In the developing world, about 12.9 million children under age five die each year from common diseases such as pneumonia and diarrhea. Because underweight children are much more susceptible to these diseases, proper nutrition is central in combating child mortality. Although attempts have been made to improve children's health in poorer countries, childhood malnutrition, disease, and mortality have remained high. A new strategy is needed to better address the underlying causes of these problems. Improving food security and educating communities about proper nutrition should be high priorities of this strategy. In 1983, Tanzania launched a project to focus on the capacity of small communities to deal with their own nutritional concerns that might serve as a world model for combating malnutrition and child mortality.

The initial project took place in the Iringa region in the southwestern part of Tanzania. Despite having a food surplus, Iringa had higher levels of malnutrition than other parts of the country. To promote the Iringa Nutrition Project (INP), informational meetings were held in each village. A central part of these meetings was the showing of the film "Hidden Hunger," which explains the prevalence of malnutrition and its causes and potential solutions. A framework was developed to help communities assess and analyze their health and nutrition problems by identifying underlying causes. The project coordinators trained villagers to be health workers and to look for solutions within the community. The process of community assessment, analysis and action became known as the Triple-A cycle.

The focal point of the INP is village health days, held at least once every three months. These health days are community festivals with health and nutrition lectures and growth monitoring for all children under the age of five. Villages with the best weight-for-age results for their children are awarded prizes as an incentive for the entire community to be involved. Weight-for-age information is then used to determine the need for individual follow-up visits to families. Each household with an underweight child receives personal attention from the trained village health workers. They are advised about their child's nutritional needs and how to meet them. Poor households that cannot afford proper nutrition receive financial assistance or food from community plots.

Initially the INP project required a large government staff, but over time the communities have taken on greater responsibilities. The need for external subsidies also has diminished; the cost of the program has been reduced from US$12-17 to US$3-5 per child. The original INP project served 46,000 children in 168 villages. Three years later, the program was expanded to include 450 more villages with an additional 150,000 children. Subsequently, the project was extended to all of Tanzania and by 1991 nearly 2 million children were being aided. This self-assisted, community-based format has proven to be very successful. Many regions have experienced a dramatic drop in malnutrition rates - falling from as high as 8 percent down to less than 2 percent.

The INP model has been adopted recently as a framework for a new nutrition strategy adopted by the United Nation Children's Fund (UNICEF), which estimates that if all developing countries were as successful as Tanzania in reducing child deaths, at least 8 million unnecessary deaths would be avoided and there would be nearly 22 million fewer births each year. When parents are confident that their children will survive, many will have only the number of children they want, rather than "compensating" for likely deaths by extra births. Successful nutrition programs, such as the one initiated in Iringa, may be key factors in stabilizing populations around the world.