Education	UN agencies-UNICEF, WFP, FAO NGO implementing partners
		Develop and roll out the nutrition sensitive food deficit mitigation package	Community level	HHS of children under 2 years	Ministry of Social Welfare	UNICEF, FAO

OUTCOME 2. IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WATER, SANITATION AND HYGIENE SERVICES AND ENHANCED FOOD SAFETY

Global Target (2030): By 2030, achieve universal health coverage, including access to quality essential health-care services for all

National Target (2030) :80%

Current National Universal Health Coverage Index (WHO UHC Coverage Index 2021):54%

OUTCOME 2: OPERATIONAL FRAMEWORK

System	National Policy Commitment	Operational Accelerator for: 38 priority districts.			Stakeholder Support	
		Intervention	Delivery Platform	Target Population	Responsible	Non-Government Support (e.g., UN Agencies, Civil Society, Donors, Academics)
Health	Increase access and coverage of essential interventions for promotion of child health and wellbeing, caregiver mental health, and prevention and treatment of common childhood illnesses close to where children live <i>National Health Strategy 2021-2025 -Strategic Direction 3.5.1: Zimbabwe RMNCAN&N Strategy 2027-2021 Strategic Objective 3 Community Health Strategy</i>	Training of Village Health Workers and Care Group Volunteers, including in hard-to-reach communities and for demand creation	Health facilities Community-Care groups	Caregivers of children under 5 years	MOHCC	UNICEF, WHO, WFP, NGOs, CSOs - technical and financial support
		Equip VHWs and Care Group Volunteers with required materials	Primary health care	Caregivers of children under 5 years	MOHCC	UNICEF, WHO, WFP, NGOs, CSOs - technical and financial support
		Review and update nutrition modules for pre-service and on job training of all health cadres (Nurses, Doctors, HIOs, etc)	Health facilities Community-Care groups	Caregivers of children under 5 years	MOHCC	UNICEF, WHO, WFP, NGOs, CSOs - technical and financial support
		Establish online-training options for continuous professional development through various agencies and associations (e.g. PAZ; Nurses Council of Zimbabwe, Allied Health etc)	On-line	Health Care Workers	Ministry of Education, MOHCC, Relevant Associations/professional bodies	UNICEF, WHO, WFP, NGOs, CSOs - technical and financial support Professional bodies

Health		Establish regular review meetings, including regular use of death audits and review of data	Health facilities	Health Care Workers	MOHCC	UNICEF, WHO, WFP, NGOs, CSOs - technical and financial support
		Carry out supportive supervision and mentorship at all levels (facilities and Care Groups), including data audits.	Health facilities	Health Care Workers	MOHCC	UNICEF, WHO, WFP, NGOs, CSOs - technical and financial support
		Conduct integrated outreach including nutrition services, focusing on hard-to-reach communities (provision of logistics, DSA for health care workers etc)	Health facilities	Caregivers of children under 5 years	MOHCC	UNICEF, WHO, WFP, NGOs, CSOs - technical and financial support
Health	Provide tailored and coordinated country support to strengthen health systems for primary health care by generating evidence; country prioritization, planning and budgeting; mobilization of financing and health workforce development to improve coverage and equity, including in fragile and vulnerable settings	Improving quality of data reporting: include nutrition data modules in on job and pre-service training (for nurses, doctors and health information officers)	Health facilities	HMIS personnel/officers	MOHCC	UNICEF, WHO, WFP, NGOs, CSOs - technical and financial support
		Undertake public financing for nutrition workshops and advocate for improved domestic funding for nutrition	National and subnational levels	Policy makers at different levels of government		UNICEF, WHO, WFP, NGOs, CSOs - technical and financial support
		Expanding Result based Financing to reinforce compliance through reward for good performance	Facilities of all levels	Health Care Workers	MOHCC Ministry of Finance	UNICEF, WHO, WFP, NGOs, CSOs - technical and financial support

Health	<p><i>National Health Strategy 2021-2025 -Strategic Direction 3.5.1.; 3.5.4.; 3.9.1</i></p> <p><i>Health Financing Policy Strategy Astana declaration on Primary Health Care. Zimbabwe RMNCAN&N Strategy 2027-2021 Strategic Objective 2</i></p>	Development and expansion of the National Health Insurance Scheme	National level	Policy makers at National level	MOHCC, Ministry of Finance	UNICEF, WHO, WFP, NGOs, CSOs - technical and financial support
		Workload analysis for Health to ensure equity and coverage of health services	Training institutions, health facilities - on job training	MoHCC national and subnational managers	MOHCC, Ministry of Finance, Ministry of Education	UNICEF, WHO, WFP, NGOs, CSOs - technical and financial support Academia
Health	<p>Integrate Essential Nutrition Actions into the package of health services as part of national health plans and UHC roadmaps, ensuring access for those most left behind including in crises and emergencies</p> <p><i>National Health Strategy 2021-2025 -Strategic Direction 3.5.4</i></p>	Support routine micronutrient supplementation (vitamin A, iron and folate and micronutrient powders) for targeted groups	Health facilities Community	Women, Adolescent girls and children under 5	MOHCC, National Pharmacy	UNICEF, WHO, WFP, NGOs, CSOs - technical and financial support
		Strengthen the supply chain for essential commodities for comprehensive package of health services	Health facilities Community	Women, Adolescent girls and children under 6	MOHCC	UNICEF, WHO, WFP, NGOs, CSOs - technical and financial support
		Develop SOPs for Integrated Outreach to provide implementation guidance				
		Support integrated outreach activities during emergencies for hard-to-reach populations	Health facilities Community	Women, Adolescent girls and children under 7	MOHCC	UNICEF, WHO, WFP, NGOs, CSOs - technical and financial support
Health	Strengthen and expand services for the early detection of growth faltering and continuum of care for low-birth weight infants including preterm births	Strengthen growth monitoring and promotion for children under 5 years	Health facilities Community	Caregivers of children under 5 years	MOHCC	UNICEF, WHO, WFP, NGOs, CSOs - technical and financial support

Health	<i>National Health Strategy 2021-2025 -Strategic Direction 3.2.1</i>	Promote optimal maternal, infant and young child nutrition practices through standardized guidelines including the care group approach	Health facilities Community	Caregivers of children under 5 years, Pregnant and breastfeeding mothers	MOHCC	UNICEF, WHO, WFP, NGOs, CSOs - technical and financial support
		Capacity strengthening of health workforce on early detection and management through in-service training and mentorship	Health facilities Community	Caregivers of children under 5 years, Pregnant and breastfeeding mothers	MOHCC	UNICEF, WHO, WFP, NGOs, CSOs - technical and financial support
Food	Reduce contamination of crops in farms, enhance food safety in markets and improve food storage and food handling at household level (food hygiene), with a focus on complementary and supplementary foods for young children	Enforcement of food safety standards and legislation for both domestic and imported foods through monitoring and enforcement of the public health act	Policy makers	General population	MOHCC, Ministry of Local government	UNICEF, FAO, WFP, NGOs, CSOs - technical and financial support
		Promote good agricultural practices across all value chains	Community	Farmers at all levels	Ministry of Lands, Agriculture, Fisheries, Water and Rural Development	UNICEF, FAO, WFP, NGOs, CSOs - technical and financial support
	<i>National Health Strategy 2021-2025 Strategic Direction 3.4.4 Public Health Act Chapter 15:17 Food Standards Act Chapter 15:04</i>	Strengthen animal and crop health and nutrition through disease surveillance and control	Community	Farmers at all levels	MoLAFWRD, FNC, Research institutions, Veterinary services.	UNICEF, FAO, WFP, NGOs, CSOs - technical and financial support
		Build awareness of communities on the importance of food labeling	Community	General population	MOHCC	UNICEF, FAO, WFP, NGOs, CSOs - technical and financial support
		Capacity building of government laboratory analysts on food quality monitoring	National and sub national levels	Govt lab analysts	MoLAFWRD	UNICEF, FAO, WFP, NGOs, CSOs - technical and financial support

WASH	Increase the implementation of joint nutrition and WASH programmes and increase the coverage of handwashing facilities and WASH services <i>National Health Strategy 2021-2025 Strategic Direction 3.7.1</i>	Routine monitoring water quality to ensure drinking water quality	Community	General population	MoLAFWRD, MOHCC, RIDA, RDC, ZINWA	UNICEF, WHO NGOs, CSOs - technical and financial support
		Reduction of open defecation through strengthening demand-led sanitation activities	Community	General population	MoHCC, MoLAFWRD, RIDA, RDC, ZINWA	UNICEF, WHO NGOs, CSOs - technical and financial support
		Undertake participatory health and hygiene education for positive behaviour change	Community	General population	RIDA, MoHCC, MoLAFWRD, ZINWA	UNICEF, WHO NGOs, CSOs - technical and financial support
		Support the protection of primary drinking sources to minimize contamination through multi-sectoral and community engagement.	Community	General population	RIDA, MoHCC, MoLAFWRD, ZINWA	UNICEF, WHO NGOs, CSOs - technical and financial support
		SBC and awareness creation on health care waste management and disposal at health institutions	Health facilities Community	General population	MOHCC	UNICEF, WHO NGOs, CSOs - technical and financial support

OUTCOME 3. IMPROVED INFANT AND YOUNG CHILD FEEDING BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

Global Target (2025): By 2025, the rate of exclusive breastfeeding in the first 6 months will increase up to at least 50% and at least 40% of children between 6-23 months consume a minimum diet diversity with an emphasis on animal source foods, pulses, fruits and vegetables

- National Target (2025):**
1. Exclusive Breastfeeding for the first 6 months >50%
 2. Minimum Dietary Diversity >30%
 3. Minimum Acceptable Diet >30%

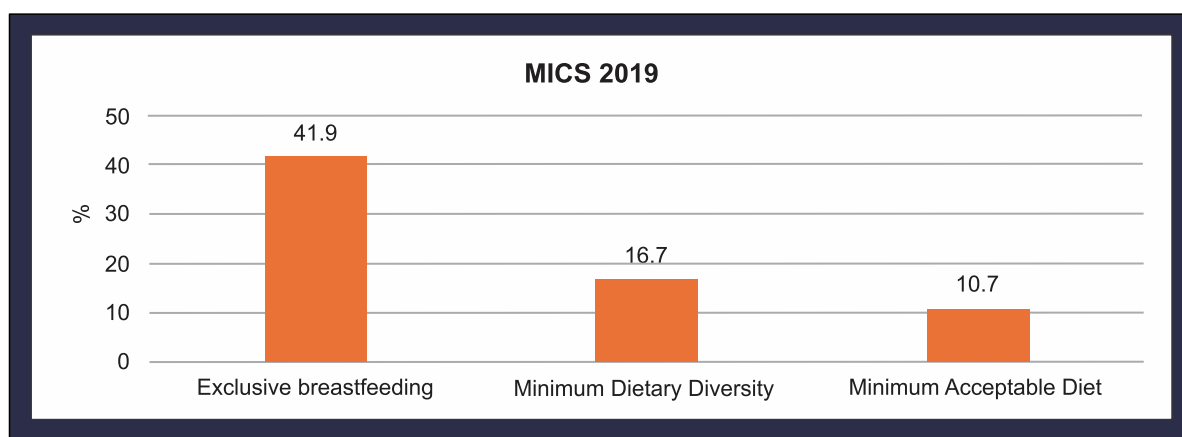


Figure 3: 2019 MICS (EBF, MDD and MAD rates)

OUTCOME 3: OPERATIONAL FRAMEWORK

System		Operational Accelerator for: [Name of sub-national area]			Stakeholder Support	
		Intervention	Delivery Platform	Target Population	Responsible	Non-Government Support (e.g., UN Agencies, Civil Society, Donors, Academics)
Health	Increase early initiation and exclusive breastfeeding rates and adequate complementary feeding and hygiene practices and eliminate harmful effects of inappropriate marketing of breast-milk substitutes and processed foods, high in added sugar, salt and trans fats	Promote optimal institutional and community IYCF through different avenues including community care groups	Care group model-Community structure	Caregivers of children under 5 years Pregnant and breastfeeding mothers FNCS members	MOHCC, District level Management Teams	UNICEF- Technical and financial support NGO -Implementing partners (USAID, NAZ, WV,
		Roll out Baby Friendly Hospital Initiative and Baby friendly Community Initiative to promote early initiation, exclusive breastfeeding and other IYCF practices	Health facilities-Clinic/Hospital Community Level	Caregivers of children under 2 years Pregnant and breastfeeding mothers	MOHCC, District level Management Teams	UNICEF and WHO- Technical and financial support NGO -Implementing partners

Health	<i>National Health Strategy 2021-2025 Strategic Direction 3.2.1 National Development Strategy 1 Item 337</i>	Coordination of community initiatives through Food and Nutrition Security Committee	National-FNSC Care group model-Community structure	Policy makers at different levels Community members	Directorate of Food and Nutrition Committee	UNICEF and WHO- Technical and financial support NGO -Implementing partners
	<i>Multi-sectoral food and nutrition Security Strategy 2023-2025) Goal 1</i>	Review and standardise the national SBC strategy for production and consumption of nutrient dense complementary foods as first foods from 6 months of age.				
Health	Support the systematic implementation of the Nurturing Care Framework to ensure that children are developmentally on track in health, learning and psychosocial wellbeing. Include kangaroo mother care for small and sick neonates	Integration of Early childhood support and services including responsive care and support in IYCF counselling	Health Facilities	Caregivers of children under 5 years Pregnant and breastfeeding mothers	MOHCC	UNICEF and WHO- Technical and financial support NGO -Implementing partners
	<i>Nurturing care framework adopt in Zimbabwe in 2021</i>	Implementation of ECD components through care groups promoting IYCF including for children with disability	ECD Centers	Caregivers of children under 5 years Pregnant and breastfeeding mothers Govern FNSC members	MOHCC, District level Management Teams	UNICEF and WHO- Technical and financial support NGO -Implementing partners
Health	Promote that age-appropriate Infant and Young Child feeding and care practices and caregiver mental health are systematically integrated in routine maternal and child health care services, including in community-based services	Support and sustain community care groups for IYCF promotion	Care group model-Community structure	Caregivers of children under 5 years Pregnant and breastfeeding mothers Govern FNSC members	MOHCC, District level Management Teams	UNICEF and WHO- Technical and financial support NGO -Implementing partners
		IYCF Promotion and awareness creation through global and national events such as World	Community Health facilities Media-print, social, visual	Caregivers of children under 5 years	MOHCC	UNICEF and WHO- Technical and financial support NGO -Implementing partners

Health	<i>National Health Strategy 2021-2025 Strategic Direction 3.2.1</i>	Breastfeeding week, World food day, Nutrition week etc				
		Advocacy for work place support for working mothers through legislationMonitoring and enforcement of the BMS Code including reporting of CODE violations, including at community level	National-Policy level	Policy makers	MOHCC	UNICEF and WHO- Technical and financial support NGO -Implementing
		Capacity building and mentorship to the health workforce on IYCF including information management	Health facilities- Clinic/ Hospital Community Level	CHWs, Nurses	MOHCC, District level Management Teams	UNICEF and WHO- Technical and financial support NGO -Implementing partners
Food	Strengthen the food value chains that aim to improve the availability and affordability of healthy and nutritious diets for all vulnerable groups at all times, including animal source foods, pulses, fruits and vegetables biofortified crops (using conventional crop breeding,methods) and fortified complementary food, when needed	Promotion of women and adolescent girls owning businesses in the food value chain	Community level	Community leaders	MoLAFWRD, Ministry of women Affairs, Ministry of Finance	FAO, WFP and NGO implementing partners
		Promote Good Agricultural Practices (GAP) across the whole value chain	Community	Small holder farmers	MoLAFWRD	FAO, WFP Technical and Financial assistance NGO implementing partners

Food	Multi-sectoral food and nutrition Security Strategy 2023-2025) Goal 1, Goal 6	Supporting the production of complementary foods from locally available food ingredients	Community	Policy makers at different levels Community members	MoLAFWRD	FAO, WFP Technical and Financial assistance NGO implementing partners
		Promote cluster development in agriculture focusing on high-value food and cash crops, as well as livestock, aquaculture, apiculture and forest and timber-based products (VBU approach)	food and nutrition security committees	Small holder farmers	MoLAFWRD	FAO, WFP Technical and Financial assistance NGO implementing partners
Food	Improve analysis, decision-making and response as well as the design of interventions to improve the diets and nutritional status of populations	Operational research to improve program efficiency, sustainability and social return on investments on implemented IYCF approaches (e care groups)	Community	Academia, research institutions	MoLAFWRD MOHCC	UNICEF, FAO and WHO- Technical and financial support NGO -Implementing partners Research institutes
Food	Strengthen storage capacity, transport infrastructure and post-harvest loss management, including distribution of and training on post-harvest loss siloes as well as minimal processing to improve household food access to healthy and nutritious diets at all times <i>Multi-sectoral food and nutrition Security Strategy 2023-2025) Goal 1, Goal 2</i>	Capacity building of small-holder farmers on post-harvest and handling technologies, value addition, food processing and preservation	Community	food and nutrition security committees, farmers, households and processors	MoLAFWRD	UNICEF, FAO, WFP Technical and Financial assistance NGO implementing partners

Food	Improve the design of micronutrient fortification programmes through food fortification of common staple foods (wheat or maize flour, rice, condiments). Include biofortification of staple crops using conventional breeding techniques as part of food security and resilience agricultural strategies to improve diets of vulnerable rural communities that rely heavily on few staples	Enforcement of statutory regulation for the mandatory the fortification of sugar, salt, edible vegetable oil, wheat flour and maize.	National	Food industry players	MOHCC, Ministry of Industry and commerce	UNICEF, FAO, WFP Technical and Financial assistance NGO implementing partners
		SBC to increase consumer knowledge and awareness on the benefits of fortified foods	Community	Community, Food industry players	MOHCC	UNICEF, FAO, WFP Technical and Financial assistance NGO implementing partners
		Support in the formulation of necessary legislative framework to mandate food fortification and enforce and monitor implementation.	National Community	Policy makers, Government monitors Seed suppliers	MOHCC MoLAFWRD	UNICEF, FAO, WFP Technical and Financial assistance NGO implementing partners UNICEF, FAO, WFP Technical and Financial assistance NGO implementing partners
Food	Support the integration of livelihood dynamics and seasonality in the design and delivery of emergency and resilience building programmes countries to meet the nutritional needs of children in situations of acute food insecurity	Promote production and consumption of diverse traditional grain crops (sorghum, millets, cow peas) and small stock (poultry and rabbits)	Community	Small holder farmers	MoLAFWRD	UNICEF, FAO , WFP Technical and Financial assistance NGO implementing partners

Food	<i>multi-sectoral food and nutrition Security Strategy 2023-2025) Goal 1</i>	Promote and upscale the use of Climate Smart Agriculture (CSA) technologies in crop and livestock production	Community	Small holder farmers	MoLAFWRD	UNICEF, FAO, WFP Technical and Financial assistance NGO implementing partners
		Establish sustainable livestock/ rangeland production and management, including active promotion of measures to reduce greenhouse gas emissions.	Community	Small holder farmers	MoLAFWRD	UNICEF, FAO, WFP Technical and Financial assistance NGO implementing partners
		Promotion of Home and community nutrition gardening for the production of fast maturing nutritious fruits, vegetables and small livestock, suitable to urban and rural settings	Community	Small holder farmers	Ministries responsible for Agriculture	UNICEF, FAO, WFP Technical and Financial assistance NGO implementing partners
Social protection system	Improve access to age-appropriate nutritious, affordable and sustainable first foods through social protection transfers (cash or in kind) targeting at risk children and women <i>Multi-sectoral food and nutrition Security Strategy 2023-2025) Goal 1 Zimbabwe National Social Protection Policy Framework 2016 Food Security and Nutrition measures</i>	Strengthen community-based savings initiatives through local savings and lending schemes	care groups, community social protection groups	Caregivers of children under 5 years	MOHCC, Ministry of Social Welfare	UNICEF, FAO, WFP Technical and Financial assistance NGO implementing partners
		Develop minimum standards and guidelines for food aid support and cash support to meet nutritional needs for all the vulnerable groups	Community	Policy makers	Ministry of Social Welfare	UNICEF, FAO, WFP Technical and Financial assistance NGO implementing partners
		Implementation of homegrown/school feeding program that addresses the nutritional needs of vulnerable groups	Schools and the Community around	children under 5, Adolescent boys and girls	Ministry of Education	UNICEF, FAO, WFP Technical and Financial assistance NGO implementing partners

Social protection system	Implement and monitor nutrition responsive social protection instruments-cash, in-kind, voucher for vulnerable population.	care groups, community social protection groups	children under 5, pregnant mothers and caregivers of children under 5, vulnerable households	Ministry of Social Welfare	UNICEF, FAO, WFP Technical and Financial assistance NGO implementing partners
	Institute income generating initiatives through care groups and other community support groups	multisector committees, community leaderships	children under 5, pregnant mothers and caregivers of children under 5, vulnerable households	Ministry of Social Welfare	UNICEF, FAO, WFP Technical and Financial assistance NGO implementing partners

OUTCOME 4. IMPROVED TREATMENT OF CHILDREN WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

Global Target (2025): By 2025, increase by 50% the coverage of treatment services for children with wasting

National Target (2025): By 2025 we will Increase coverage of integrated management of acute malnutrition (CMAM) services to 85%.

Target coverage for SAM >50%; MAM>50%

National Coverage: Management of severe acute malnutrition (SAM) – Outpatient: 17% (IMAM Coverage Assessment Survey 2024)

National Coverage: Management of Moderate acute malnutrition (MAM- Under 5) – Outpatient: 17% (IMAM Coverage Assessment Survey 2024)

OUTCOME 4: OPERATIONAL FRAMEWORK

System	National Policy Commitment				Stakeholder Support	
		Intervention	Delivery Platform	Target Population	Responsible	Non-Government Support (e.g., UN Agencies, Civil Society, Donors, Academics)
Health	Strengthen the integration of early detection and treatment for wasting as part of routine primary and community health care services and ensure referral systems are in place for appropriate management of wasting in children. 4.1.	Support the integration of the treatment of wasting in integrated Community Case Management (ICCM)	Health Facilities	Health care workers at all levels of service delivery	MOHCC	UNICEF, WHO- Technical assistance, NGO Partners- Implementation
		Capacity building of health workforce on IMAM-preservice, OJT, mentorship	Health Facilities	Health care workers at all levels of service delivery	MOHCC	UNICEF, WHO- Technical assistance, NGO Partners- Implementation

Health	<p><i>Zimbabwe RMNCAN&N Strategy 2027-2021 Strategic Objective 3</i></p> <p><i>National Health Strategy 2021-2025 Strategic Direction 3.8.2</i></p>	Advocacy for government procurement of essential supplies for wasting management	National/ Policy level	Policy makers within MoHCC	MOHCC	UNICEF, WHO- Technical assistance
		Strengthening of Growth Monitoring to support early detection and timely treatment of wasting at every contact with health care worker	Health Facilities	Health care workers at all levels of service delivery	MOHCC	UNICEF, WHO- Technical assistance, NGO Partners-Implementation
Health	<p>Increase the capacity of community health workers to identify and, whenever possible, treat children with uncomplicated wasting and monitor their nutritional rehabilitation in the community. 4.2</p> <p><i>National Community Health Strategy 2020-2025 Strategic Area 3</i></p>	Capacity building of community health care workers on early detection and timely referral of acute malnutrition (IMAM, Family MUAC, active screening)	Health Facilities/ Community	Health care workers at all levels of service delivery	MOHCC	UNICEF, WHO- Technical assistance, NGO Partners-Implementation
		Revision of the national guidelines and pilot treatment of uncomplicated SAM by CHWs	National/ Policy level	Health Managers- Provincial/National level	MOHCC	UNICEF, WHO- Technical assistance
Health	<p>Adopt programmatic solutions that will improve the cost-effectiveness of early detection and treatment of child wasting. 4.3.</p> <p><i>UNICEF WHO Simplified approaches briefing note 2023</i></p>	Integration of Family MUAC approach into routine ANC and postnatal care for early detection of wasting	Health Facilities	Health care workers at all levels of service delivery	MOHCC	UNICEF, WHO- Technical assistance, NGO Partners-Implementation
		Integrated simplified guidelines on wasting management in emergencies into the IMAM guideline	Policy level	Health Managers- Provincial/National level	MOHCC	UNICEF, WHO- Technical assistance
		Promote the production of local nutrient dense foods and recipes for prevention of	Policy level	Health care workers at all levels of service delivery	MOHCC	UNICEF, WHO- Technical assistance, NGO Partners-Implementation

Health		wasting and dietary management of MAM				
		Roll out/scale up the iCCM and IMAM integration	Health Facilities	Health care workers at all levels of service delivery	MOHCC	UNICEF, WHO- Technical assistance, NGO Partners-Implementation
Health	Strengthen national health information systems to regularly monitor and report wasting and wasting-related data to support and inform the implementation of national services for its effective prevention and treatment. 4.1. <i>National Community Health Strategy 2020-2025 Strategic Area 1, 5</i>	Strengthen routine data collection, analysis, quality and reporting on nutrition indicators and strengthen community nutrition information system	Health Facilities	Health care workers at all levels of service delivery	MOHCC	UNICEF, WHO- Technical assistance, NGO Partners-Implementation
		Integrate IMAM, GMP, VAS and IYCF into E-HR	Policy level			
		Roll out training to health care providers on the updated National Guidelines adapting the 2023 WHO recommendations	District/province level	Health care workers at all levels of service delivery	MOHCC	UNICEF, WHO- Technical assistance, NGO Partners-Implementation
		Intensify regular monitoring and data quality checks at all sub national levels	Health Facilities	Health care workers at all levels of service delivery	MOHCC	UNICEF, WHO- Technical assistance, NGO Partners-Implementation
		Harmonize and digitize MUAC screening tools for wasting	Health Facilities/Community	Health care workers at all levels of service delivery	MOHCC	UNICEF, WHO- Technical assistance, NGO Partners-Implementation
Health	Support the inclusion of Ready to Use Therapeutic Foods (RUTFs) into the Model Essential Medicine List by identifying/developing an appropriate category for this commodity and taking into account country level assessments on	Support adoption of RUTF as part of Zim EML (EDLIZ	National/Policy level Workshop/Advocacy brief	Policy makers within MoHCC	MOHCC	UNICEF, WHO- Technical assistance

Health	benefits versus potential harms 4.6 <i>Essential Medicines List and Standard Treatment Guidelines</i>					
Food	Streamline supply chain systems for the delivery of key commodities for the treatment of child wasting 4.7 <i>National Community Health Strategy 2020-2025 Strategic Area 4</i>	Advocate for the integration of RUTF in Government supply chain system	National/Policy level	Policy makers within MoHCC	MOHCC	UNICEF, WHO- Technical assistance
		Capacity building of health workers on Nutrition commodities supply chain and management				
		Support the improvement of commodity reporting through online logistics management information systems	National/Policy level	Policy makers within MoHCC	MOHCC	UNICEF, WHO- Technical assistance
		Advocate for domestic funding for specialized nutrition commodities including RUTF	National/Policy level	Policy makers within MoHCC	MOHCC	UNICEF, WHO- Technical assistance
Food	Ensure the highest safety and quality standards of locally produced specialized nutritious food required for the treatment of child wasting, through improved collaboration with the private sector 4.8	Promote and scale up local production of nutrient dense foods for the management of MAM and prevention of wasting	Community	Community	MOHCC, MoLAFWRD	UNICEF, WHO, FAO, WFP- Technical assistance NGO implementing partners
		Support research and acceptability of new commodities for the management of wasting	National/Provincial level	Community	MOHCC	UNICEF, WHO, FAO, WFP- Technical assistance NGO implementing partners Research institutes/firms

Food	<i>Multi-sectoral food and nutrition Security Strategy 2023-2025) Goal 1 Food safety, Quality and Standards</i>	Advocate and support local initiatives to produce nutrient dense specialized foods for management of wasting				
Food	Support efforts to prevent and reduce aflatoxin and other toxins in therapeutic foods 4.9	Develop standards to monitor safety, quality and adherence to standards for locally produced nutrition supplies for management of wasting	National/Provincial level	Policy makers within MoHCC and Ministry of Agriculture	MOHCC, MoLAFWRD	UNICEF, WHO, FAO, WFP- Technical assistance
		Capacity building of farmers on safe production, transportation and storage to prevent development of aflatoxin and contamination				
		Build capacity of local producers for specialized nutrition commodities and commercial nutrient dense foods for the management of wasting to adhere to national standards	National/Provincial level	Food industry players	MOHCC, MoLAFWRD	UNICEF, WHO, FAO, WFP- Technical assistance NGO implementing partners
Social Protection	Support government shock responsive social protection in areas with food insecurity giving a safety net transfer to families with at-risk children 4.10	Influence targeting social safety nets to included HHs with vulnerable groups- Children under 5 years, Pregnant and breastfeeding mothers	National/Policy	Households with vulnerable groups (Children under 2 years, pregnant, breastfeeding mothers)	Ministry of Public Service Labour and Social Welfare	UNICEF, FAO, WFP- Technical assistance NGO implementing partner
	<i>Zimbabwe National Social Protection Policy Framework 2016 Food Security and Nutrition measures</i>	Provision of predictable, consistent and sustainable social transfers to vulnerable households (HHs with children under 5 years, pregnant	Community	Households with vulnerable groups (Children under 2 years, pregnant, breastfeeding mothers)	Ministry of Public Service Labour and Social Welfare	UNICEF, FAO, WFP- Technical assistance NGO implementing partner

Social Protection		and breastfeeding mothers				
		Scale up of conditional cash transfers during periods of shocks such a drought, flooding	National/Policy	Households with vulnerable groups (Children under 2 years, pregnant, breastfeeding mothers)	Ministry of Public Service Labour and Social Welfare	UNICEF, FAO, WFP- Technical assistance NGO implementing partner

POLICY MAPPING

Outcome 1: Reduced incidence of low birth weight - Improved maternal nutrition						
System	GAP Potential Actions by 2025	Activities that are a part of Government policies	Indicator	Baseline	Endline	Source
Health	1.1. Increase the number of infants born safely at health facilities having received appropriate antenatal care support	Enhance nutrition counseling and support for pregnant women, particularly in rural areas. Strengthen antenatal care services, including regular check-ups and screenings for pregnant women Prevent and manage infections during pregnancy Strengthen early booking and HIV testing of pregnant women Strengthen Human Resources for nutrition services	Percentage of mothers receiving antenatal care (at least 4 visits) Percentage of mothers receiving nutrition counseling during antenatal care Human resources for health competence Overall vacancy rate	70% 50%	85% 75%	Reproductive Health Strategy
Health	1.2. Scale up services to provide iron and folic acid supplements to women of reproductive age, particularly those who go through a pregnancy. In populations with a high prevalence of nutritional deficiencies provide services to give multiple micronutrient supplements to pregnant women that include iron and folic acid	Promote maternal micronutrient supplementation Scaling up Iron and folic acid supplementation (including MMS) to include all women of childbearing age Scale up SBCC aimed at creating demand Integration of Iron and Folic acid as part of the essential medicines package	Proportion of women receiving iron and folate supplements	87%	90%	NDS1 Food and Nutrition Security Strategy
Health	1.3. Prevent adolescent pregnancies by supporting country efforts to prohibit					

	marriage before the age of 18 years					
Health	1.4. In undernourished populations, establish programmes of balanced energy and protein supplementation in pregnant mothers in Antenatal Care services	Strengthen nutrition services (including provision of supplementary feeds in food insecure communities) Strengthen M&E systems to provide upto date information	Proportion pregnant women receiving food rations in food insecure population			NDS1 Maternal Waiting Homes Strategy
Health	1.5. Strengthen the food value chain that aims to increase the accessibility and affordability of sustainable healthy diets for women of reproductive age (minimum diet diversity with an emphasis on animal source foods, pulses, fruits and vegetables and fortified foods as needed)	Increased productivity and production of priority value chains	Increase in productivity of target crops (pulses, groundnut, oilseeds, rice)	(0.92 MT/ha, 350000 MT/year, 2.8 MT/ha, MT/year 110000 MT/year	(1.5 MT/ha, 700000 MT/year, 5 MT/ha, MT/year 220000 MT/year	National Agricultural Investment Plan (2018- 2023)
Health	3.1. Increase early initiation and exclusive breastfeeding rates and adequate complementary feeding and hygiene practices and eliminate harmful effects of inappropriate marketing of breast-milk substitutes and processed foods, high in added sugar, salt and trans fats	Increased proportion of care givers who practice optimal behaviors for improved nutrition for young children under five years	Percentage of children born in the last 24 months who were put to the breast within one hour of birth	62% (2014)	70% (Target, End term)	
	4.1. Strengthen the integration of early detection and treatment for wasting as part of routine primary and community health care services and ensure referral systems are in place for appropriate management of wasting in children	Improve follow up and referral systems for IMAM across all levels	NA	NA	NA	

Social Protection	1.1. Increase the number of infants born safely at health facilities having received appropriate antenatal care support	Enhance nutrition counseling and support for pregnant women, particularly in rural areas. Strengthen antenatal care services, including regular check-ups and screenings for pregnant women Prevent and manage infections during pregnancy Strengthen early booking and HIV testing of pregnant women Strengthen Human Resources for nutrition services	Percentage of mothers receiving antenatal care (at least 4 visits) Percentage of mothers receiving nutrition counseling during antenatal care Human resources for health competence Overall vacancy rate	70% 50%	85% 75%	Reproductive Health Strategy
Social Protection	1.2. Scale up services to provide iron and folic acid supplements to women of reproductive age, particularly those who go through a pregnancy. In populations with a high prevalence of nutritional deficiencies provide services to give multiple micronutrient supplements to pregnant women that include iron and folic acid	Promote maternal micronutrient supplementation Scaling up iron and folic acid supplementation (including MMS) to include all women of child bearing age Scale up SBCC aimed at creating demand Integration of Iron and Folic acid as part of the essential medicines package	87%	90%		NDS1 Food and Nutrition Security Strategy
Social Protection	1.3. Prevent adolescent pregnancies by supporting country efforts to prohibit marriage before the age of 18 years					
Social Protection	1.4. In undernourished populations, establish programmes of balanced energy and protein supplementation in pregnant mothers in Antenatal Care services	Strengthen nutrition services (including provision of supplementary feeds in food insecure communities) Strengthen M&E systems to provide up to date information	Proportion pregnant women receiving food rations in food insecure population	N/A		NDS1 Maternal Waiting Homes Strategy

Outcome 2 Improved child health - Improved access to primary health care, water, sanitation and hygiene services						
System	GAP Potential Actions by 2025	Activities that are a part of Government policies	Indicator	Baseline	Endline	Source
Health	1.5. Strengthen the food value chain that aims to increase the accessibility and affordability of sustainable healthy diets for women of reproductive age (minimum diet diversity with an emphasis on animal source foods, pulses, fruits and vegetables and fortified foods as needed)	Strengthen advocacy for staff establishment of nutritionists in relevant key sectorsStrengthen linkages between care groups and FFS and community gardensScale up research and innovations to improve access to diverse foodsPromote crop and livestock diversification (production and consumption)	Proportion of women consuming minimum diverse dietsNumber of households consuming fortified products including biofortified cropscrop diversification indexlivestock diversification indexWomen Dietary Diversity ScoreProportion of care groups linked to FFS and community gardensNumber of sector ministries incorporating nutrition expertise in their staff establishment	33%	85%	NDS 1
Health	1.6. Improve the design of micronutrient fortification programmes through food fortification of common staple foods (wheat or maize flour, rice, condiments). Include biofortification of staple crops using conventional breeding techniques as part of food security and resilience agricultural strategies to improve diets of vulnerable rural communities that rely heavily on few staples.	Support and capacitate industry to fortify foods and comply with nation food fortification regulations and standards Strengthen food fortification monitoring and enforcement Increase awareness of food fortification among all stakeholders Scale up operations research support and capacity for biofortification and clinical studies Promote public-private partnerships in food production, processing, fortification, bio-fortification and consumption	Number of manufacturers capacitated and supported Number of food samples collected and analysed Number of stakeholders sensitized Number of research papers published Proportion of biofortified crops produced and consumed	N/A		Food Fortification Strategy

Health	1.7. Improve the design of food assistance programmes on the basis of the specific nutritional needs of adolescents, pregnant and breastfeeding women and girls.	Promote gender integration, and women and community empowerment and participation for improved food and nutrition security	Percentage of women benefiting from Social transfers			Zimbabwe Gender Policy
Health	1.8. Strengthen institutional procurement as part of national and/or large-scale programs (e.g., school meals, cash plus and vouchers, food assistance)	Priority procurement of food for national school meals and nutrition program to local small holder farmers	Proportion of food for national school meals and nutrition program that is sourced directly from small holder farmers	<10%	80%	Schools Nutrition Guidelines 2024
Health	1.9. Improve the use of school platforms to support efforts to reach adolescent girls with school feeding and education/messaging around nutrition and reproductive health	To increase awareness and intake of adequate, locally available and nutritious foods among school children and their communities (Essential package interventions to be integrated with school meals include: assessments of nutritional status of children, micronutrient supplementation when necessary, nutrition education, education on hygiene and sanitation, HIV prevention education, psychosocial support, use of school gardens, deworming of children, prevention of malaria through insecticide treated nets)	Percentage of primary schools implementing complete SNP package	<10%	80%	Schools Nutrition Guidelines 2024
Health	1.10. Align nutrition and social protection policies, strategies and programmes to leverage social protection systems to more effectively contribute to nutrition results for vulnerable adolescent girls and women	Establish linkages between programs to provide comprehensive support to consumption, resilient livelihoods, shock sensitive and nutrition sensitive social protection	Proportion of social protection beneficiaries linked with complementary interventions including health and nutrition services			

Health	2.2. Provide tailored and coordinated country support to strengthen health systems for primary health care by generating evidence; country prioritization, planning and budgeting; mobilization of financing and health workforce development to improve coverage and equity, including in fragile and vulnerable settings	Expanding RBF strategy	Percentage of women benefiting from Social transfers			? Health Financing Strategy
Health	2.2. Provide tailored and coordinated country support to strengthen health systems for primary health care by generating evidence; country prioritization, planning and budgeting; mobilization of financing and health workforce development to improve coverage and equity, including in fragile and vulnerable settings	Improving human resource performance				National Development Strategy
Health	2.2. Provide tailored and coordinated country support to strengthen health systems for primary health care by generating evidence; country prioritization, planning and budgeting; mobilization of financing and health workforce development to improve coverage and equity, including in fragile and vulnerable settings	Improving the health of workers' conditions of service				National Health Strategy

Health	2.3. Integrate Essential Nutrition Actions into the package of health services as part of national health plans and UHC roadmaps, ensuring access for those most left behind including in crises and emergencies	Strengthened routine micronutrient supplementation (vitamin A, iron and folate and micronutrient powders) for targeted groups		75%	80%	Food Fortification Strategy
Health	2.3. Integrate Essential Nutrition Actions into the package of health services as part of national health plans and UHC roadmaps, ensuring access for those most left behind including in crises and emergencies and supplementary foods for young children	Strengthened routine micronutrient supplementation (vitamin A, iron and folate and micronutrient powders) for targeted groups	Proportion of children 6-11 months who received one age-appropriate dose of vitamin A in the past 6 months Proportion of children 12-59 months who received two age	75% 70%	80% 80%	National Health Strategy
Food	2.5. Reduce contamination of crops in farms, enhance food safety in markets and improve food storage and food handling at household level (food hygiene), with a focus	Promote good agricultural practices across all value chains				Multisectoral Food and Nutrition Strategy
Food	2.5. Reduce contamination of crops in farms, enhance food safety in markets and improve food storage and food handling at household level (food hygiene), with a focus on complementary and supplementary foods for young children	Strengthen animal and crop health and nutrition through disease surveillance and control				Multisectoral Food and Nutrition Strategy
WASH	2.6. Increase the implementation of joint nutrition and WASH programmes and increase the coverage of handwashing facilities and WASH services (safe water and sanitation)	Improved access to safe drinking water and improved sanitation facilities				National Health Strategy

WASH	2.6. Increase the implementation of joint nutrition and WASH programmes and increase the coverage of handwashing facilities and WASH services (safe water and sanitation)	Reduction of open defecation through strengthening demand-led sanitation activities	Proportion of population using safely managed sanitation services	75%		National Health Strategy
WASH	2.6. Increase the implementation of joint nutrition and WASH programmes and increase the coverage of handwashing facilities and WASH services (safe water and sanitation)	Increase protection of primary drinking water sources	Proportion of population using safely managed water services	41%		Multisectoral Food and Nutrition Strategy
WASH	2.6. Increase the implementation of joint nutrition and WASH programmes and increase the coverage of handwashing facilities and WASH services (safe water and sanitation)	Strengthening participatory health and hygiene education for positive behaviour change	Proportion of population with basic hygiene services, including a hand-washing facility with soap and water	29%		National Health Strategy
WASH	2.7. Promote the provision of soap and relevant WASH services through all food assistance platforms	Mainstreaming household hygiene, sanitation and waste management in all food and nutrition programs in the country				Multisectoral Food Security and Nutrition Strategy
Health	3.1. Increase early initiation and exclusive breastfeeding rates and adequate complementary feeding and hygiene practices and eliminate harmful effects of inappropriate marketing of breast-milk substitutes and processed foods, high in added sugar, salt and trans fats	Increased proportion of care givers who practice optimal behaviors for improved nutrition of young children under five years	Proportion of children under 2 who were breast fed in the first hour. Proportion of children exclusively breastfed. Proportion of children receiving minimum acceptable diet	59.1% 42% (MICS), 10.7%	60% 50%, 25 %	National Health strategy , RMNCAN Strategy, MNFSS

<p>Health</p>	<p>3.2. Support the systematic implementation of the Nurturing Care Framework to ensure that children are developmentally on track in health, learning and psychosocial wellbeing. Include kangaroo mother care for small and sick neonates</p>	<p>Build capacity for implementation of nurturing care framework to improve child development through facilities, community</p>	<p>Proportion of health facilities which are baby friendly. Early Childhood Development Index (proportion of children developmentally on track). Number of functioning care groups (MOHCC</p>	<p>20% (2005). 71% (ECD Index)</p>		<p>ECD Policy coordination framework (2023). MBFHSS</p>
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Outcome 3 Improved IYCF - Improving breastfeeding practices and children's diets in the first years of life						
System	GAP Potential Actions by 2025	Activities that are a part of Government policies	Indicator	Baseline	Endline	Source
Health	3.3. Promote that age-appropriate Infant and Young Child feeding and care practices and caregiver mental health are systematically integrated in routine maternal and child health care services, including in community-based services	improved integration of IYCF and mental health into routine maternal and child health care services	Proportion of children under 2 who were breast fed in the first hour. Proportion of children exclusively breastfed. Proportion of children receiving minimum acceptable diet. Proportion of children receiving minimum dietary diversity. Proportion of children with Min meal frequency. Proportion receiving growth Monitoring. Proportion of CHWs trained on CIYCF,	59.1% 42% (MICS), 10.7%	60% 50%,	National Health Strategy, RMNCAN, Community health strategy
Food	3.4. Strengthen the food value chains that aim to improve the availability and affordability of healthy and nutritious diets for all vulnerable groups at all times, including animal source foods, pulses, fruits and vegetables biofortified crops (using conventional crop breeding methods) and fortified complementary food, when needed	Improve multisectoral coordination to improve food production, preservation and consumption of nutrition diverse foods/diets.	Household Dietary Diversity. Food consumption score. Household hunger scale. MAD	35% 13% (2022, ZIMLAC)	75%	MFNSS, Food deficit mitigation strategy
Food	3.5. Improve analysis, decision-making and response as well as the design of interventions to improve the diets and nutritional status of populations	Improve information collection and sharing, monitoring, evaluation, to inform nutrition interventions.	Number of people with access to public nutrition information. Functionality of multisectoral food and nutrition security committee.	Functionality assessment (FNC)		HIS, MNFSS

Food	3.6. Strengthen storage capacity, transport infrastructure and post-harvest loss management, including distribution of and training on post-harvest loss silos as well as minimal processing to improve household food access to healthy and nutritious diets at all times	Promote reduction of pre-and post-harvest losses and improved handling, storage technologies, food preservation and food conservation processes	Percentage reduction in post-harvest losses. Food insecurity	59%	10%	National Food Safety Strategy, MSFNSS
Food	3.7. Improve the design of micronutrient fortification programmes through food fortification of common staple foods (wheat or maize flour, rice, condiments). Include biofortification of staple crops using conventional breeding techniques as part of food security and resilience agricultural strategies to improve diets of vulnerable rural communities that rely heavily on few staples	Promote implementation and monitoring compliance of fortification including biofortification	number of HH producing biofortified foods. Number of products certified for fortification. Proportion of products complying to fortification standards. Total of bio-fortified crops produce			Food fortification strategy
Food	3.8. Support the integration of livelihood dynamics and seasonality in the design and delivery of emergency and resilience building programmes countries to meet the nutritional needs of children in situations of acute food insecurity	Scale up IYCF-E interventions including blanket supplementary feeding and climate smart agricultural practices	Proportion of Health facilities with no stockouts of RUTF. Proportion of food insecure households. Number and functionality of care groups. Number of children receiving MNPs. Proportion of caregivers receiving IYCF-E messages			MSFNSS, ERP

Outcome 4 Improved treatment of children with wasting - Strengthening health systems and integrating treatment into routine primary health services.

System	GAP Potential Actions by 2025	Activities that are a part of Government policies	Indicator	Baseline	Endline	Source
Health	4.1. Strengthen the integration of early detection and treatment for wasting as part of routine primary and community health care services and ensure referral systems are in place for appropriate management of wasting in children	Integration of active screening with other health programs (EPI, vit A supp) and other community services				IMAM guidelines (2021)
Health	4.2. Increase the capacity of community health workers to identify and, whenever possible, treat children with uncomplicated wasting and monitor their nutritional rehabilitation in the home	Strengthening community management of malnutrition through active screening, referral and follow-up of children using VHW				IMAM guidelines (2021)
Health	4.3. Adopt programmatic solutions that will improve the cost-effectiveness of early detection and treatment of child wasting	Family-led MUAC screening				
Health	4.4. Strengthen national health information systems to regularly monitor and report wasting and wasting-related data to support and inform the implementation of national services for its effective prevention and treatment	Data quality improvement				National Health Strategy
Health	4.5. Empower caregivers to monitor the healthy growth of their children using low literacy/numeracy anthropometric tools	Family-led MUAC screening				

Health	4.6. Support the inclusion of Ready to Use Therapeutic Foods (RUTFs) into the Model Essential Medicine List by identifying/developing an appropriate category for this commodity and taking into account country level assessments on benefits versus potential harms	RUTF is a part of essential medicine list in Zimbabwe				EDLIZ
Food	4.7. Streamline supply chain systems for the delivery of key commodities for the treatment of child wasting					
Food	4.8. Ensure the highest safety and quality standards of locally produced specialized nutritious food required for the treatment of child wasting, through improved collaboration with the private sector	Develop local manufacturing strategy and resuscitate pharmacy manufacturing units for simple formulations				National Health Strategy
Food	4.9. Support efforts to prevent and reduce aflatoxin and other toxins in therapeutic foods					
Social Protection	4.10. Support government shock responsive social protection in areas with food insecurity giving a safety net transfer to families with at-risk children					Food deficit mitigation strategy

BUDGET AND POPULATION TARGETS

Summary of the annual cost is shown in Figure 4 below

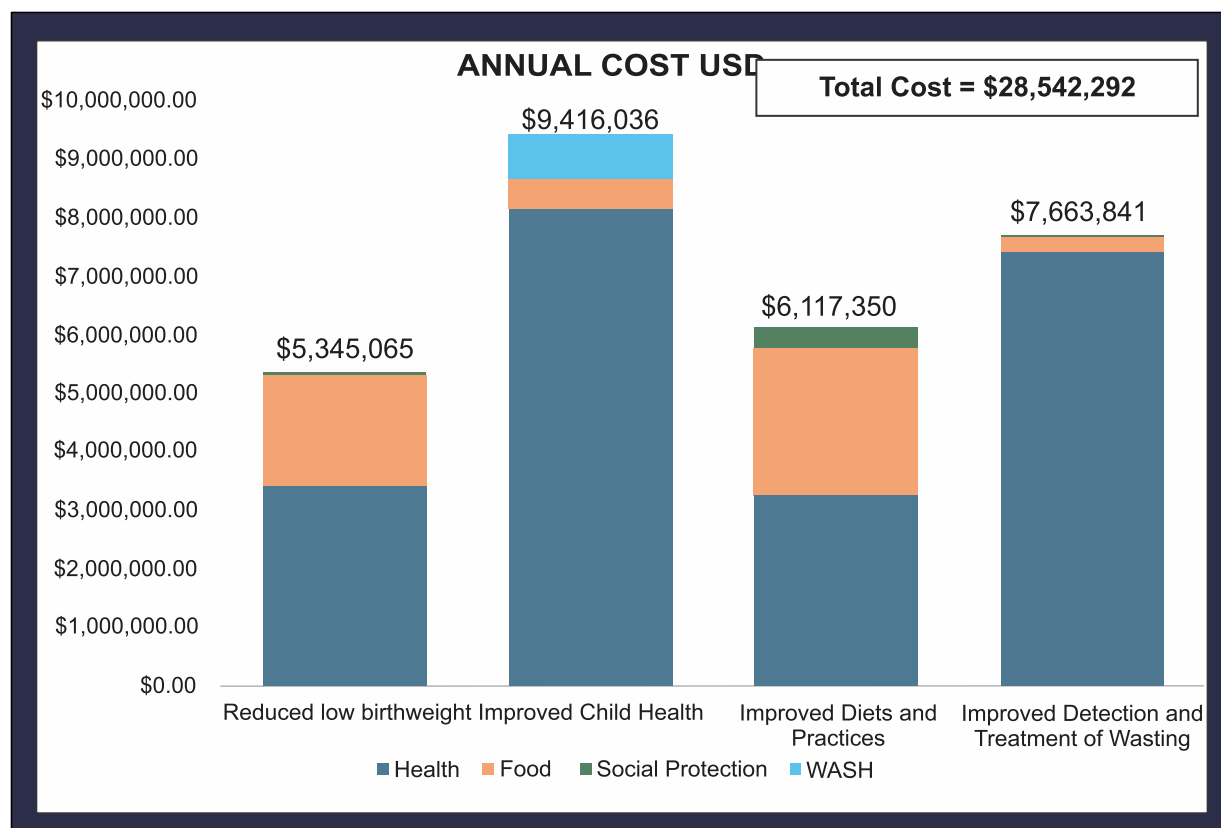


Figure 4: Summary of the Annual Cost

The break down of the annual cost and 5 year total cost for the roadmap is outlined below

Outcome 1: Reduced incidence of Low Birth Weight			
SYSTEM	PRIORITY INTERVENTION	Total Cost USD (1 year)	Total Cost USD (5 years)
Health	Scaling up iron and folic acid supplementation to include all women of child bearing age and adolescents	\$ 1,008,495.40	\$ 5,042,477.00
	Comprehensive pilot of Multiple micronutrient supplements, MMS in at least 3 districts in the country (2 rural and 1 urban)	\$ 666,370.00	
	Scale up SBC aimed at creating demand for IFAS in all districts covering 90% of the population.	\$ 126,000.00	\$ 630,000.00
	Advocacy for the integration of iron and folic acid as part of the medicines package	\$ 50,000.00	\$ 250,000.00
	Enhance nutrition counselling and support for pregnant women particularly in rural areas.	\$ 294,000.00	\$ 1,470,000.00
	Strengthen antenatal care services including regular check-ups and screening for pregnant women	\$ 126,000.00	\$ 630,000.00

Outcome 1: Reduced incidence of Low Birth Weight			
SYSTEM	PRIORITY INTERVENTION	Total Cost USD (1 year)	Total Cost USD (5 years)
Health	Strengthen Mother Baby Friendly Hospital services in all institutions	\$ 960,000.00	\$ 4,800,000.00
	Strengthen early booking and HIV testing/screening among pregnant women at ANC.	\$ 189,000.00	\$ 945,000.00
Food	Promote home grown school feeding program for school aged children and adolescents	\$ 592,200.00	\$ 2,961,000.00
	Strengthen crop and livestock diversification (production and consumption) and capacity building on post-harvest food handling	\$ 280,000.00	\$ 1,400,000.00
	Strengthen linkages between care groups, Farmer Field Schools, community and keyhole gardens	\$ 280,000.00	\$ 1,400,000.00
	Scale up research and innovations to improve access to diverse foods including nutrition sensitive agriculture and innovations	\$ 60,000.00	\$ 300,000.00
	Support and capacitate industry to fortify foods and comply with national food fortification regulations and standards	\$ 47,000.00	\$ 235,000.00
	Strengthen the use of biotechnology and agriculture to improve and promote high yielding varieties/hybrids including bio fortified crops	\$ 60,000.00	\$ 300,000.00
	Increase awareness of food fortification among all stakeholders and community level to increase the uptake of fortified foods	\$ 126,000.00	\$ 630,000.00
	Scale up operations research support and clinical studies to support biofortification including collaboration with private sector, research institutions and academia.	\$ 70,000.00	\$ 350,000.00
	Scale up gender sensitive agricultural policies, promote women leadership and community-based nutrition programmes through capacity building on Gender Action Learning Systems (GALS)	\$ 350,000.00	\$ 1,750,000.00
	Capacity building and digitalisation of the social development department and development of an SOP for social protection assistance	\$ 60,000.00	\$ 300,000.00
	Total	\$5,345,065.40	\$ 26,725,327.00

Outcome 2: Improved Child Health			
SYSTEM	PRIORITY INTERVENTION	Total Cost USD (1 year)	Total Cost USD (5 years)
Health	Capacity building of Village Health Workers (VHWs) and Care Group Volunteers.	\$ 1,559,250.00	\$ 7,796,250.00
	Equip VHWs and Care Group Volunteers with required materials	\$ 891,000.00	\$ 4,455,000.00
	Review and update nutrition modules for pre-service and on job training of all health cadres (Nurses, Doctors, HIOs etc.)	\$ 60,000.00	\$ 300,000.00
	Develop strategies for continuous professional development through various agencies and associations (e.g., PAZ; Nurses Council of Zimbabwe, Allied Health etc)	\$ 65,000.00	
	Establish regular review meetings, including regular use of death audits and review of data.	\$ 146,000.00	\$ 730,000.00
	Conduct supportive supervision and mentorship at all levels (facilities and Care Groups), including data audits.	\$ 343,100.00	\$ 1,715,500.00
	Conduct integrated outreach including nutrition services, focusing on hard-to-reach communities (provision of logistics, DSA for health care workers etc)	\$ 318,750.00	\$ 1,593,750.00
	Improve the quality of data reporting: include nutrition data modules in on-job and pre-service training (for nurses, doctors and health information officers)	\$ 250,000.00	\$ 1,250,000.00
	Undertake public financing for nutrition workshops and advocate for improved domestic funding for nutrition	\$ 40,000.00	\$ 200,000.00
	Expand Result Based Financing to reinforce compliance through reward for good performance	\$ 73,000.00	\$ 365,000.00
	Development and expansion of the National Health Insurance Scheme	\$ 20,000.00	\$ 100,000.00
	Workload analysis for Health to ensure equity and coverage of health services	\$ 94,000.00	\$ 470,000.00
	Support routine micronutrient supplementation (vitamin A, iron and folate and micronutrient powders) for targeted groups	\$ 854,585.60	\$ 4,272,928.00
		\$ 890,000.00	\$ 4,450,000.00
	Strengthen the supply chain for essential commodities for comprehensive package of health services	\$ 70,000.00	\$ 350,000.00
	Develop SOPs for Integrated Outreach to provide implementation guidance	\$ 10,000.00	\$ 50,000.00
	Support integrated outreach activities during emergencies for hard-to-reach populations	\$ 318,750.00	\$ 1,593,750.00
	Strengthen growth monitoring and promotion for children under 5 years	\$ 212,500.00	\$ 1,062,500.00
		\$ 1,370,000.00	\$ 6,850,000.00

Outcome 2: Improved Child Health			
SYSTEM	PRIORITY INTERVENTION	Total Cost USD (1 year)	Total Cost USD (5 years)
Food	Enforcement of food safety standards and legislation for both domestic and imported foods through monitoring and enforcement of the public health act	\$ 40,000.00	\$ 200,000.00
	Promote good agricultural practices across all value chains	\$ 80,000.00	\$ 400,000.00
	Strengthen animal and crop health and nutrition through disease surveillance and control (one health)	\$ 343,100.00	\$ 1,715,500.00
	Capacity building of government laboratory analysts on food quality monitoring	\$ 50,000.00	\$ 250,000.00
	Build awareness of communities on the importance of food labelling	\$ 10,000.00	\$ 50,000.00
WASH	Routine monitoring water quality to ensure drinking water quality	\$ 120,000.00	\$ 600,000.00
	Reduction of open defecation through strengthening demand-led sanitation activities	\$ 126,000.00	\$ 630,000.00
	Undertake participatory health and hygiene education for positive behaviour change	\$ 126,000.00	\$ 630,000.00
	Support the protection of primary drinking sources to minimize contamination through multi-sectoral and community engagement	\$ 318,750.00	\$ 1,593,750.00
	SBC and awareness creation on health care waste management and disposal at health institutions	\$ 60,000	\$ 300,000.00
	Total	\$ 9,416,035.60	\$ 46,755,178.00

Outcome 3: Improved Infant and Young Child Feeding			
SYSTEM	PRIORITY INTERVENTION	Total Cost USD (1 year)	Total Cost USD (5 years)
Health	Promote optimal institutional and community IYCF through different avenues including community care groups	\$ 343,830	\$ 1,719,150
		\$ 1,864,800	\$ 9,324,000
		\$ 155,400	\$ 777,000
	Roll out Baby Friendly Hospital Initiative (BFHI) and Baby friendly Community Initiative (BFCI) to promote early initiation, exclusive breastfeeding and other IYCF practices	\$ 30,000	\$ 150,000
		\$ 270,000	\$ 1,350,000
	Coordination of community initiatives through Food and Nutrition Security Committee	\$ 75,000	\$ 375,000

Outcome 3: Improved Infant and Young Child Feeding			
SYSTEM	PRIORITY INTERVENTION	Total Cost USD (1 year)	Total Cost USD (5 years)
Health	Review and standardise the national SBC strategy for production and consumption of nutrient dense complementary foods as first foods from 6 months of age.	\$ 35,000.00	\$ 175,000.00
	Integration of Early childhood support and services including responsive care and support in IYCF counselling	\$ 25,000.00	
	Implementation of ECD components through care groups promoting IYCF including for children with disability	\$ 140,000.00	\$ 700,000.00
	Support and sustain community care groups for IYCF promotion	\$ 108,330.00	\$ 541,650.00
	IYCF Promotion and awareness creation through global and national events such as World Breastfeeding week, World food day, Nutrition week etc	\$ 23,500.00	\$ 117,500.00
	Advocacy for work place support for working mothers through legislation	\$ 30,000.00	\$ 150,000.00
	Monitoring and enforcement of the BMS Code including reporting of CODE violations, including at community level	\$ 100,000.00	\$ 500,000.00
	Capacity building and mentorship to the health workforce on IYCF including information management	\$ 40,000.00	\$ 200,000.00
Food	Promotion of women and adolescent girls owning businesses in the food value chain	\$ 350,000.00	\$ 1,750,000.00
	Promote Good Agricultural Practices (GAP) across the whole value chain	\$ 350,000.00	\$ 1,750,000.00
	Support the production of complementary foods from locally available food ingredients	\$ 350,000.00	\$ 1,750,000.00
	Promote production and consumption of diverse traditional grain crops (sorghum, millets, cow peas) and small stock (poultry and rabbits)		
	Promote cluster development in agriculture focusing on high-value food and cash crops, as well as livestock, aquaculture, apiculture and forest and timber-based products (VBU approach)	\$ 350,000.00	\$ 1,750,000.00
	Promotion of Home and community nutrition gardening for the production of fast maturing nutritious fruits, vegetable and small livestock, suitable to urban and rural settings.		
	Operational research to improve program efficiency, sustainability, and social return on investments on implemented IYCF approaches (e care groups)	\$ 25,000.00	\$ 125,000.00
	Capacity building of small-holder farmers on post-harvest and handling technologies, value addition, food processing and preservation	\$ 343,830.00	\$ 1,719,150.00
	Enforcement of statutory regulation for the mandatory the fortification of sugar, salt, edible vegetable oil, wheat flour and maize	\$ 343,830.00	\$ 1,719,150.00
SBC to increase consumer knowledge and awareness on the benefits of fortified foods	\$ 30,000.00	\$ 150,000.00	

Outcome 3: Improved Infant and Young Child Feeding			
SYSTEM	PRIORITY INTERVENTION	Total Cost USD (1 year)	Total Cost USD (5 years)
	Support in the formulation of necessary legislative framework to mandate food fortification and enforce and monitor implementation	\$ 343,830.00	\$ 1,719,150.00
	Promote and upscale the use of Climate Smart Agriculture (CSA) technologies in crop and livestock production	\$ 30,000.00	\$ 150,000.00
	Establish sustainable livestock/ range land production and management, including active promotion of measures to reduce greenhouse gas emissions	\$ 10,000.00	\$ 50,000.00
Social Protection	Develop minimum standards and guidelines for food aid support and cash support to meet nutritional needs for all the vulnerable groups	\$ 30,000.00	\$ 150,000.00
	Implementation of homegrown/school feeding program that addresses the nutritional needs of vulnerable groups	\$ 10,000.00	\$ 50,000.00
	Implement and monitor nutrition responsive social protection instruments- cash, in-kind, voucher for vulnerable population.	\$ 30,000.00	\$ 150,000.00
	Institute income generating initiatives through care groups and other community support groups	\$ 280,000.00	\$ 1,400,000.00
	Total	\$ 6,117,350.00	\$ 30,461,750.00

Outcome 4: Improved treatment of children with wasting			
SYSTEM	PRIORITY INTERVENTION	Total Cost USD (1 year)	Total Cost USD (5 years)
Health	Support the integration of the treatment of wasting in integrated Community Case Management (ICCM)	\$ 2,500,000.00	\$ 12,500,000.00
	Capacity building of health workforce on IMAM-preservice, OJT, mentorship	\$ 20,000.00	\$ 100,000.00
	Advocacy for government procurement of essential supplies for wasting management	\$ 6,690.00	\$ 33,450.00
	Strengthening of Growth Monitoring to support early detection and timely treatment of wasting at every contact with health care worker	\$ 1,198,500.00	\$ 5,992,500.00
	Capacity building of community health care workers on early detection and timely referral for treatment of children with acute malnutrition (IMAM, Family MUAC, active screening)	\$ 1,113,750.00	\$ 5,568,750.00
	Revision of the national guidelines and pilot treatment of uncomplicated SAM by CHWs	\$ 75,000.00	\$ 375,000.00
	Integration of Family MUAC approach into routine ANC and postnatal care for early detection of wasting	\$ 64,000.00	\$ 320,000.00
	Integrate simplified guidelines on wasting management in emergencies into the IMAM guideline	\$ 35,000.00	

Outcome 4: Improved treatment of children with wasting			
SYSTEM	PRIORITY INTERVENTION	Total Cost USD (1 year)	Total Cost USD (5 years)
Health	Promote the production of local nutrient dense foods and recipes for prevention of wasting and dietary management of MAM	\$ 28,300.00	\$ 141,500.00
	Roll out/scale up the iCCM and IMAM integration		
	Strengthen routine data collection, analysis, quality and reporting on nutrition indicators and strengthen community nutrition information system	\$ 28,300.00	\$ 141,500.00
	Integrate IMAM, GMP, VAS and IYCF into E-HR	\$ 120,000.00	\$ 600,000.00
	Roll out training to health care providers on the updated National Guidelines adapting the 2023 WHO recommendations	\$ 200,000.00	\$ 1,000,000.00
	Intensify regular monitoring and data quality checks at all sub national levels	\$ 343,100.00	\$ 1,715,500.00
	Harmonize and digitalize MUAC screening tools for wasting	\$ 1,670,700.00	\$ 8,353,500.00
	Support adoption of RUTF as part of Zim EML (EDLIZ)	\$ 14,100.00	
Food	Advocate for the integration of RUTF in Government supply chain system	\$ 4,650.00	\$ 23,250.00
	Capacity building of health workers on Nutrition commodities supply chain and management	\$ 60,000.00	\$ 300,000.00
	Support the improvement of commodity reporting through online logistics management information systems	\$ 47,061.00	\$ 235,305.00
	Promote and scale up local production of nutrient dense foods for the management of MAM and prevention of wasting	\$ 10,000.00	\$ 50,000.00
	Support research and acceptability of new commodities for the management of wasting	\$ 6,690.00	\$ 33,450.00
	Advocate and support local initiatives to produce nutrient dense specialized foods for management of wasting	\$ 33,960.00	\$ 169,800.00
	Develop standards to monitor safety, quality and adherence to standards for locally produced nutrition supplies for management of wasting	\$ 28,350.00	\$ 141,750.00
	Build capacity of local producers for specialized nutrition commodities and commercial nutrient dense foods for the management of wasting to adhere to national standards	\$ 47,000.00	\$ 235,000.00
Social Protection	Provision of predictable, consistent and sustainable social transfers to vulnerable households (HHs) with children under 5 years, pregnant and breastfeeding mothers)	\$ 6,690.00	\$ 33,450.00
	Scale up standardised cash transfers / food baskets during periods of shocks such a drought, flooding	\$ 2,000.00	\$ 10,000.00
	Total	\$ 7,663,841.00	\$ 38,073,705.00
Grand Total		\$ 28,542,292.00	\$ 142,015,960.00



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