

# Challenges for scaling-up of Managing Acute Malnutrition in Africa

Strategic considerations based on  
experiences in Ethiopia

*By: B.Ljungqvist and Iqbal Kabir*

# A new opportunity

Introduction of RUTF – especially Plumpy'nut - has revolutionized management of severe acute malnutrition in Ethiopia during recent years and the positive results from here and many other places raise hopes for renewed successful efforts to address problems of child hunger and under-nutrition in large parts of Africa

...but is it RUTF really a ‘revolution? NO!!

RUTFs are just, finally, a sound application of a conceptual approach and principles of young child feeding which were already well known but rarely taken seriously!

- Correct understanding of the “Care” aspects of the TFNC/JNSP/UNICEF Conceptual Framework
- Principle of Dietary Bulk
- Need to address micronutrient deficiencies
- Plus the well established principle that home-based care if medically possible has clear advantages over hospitalized care.

Hence,...

**INSTEAD OF:...**

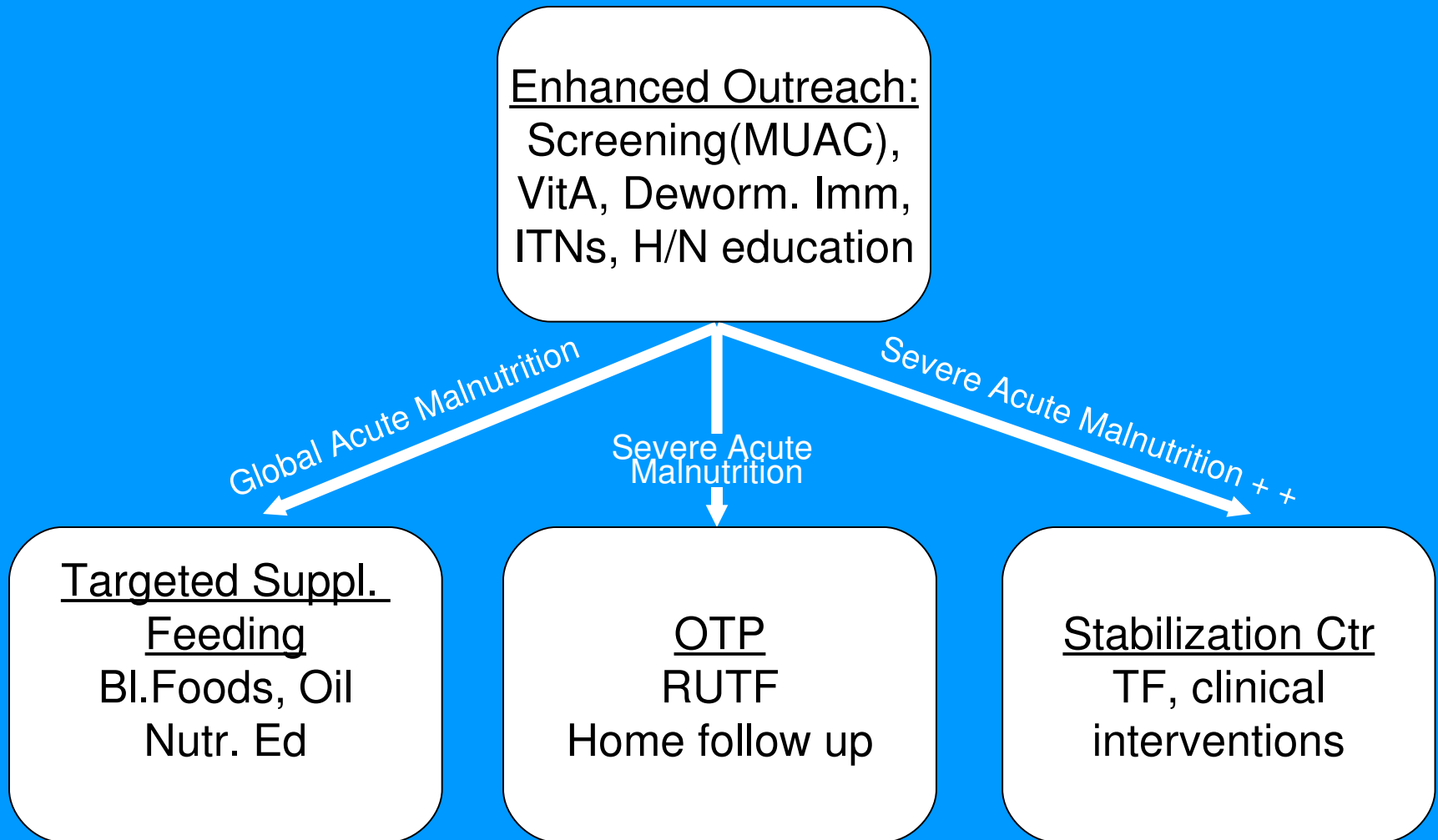
- blindly hoping that Plumpy'nut is the solution to all nutrition problems, OR
- believing that Plumpy'nut and other RUTFs are a threat to sound nutrition practices

# LET US AGREE THAT:....

- While RUTF must never be allowed to negatively affect proper Breast-Feeding practices and complementary feeding
- RUTFs will dramatically improve survival and development of children with SAM, and – in specific situations, with/without modifications – also GAM,
- By applying more effectively the principles of home-based, bulk-reduced, V&M-enhanced, nutritional care

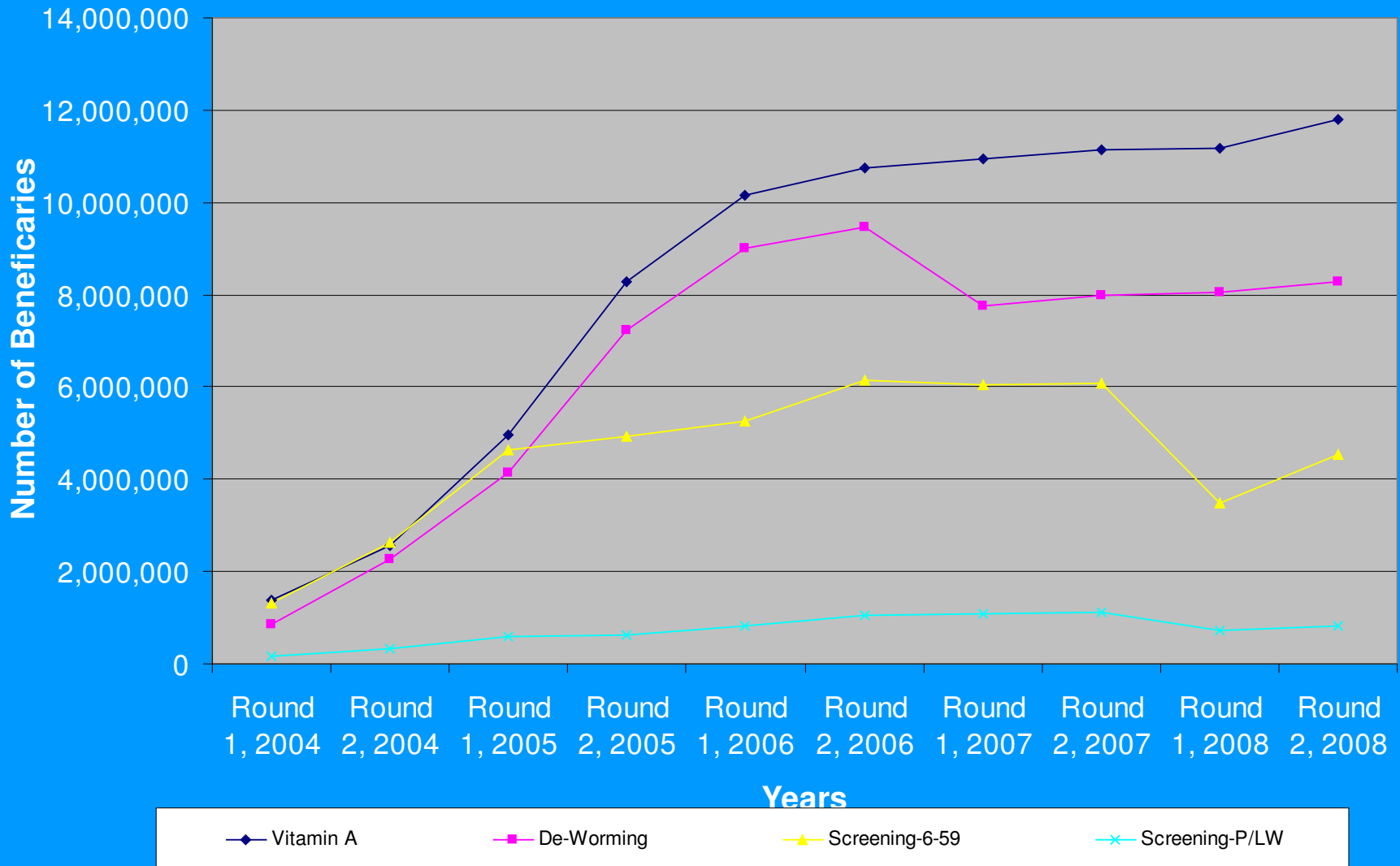
**WE MAY ALSO DRAMATICALLY IMPROVE  
PREVENTION OF MALNUTRITION IN AFRICA**

# The Ethiopian 'model'

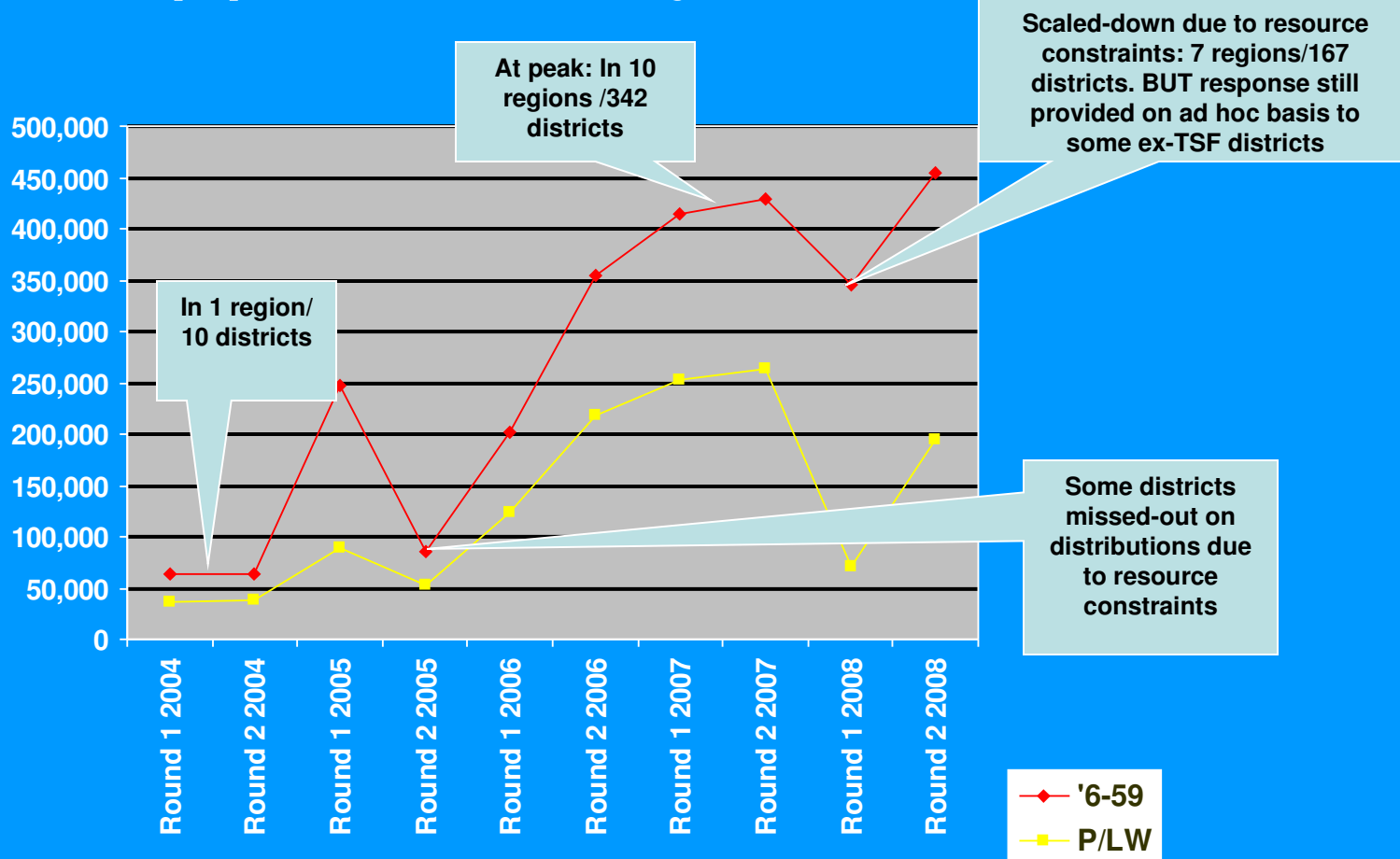


# Scale up of Nutrition interventions in Ethiopia using Enhanced Outreach

## Scale Up of Nutrition Interventions in Ethiopia

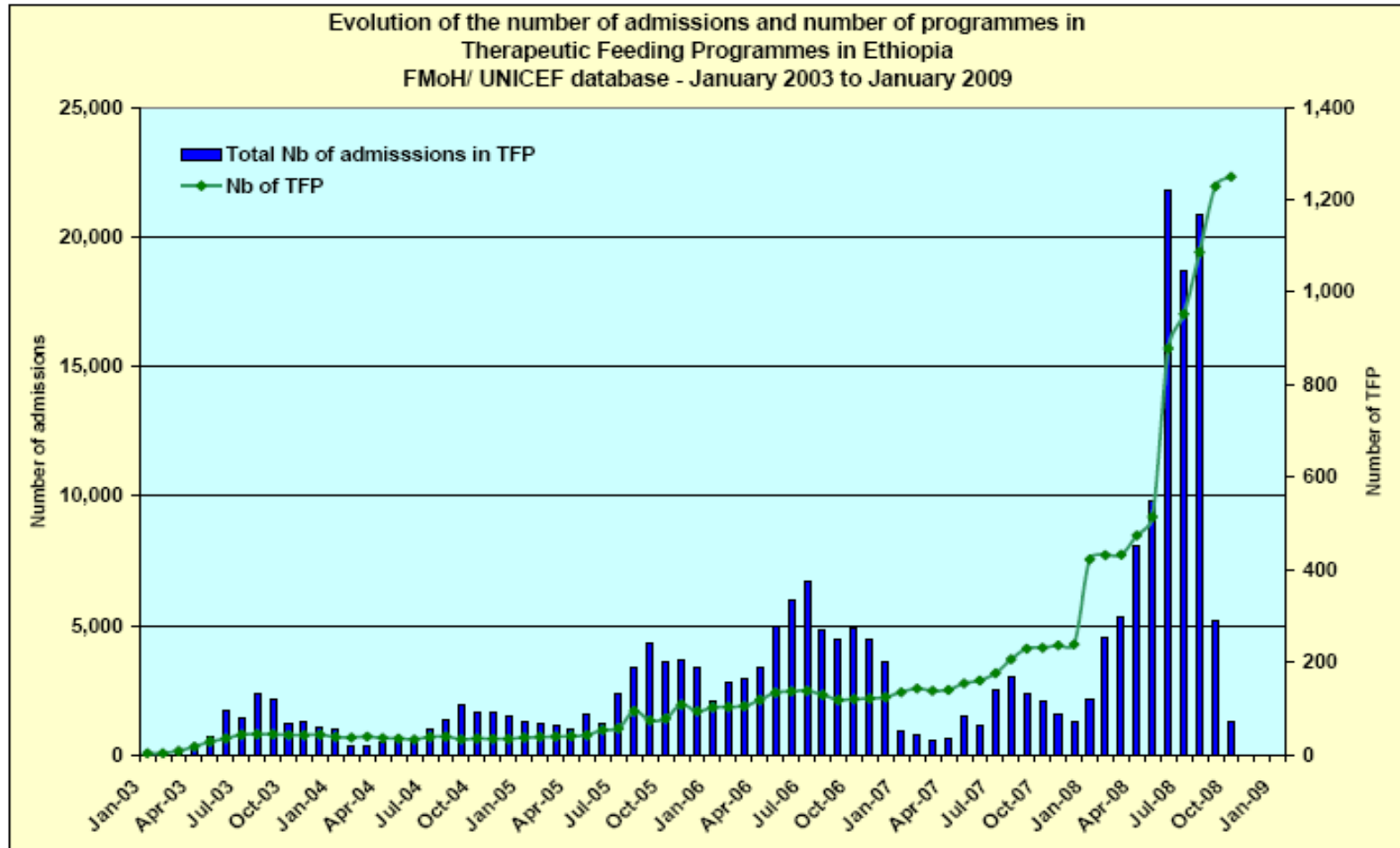


# Scale up of Targeted Supplementary Feeding





# Scale up of Therapeutic feeding program (SC and OTP) in Ethiopia



# Implementation structures and staff

Overall: National Coordinating Com. (MoH, DPPA/  
MoAg, UNICEF, WFP)

Enhanced Outreach: Gov Health Sector at  
Reg/Distr/Com, supp. by NGOs & UNICEF

Targeted Suppl. Feeding: Gov DPPA/MoAg at  
Reg/Distr/Com, supp. by NGOs & WFP

OTP/SC: Health ctrs/health posts/SC, supp by  
Med.Univ., NGOs, UNICEF

# Securing supplies of RUTF, SF and TF

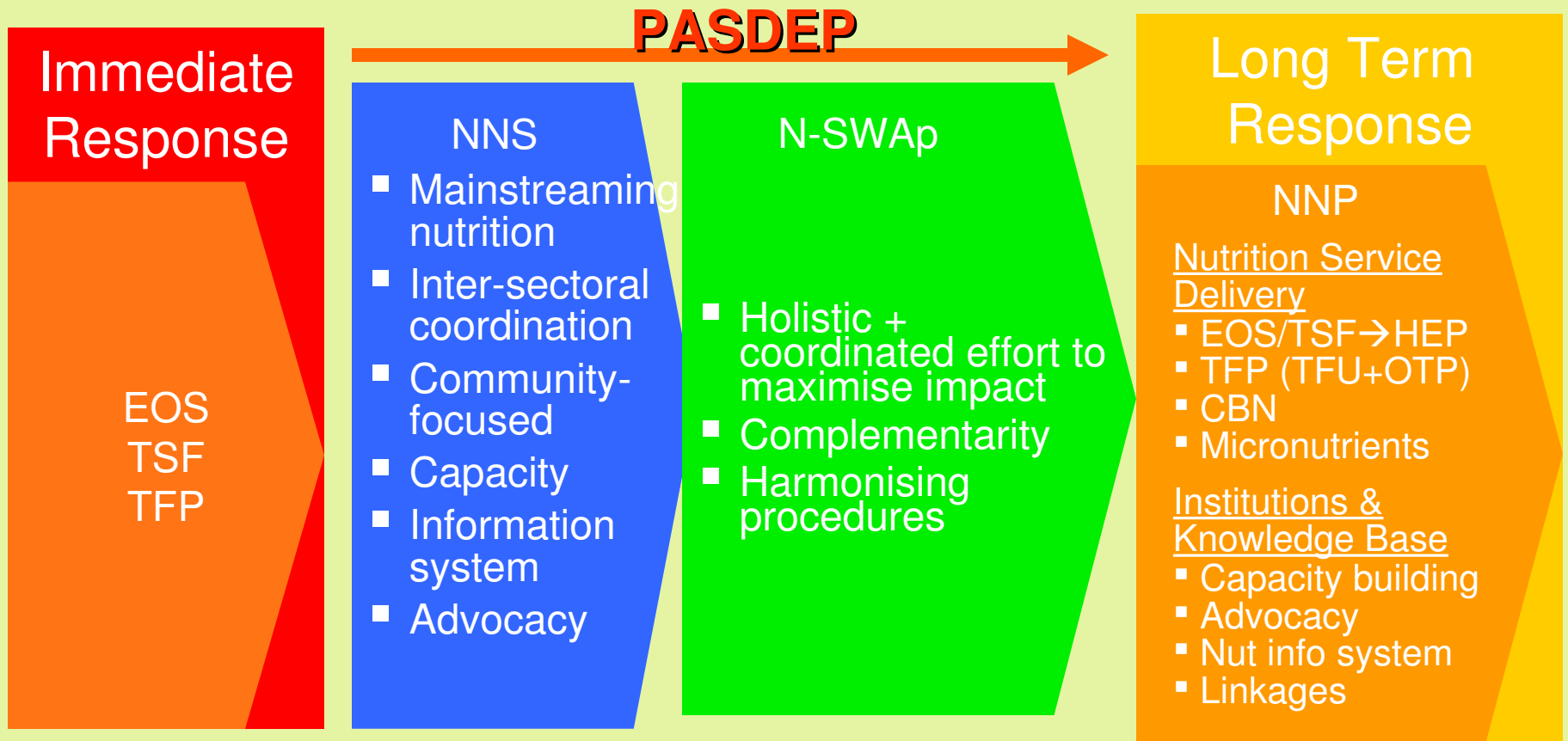
RUTF: External supplies gradually replaced by local production (2010: 1,200MT/months)

Suppl.Food: Locally procured and externally supplied depending on availability

Therapeutic Foods (F100/F75...): Externally supplied but now only in small amounts after being replaced by RUTF

VitA/Deworming tabs/SC drugs&equip.: supplied by 'normal' UNICEF procedures

# Progression of Ethiopian National Nutrition Programme from emergency to development



**Child Survival**

***Achievement of MDGs 1 & 4***

# Africa-wide scale up of managing acute malnutrition. Critical factors

- National Priority, Policies & Programmes
- Presence of special challenges like AIDS, recurrent food shortages, civil strife
- Institutional and human resource capacities
- Access to critical inputs (RUTF, etc.)
- Financing, costs

## Typology of Strategies for African scale up:

1. Drought/recurrent severe food insecurity:
  - adapt and expand upon 'Ethiopian model'
3. Areas with high levels of HIV/AIDS infection:
  - adapt good experiences from Malawi, and others
5. Mixed:
  - 3.a - good or poor health infrastructure: combine clinic-based w. outreach/mobile units as needed
  - 3.b - crisis and post-crisis situations: adopt transition strategies in a flexible manner



# conclusion

Ethiopia is one of the most challenged countries in Africa with regard to hunger and malnutrition. If they can scale up a national response to management of these problems, there is no reason the rest of the continent cannot!