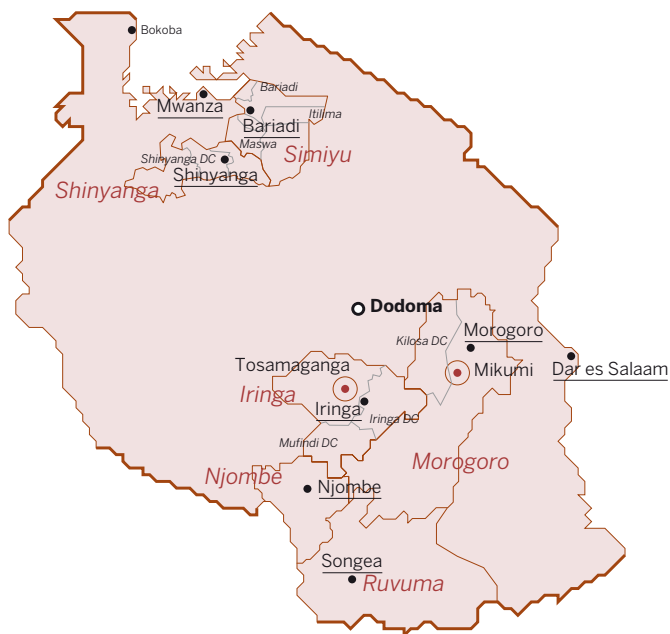


Malnutrition Ruvuma and Simiyu Region in Tanzania



Child malnutrition is a major public health problem in Tanzania. With about 34% of children under 5 years of age that are stunted, Tanzania is among the 10 worst affected countries in the world. In addition, the prevalence of acute malnutrition in children <5 is at 5%, with 1% having severe wasting (or severe acute malnutrition – SAM); while 14% of children in the same age group is underweight¹.

Stunting and underweight prevalence has been gradually decreasing since 1996; wasting levels, on the other hand, have remained unchanged. Despite the general improvement in nutritional status of children, significant geographical disparities still exist both amongst and within the regions. For example, in Ruvuma, stunting rates varies from 57% to 35% (57% in Mbinga and Nyasa, 38% in Namtumbo, 35% in Rufiji). Similar variation is observed in Simiyu, where stunting varies from 46% to 37% (46% in Maswa and 37% in Bariadi). The difference can be attributed to issue such as nutritional security and safety, as well as nutrition practices.

THE NEXT GENERATION PROGRAMME

In 2015, the Children's Investment Fund Foundation (CIFF) and Doctors with Africa CUAMM (CUAMM) signed a 4-year (December 2015 – November 2019) agreement for the implementation of the "Next Generation Programme - Integrated Promotion of Nutrition, Growth and Development" in two Tanzanian Regions: Simiyu and Ruvuma.

The aim of the program is: a) deliver a targeted package of interventions at scale through the health system to

prevent stunting and b) show that integrating activities for stunting and wasting will lead to better outcomes at lower costs.

Therefore, this program will tackle the problem of child malnutrition – both stunting and wasting – using a holistic approach to deliver high quality nutrition services and education across the healthcare continuum from the community to the health facilities, focusing on pregnant and lactating women and children under 2 years of age (to intervene in the so-called 1,000 days window of opportunity starting from the moment of conception).

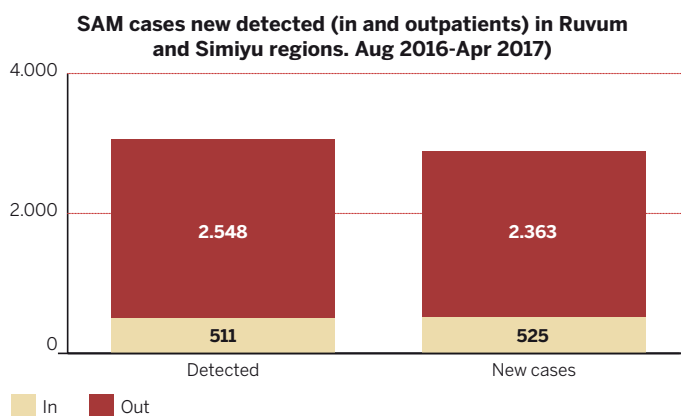
With regard to acute malnutrition, the aim and priority of community-based services for the management of acute malnutrition (CMAM) is to reach the largest possible number of children who are wasted, and ensure that they are detected when they are still in the early stages of their disease.

Indeed, acute malnutrition, if left untreated is a potentially life-threatening condition. Increasing the coverage of CMAM services, coupled with strong capacity-building and training of community health workers and health personnel will be instrumental in achieving these goals and, in turn, maximise coverage and quality of services, and their capacity to adequately meet the needs of local communities.

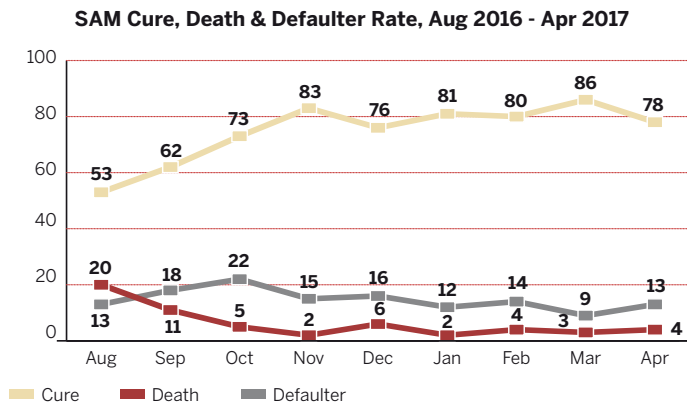
During the first year of implementation, the priority was the creation of an enabling environment, conducive to increased and sustained nutrition efforts, and on the proper set up of the project's organizational and management structure.

SAM cases detection. Starting from August 2016 up to April 2017, **3,059** SAM children have been detected, with an average of 400 cases/month. Of these, **511** (17%) were inpatients and **2,548** (83%) were outpatients. 38 (1%) SAM cases had less of <6 months children, indicating interruption or problem with breastfeeding practice.

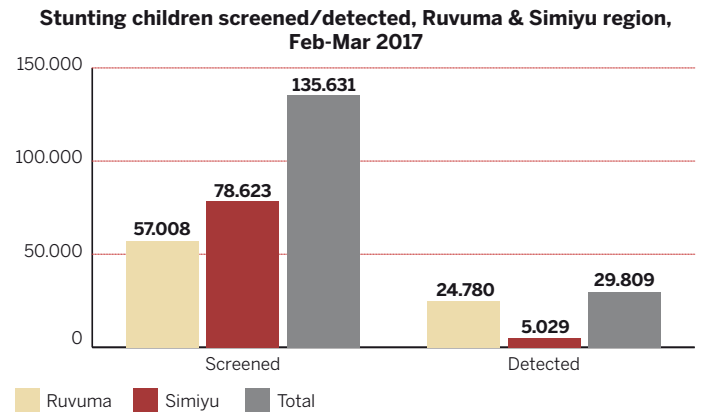
The new cases has been **2,888** (94%), out of 3,059.



Treatment results. SAM cases' cure rate, progressively improved, as well the death rate are both in an acceptable range (cure rate's average **80,6%** and death rate average **3,5%** in the last 6 months), while the defaulter rate, although has decreased, is still high (average of **13,2%**).



Stunting screening. The stunting screening exercise, carried out in both Ruvuma and Simiyu Region, screened **135,631** under five children, being **57,008** in Ruvuma and **78,623** in Simiyu. The stunted children detected were, in total, 29,809. Of these, **24,780 (44%)**, were in Ruvuma and **5,029 (6%)** in Simiyu.



Community activity	Number	Community activity	Number
Households visited	5,899	Health Facility sensitization	677
Under 2 children assessed	201,348	Peer Support Group (PGS) created	1,904
Under 5 children assessed	372,403	PSG meetings conducted	1,466
Children with red MUAC/oedema	1,381	PLW reached	284,452
Educational events	4,149	Others participants	149,351

Community activities implemented from January to April 2017.

¹ Ministry of Health and Social Welfare, Tanzania; Ministry of Health, Zanzibar; National Bureau of Statistics; Office of the Chief Government Statistician; ICF International. 2016. Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015-16. Dar es Salaam, Tanzania, and Rockville, Maryland, USA: MoHSW, MoH, NBS, OCGS, and ICF International.