ASTUTE: ADDRESSING STUNTING IN TANZANIA EARLY

QUICK FACTS AND SUCCESSES

Stunting: A childhood condition with lifelong consequences

In 2015, Tanzania had the third highest rate of stunting in Africa, with 42% of its 6.6 million under-five children stunted.¹ ²

Causes: Multiple complex factors, including poor diets, poor caregiving practices, sub-optimal water, sanitation and hygiene (WASH) practices, lack of access to high quality health care, gender inequities and income inequality.

Effects: Increases child morbidity and mortality, long-term cognitive deficits, lost human capacity, lost adult economic productivity and lower incomes.

ASTUTE Goals

DECREASE STUNTING (chronic malnutrition) by 7% in five regions: Geita, Kagera, Kigoma, Mwanza and Shinyanga in five years (2015-2020)

How? By reaching more than 3 million mothers, caregivers and children with the aim of saving more than 50,000 children under five from stunting

Strategies to reduce stunting

• Advocacy at national, regional and local levels
• Health systems strengthening
• Radio and TV messaging on key messages
• Home visits using negotiation for behaviour change
• Support groups for men and women
• Positive deviance/hearth
• Community mobilisation days
• Developed the Mworevu Stunting Reduction Toolkit for use in other programs

RESULTS

Three regions met the goal by the program’s halfway point.

REDUCTIONS IN STUNTING RATES IN 2018 VS. 2014

Based on comparisons between 2014 and 2018 National Nutrition Survey results

<table>
<thead>
<tr>
<th>Region</th>
<th>Reduction in Stunting Rate</th>
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<tbody>
<tr>
<td>Geita</td>
<td>-7.1%</td>
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<tr>
<td>Kagera</td>
<td>-12.1%</td>
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<tr>
<td>Kigoma</td>
<td>-6.3%</td>
</tr>
<tr>
<td>Mwanza</td>
<td>-8.0%</td>
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<tr>
<td>Shinyanga</td>
<td>+2.1%</td>
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Actual Program Reach

8.4 MILLION people reached with direct messaging, screening and intervention (206.8% of planned coverage)

6.4 MILLION reached through home visits;

1.6 million reached at health facilities;

411,000 participated in support groups

Mass media campaign reach

17.6 MILLION Nationally (including 4.4 million in the Lake zone and 1.7 million in the Southern Highlands)

Leveraging local partnerships

• 41 local government authorities
• 50 civil society organizations
• Disbursed more than 5 million GBP to local partners

Reduce Stunting in Your Community

Refer to the Mtoto Mwerevu Stunting Reduction Toolkit to learn from ASTUTE’s experience in implementing a large-scale stunting reduction programme. The Stunting Reduction Toolkit is a health systems strengthening tool that includes tips on how to advocate for nutrition with the government; tools for strengthening social and behaviour change communications approaches; monthly on-the-job training of community health workers; job aids, checklists and manuals; and guidance on how to manage and monitor programmes.

KEY SUCCESSES

EXCLUSIVE BREASTFEEDING INCREASED

24.1%3 overall increase, including a 45% increase among infants 4-5 months old (26.6% to 70.5%4)

MATERNAL CARE IMPROVED DRAMATICALLY5

Thanks to ASTUTE, mothers were:

- 3.3 TIMES MORE LIKELY TO eat more types of food during pregnancy
- 10.6 TIMES MORE LIKELY TO attend antenatal care
- 1.3 TIMES MORE LIKELY TO work less while pregnant
- 1.5 TIMES MORE LIKELY TO receive help with chores from partners

CHILDREN ATE MORE AND BETTER

12.3% There was an increase from 8.0% to 12.3% in children under 2 years old who ate at least the minimum number of meals recommended by the World Health Organization and who met the WHO requirement for minimum dietary diversity6

HANDWASHING IMPROVED

Significantly more mothers knew to wash their hands after assisting a child who has defaecated, before feeding a child and after cleaning the compound

EARLY CHILDHOOD DEVELOPMENT INCREASED

Parents were significantly more likely to sing, draw, count and name things for their child. They were also more likely to talk to them while feeding

PROJECT VISIBILITY

5 peer-reviewed publications, 2 submitted manuscripts, 7 manuscripts in preparation, 9 oral and 8 poster presentations at scientific conferences, 2 symposia, 7 programmatic products for government and project personnel, 13 programmatic presentations and 2 training manuals with curricula

OPERATIONS RESEARCH

Conducted 4 operations research activities that informed ASTUTE’s social and behaviour change communication messages

How do we know?

ASTUTE used a variety of sources to track program progress, including the Tanzanian government’s 2014 and 2018 National Nutrition Survey, the 2015 Tanzanian Demographic and Health Survey, and ASTUTE project baseline, midline and endline surveys that compared program beneficiaries at three points in time. Each ASTUTE survey included 5,000 women and their partners living in project sites. Respondents were selected using two-stage random sampling. Details about the survey methodology are available upon request.

3 Relative to the 2015 Tanzania Demographic Health Survey (TDHS)
4 Per the 2014 National Nutrition Survey, 2 years before the ASTUTE project began
5 Based on ASTUTE’s endline versus baseline assessments
6 Relative to the 2015 TDHS