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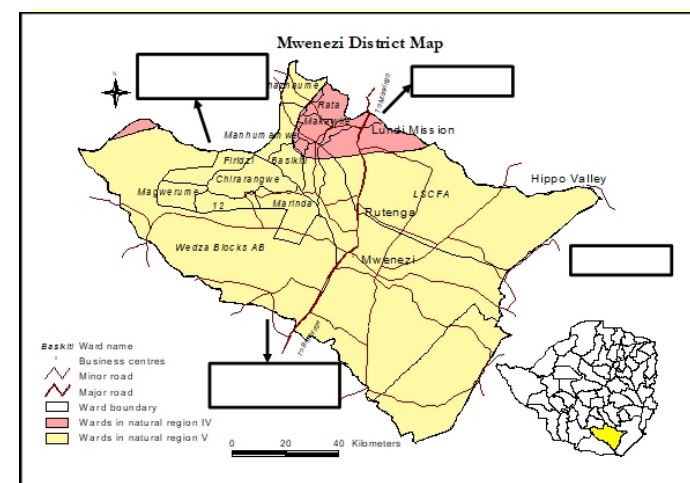


September

Drivers of Stunting Assessment Mwenezi 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.

The “Drivers of Stunting” analysis was performed for

Mwenezi district guided by the UNICEF Conceptual Framework.

1. Immediate Causes

Inadequate Dietary Intake

- Households consuming iron rich foods were below 10% across all provinces.
- Relatively low exclusive breastfeeding rates.
- 0.0% children 6-23 months were receiving minimal acceptable diet, 1-5% children bottle fed and only 5% receiving a four start diet. (SMART Survey, 2017).
- Population consumes cereals, oils and vegetables consumed mostly, while less eggs, meat, pulses and milk are eaten.

Disease

- Frequent diarrhoea during the '1000' day window of opportunity for stunting prevention may be a key driver of stunting.
- Prevalence of disease was 20% diarrhoea, 22% cough and 15% fever. (SMART Survey, 2017)

2. Underlying Causes

Food Insecurity

- Mwenezi was listed as one of the districts with the highest levels of food insecurity in both the ZimVAC 2016 and 2017.
- 68% of households were food insecure during the June-March 2017 period. (ZimVAC, 2017).
- The 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)



- Nationally, about 22.1% of the wards had irrigation schemes and many were either partially functional or non-functional. (ZimVAC, 2017).
- Livestock drought mitigation strategies are needed in areas that suffered most from the El Nino induced drought and where livestock makes the most significant contribution to households' livelihoods. (ZimVAC 2016).

Inadequate Care Practices

- Women are heading families at a younger age (while the trend is reversed for men) thus these young women have more responsibilities including caring for children and the combination of their young age and the high level of responsibility that they bear compromises the quality of care that they can provide for young children.
- Care and feeding practices of children 0-59 months are generally compromised during farming season as a substantial amount of the labour burden falls on women.
- ANC coverage for women who attended at least one ANC visit is at 24% according to the SMART survey.
- A lot is dependent on Village Health Workers (VHWs) for nutrition and health education and counselling yet only 8.3% of pregnant and lactating women and 13% households with children are visited by VHWs. (SMART Survey, 2017).
- Of the 13% who are visited, 45% of those children receive growth monitoring. (SMART Survey, 2017).
- Vitamin A supplementation at 54% for 12-59-month age group. (SMART Survey, 2017).

Inadequate access to water, sanitation and hygiene

- Poor sanitation with as little as 51-65 % of the households with access to improved water supplies and 28.1-39% practicing open defecation. (SMART Survey, 2017).
- 46% of households do not have toilets (SMART, 2017).

1. Basic Causes

Caregiver resources and intrahousehold control/Gender issues

- The DFNSC highlighted that poverty, cultural/religious beliefs and gender dynamics that influence maternal care, child nutrition and family planning contribute to stunting.
- Donor dependence syndrome and the increasing numbers of child headed families are also drivers of stunting.
- 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).

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 (Mwenezi had 12-13). Mwenezi also had a relatively high frequency of shocks. (ZimVAC, 2016).
- The recently experienced hazards of 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.) according to ZimVAC 2016.
- Climate change has been a major challenge as well as zoonotic diseases.
- 2015-2016- El Nino Induced drought (ZimVAC 2016).
- Tropical Depression Dineo affected Mwenezi (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)
- Generally, the proportion of children who were turned away from school during the first term of 2017 was high in all provinces. This is so despite there being in place a policy that

discourages this practice. (ZimVAC, 2017)

- The major reasons reported by the households with such children have not changed much in the past four years.
- Schools being too expensive and parents/guardians having no money; Children considered too young to be in school by parents/guardians; and Schools being too far for children to walk to. (ZimVAC, 2016)

Socio-Economic Environment

- Due to deflation, household incomes remain low and liquidity challenges affect the demand for goods and services, especially for poor households. (SMART Survey, 2017)
- Challenges in accessing markets for agricultural inputs and outputs as well as for food. (ZimVAC, 2016). DFNSC highlighted that poor market linkages contribute to stunting.
- Limited household savings. (ZimVAC,2016)
- 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