

## Wimpfheimer-Guggenheim Essays Competition

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*Winning essay from 2012*

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### **Improving Nutrition Status in Zimbabwe: A Call to Action**

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#### **Background**

As a native of Zimbabwe, I grew up seeing and experiencing the devastation of malnutrition, especially in infants and children. I believed that there must be something that can be done about this. I took my first nutrition class in high school, and it was in that school term that I made the decision to pursue a career in nutrition.

Three years later, I migrated to the United States of America, as our local university did not offer a degree in nutrition. My goal was to obtain the qualifications that would enable me to one day return to Zimbabwe, and make a difference in the nutrition status of my community and across the country at large.

#### **Nutrition Status of Children in Zimbabwe**

Malnutrition continues to be a problem in Zimbabwe. The United Nations and the [Zimbabwe Food and Nutrition Council \(FNC\)](#) published new data in 2010 on the nutritional status of Zimbabwe's children. The data revealed that more than one third of Zimbabwe's children under the age of five are chronically malnourished and consequently stunted.<sup>1</sup> Poor infant and young child feeding practices in Zimbabwe are the key factors that have contributed to the high rate of chronic malnutrition among children under five years old. Inadequate numbers of trained nutrition professionals has also contributed to the deterioration in optimal infant and young child feeding practices.

Speaking at the launch of the Zimbabwe National Nutrition Survey results, the Prime Minister of Zimbabwe, Hon Morgan Tsvangirai, stated that "persistent and deteriorating chronic malnutrition means Zimbabwe is unlikely to meet the United Nations Millennium Development Goal number one: to halve poverty and hunger."<sup>2</sup>

Many donor agencies and stakeholders have recognized the need for accelerated action to reverse chronic malnutrition in Zimbabwe, and aid is being provided to help the country meet the [Millennium Development Goals \(MDGs\)](#) numbers one which is eradicating extreme hunger and poverty and goal four, reducing childhood mortality by 2015.<sup>3</sup> As the country is now in a recovery phase, many strategies that involve collaboration between government, private and academic institutions must be incorporated to create a long-term sustainable solution to the problem of malnutrition in Zimbabwe.

## **The Millennium Development Goals (MDGs)**

The MDGs were established at the Millennium Summit held in 2000. These goals are aimed at improving social and economic conditions in developing countries such as Zimbabwe. One of the three focus areas for the MDGs is bolstering human capital. There are several objectives under this focus area, which include improving nutrition, improving healthcare and reducing levels of child mortality. Nutrition interventions play a major role in helping countries reach the MDGs. Good nutrition among children and women is a key to fighting poverty, promoting health, reducing infant mortality, improving education outcomes, improving maternal health, managing HIV/AIDS, as well as empowering women in community settings. A country that has a healthy and well nourished population has the opportunity to become a well developed country that reaches its potential in both its health and economic outcomes.

## **The Conceptual Framework**

Cited from ZIMBABWE NATIONAL NUTRITION SURVEY – 2010. This is part of the UNICEF conceptual framework on the causes of malnutrition, and the survey report where this particular one was obtained is a preliminary survey report which is not a published document:

## **Collaboration is Key**

The conceptual framework above published by [UNICEF](#) in 1998, and serves as a guide for effective planning to address malnutrition.<sup>4</sup> The framework shows that the causes of malnutrition are multi-sectorial, hence a well coordinated multi-sectorial response is required in order to reverse the alarming rates of chronic malnutrition in Zimbabwe. In addition to collaborating donor agencies providing food security that improves dietary intake, and care practices that improve nutritional status, there must be a nutrition system that supports sustainable change. There must be an infrastructure developed within Zimbabwe that will build on the successes of current efforts to reach the MDGs. Beyond 2015, nutrition must continue to be a priority for Zimbabwe, and this can only be sustained by an infrastructure of well trained nutrition professionals equipped with the knowledge and expertise to achieve the much needed change in Zimbabwe.

## A Response to the Need

After a visit home to Zimbabwe in 2011, I realized that there was an immediate need for an accelerated response to address malnutrition across the country as a whole. For current donor action to be sustained, there must also be an academic component incorporated into the country's nutrition strategy. Training nutrition professionals who can provide evidenced-based programs to the Zimbabwean population is an immediate need. During my last visit I realized it was time for me to utilize the knowledge and experience I had acquired and developed during my time as a registered dietitian in the United States.

I am now undertaking a six-month journey to Zimbabwe to facilitate desperately needed public health infrastructure that will address diabetes, HIV/AIDS, end-stage renal disease, and under-nutrition and malnutrition in children under five years old. The Wimpfheimer-Guggenheim International Exchange in Nutrition, Dietetics, and Management award will be very helpful in my efforts to accomplish the following action items:

Continue a text book drive in collaboration with the [Kansas Dietetic Association](#) to provide much needed text books for the library in the Nutrition Department at the University of Zimbabwe and possibly other universities where the dietitian program is offered. (This was completed in Fall of 2011). During a visit to the University of Zimbabwe, I learned that the Nutrition Department was in need of didactic textbooks for their departmental library. I responded to this need by asking the president of the Kansas Dietetic Association to send communication to members about this opportunity to link our registered dietitians with the need for books and support in Zimbabwe. A book drive was conducted in collaboration with the Kansas Dietetic Association from June to October, 2011. Registered dietitians in the Kansas City area responded. Immediately, and over 500 textbooks were collected. I packaged the books and made arrangements for shipping to Zimbabwe. The books arrived in Zimbabwe, and upon the start of the new semester in March 2012, a new library of textbooks will be available for use by the current students.

Provide technical assistance in the development of a dietetics track for the Nutrition Department at the University of Zimbabwe. (Initiated in June 2011, and progress is being made.) A proposal has been submitted to the University of Zimbabwe Nutrition Department to create a faculty position that will be responsible for training students interested in becoming registered dietitians. This position will also collaborate with the five registered dietitians in the country, to create practical on-site training and internship opportunities.

Provide mentorship to the current team of registered dietitians in Zimbabwe and seek opportunities for United States-trained dietitians to mentor new and current dietitians (the "RD Buddy" program). (Initiated in June 2011, with dialogue is continuing.) In the summer of 2011, I initiated mentorship for the registered dietitian at [Parirenyatwa](#), the country's largest hospital.

Assist in the development of nutrition standards of care for registered dietitians and nutritionists. (Began May 2012.) In collaboration with the University of Zimbabwe Nutrition Department and the Nutrition Unit of the [Ministry of Health](#), develop much needed standards of

nutritional care for the acute care and community setting, that will, in turn, serve as the foundation for the initiation of the nutrition care process in the near future.

Provide expertise in the establishment of the Zimbabwe Dietetic Association as part of the [American Overseas Dietetic Association \(AODA\)](#) affiliate of the Academy of Nutrition and Dietetics, to provide an avenue for networking and strengthening professional development and creating a lasting presence in a country that was once the bread basket of Africa. (Began May 2012.)

## **Summary**

I strongly believe that the action items listed above are a contribution to improving the nutrition systems in Zimbabwe, and will contribute to raising the nutritional standards of the population of Zimbabwe. The Academy of Nutrition and Dietetics Foundation has proven commitment to the nutritional status of children as demonstrated by many years of financial contributions to child nutrition programs and its recent launch of the Kids Eat Right campaign.

## *References*

<sup>1</sup>Ministry of Health and Child Welfare, Food and Nutrition Council. (2010). National Nutrition Survey Report. Harare

<sup>2</sup> [http://www.unicef.org/infobycountry/zimbabwe\\_55385.html](http://www.unicef.org/infobycountry/zimbabwe_55385.html)

<sup>3</sup> UN.(2000). United Nations Millenium Declaration. New York

<sup>4</sup> UNICEF: The state of the world's children 1998. Oxford: Oxford University Press; 1998.