



**USAID**  
FROM THE AMERICAN PEOPLE

**NuLife**  
FOOD AND NUTRITION  
INTERVENTIONS FOR UGANDA



# MALNUTRITION IS TREATABLE

## ACCESS TO NUTRITION SERVICES MAKES THE IMPOSSIBLE POSSIBLE FOR AN OVC



**Admission, 3.4kgs**



**1½ weeks later, 3.8kgs**



**1 month on RUTF, 4.6kgs**

### Frank’s story

**F**rank is a 10-month-old boy who has beaten all odds and survived severe acute malnutrition (SAM). With the help of the Ministry of Health and USAID’s NuLife—Food and Nutrition Interventions for Uganda (NuLife), Frank has not only survived severe acute malnutrition, but is on his way to recovery. Many that had given up on Frank have been proven wrong. Coupled with the care of his Aunt Nulu, the commitment of the Sisters at Rubaga Hospital, and treatment for his tuberculosis, Frank has shown the significant impact of treatment with ready-to-use therapeutic food (RUTF). Now that his condition has improved greatly and he is nearly out of the red on the mid-upper arm circumference

(MUAC) tape, his aunt plans to look for a job so that she may send Frank’s older siblings to school.

NuLife has been an important part of the Government of Uganda’s (GOU) effort to integrate nutrition into HIV/AIDS services by increasing the capacity of health providers to assess, categorize, and treat malnutrition, and to provide nutritional counseling to orphans and vulnerable children (OVCs) in Uganda, as its people face the challenge of treating malnourished children. According to the Uganda Demographic and Health Survey, 2006, it is estimated that malnutrition accounts for 60% of all the infant mortality rates, and 12% of women in the age group of 15 – 49 years are undernourished or “thin” in Uganda.

NuLife supports the GOU to extend its services out into the community through community based workers that are trained to identify those in need of nutrition services and to follow-up to ensure treatment is being followed. It was a community volunteer, trained by NuLife to identify and refer malnourished individuals, who referred Frank’s aunt to bring him to the Rubaga Hospital for treatment. NuLife also works with a local manufacturer, Reco Industries, to produce RUTAFa, a ready-to-use therapeutic food. NuLife provides services to over 54 hospitals and clinics, targeting adults living with HIV, pregnant and lactating women, and OVCs.



**2 months on RUTF, 5.3 kg, being measured with MUAC**

MUAC tapes are a simple tool for determining nutrition status. The tape has three sections indicating nutritional status—green for adequately nourished, yellow for moderate acute malnutrition, and red for severe acute malnutrition. Providers first hold the tape lengthwise along the child's upper arm to determine the mid-point. They then wrap the tape around that mid-point and see on which color the indicator lands, thereby showing the nutritional status of the child. MUAC tapes are a much easier way to determine malnutrition than calculating BMI, which makes it more accessible to providers, volunteers and others that may be on hand to assist in determining nutritional status.

It is the NuLife clients who show the true success of nutrition intervention. Now that OVCs with severe acute malnutrition have access to nutritional assessment and RUTF, they are able to survive and recover from a seemingly hopeless condition, and their caretakers are also learning how to access services and nourish OVCs better.

Frank's mother was sick with malaria during her pregnancy and died shortly

after his birth. Frank did not receive adequate nutrition in his first months of life. At five months of age, his Aunt Nulu came to care for him and took him to a pediatrician and, later, to Rubaga Hospital, which has a special unit for pediatrics and experience with treating malnutrition. Frank has continued to return to the hospital each month, and has continued his treatment with RUTAF. He has made incredible progress, and after 2 months of returning to the hospital, he now weighs 5.3 kilos. While he has exceeded his target weight (20% increase from admission weight), the hospital has advised that Frank still return for follow-up treatment next month, as he is still within the severe acute malnutrition range.

Aunt Nulu says that because Frank's condition has improved so much, she feels safe enough to leave him in the care of someone else so that she may look for job opportunities. She has also stated that she would like to bring the new



**2 months on RUTF, 5.3kgs**

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babysitter to the hospital to learn about Frank's condition and treatment plan.

Frank's case is representative of the many severely malnourished children in Uganda. Fortunately, when these children arrive at health facilities, there is treatment for them. However, there are many more who do not meet the NuLife treatment criteria if they are HIV negative and moderately, not severely malnourished. This is because NuLife is funded under PEPFAR whose guidelines are limited. The government of Uganda has plans to have all malnourished individuals, irrespective of HIV status, access treatment for malnutrition. The NuLife program is paving the way for the launch and implementation of the national guidelines for the Integrated Management of Acute Malnutrition (IMAMA). For many hospitals and clinics, having the capacity and resources to treat moderate malnutrition would be a preventative measure to ensure that clients are treated before they reach an almost irreversible condition and have little chance of recovery.