

Ready-to-Use Therapeutic Food (RUTF) for Severe Acute Malnutrition (SAM) Treatment

Tonghan Gu, Prof. T. Alan Hatton
Massachusetts Institute of Technology (MIT)

TATA CENTER
TECHNOLOGY + DESIGN

Massachusetts
Institute of
Technology

Community-Based SAM Treatment

- 20 million children afflicted worldwide
- 8 million in India
- Hospital-based treatment: costly and inconvenient
- Community-based treatment using RUTF is recommended by WHO



Provider

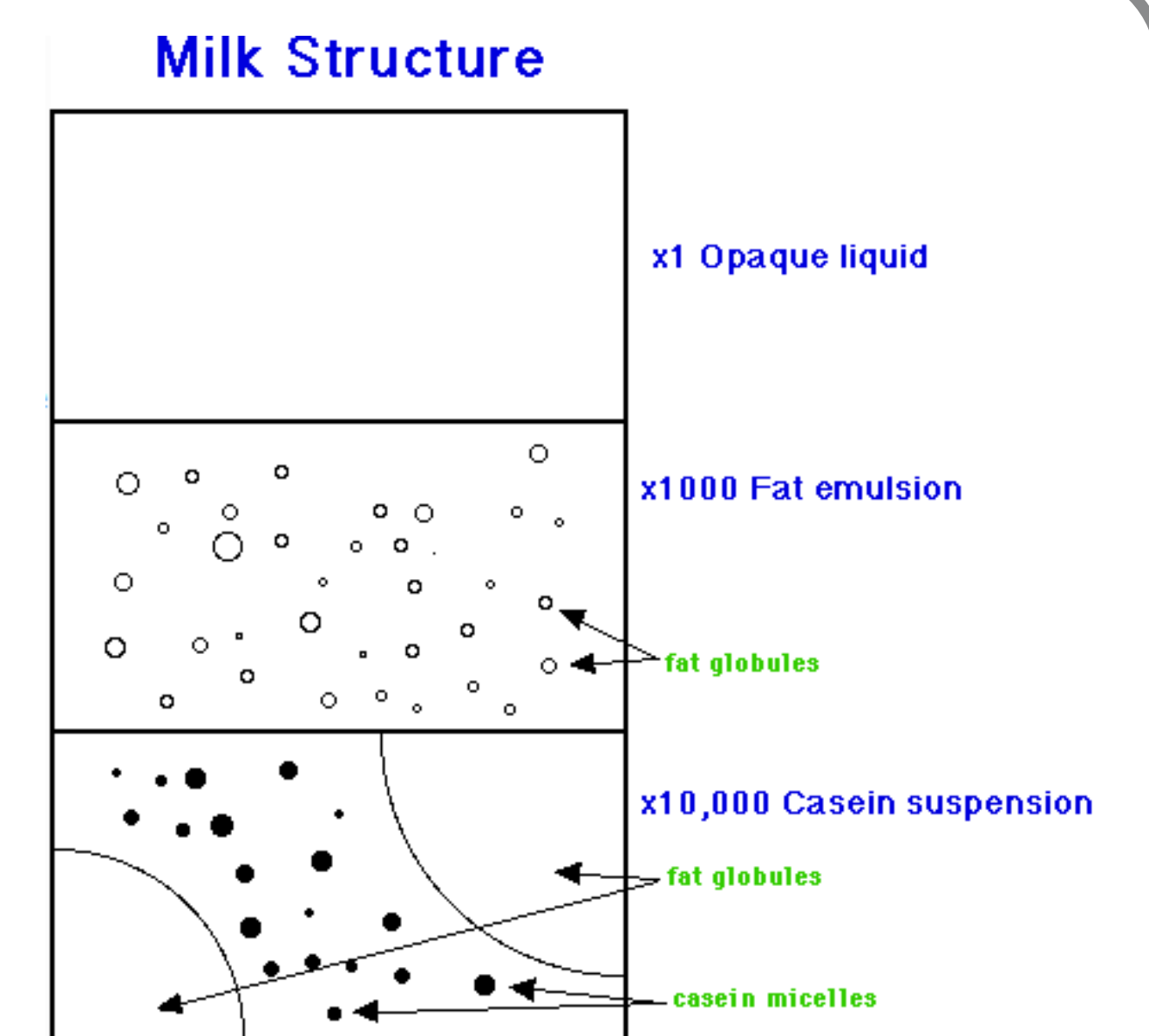
- Production or import
- Quality and security control
- Government regulation

Receiver

- Storage
- Consumption
- Recovery
- Feedback

Milk-Based RUTF

- Closest to breast milk
- Culturally acceptable
- Widely accessible in India
- Animal protein source (required 5g/100g in RUTF)
- Require additional protein
- Sedimentation issue

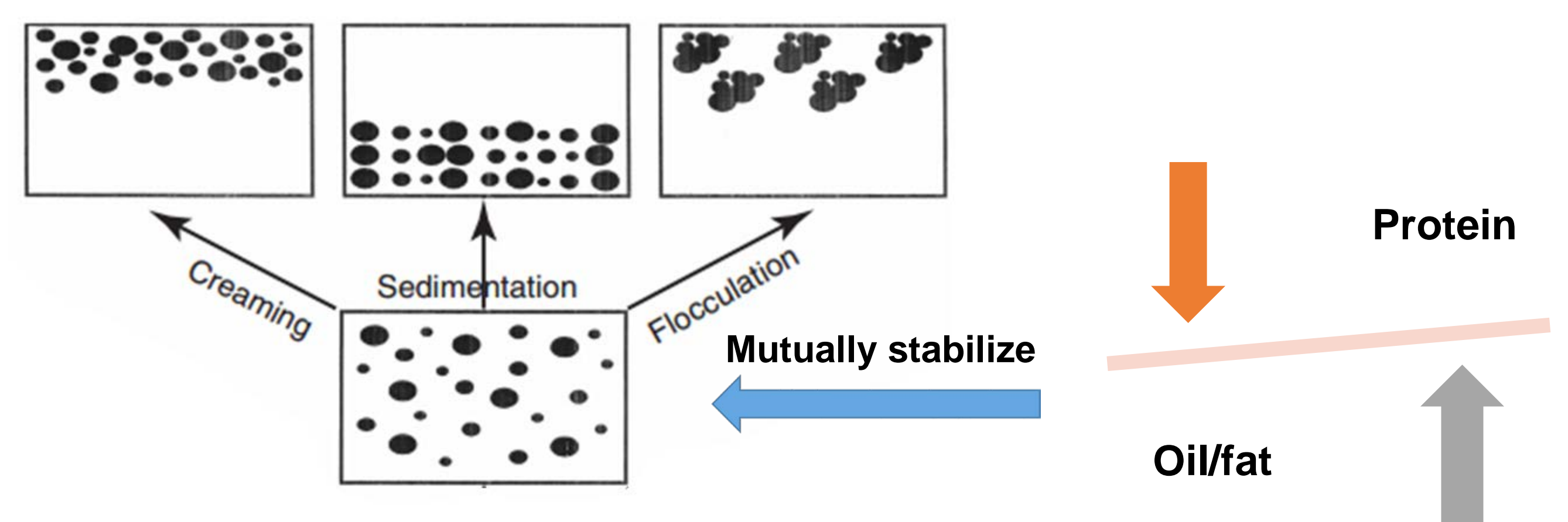


Emulsification

- No additional artificial surfactants
- Oil and fat are emulsified/stabilized by protein
- High concentration (target 30%vol) of oil/fat causes creaming

Microstructure Engineering

- Density balance by assembly of protein and oil/fat



- Achieve desired microstructure with a human-powered efficient emulsification equipment

Issues with the Current RUTF

- The current RUTF is a peanut butter-based paste recipe by Nutriset®
- Water-borne disease risk (anhydrous product, must be supplied with water)
- Low penetration, affordability, and acceptability
- Especially poorly accepted by children under 2 years old in India

RUTF Specifications

- Very high energy concentration (500kcal/100g), high protein concentration (10g/100g), with vitamins and minerals
- Fat and oil supply the majority of energy
- Milk powder supplies protein
- Sugar/Carbohydrates for balanced diet

Current Model: Centralized Production-Distribution

- Locally produced in Mumbai
- Testing cost is high (INR 50000/batch)
- Limited penetration to rural areas
- Depend mainly on public funds
- Product has to be anhydrous for long-term storage

Proposed Model: Equipment Distribution-Local Production

- Equipment, instead of products, are distributed
- Use local ingredients only
- Short storage time (Water permitted to give improved palatability)
- Each family is responsible for its own food quality (No testing required)
- Require cheap but efficient equipment
- Require education on properly making and consuming RUTF

Research in Progress

- Understand the microstructure-stability relationship
- Understand emulsification by a complex fluid (milk) as the continuous phase
- Particle incorporation and stabilization
- Two-phase fluid dynamics analysis for improving emulsification efficiency
- Equipment design and optimization
- Field research on palatability improvement

Acknowledgement

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References

- Collins, Steve. "Treating severe acute malnutrition seriously." *Archives of disease in childhood* 92.5 (2007): 453-461.
- Kapil, Umesh. "Ready to use therapeutic food (RUTF) in the management of severe acute malnutrition in India." *Indian Pediatrics* 46.5 (2009): 381-2.
- Sandige, Heidi, et al. "Home-based treatment of malnourished Malawian children with locally produced or imported ready-to-use food." *Journal of pediatric gastroenterology and nutrition* 39.2 (2004): 141-146.
- Dalwai, Samir, et al. "Consensus Statement of the Indian Academy of Pediatrics on integrated management of severe acute malnutrition." *Indian pediatrics* 50.4 (2013): 399-404.
- Tadros, Tharwat F., ed. *Emulsion formation and stability*. John Wiley & Sons, 2013.
- Paiella, G. "Unicef technical requirements for RUTF products." *Unicef supply division. Consultation with RUTF Suppliers. Copenhagen, 18th October(2010)*.
- Collins, S., and J. Henry. "Alternative RUTF formulations." *Community-based therapeutic care (CTC). Emergency Nutrition Network supplement 2* (2004): 35-7.