

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

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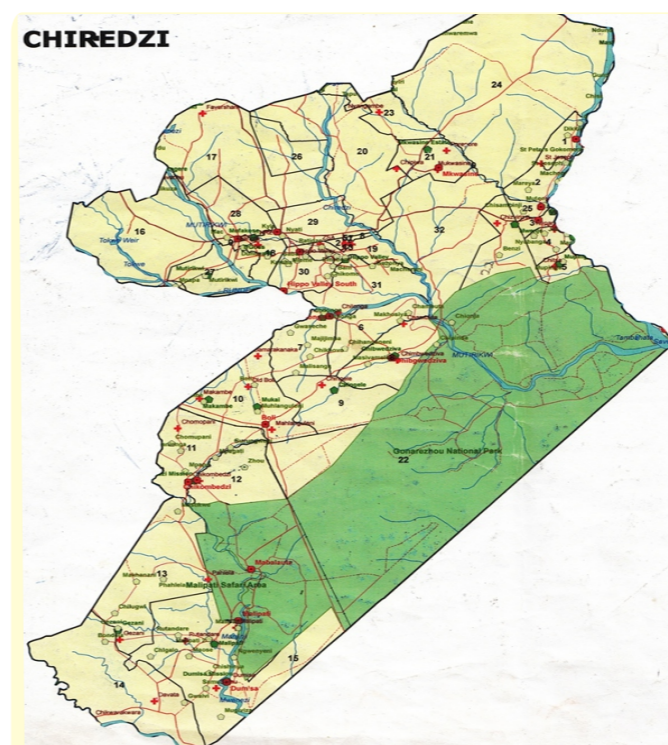


September

Drivers of Stunting Assessment Chiredzi District



2017



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.

1. Immediate Causes

Inadequate Dietary Intake

- Low proportion of children 6-23 months receiving a Minimum Acceptable Diet (MAD) (12.2% according to SMART Survey, 2017).
- **Poor access to fruits and vegetables:** 53.1% had one fruit tree at their homestead and 41.2% of the households grew one type of vegetable. This means some households do not have year-round access to diverse fruits or vegetables from own production and would need to purchase them (MSCBM Baseline, 2015).

Disease

- Frequent illnesses in children 6 to 59 months (diarrhoea-20%, Fever-36% and cough-43% (SMART 2017).
- Overall the 6 - 23 months' age-group reported the highest episodes of cough, fever and diarrhoea. (MSCBM Baseline, 2015)
- High disease burden in the district, Malaria outbreaks (District in outbreak for more than 8 weeks from January to June 2017), HIV positive rate of 6%, 4 793 new diarrhoeal diseases in under 5s and 20 204 pneumonia cases for under 5s during the period January to June 2017 (DHIS-T5 Data 2017)



2. **Underlying Causes**

Food Insecurity

- Lack of draught power and poor livestock production dynamics (reluctant to dispose of and make other investments): Livestock drought mitigation strategies are needed in areas that suffered most from the Eli Nino induced drought and where livestock makes the most significant contribution to households' livelihoods. (ZimVAC, 2016).
- Low dietary diversity for children 6-23 months at 25.5% (SMART 2017), also depicted by low proportion of households growing diversified crops in gardens (FNC Dashboard Household Consolidated Indicators Chiredzi-1st Quarter, 2017).

Inadequate Care Practices

- Low proportion of children accessing growth monitoring-31% (SMART, 2017)
- Low vitamin A coverage for both 6-11 and 12-59 months age groups which are 68% and 48% respectively (SMART, 2017)
- Poor infant and young child caring practices. Less than half (44.9%) of the children 0 - 5 months are being exclusively breastfed and only 18.7% of children receiving breastfeeding at two years (MSCBM Baseline, 2015)
- Domestic Violence (physical/emotional/sexual) against women stands at 38.7% in Masvingo Province for married women (ZDHS, 2015).
- Ante Natal Care (ANC) coverage for women who attended at least one ANC visit is high (98.3%) but the proportion of those who attended 4 or more visits was lower at 64.5%. Reduced opportunities in the health facility to counsel pregnant women on maternal nutrition. (MSCBM Baseline, 2015)
- A lot is dependent on Village Health Workers (VHWs) for nutrition and health education and counselling yet VHW coverage is not universal.
- 12% of 0 to 23 months old babies in Chiredzi are

being fed by a bottle hence high risk of infections to children (SMART Survey, 2017).

- 3% of under-fives in Chiredzi are orphans (SMART Survey, 2017).

Inadequate access to water, sanitation and hygiene

- Poor sanitation with 40% (RWIMS, 2017) of Chiredzi rural household practicing open defecation.
- Only 60% accessing improved water supplies (FNC Dashboard Household Consolidated Indicators Chiredzi-1st Quarter 2017) and compared 67% (SMART 2017)
- 37% of Chiredzi rural population living in 12 rural wards has no easy access to health services

Basic Causes

Child/Early marriages

- Approximately 5% of married women are between 15 and 19 years (SMART, 2017)
- Approximately 1% of first ANC bookings for January to June 2017 were girls below 16 years (DHIS-T5 Data 2017).

Caregiver resources and intra-household control/Gender issues

- Low access and participation in village income generating projects especially by women: ZimVAC 2017 reported that 14.7% of households had a member participating in an Income Savings and Lending group (ISAL)/Mukando
- In Zimbabwe, violence against women is widely acknowledged to be of great concern, not just from a human rights perspective, but also from an economic and social perspective. (ZimVAC 2016).

Climate Change

- The El Nino induced Drought affected the 2015/2016 agricultural season and floods were experienced during the 2016/2017 agricultural season (District Civil Protection and ZimVAC 2016 Reports).

Shocks and Hazards

- Households in most districts experienced more than 10 shocks and stressors at least 5 times over the ten-year period spanning from 2006 to 2016 (Chiredzi 12-13). Chiredzi also had a relatively high frequency. (ZimVAC 2016)
- The recently experienced hazards 2015-2016 had the greatest impact on food access/consumption and production as reported by 45% of the households. 27% reported reduced income as the main impact of recent hazards experienced. 20% indicated assets loss as the main impact (sale of household's assets and loss of livestock, etc.) ZimVAC 2016
- The 2015-2016- El Nino Induced drought ZimVAC 2016
- Tropical Depression Dineo affected Chiredzi (ZimVAC, 2017)
- At least 36% of households were affected by the Fall Armyworm in the 2016/17 agricultural season, 38% Masvingo province (ZimVAC, 2017).

Education

- Nationally, at least 63% of the children experienced being turned away for non-payment of school fees (ZimVAC, 2017) and in Chiredzi, 16.8% girls and 13.6% boys were not attending school in 2015 mainly due to affordability issues (MSCBM Baseline 2015)
- School Health Masters are not fully capacitated in nutrition issues and there has not been any specific nutrition training for School Health Masters since 2008.

Knowledge and Technologies

- **Poor post-harvest handling practices:** Cereals consumed by more than half (53.6%) of the households were not treated (MSCBM Baseline 2015)
- **Poor extension coverage:** Proportion of

households receiving agricultural training has remained relatively low for the past 3 years at 38% in 2014/15, 35% in 2015/16 and 34% in 2016/17. (ZimVAC, 2017)

Socio-Economic Environment

- Due to deflation, household incomes remain low and liquidity challenges affect the demand for goods and services, especially for poor households. (ZIMVAC, 2017)
- Difficulties in households accessing loans / financial exclusion in the formal institutions such as Banks, SACCOs and microfinance. (ZimVAC, 2016).

Acronyms

DFNSCs	District Food and Nutrition Security Committees
DHIS	Demographic Health Information System
FNC	Food and Nutrition Council
MAD	Minimum Acceptable Diet
MSCBM	Multi-Sectoral Community Based Model for Addressing Food and Nutrition Insecurity to Reduce Stunting Model
RWIMS	Rural WASH Information Management System
VHWs	Village Health Workers
WFNSC	Ward Food and Nutrition Security Committee
ZDHS	Zimbabwe Demographic Health Survey
ZimVAC	Zimbabwe Vulnerability Assessment Committee