PLANNED NEEDS ASSESSMENT FOR RUTF

Survey on RUTF recipe, its appropriateness

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UNICEF Supply Division, 1 July 2015
We want a local product

Foods should be aligned with cultural practices

A local product will be cheaper

A product made from local foods will be more sustainable

We don’t want imported, foreign foods given to our children
PLANNED SURVEY

- There will be a survey conducted in all of the regions where RUTF is supplied
MULTI-LEVEL SURVEY

- Nutrition officers in each region
- Ministries of health
- UNICEF’s major partners in implementing CMAM programs
- End user feedback (those that work in Community heath centres administering RUTF)
PURPOSE OF THE SURVEY

- To inform Unicef’s strategic focus on developing new recipes for specific countries and regions
- Identify countries and regions that could benefit from a new RUTF recipe
- To increase coverage in countries where the current recipe is a road block to SAM treatment
- Improve access and affordability of RUTF in a local or regional context
WEST AND CENTRAL AFRICA

West and Central Africa

Benin  Gambia
Burkina Faso  Ghana
Cameroon  Guinea
Cape Verde  Guinea-Bissau
Central African Republic  Liberia
Chad  Mali
Congo  Mauritania
Congo, Democratic Republic of the  Niger
Côte d'Ivoire  Nigeria
Equatorial Guinea  Sao Tome and Principe
Gabon  Senegal

Sierra Leone  Togo
WEST AND CENTRAL AFRICA

- Countries are quite happy with this recipe – peanut based, the same in every country, the taste is acceptable
- Should be more investment in supply chain infrastructure (sugar, oil, peanuts)
- Governments need to understand the added value if the product locally produced
- Local production is more expensive in most cases
- Local suppliers have difficulties in producing at a large scale
- Lead time is an issue – this would be helped if production was closer to recipients in some of the harder hit countries
EAST AND SOUTH AFRICA

Eastern and Southern Africa

Angola  Namibia  Rwanda  Seychelles  Somalia
Botswana  South Africa
Burundi  Swaziland
Comoros  Tanzania, United Republic of
Eritrea  Uganda
Ethiopia  Zambia
Kenya  Zimbabwe
Lesotho  Mozambique
Madagascar
Malawi
EASTERN AND SOUTHERN AFRICA

- Issues with supply chain – Need exceeds supply
- Faced with continual emergencies – many of the countries with are medium to high risk countries – floods, drought, political unrest
- Does not have the impression that new formulations are needed
- Rather there is a need for improvements to the supply chain management - for those already producing – Quality and Capacity
- Study being conducted at the moment on RUTF supply chain management
SOUTH EAST ASIA AND THE PACIFIC

East Asia and the Pacific

Cambodia
China
Cook Islands
Fiji
Indonesia
Kiribati
Korea, Democratic People’s Republic of
Lao People’s Democratic Republic
Malaysia
Marshall Islands
Micronesia (Federated States of)
Mongolia
Myanmar
Nauru
Niue
Palau
Papua New Guinea
Philippines
Samoa
Solomon Islands
Thailand
Timor-Leste
Tokelau
Tonga
Tuvalu
Vanuatu
Viet Nam
SOUTH EAST ASIA AND PACIFIC REGION

- Indonesia: Priority Country – 9.5% SAM burden. Will not accept imported RUTF
- Most countries in this region have very little infrastructure for CMAM programs
- Linked with their health care system – community based health an uncommon model
- Inappropriate inpatient treatment prevalent (eg providing F100 for parents to use with children at home; length of SAM treatment not long enough for full recovery)
- Many countries don’t have funds for RUTF – major bottle neck
- Vietnam has successfully developed their own recipe, based on Moon Cake. This is preferred to the original peanut based RUTF. Vietnamese government purchase and run programs using this product.
- Regulation of RUTF is challenging for this region, is it a food or is a medicine? Need to first classify the product before allocation of MOH funds, and inclusion on the countries essential medicine list. Funding foods presents challenges.
MIDDLE EAST AND NORTH AFRICA

Middle East and North Africa

Algeria
Bahrain
Djibouti
Egypt
Iran (Islamic Republic of)
Iraq
Jordan
Kuwait
Lebanon
Libya
Morocco
Oman
Qatar
Saudi Arabia
State of Palestine
Sudan
Syrian Arab Republic
Tunisia
United Arab Emirates
Yemen
MIDDLE EAST AND NORTH AFRICA

- Sudan and Yemen have the heaviest burden of SAM in this region;
- Lead times and costs for testing are impediments
- Taste and acceptability of product - not a problem
- Issues arise with products where there is a national standard and the product does not comply
- Local production not needed
- Challenges in transport and logistics due to conflicts in the region.
SOUTH ASIA

South Asia:
- Afghanistan
- Bangladesh
- Bhutan
- India
- Maldives
- Nepal
- Pakistan
- Sri Lanka
• High burden area (India and Bangladesh), no CMAM programs
• This region has the largest proportion of severe wasting
• Many countries have low buy-in from national governments
• UNICEF regional and country offices at the forefront of ongoing discussion with governments
• Communication with governments hindered by lost technical expertise in maternal and child health and nutrition within the ministry in previous years.
• India and Bangladesh: Sensitive about the ‘replacement of indigenous foods’
• India: Decision making is decentralised, some regions are open to the use of locally produced RUTF ‘my children should be given my local RUTF’ - might need to be very local!
• Product must be ‘Veg’ in India; current flavour is well liked; more liquid formulae better accepted – case load is younger, thus easier to eat.