

TAIMAKA

Reimagining Pediatric Malnutrition Treatment for Scale

Bottom Line Up Front

Taimaka has reimagined pediatric malnutrition treatment to make it more cost-effective and scalable.

We've developed a malnutrition treatment model that is:

1. 53% cheaper than legacy approaches and:
2. Leverages digitally-enabled community health workers (CHWs) to deliver care to the most vulnerable communities.

So far, we've used our model to treat 6,000+ children out of existing government hospitals in northeastern Nigeria with world-class recovery rates of 95%+. Our track record has led charity evaluators like [Founder's Pledge](#) to identify us as one of the most cost-effective nonprofits in global health, with a [cost-per-life saved of \\$1,644](#). Over the next five years, we're on track to expand our program to treat tens of thousands of children, while helping governments revamp their outdated programs so that they can double the number of children they reach.

Problem: Acute Malnutrition

Acute malnutrition is the [leading cause](#) of death in under-five children globally. Over 20 years ago, public health practitioners developed a highly effective model for treating pediatric malnutrition – but it's far too expensive. The complexity and high costs of existing treatment options ([\\$251+ per child](#)), mean that more than [75% of children](#) go untreated.

In Nigeria alone, more than [two million children](#) suffer from severe acute malnutrition every year, with 1.5 million+ of them receiving no treatment, resulting in [192,000 preventable deaths](#) annually. *We can save 95% of those lives.*

Solution: A New Model for Malnutrition Treatment

Taimaka's reimagined model cuts the average cost to treat a child to just \$118, a [60% reduction](#) from existing methods. We do that by leveraging digital tools, community health workers (CHWs), and cutting-edge public health research. We've proven our model by treating thousands of children out of government healthcare facilities in Gombe State, Nigeria, with a world-class [recovery rate of 95%+](#).

Our scalable treatment model involves three steps that build on the strengths of existing healthcare systems:

1. Identifying cases through community mobilizers and community leaders
2. Treating uncomplicated cases in the outpatient setting through community health workers (CHWs) whom we support with a [digital guide](#). These up-skilled CHWs provide therapeutic foods, medications, and vaccinations over 6-10 weeks until a child recovers.
3. Treating complicated cases in the inpatient setting with existing government doctors and nurses whom we train and support.

Our low costs and high recovery rate mean that our model is one of the most cost-effective ways to save lives in the world, based on [Founder's Pledge's](#) analysis of our program and our work building off of [GiveWell's](#) analysis of malnutrition treatment using our program data.

What's Next: Bringing Life-Saving Malnutrition Treatment to *Every* Child

Growth: Over the next five years, we will expand our partnered treatment program to two new Nigerian states to reach 50,000 children annually. Expanding our program will also make it easier to persuade other government actors to replicate our model.

Scale: Existing malnutrition treatment programs reach 13.7 million children globally. We want to help existing implementers like the Nigerian government revamp their outdated approaches to reach 2x more children, making their existing infrastructure and budgets go farther. To bring our model to them, we plan to 1) leverage our partnerships with state governments to revamp existing, state-level treatment programs, 2) partner with a tech company (e.g., Dimagi) to commercialize our digital infrastructure, and 3) work with federal ministries of health, beginning in Nigeria, to revise their protocols at scale.

Our Team

Taimaka is co-led by Dr. Abubakar Umar, who oversees the medical side of our treatment model, and Justin Graham, who oversees our strategy and tech portfolio. Aside from Abubakar and Justin, our team of 95+ doctors, nurses, and community health workers (CHWs) who live and work in Gombe bring a wealth of expertise, compassion, and lived experience to our mission.



Dr. Abubakar Umar
Co-Founder + Medical Director



Justin Graham
Co-Founder + Executive Director



Taimaka's Team
(Pictured: Our Inpatient Doctors)

Opportunity

We want to explore synergies with doers and donors who are passionate about scaling cost-effective, global health interventions. Right now, we are raising [\\$300,000 to fill our funding gap](#) for 2024 – enabling us to grow to treat 9,000 patients annually, as well as prepare for scale. This raise will:

1. **Allow us to treat more children** in the same facilities, driving down our average cost-per-child treated, and improving our cost-effectiveness. Currently, it costs Taimaka \$118 to treat a case, and [\\$1,644 to save a life](#). *With this expansion, our cost per case will fall to \$102, and our cost per life saved to \$1,421.*
2. **Make investments in growth and scale**, by bringing our operations (e.g., legal, HR, finance) in line with best practices, so that we're prepared to absorb grants of \$1 million+ in 2025.

To join us in treating more children and preparing for scale, please reach out to justin@taimaka.org.