

Community partnerships in nutrition in Ethiopia, Malawi and Sudan

EVIDENCE from Ethiopia, Malawi and Sudan shows that community-based management of severe acute undernutrition can be both successful and cost-effective. Where severe acute undernutrition is common, case fatality rates are typically 20–30 per cent and treatment coverage is commonly less than 10 per cent. Recent evidence shows that programmes of community-based therapeutic care can substantially reduce case fatality rates and increase coverage rates. These programmes use new, ready-to-use therapeutic foods and are designed to increase access to services, reduce opportunity costs, encourage early presentation and compliance, and increase coverage and recovery rates.

Community-based programmes implemented in Ethiopia, Malawi, and northern and southern Sudan

between 2001 and 2005 achieved recovery rates of 78.1 per cent and reduced mortality rates to 4.3 per cent. Coverage rates reached 73 per cent, while 74 per cent of the severely undernourished children who presented were treated solely as outpatients. Initial data indicate these programmes are cost-effective, with costs varying between US\$12 and US\$132 for each year of life gained.

The high cost-effectiveness of these community-based therapeutic care programmes is due to the precise targeting of resources towards severely undernourished children who are at a high risk of dying, and compares favourably with other mainstream child survival interventions such as vitamin A supplementation. Wherever possible, programmes build on local capacity and existing structures and systems, helping to equip communities to deal with future periods of vulnerability.

See References, page 51.