Management of Acute Malnutrition: Integration, PHC and Future Direction

Grace Funnell, Action Against Hunger USA
Acknowledgments

Saul Guerrero, Technical Director Action Against Hunger USA
James Njiru, Research & Learning Coordinator and Action Against Hunger Kenya team
Integration of SAM and MAM Programming

• High coverage of SAM treatment (>90%), has the potential to be the most impactful and cost-effective nutrition intervention (Bhutta et al., 2013), though rarely is this level of coverage reached.

• Community Health Workers (CHWs) treating SAM in community has been proposed as an approach to increase coverage.
Studies have shown that CHWs can identify and treat uncomplicated cases of SAM, achieving cure rates above the minimum standards and reducing default to less than 8%.

Findings to date suggest that early detection and treatment in the community can increase coverage of SAM in a cost-effective manner. (López-Ejeda, et al. 2018)
Involving government leadership is key!

Truly partner with MOH

Integrate into government structures

One supply chain system!
Building Capacity of Community Health Volunteers

• Tailored Trainings for CHVs (and simplified tools!)
• Supervision
• Supporting CHVs through incentives/recognition (and be ready to scale up)
• Clear plan for handling commodities at community
Building Referral Mechanisms

- Facility Staff
- Supervision
- Documentation
- Close the Loop
Identification beyond CMAM programming (1)

IYCF Groups

Photo: Grace Funnell, Action Against Hunger USA
Identification beyond CMAM programming (II)

Family (Mother) MUAC

Photo: Lys Arango for Action Against Hunger, Kenya
## Future Direction

<table>
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<tr>
<th>Opportunities</th>
<th>Outcomes</th>
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<td><strong>Global Level</strong></td>
<td><strong>Outcomes</strong></td>
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| UN Joint Statement | 1. Normative Guidance  
2. Global EML |
| **National Level** | **Outcomes** |
| Test and Adapt | 1. National EML  
2. National Policies & Guidance |
...getting from Policy to ACTION!
For more information, please visit www.mcsprogram.org

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