Addressing Malnourishment – Is RUTF Effective?

What is the issue?

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- ‘Ready-to-Use Therapeutic Food – RUTF’ is being pushed by some as a solution for malnutrition.
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- But India has largely been critical and ‘Ministry of Women & Child Development’ recently clarified that RUTF is not an official policy.
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How severe is malnutrition in India?

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- The Global Hunger Index report 2017 put India at number 100 in a list of 119 countries.
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- National Family Health Survey-4 (2015-16) found 35.7% children aged less than 5years were underweight, and 38.4% were stunted.
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- There is concensus on large scale intervention to address this but ther are several difference on the appropriate approach.
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What is RUTF?

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- RUTF is also referred to as ‘Energy Dense Nutritious Food – EDNF’ due to its high calorific value.
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- It is a medical intervention to improve the nutrition intake of children suffering from Severe Acute Malnutrition (SAM).
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- It is a packaged paste of peanuts, oil, sugar, vitamins, milk powder and mineral supplements containing 520-550 kilocalories of energy per 100g.
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- Additional ingredients may include nuts, legumes, grains and sweeteners to improve the taste.
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- Usually, it is given to children aged between six months and six years, after a doctor’s prescription.
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- A child can be given three packets daily for a month and each packet which costs around Rs 25 and has a shelf life of two years.
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Where is it being predominantly used?

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- RUTF use is common in Africa, where the incidence of malnutrition among children is high.
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- In India, the global collaborative ‘Scaling Up Nutrition’ movement has tied up with Maharashtra, Uttar Pradesh and Jharkhand to promote therapeutic food.
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- Pilot projects to treat severely malnourished children with RUTF have been undertaken in all three states and in Bihar.
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What is Indian government’s take?

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- Government maintains that enough evidence is not available to substantiate the benefits of RUTF vis-à-vis other interventions.
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- A joint assessment d0ne by ‘Department of Biotechnology, Indian Council of Medical Research and the Health Ministry’ found RUTF to be only temporarily helpful.
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- The Centre had even asked various state governments to stop distributing RUTF packets to malnourished kids.
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- Maharashtra, which was planning to distribute 32crores worth RUTF through anganwadis has asked for reconsideration.
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What are the demonstrated benefits of RUTF?

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- A study in Mumbai's Sion Hospital put RUTF's efficacy at 65-70%.
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- The United Nations Children's Fund (UNICEF) supports community-based management along with RUTF.
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- UNICEF notes that RUTF is safe, cost-effective and has saved the lives of hundreds of thousands of children.
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- Out of the 20 million children worldwide suffering from acute malnutrition, about 10-15% received treatment through RUTF.
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- India is one of 16 countries where local manufacturers of RUTF are being given UNICEF accreditation.
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What are the opposing views?

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- The concept of therapeutic food has long been debated in India.
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- Debates in essence, revolve around concerns over whether RUTF would be effective in India, considering its varying food habits.
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- **Traditional Food -** Some studies have shown that children who were given RUTF found it too heavy to eat anything else afterward.
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- There are concerns that RUTF may replace nutritional best practices and family foods that children would normally be eating.
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- Also, this might encourage discontinuing breastfeeding in children older than six months.
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- **Temproary Solution -** A slip back to malnutrition once RUTF was stopped

was also noticed in a considerable number of cases.
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- While there is no largescale study of post-RUTF treated children in India so far, health activists say it cannot be a permanent solution
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- **Financial Burden -** RUTF is a medical intervention, and at Rs 25 per packet, a single child's treatment will cost Rs 2,250 a month.
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- As over a third of all children aged under five years are stunted or underweight, RUTF will require massive financing.
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How else can the problem be addressed?

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- The Health Ministry is working to develop guidelines and a toolkit for early childhood development.
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- This is to better equip frontline workers for counseling families on nutrition and feeding practices.
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- Family-centric approach instead of food-centric approach for handling malnutrition is being mooted.
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- Handholding of target families is essential for optimal childcare practices, along with adequate hygiene and sanitation.
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- Counselling on family planning to ensure low birth weight babies aren't born is another measure.
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- Ensuring regular meals for children through properly streamlining anganwadis will also significantly reduce malnourishment.
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Source: Indian Express

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