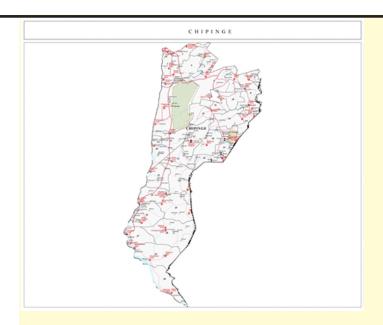


## Drivers of Stunting Assessment Chipinge District



September 2017



he Food and Nutrition Council (FNC) coordinated the roll-out of the Multi-Sectoral Community Based Model for Addressing Food and Nutrition Insecurity to Reduce Stunting Model

(MSCBM) approach in 5 learning wards within the four Pilot districts. In the initial phases of the roll-out, communities agreed on context specific drivers of stunting which later informed development of an implementation action. The MSCBM approach is now in its third year of implementation, hence it was prudent for the four districts to conduct a self-assessment to verify if there has been any shift in the baseline drivers of stunting. Guided by findings of the 2015 MSCBM Baseline Survey and other recent assessments, the District Food and Nutrition Security Committees (DFNSCs) prioritized context specific food and nutrition problems and possible causes driving them. A standard Drivers of Stunting Template which categorized the drivers into immediate, underlying and basic was used. It is expected that the agreed drivers of stunting will inform the development of future Ward Food and Nutrition Security Committee (WFNSC) multi-sectoral action oriented cost effective micro-plans that will be reviewed on a monthly basis.

## Drivers of stunting informed by the MSCBM survey 2015

NO	DRIVERS OF STUNTING	ACTION PLAN	
1	Food shortages-	Resources for food security	
		-establish and rehabilitate irrigation schemes	
		-Encourage small livestock production	
		-promote post-harvest technologies	
		-resuscitation of nutrition gardens.	
2	Minimum dietary diversity (23.0%)	-community gardens to be rehabilitated	
	Minimum acceptable diet (9.0%)	-monitoring of garden crops-diversity of crops	
	Minimum meal frequency (32.0%)	-monitoring of small livestock production	
		-Health education sessions on good nutrition	
		-cooking demonstrations	
	Proportion of women receiving iron and	<ul> <li>Health education on iron rich foods and</li> </ul>	
	folate tablets (88%)	the importance of iron and folate tablets.	
7	Low exclusive breast feeding rates (34.5%)	Awareness campaigns and health education	
8	Continued breastfeeding up to two years-	sessions	
	(5.2%)		
9	Vitamin A supplementation-28.2	- Community Vitamin A supplementation	
		by VHWs	



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	57 percent of the households accessed		
	adequately iodized salt-against a national		
	target of 90		
10	Measles immunization coverage (63.0%)		
11	Pentavalent 3 coverage (67.7%)		
3	Low safe water coverage	-monitoring and rehabilitation of boreholes	
	<ul> <li>Households getting water from</li> </ul>	-PHHE trainings	
	unprotected sources	-water testing	
		-water treatment	
		-Facilitate formation of water point committees	
4	Poor hygiene and sanitation practices	-construction of hand washing facilities with soap	
	<ul> <li>Households using pit latrines</li> </ul>	-PHHE trainings	
	without a slab (31.1%)	-mobilize community to build toilets	
	<ul> <li>Households without places for</li> </ul>	- follow ups	
	hand washing		
	• 91.4% of the households do not use		
	soap or ash when washing hands		
	Households practicing open		
	defecation 14.8%		
5	Diarrhea cases (29.1%)		
6	Teenage Pregnancy-	Facilitate Sensitization meetings	
		-Peer Education	
		-Video Screening	
		-Sport & Recreational activities	
		- Awareness campaigns	

This drivers of stunting assessment was undertaken by the following Chipinge DFNSC members:

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