WFP has an advantage when it comes to addressing malnutrition in Zimbabwe, thanks to its deep field presence in the country’s most food insecure districts. By providing supplements to vulnerable people, WFP assists in the nutritional rehabilitation of individual clients through the Health & Nutrition Programme, whilst at the same time protecting their families from the negative impacts of malnutrition.

A nutritious diet is considered to be an inherent component of HIV and AIDS care in the context of food insecurity and chronic illness. ART and TB clients have special nutritional needs that must be addressed in order for them to respond better to treatment. Good nutrition is essential for good health and is the first line of defence in fighting the disease.

WFP’s Health & Nutrition Programme began in 2006 and peaked in 2012 to cover 21 districts, including the two provinces of Harare and Bulawayo though currently planned to reduce to cover 13 districts and the 2 provinces of Harare and Bulawayo. The programme is implemented in collaboration with the Ministry of Health and Child Care and various NGO Cooperating Partners. Also, starting in July 2014, as part of the scaling up nutrition (SUN) global movement, WFP together with other UN agencies will be converging in one district to reduce stunting.

Nutritional assistance:
WFP’s Health & Nutrition Programme focuses on nutritional rehabilitation for individual patients, and provides them with a monthly 10kg ration of Supercereal (a fortified food supplement served as porridge).

Whilst treating clients for malnutrition, WFP simultaneously provides a monthly food basket for the patient’s household. This ration includes: 10kg cereal, 0.6kg vegetable oil and 1.8kg pulses, and is distributed through a combination of in-kind distribution, cash transfers and electronic food vouchers. Stunting prevention ration is 6kg of supercereal plus

Objectives:
By providing a maximum of 6 months of food rations, and whilst taking cognizance of both medical and socio-economic parameters, WFP hopes to:
- Achieve nutrition rehabilitation, continued treatment access and adherence
- Reduce stunting prevalence in children
- Improve the health and nutritional status of ART patients
- Ensure adequate food consumption, prevent deterioration of household social wellbeing and support treatment success and nutritional recovery
Pregnant women and nursing mothers:
When a woman is pregnant, her body has special nutritional needs. After she has given birth, she has a greater need for energy and also for the nutrients that make her breast milk nourishing to her baby. This is critical in situations where women are already malnourished before pregnancy and don’t receive certain vitamins or minerals. Pregnant women are kept on the programme for the last 6 months of their pregnancy and a further 6 months after delivery if they are lactating.

Children under 5 years:
Research confirms that good nutrition in the early years of life is crucial for physical and mental development. Without it, their growth can be compromised – forever. Children under 5 years old are kept on the Health and Nutrition Programme for 6 months.

Categories of beneficiaries:

ART patients (PLHIV)
Food and nutrition support is essential for keeping people living with HIV healthy for longer and for improving the effectiveness of treatment. WFP support allows the food insecure to recover their health and resume productive lives. ART patients receive nutrition support for a maximum of six months, however they can be discharged after two consecutive BMI measurements above 18.5 before the 6-month period has lapsed. If a patient has not increased weight in 3 months, they are referred back to medical practitioners for further assessments.

TB patients
WFP assistance is an essential means of enhancing the uptake of, adherence to, and success of TB treatment and of mitigating treatment side effects. TB patients receive nutrition support for a maximum of eight months (for those taking an eight-month drug regimen). Patients can, however, be discharged after two consecutive BMI measurements above 18.5 before the six month period has lapsed.

Entry criteria:
In clinics, patients are referred to WFP’s NGO Cooperating Partners who implement the Health & Nutrition Programme. Entry into this programme is based on clinical indicators of malnutrition, including:

- Basic Mass Index (BMI) below 18.5
- Weight Loss >/= 10% of body weight within 2 successive weightings (30 days)
- Pregnant or lactating mothers with a Mid Upper Arm Circumference (MUAC) below 23cm
- Children under five years with a MUAC below 12.5cm
- Children under 2 years-Stunting prevention based on age (children initial registration from 6-18 months)

Children under 2 years:
Zimbabwe’s stunting levels are concerning. More than 30 percent of children are short for their age. Stunting starts during pregnancy and continues through early formative months and is irreversible post 2 years of age. Under the UN Nutrition Flagship programme, children under 2 will be assisted with nutritious supplements.

Children who are well nourished during the first 1,000 days of life can reach their full potential, both mentally and physically, and lead productive lives when they grow up.

Transfer Modalities
Increasingly, in urban areas, WFP is using vouchers and cash which can be redeemed for food items or spent in selected shops. Vouchers are an alternative food distribution mechanism that substitutes local retailers for traditional WFP-mediated channels of procurement, transport and storage. They are convenient and boosts local markets.

For further questions relating to WFP operations in Zimbabwe, please contact the following:
Mr. Sory Ouane (Sory.Ouane@wfp.org), WFP Representative
Mr Tomson Phiri (Tomson.Phiri@wfp.org), WFP Information Officer