

# TESTING A NEW MODEL OF CARE IN TANZANIA



## Task shifting in management of uncomplicated Severe Acute Malnutrition treatment from facility based health staff to Community Health Workers



### BACKGROUND

Child undernutrition in Tanzania is still a major public health challenge. While the prevalence of stunting and underweight has been decreasing gradually in the country since 1996 that of wasting has remained virtually unchanged.

Undernutrition among children in Tanzania <sup>1</sup>	
Children U5 stunted (Chronic Malnutrition)	34%
Children U5 wasted (Acute Malnutrition)	4.5%
Children U5 with Severe Acute Malnutrition (SAM)	1.2%
Children U5 underweight	13.7%

Currently, children with Severe Acute Malnutrition (SAM) in Tanzania are treated in health facilities (HFs) according to WHO guidelines. However, HFs with units for treatment of malnutrition are often located in towns, creating **access problems** due to long distances, weak linkages with the facilities in referring malnourished children and indirect costs. This situation is worsened by staff shortages, limited training and supervision of staff, and lack of necessary equipment and ready to use therapeutic food (RUTF). The result is a **low coverage of SAM services** and poor treatment outcomes.<sup>2</sup>

### TESTING A NEW MODEL OF CARE

Since 2015, in Simiyu Region, Doctors with Africa CUAMM is implementing the *Next Generation Program*

### DOCTORS WITH AFRICA CUAMM IN TANZANIA

#### 1968

CUAMM starts its actions to strengthen the health care system.

#### 1977

CUAMM receives a mandate to implement the first health cooperation program under the technical cooperation agreement between Italy and Tanzania.

#### 1990

Hospital inaugurated in Iringa.

#### 2012

CUAMM starts the "Mothers and Children First" program to ensure access to safe birth and newborn care.

#### 2014

CUAMM starts working in the regions of Iringa and Njombe to treat child malnutrition.

#### 2015

CUAMM starts working in the regions of Simiyu and Ruvuma to tackle child malnutrition.

#### 2017

CUAMM continues its efforts to provide maternal and child health services, to fight HIV through the Test&Treat approach, to tackle malnutrition and to fight noncommunicable diseases (NCDs).

that aims to deliver a targeted package of interventions at scale through the health system to prevent stunting, manage acute malnutrition and to demonstrate the cost-effectiveness of integrating activities for stunting and wasting. Within the framework of a standard Community-Based Management of Acute Malnutrition (CMAM) model, main activities are: detection and treatment of acute malnutrition; prevention of stunting; strengthening the capacity of CHWs in dealing with nutritional activities; organising an efficient data collection system; improving knowledge, attitude and practices on nutrition. In order to increase coverage of SAM treatment and to reduce the workload of the National health System, CUAMM aims to conduct a **pilot study** to verify if **Community Health Workers (CHWs)** can cost-effectively **screen and treat children with SAM** without complications **at home**. The study focuses on Simiyu Region (total population 1,584,157<sup>3</sup>) where the prevalence of global and severe acute malnutrition are 5% and 0.8% respectively.<sup>4-5</sup> Data collection is expected to last one year starting from September 2018.

## THE STUDY

The study will be conducted introducing the new model of care in an intervention area of 11 villages in Bariadi District and comparing the results with a control area of the same size in Maswa District. The control area will follow the activities defined by the *Next Generation Program: Integrated Promotion of Nutrition, Growth and Development*.

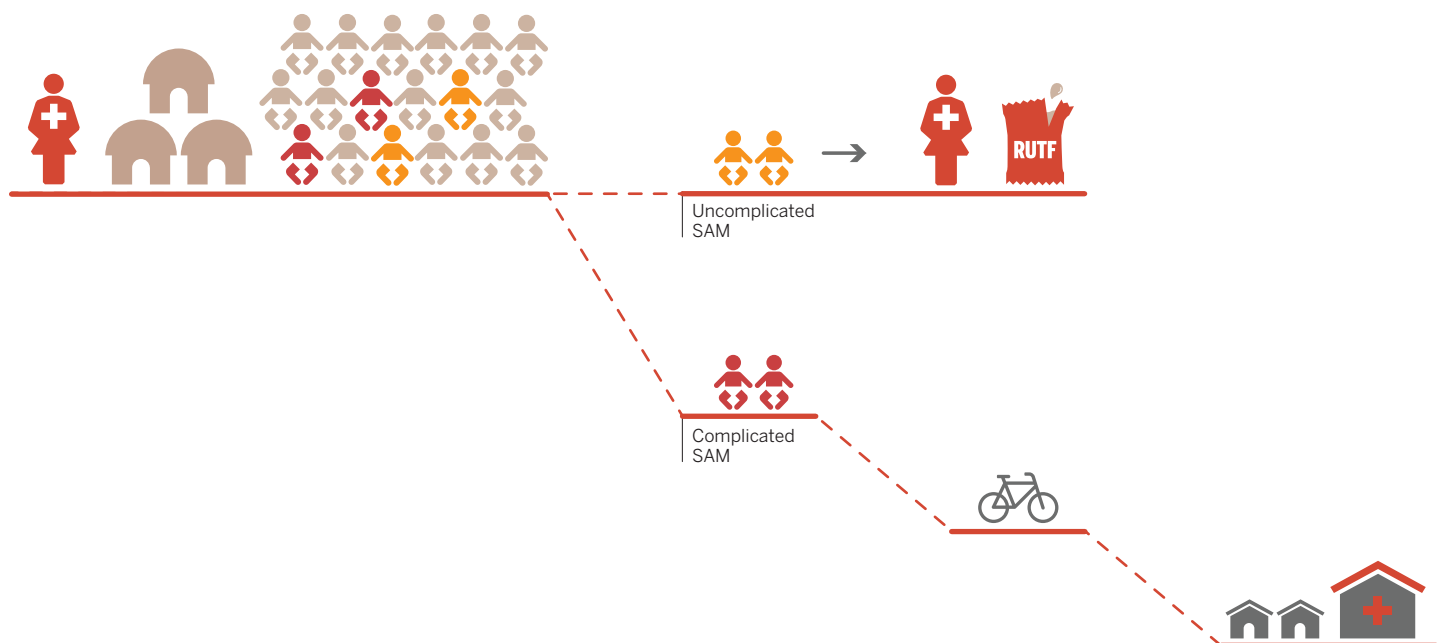
In the intervention area, CHWs will be trained to identify complicated and uncomplicated SAM cases. Afterwards, they will go to the targeted villages in Bariadi District and screen children aged 6-59 months for SAM, especially during community gatherings and village health days. Differently from the usual practice to refer all SAM cases to the closest health facility, **CHWs will directly treat with RUTF the uncomplicated SAM cases at the village** and only the complicated ones will be referred to a HF (Figure 1).

## THE WAY FORWARD

If this innovative model of care results safe, effective and cost-effective, it could be **scaled-up and tested** in other regions in Tanzania and in other countries, especially those that already rely on a CHWs network.

Treating children within the community would allow for:

- Treat the child in his/her community, close to his/her family members;
- Remove barriers to access the health facilities;
- Treat the child earlier, saving time and money and reducing the workload of the National Health System;
- Reduce the risk of losing the child between the referral and the admission to the facilities;
- Increase coverage of nutrition services without compromising treatment outcomes.



**Figure 1:** The role of Community Health Workers in the intervention area.

1 Ministry of Health Community Development Gender Elderly and Children (MoHCDGEC) [Tanzania Mainland], Ministry of Health (MoH) [Zanzibar], National Bureau of Statistics (NBS), Chief Oot, Government Statistician (OCGS), ICF. Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015-16. Dar es Salaam, Tanzania, and Rockville, Maryland, USA: MoHCDGEC, MoH, NBS, OCGS, and ICF; 2016.

2 Tanzania Food and Nutrition Centre Integrated Management of Acute Malnutrition: National guidelines-Draft 1. Dar es Salaam: Tanzania Food and Nutrition Centre 2017.

3 Tanzanian National Bureau of Statistics, 2013. 2012 POPULATION AND HOUSING CENSUS. [Pdf] Available at [http://www.tzdp.org.tz/fileadmin/documents/dpg\\_internal/dpg\\_working\\_groups\\_clusters/cluster\\_2/water/WSDP/Background\\_information/2012\\_Census\\_General\\_Report.pdf](http://www.tzdp.org.tz/fileadmin/documents/dpg_internal/dpg_working_groups_clusters/cluster_2/water/WSDP/Background_information/2012_Census_General_Report.pdf) [Accessed 24 July 2018].

4 See ref. II.

5 Tanzania Food and Nutrition Centre. Tanzania National Nutrition Survey 2014. Dar Es Salaam: TFNC; 2014.