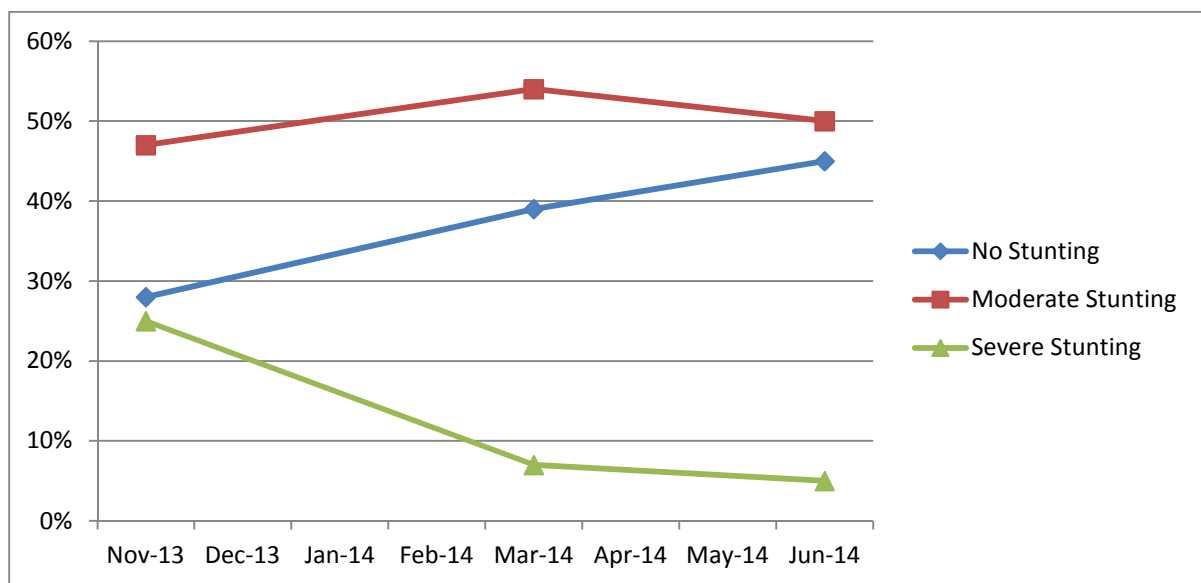


Tapologo OVC Programme - Analysis of Key Trends from November 2013 to June 2014

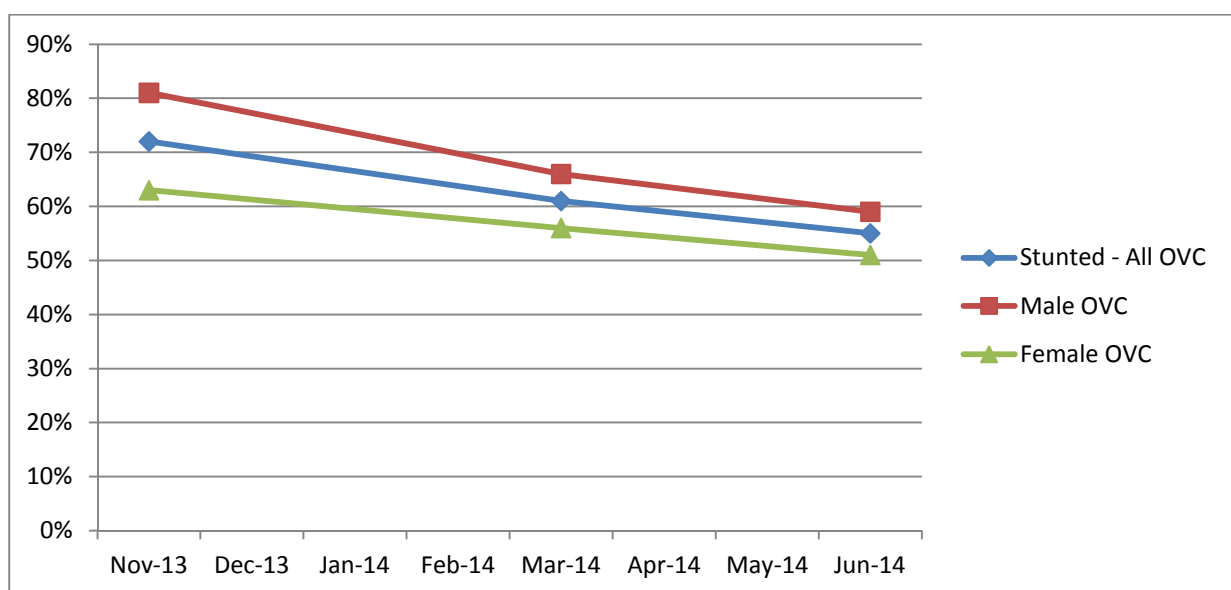
The purpose of this report is to present the key trends related to stunting, weight levels and BMI status amongst beneficiaries of the TOVC Programme, which is supported by the SERVE Development Programme (SDP) 2012-2015. The information is taken from primary nutrition data gathered by Tapologo staff in November 2013, March 2014 and June 2014. The Appendix contains a summary of key profile data for each monitoring exercise.

SECTION 1 - STUNTING

Graph 1.1: Stunting Trend - All OVC



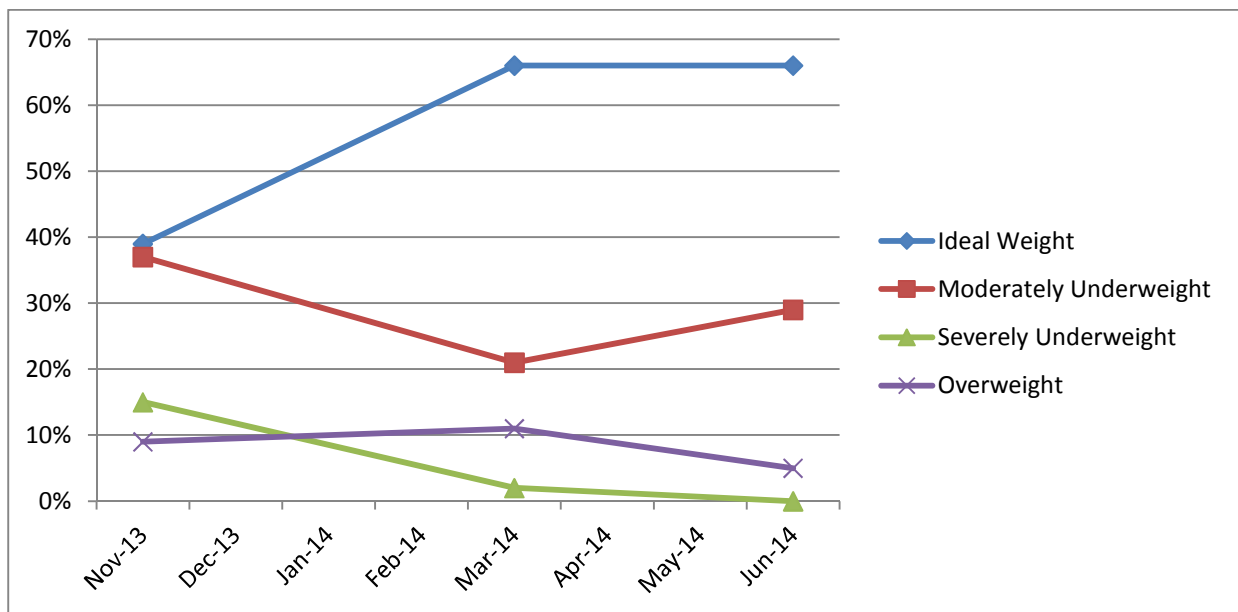
Graph 1.2: Gender Analysis



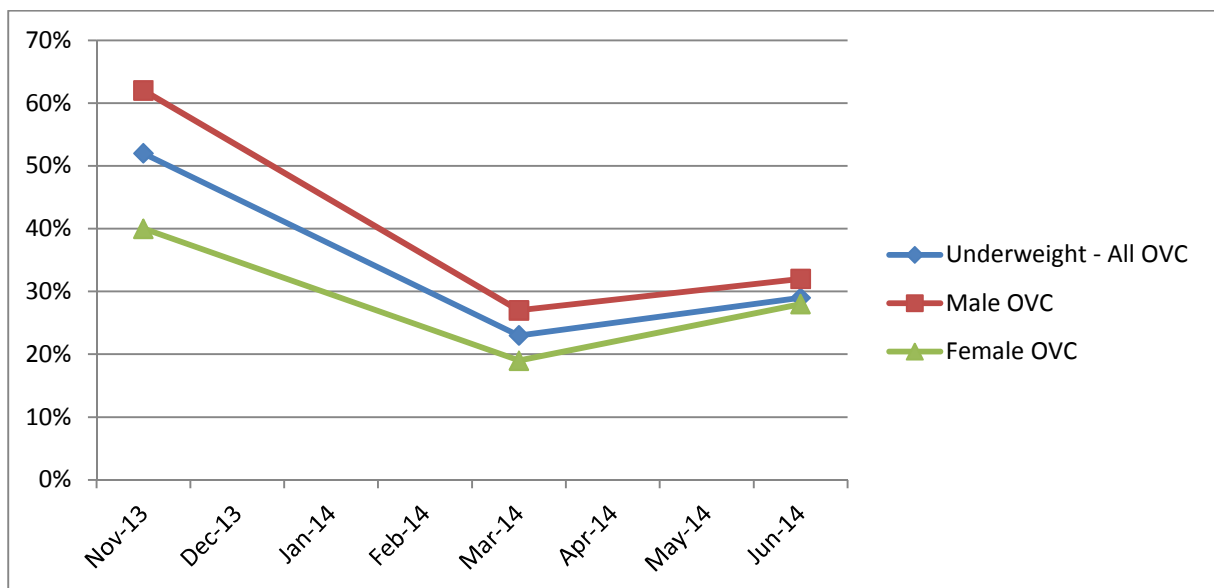
Comment: The majority of OVC are suffering from stunted growth - this is consistent across all monitoring exercises. However, as the sample size has increased, the overall level of stunting has decreased from approximately 70% to 55%. Male OVC are approximately 10% more likely to be stunted than female OVC. The high level of stunting is not a surprise to Tapologo or SERVE as this has been apparent from the very first monitoring exercises. We do not expect a significant reduction in the level of stunting due to the very low availability of holistic pre natal and post natal healthcare and education in the target communities.

SECTION 2 - WEIGHT STATUS

Graph 2.1: Weight Status Trend - All OVC



Graph 2.2: Gender Analysis of Underweight OVC

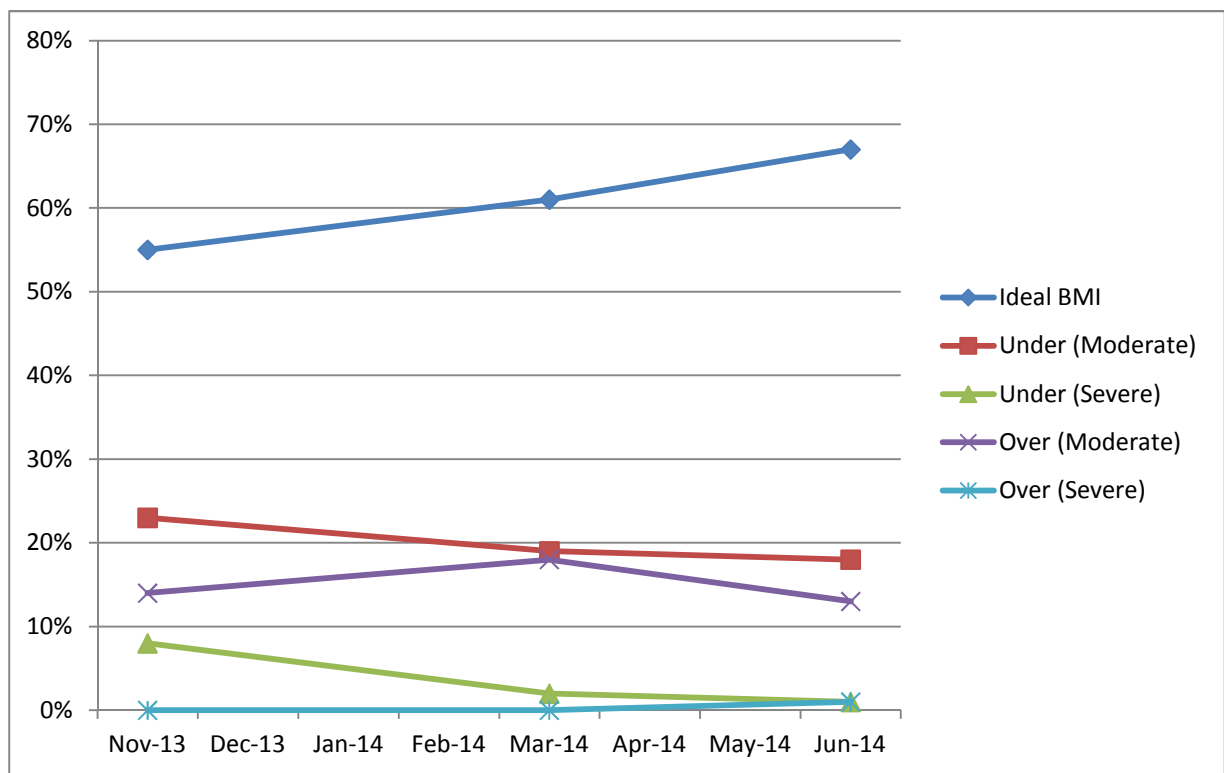


*** Important Note:** It is important to state that the weight status data only includes children aged 0-10 years. According to the WHO, In older children, i.e. above 10 years, weight-for-age is not a good indicator as it cannot distinguish between height and body mass in an age period where many children are experiencing the pubertal growth spurt and may appear as having excess weight (by weight-for-age) when in fact they are just tall. BMI-for-age is the recommended indicator for assessing thinness, overweight and obesity in children 10-19 years. As a result the sample size is smaller than the samples for Stunting and BMI measurement - see Appendix 1 for more details.

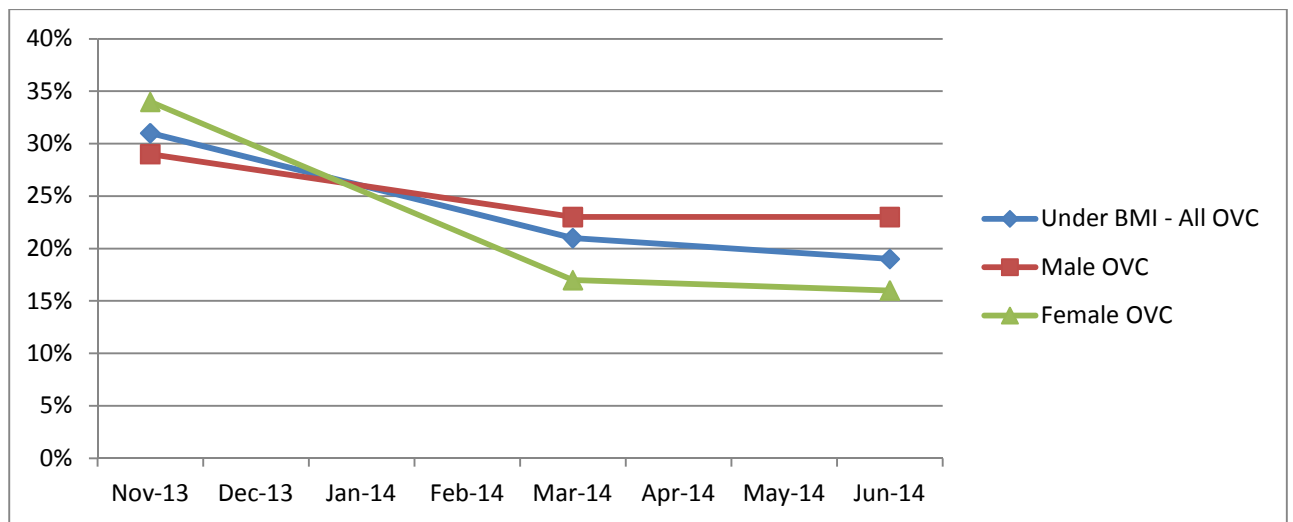
Comment: The majority of OVC (65%) are in the ideal weight range. Between November 2013 and March 2014 there was a significant shift from OVC being moderately underweight to ideal weight. However, approximately 30% of OVC remain moderately underweight. The % of children who were severely underweight has dropped significantly (15% to 1%) and this is very welcome. Between 5-10% of OVC are overweight, which could be indicative of poor diet. Gender analysis of children who are underweight shows that male OVC are 5-10% more likely to be underweight.

SECTION 3 - BMI Status

Graph 3.1 - BMI Status - All OVC



Graph 3.2 - Gender Analysis of OVC Under BMI



Comment: The majority of OVC (67%) are at the ideal BMI level. There has been a consistent positive trend in this regard, which is very welcome. The % of OVC who are under their ideal BMI level has fallen from 23% to 18%. The % of OVC who are severely under their ideal BMI range has fallen significantly from 8% to 1%. Perhaps surprisingly, 13% of OVC are moderately over their ideal BMI and this trend has remained consistent across three monitoring exercises. High sugar and high fat diets are a probable significant contributor to this trend.

Gender analysis shows that male OVC are almost 10% more likely to be under their ideal BMI level. There is no significant difference between male and female OVC who are over their ideal BMI level.

Appendix 1 - Key Profile Data per Monitoring Exercise

Date of Exercise	Sample Size	Gender Profile		Age Profile			Weight Measurement (OVC 0-10 years)
		% Male	% Female	2-5 years	6-12 years	12 years +	Sample Size
Nov-13	155	48	52	8%	43%	49%	54
Mar-14	249	52	48	6%	56%	38%	110
Jun-14	347	47	53	11%	59%	30%	183