

USAID/OFDA NUTRITION SECTOR UPDATE – OCTOBER 2011

SECTOR OVERVIEW

USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA) is at the forefront of the humanitarian community's efforts to prevent and treat acute malnutrition. USAID/OFDA-supported programs are community-based, linked to local health systems, and use evidence-based approaches that decrease morbidity and mortality resulting from malnutrition, and from health conditions exacerbated by malnutrition. In addition to supporting infant and young child feeding programs, nutrition education, initiatives aimed at improving nutrition systems, and operational research to advance best practices and build local capacity to treat acute malnutrition, USAID/OFDA supports nutrition sector disaster risk reduction activities that aim to build communities' resilience to the nutritional effects of disasters. In Fiscal Year (FY) 2011, USAID/OFDA provided more than \$65 million to support nutrition activities, including nearly \$61 million for nutrition interventions in 17 countries and more than \$4 million for global and regional nutrition initiatives.

RESPONDING TO MALNUTRITION IN THE HORN OF AFRICA

Due to prolonged drought conditions and resulting food insecurity in the Horn of Africa, more than 13 million people require humanitarian assistance, including approximately 750,000 people experiencing famine conditions in southern Somalia. In Ethiopia and Kenya, more than 3.5 million children under the age of five are at risk of or are experiencing malnutrition. In Somalia, the U.N. estimates that at least 450,000 children under five are malnourished, of whom 190,000 suffer from severe acute malnutrition. USAID recognizes that populations with high levels of malnutrition are particularly susceptible to communicable diseases due to their compromised immunity. Therefore, USAID/OFDA supports integrated health, nutrition, water, and accompanying sanitation and hygiene programs, which are crucial to preventing excess mortality and morbidity.



Using the mid-upper arm circumference method, a health worker screens a child for malnutrition in Turkana District, Kenya (Photo by Michael Gebremedhin, USAID).

acute malnutrition (CMAM). For example, in Ethiopia, USAID/OFDA has provided more than \$16 million through six organizations to support CMAM—an approach that involves training community members on the timely detection and at-home treatment of severe acute malnutrition. Nearly ten years ago, USAID was one of the initial supporters of the CMAM approach. Due to its proven ability to enhance resiliency through local capacity building and improved nutrition outcomes, CMAM is now the global standard for the treatment of acute malnutrition. USAID/OFDA is also augmenting several U.N. agencies' nutrition staff through the deployment of technical experts from the U.S. Centers for Disease Control and Prevention (CDC).

USING COMMUNITY-BASED METHODS TO TREAT MALNUTRITION IN NIGER

In response to high levels of food insecurity—affecting nearly half of Niger's population—and acute malnutrition levels significantly above emergency thresholds, USAID/OFDA provided nearly \$35.8 million

in FY 2010 and FY 2011 to meet emergency needs and build Nigeriens' long-term resilience to drought, a regular occurrence in the Sahelian belt of West Africa. Of the total, USAID/OFDA provided more than \$15.9 million for nutrition programs that prevented, treated, and mitigated acute malnutrition—targeting nearly 960,000 children under five years of age—through procurement and distribution of ready-to-use therapeutic and supplementary foods, procurement and use of essential medicines, active screening, data collection and analysis, and nutrition and feeding education programs.

USAID/OFDA-funded programs not only treated children suffering from severe acute malnutrition both in inpatient health facilities and through outpatient CMAM activities, but also children suffering from moderate acute malnutrition before they succumbed to severe acute malnutrition. USAID/OFDA also responded to moderate acute malnutrition among pregnant women and new mothers, enabling the women to better care for their children. Through CMAM projects, USAID/OFDA trained local health workers to identify and treat acute malnutrition and helped to integrate malnutrition treatment into Nigerien health facilities—potentially reducing the need for international assistance in future emergencies. USAID/OFDA also supported a number of cash-based nutrition interventions that could potentially be used as an alternative method to prevent malnutrition in certain circumstances.



Women and children in Niger participate in a USAID/OFDA community nutrition program (Photo by John Pierce, USAID).

Of the more than \$15.9 million USAID/OFDA provided in nutrition assistance to benefit acutely malnourished Nigeriens in FY 2010 and FY 2011, \$4.6 million supports ongoing disaster risk reduction programs to build CMAM capacity that USAID/OFDA and partners adapted to meet increased emergency needs in Niger.

SUPPORTING INNOVATION IN THE TREATMENT OF MODERATE ACUTE MALNUTRITION

The protocols and products used for the treatment of severe acute malnutrition (SAM) are established and well-documented, but the treatment of moderate acute malnutrition (MAM) lacks the same clarity and evidence base. USAID/OFDA continues to contribute to the development of MAM operational guidance through support for the Global Nutrition Cluster's MAM Working Group and the Emergency Nutrition Network-developed Minimum Reporting Package on emergency feeding programs. In addition, USAID/OFDA has committed \$1.2 million to CDC to conduct research on the effectiveness of methods and products used to treat MAM.

IMPROVING EMERGENCY NUTRITION TREATMENT CAPACITY WORLDWIDE

In response to a recurring shortage of experienced emergency nutritionists, particularly in French-speaking countries, USAID/OFDA recently established an agreement with ACF France to create an intensive emergency nutrition training program in West Africa that will be combined with on-the-job mentoring programs from a consortium of non-governmental organizations (NGOs). Following successful completion of Phase I, ACF will establish a second training and mentoring program for English-speaking nutritionists.

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