



# ENSURING PEOPLE'S EMPOWERMENT IN NUTRITION THROUGH HOME VISITS IN TANZANIA

ADDRESSING STUNTING IN TANZANIA EARLY (ASTUTE) PROJECT, IMA WORLD HEALTH, TANZANIA

## PROGRAM OVERVIEW

ASTUTE is funded by UKaid through DFID. IMA World Health, in collaboration with the Government of Tanzania, aims to improve nutrition and reduce the prevalence of stunting among Tanzanian children younger than 2 years old. ASTUTE is being implemented in five regions of the Lake Zone: Kagera, Kigoma, Mwanza, Geita and Shinyanga. To date, nearly 7,800 district health workers and non-health sector service providers have been trained through ASTUTE, and the project has reached three million mothers, caregivers and decision-makers with improved child feeding, sanitation & hygiene & early childhood development information. In Tanzania, people of different faiths live and work together in harmony. Religious leaders from different faiths are normally invited to various advocacy platforms/meetings by IMA programs and sensitized about various healthy practices. Upon being sensitized, they become good influencers to their followers to practice healthy behaviors.

## NEGOTIATING BEHAVIOR CHANGE

During ASTUTE's home visits with caregivers, community health workers (CHW) negotiate what behavior changes the caregiver will adopt to improve their child's nutrition. In the home visit negotiation process, CHWs directly engage the caregivers in deciding what's best and manageable behavior for them and their children. CHWs first **ask** detailed questions about practicing a recommended behavior and challenges the caregiver faces. Then they **listen** to responses and **identify** best practices and challenges the caregiver can do to address the challenges. Then together, the caregiver and CHW **decide** which practice(s) the caregiver will try. This negotiation approach ensures the CHWs are not merely going house to house giving the same sterile, one-way lecture on best nutrition practices that may be unrealistic for many caregivers to follow. When caregivers feel heard and that their specific situations are considered, they are more likely to attempt the agreed upon behavior changes and sustain the behaviors that work. During discussion the CHW and caregivers identify practices the caregiver can do to address the challenges.



**The following illustrates a typical ASTUTE home visit:**

- The CHW suggests a small, doable action related to ECD, IYCF, WASH, agriculture, or maternal nutrition to the caregiver and other household members, explaining its significance in achieving better nutrition for the child.
- The CHW and the caregiver discuss how best they could successfully integrate that action into their routines before the next home visit.
- In addition to the caregiver, the CHW includes other household members, such as fathers, mothers-in-law, grandmothers, and older siblings, in the discussions and brainstorms ways they can contribute to the success

of the behavior change. This includes lessening the burden of traditional gendered roles for the mother or female caregiver like fetching firewood or cooking dinner so that they can focus on their own health and the health of the child.

- In follow-up visits, the CHW determines whether or not the caregiver tried the new practice and discusses adaptations the caregiver can make to address any challenges they may have faced.

**HOME VISIT STRATEGY POSITIVE ACHIEVEMENTS**

Region	Number of CHWs	Total number of Visits July 2017 - April 2019	Avg Number of visits per CHW per month	Difference between avg number of visits and total expected visits (24)	Number of HHs visited from July 2017 - April 2019	Avg number of HHs reached per CHW per month
Geita	1,161	1,894,616	25	1	542,630	21
Kagera	1,406	2,538,905	27	3	665,249	22
Kigoma	804	1,423,746	27	3	383,115	22
Mwanza	1,601	2,478,915	23	-1	720,143	20
Shinyanga	1,174	2,220,712	29	5	588,396	23
<b>Total/Average</b>	<b>6,146</b>	<b>10,556,894</b>	<b>26</b>	<b>2</b>	<b>2,899,532</b>	<b>22</b>

As the table above shows, from July 2017 to April 2019 the project has reached 6,146 CHWs, has conducted more than 10 million visits and managed to reach an average of 26 (109.2%) visits per month out of 24 expected visits.

**Effectiveness of home visit negotiations is measured by:**

1. Monitoring the number of home visits made compared to recommended visits;
2. Conducting baseline, midline, and endline surveys to assess changes in practice;
3. Conducting implementation research; and
4. Conducting trend analysis using the Demographic Health Survey and other data to examine stunting reduction over time.

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