



The 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 -monitoring of garden crops-diversity of crops -monitoring of small livestock production -Health education sessions on good nutrition -cooking demonstrations
	Minimum acceptable diet (9.0%)	
	Minimum meal frequency (32.0%)	
	Proportion of women receiving iron and folate tablets (88%)	- Health education on iron rich foods and the importance of iron and folate tablets.
7	Low exclusive breast feeding rates (34.5%)	Awareness campaigns and health education sessions
8	Continued breastfeeding up to two years- (5.2%)	
9	Vitamin A supplementation-28.2	- Community Vitamin A supplementation by VHws

	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 <ul style="list-style-type: none"> Households getting water from unprotected sources 	<ul style="list-style-type: none"> -monitoring and rehabilitation of boreholes -PHHE trainings -water testing -water treatment -Facilitate formation of water point committees
4	Poor hygiene and sanitation practices <ul style="list-style-type: none"> Households using pit latrines without a slab (31.1%) Households without places for hand washing 91.4% of the households do not use soap or ash when washing hands Households practicing open defecation 14.8% 	<ul style="list-style-type: none"> -construction of hand washing facilities with soap -PHHE trainings -mobilize community to build toilets - follow ups
5	Diarrhea cases (29.1%)	
6	Teenage Pregnancy-	<ul style="list-style-type: none"> 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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