

# 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.<sup>1, 2</sup>

**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 Mtoto Mwerevu Stunting Reduction Toolkit for use in other programs

1 National Bureau of Statistics (NBS) Ministry of Finance [Tanzania] and Office of Chief Government Statistician President's Office, Finance, Economy and Development Planning [Zanzibar]. 2013. Population and Housing Census: Population Distribution by Administrative Areas. Dar es Salaam, Tanzania: NBS.

2 National Bureau of Statistics (NBS) [Tanzania] and ICF Macro. 2011. Tanzania Demographic and Health Survey 2010. Dar es Salaam, Tanzania: NBS and ICF Macro.

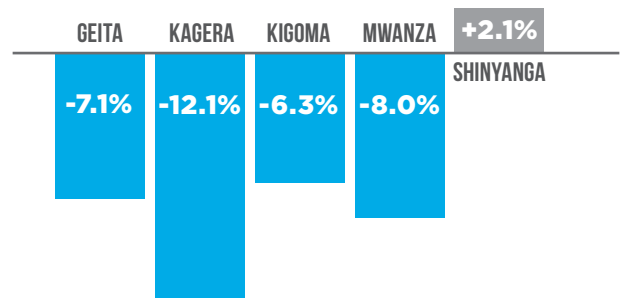


### RESULTS

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



### 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



IMA WORLD HEALTH

## KEY SUCCESSES

### EXCLUSIVE BREASTFEEDING INCREASED



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

### MATERNAL CARE IMPROVED DRAMATICALLY<sup>5</sup>

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 diversity<sup>6</sup>



### 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



## 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.

### 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.

<sup>3</sup> Relative to the 2015 Tanzania Demographic Health Survey (TDHS)

<sup>4</sup> Per the 2014 National Nutrition Survey, 2 years before the ASTUTE project began

<sup>5</sup> Based on ASTUTE's endline versus baseline assessments

<sup>6</sup> Relative to the 2015 TDHS