



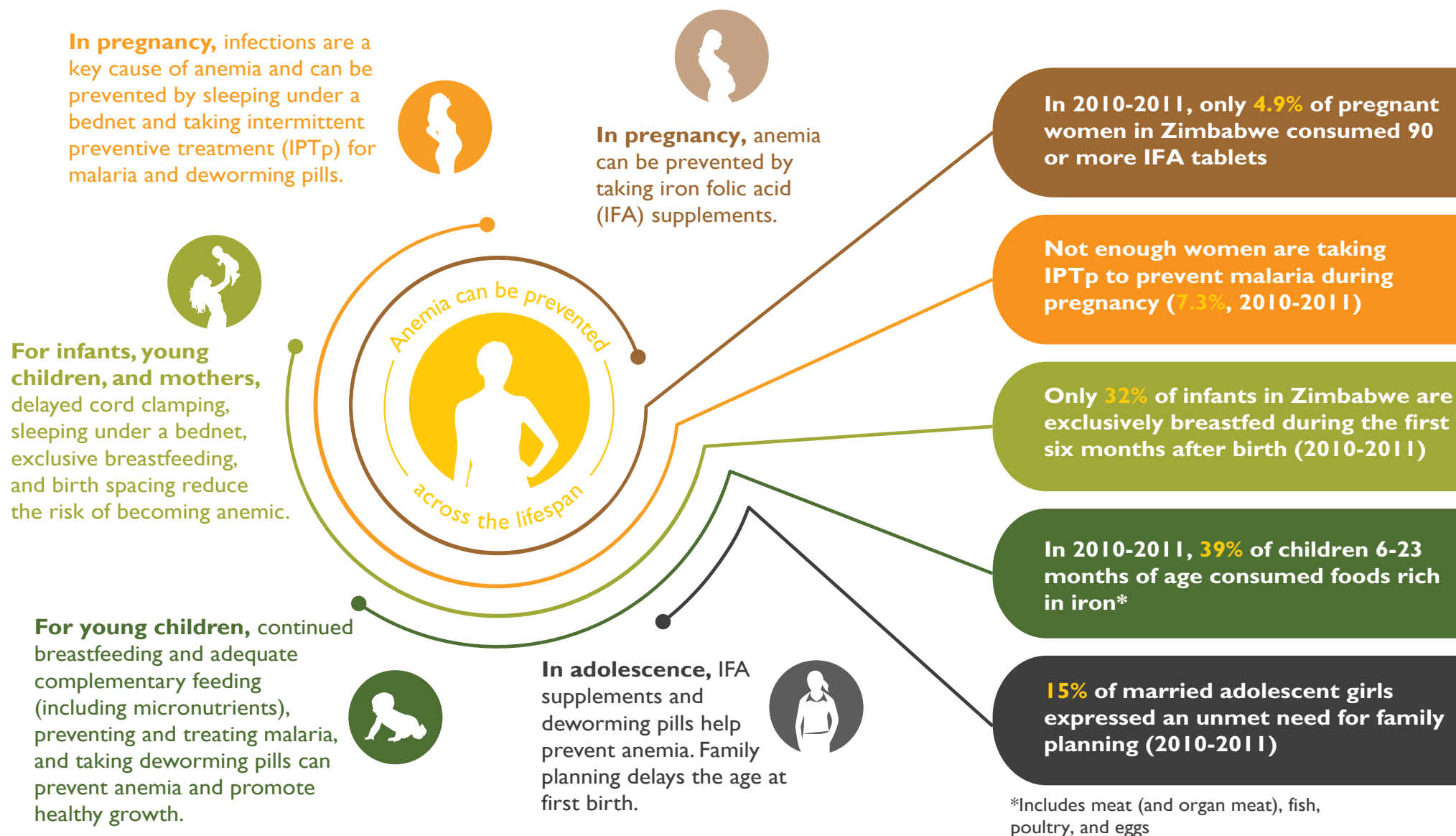
ZIMBABWE

National Anemia Profile



USAID
FROM THE AMERICAN PEOPLE

SPRING
Strengthening Partnerships, Results,
and Innovations in Nutrition Globally

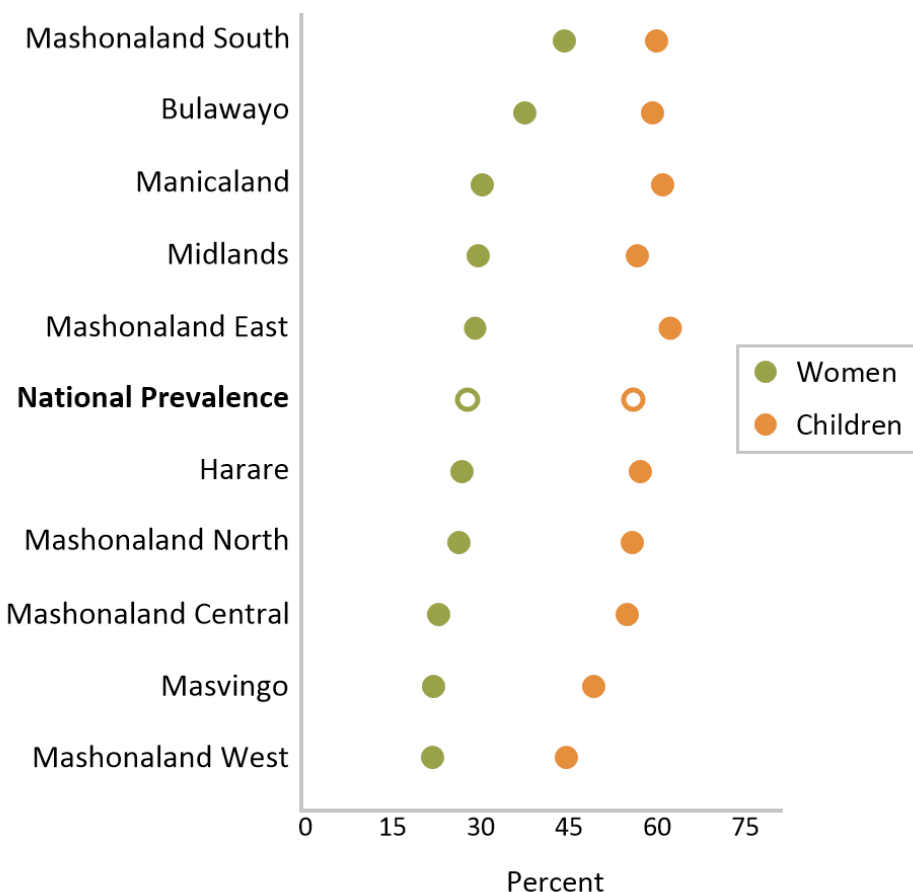


A multisectoral approach to prevent anemia will save lives and improve the wellbeing of mothers, infants, and children

Anemia has substantial negative effects on the health and economic wellbeing of nations and communities. Children with anemia experience irrevocable cognitive and developmental delays and exhibit decreased worker productivity as adults.¹ Globally, maternal anemia increases the risk of pre-term delivery and low birth weight, and iron-deficiency anemia underlies 115,000 maternal deaths and 591,000 perinatal deaths each year.²

Prevalence of anemia among children 6-59 months and women 15-49 years, by province

Source: Zimbabwe DHS, 2010-2011



1. Walker, S. P., T. D. Wachs, J. M. Gardner, B. Lozoff, G. A. Wasserman, E. Pollitt, and J. A. Carter. 2007. "Child development: risk factors for adverse outcomes in developing countries." *Lancet*, 369(9556): 145-157.

2. Stoltzfus, R. J., L. Mullany, and R. E. Black. 2004. "Iron Deficiency Anemia." In *Comparative Quantification of Health Risks: Global and Regional Burden of Disease Attributable to Selected Major Risk Factors*. M. Ezzati, A. D. Lopez, A. Rodgers, and C. J. L. Murray, eds. Geneva: World Health Organization.

Trends in the prevalence of anemia in Zimbabwe

Children 6-59 months of age

■ mild ■ moderate ■ severe

2005-2006



2010-2011



The DHS hemoglobin levels used to diagnose anemia in children 6-59 months in grams/dL are: Mild 10.0-10.9; Moderate 7.0-9.9; Severe <7.0; Any <11.0.

Women 15-49 years of age

2005-2006



2010-2011



The DHS hemoglobin levels used to diagnose anemia in non-pregnant women 15-49 years of age in grams/dL are: Mild 10.0-11.9; Moderate 7.0-9.9; Severe <7.0; Any <12.0.

Status of Policies or Strategies to Support Reductions in Anemia*

- | | |
|--|--|
| <input checked="" type="checkbox"/> IFA for pregnant women | <input checked="" type="checkbox"/> Long-lasting insecticidal nets (LLINs) for household use |
| <input type="checkbox"/> IFA for women of reproductive age | <input checked="" type="checkbox"/> Indoor residual spraying |
| <input type="checkbox"/> IFA for adolescent girls | <input checked="" type="checkbox"/> National policy on sanitation |
| <input checked="" type="checkbox"/> Iron and/or folic acid fortification legislation | <input checked="" type="checkbox"/> IPTp for pregnant women |
| <input checked="" type="checkbox"/> Delayed cord clamping | <input checked="" type="checkbox"/> Malaria diagnosis and treatment |
| <input checked="" type="checkbox"/> Dietary diversity for complementary feeding | <input checked="" type="checkbox"/> Deworming for children |
| <input type="checkbox"/> Micronutrient powders for children | <input checked="" type="checkbox"/> Deworming for pregnant women |
| | <input checked="" type="checkbox"/> Breastfeeding |

- | | |
|---|--|
| <input checked="" type="checkbox"/> no policy | <input type="checkbox"/> policy pending |
| <input checked="" type="checkbox"/> policy in place | <input type="checkbox"/> missing documentation |

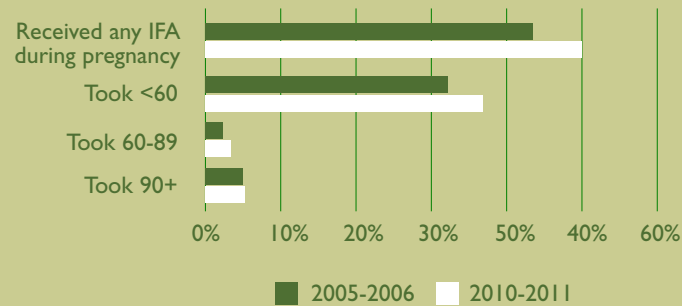
*Information from the Global database on the Implementation of Nutrition Action (GINA) (<https://extranet.who.int/nutrition/gina/en>) or country documentation. The status of policies and strategies have been identified to the best of our knowledge. Revisions and updates are welcome.

Evidence-informed WHO guidance can be found here: <http://www.who.int/elena/en/>

Anemia is a Preventable Condition—Simple Interventions Can Have a Huge Impact

Increase iron uptake and stores

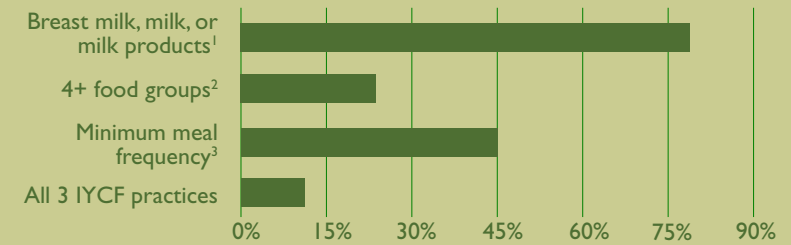
IFA supplementation among pregnant women increased from 2005-2006 to 2010-2011



Contraception use modestly increased among married women from 1999 to 2010-2011



Few children 6-23 months old were fed according to 3 key Infant and Young Child Feeding (IYCF) practices in 2010-2011

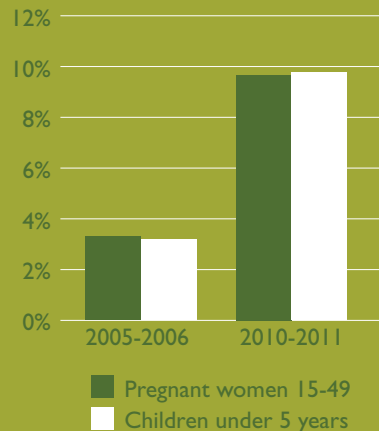


- ¹ Continued breastfeeding, or feeding of milk/milk products to non-breastfed children
² Feeding children solid foods, semi-solid foods and milk products from the minimum number of food groups
³ Feeding children solid foods, semi-solid foods and milk products the minimum number of times



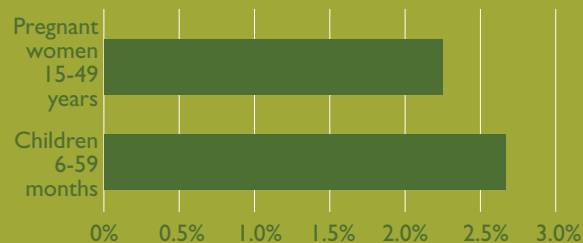
Reduce iron losses and infection

Insecticide-treated mosquito net (ITN) use tripled from 2005-2006 to 2010-2011, but remained low*



*Percentage who slept under an ITN the night before the survey

Not enough children and women received deworming medication in 2010*



*Deworming medication given in past 6 months for children and during last pregnancy for women

Exclusive breastfeeding of children <6 months remained at 1999 levels



The percentage of households with an improved latrine/toilet continued to fall from 1999 levels



*Definition of 'improved latrine/toilet' has changed slightly across years. See Demographic and Health Surveys.

Multiple Sectors Play a Role in Anemia Prevention and Treatment

Stunting and anemia share similar risk factors and are responsive to many of the same interventions

Agriculture

- Increase income and reduce poverty
- Production of biofortified and iron-rich crops
 - Small livestock/poultry
 - Dietary diversity

Health

- Iron supplementation
 - Deworming
- Breastfeeding and complementary feeding
- Family planning
- Malaria prevention and treatment
- Delayed cord clamping

Water and Sanitation

- Improved latrines
 - Handwashing
- Access to clean water
- Livestock management
 - Infectious disease prevention

Education

- Female literacy
- Health education
- Hygiene education
- Family planning education
- Nutrition education

Data Sources:

Zimbabwe National Statistics Agency (ZIMSTAT) and ICF International. 2012. Zimbabwe Demographic and Health Survey 2010-11. Calverton, Maryland: ZIMSTAT and ICF International Inc.

Central Statistical Office (CSO) [Zimbabwe] and Macro International Inc. 2007. Zimbabwe Demographic and Health Survey 2005-06. Calverton, Maryland: CSO and Macro International Inc.

Central Statistical Office [Zimbabwe] and Macro International Inc. 2000. Zimbabwe Demographic and Health Survey 1999. Calverton, Maryland: Central Statistical Office and Macro International Inc.

Profile prepared September 2015.

This profile is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement AID-OAA-A-11-00031 (SPRING), managed by JSI Research & Training Institute, Inc. (JSI) with partners Helen Keller International, the Manoff Group, Save the Children, and the International Food Policy Research Institute. The contents are the responsibility of JSI, and do not necessarily reflect the views of USAID or the United States Government.