Integrating Community Management of Acute Malnutrition Into Child Survival Programs

CONCERN WORLDWIDE'S EXPERIENCE IN RWANDA

WHAT IS "COMMUNITY-BASED MANAGEMENT OF ACUTE MALNUTRITION" (CMAM)?

Until recently, treatment of severe acute malnutrition was restricted to facility-based approaches, greatly limiting its coverage and impact. Evidence suggested, however, that large numbers of children with severe acute malnutrition could be treated in their communities without being admitted to a health facility or a therapeutic feeding center.

Community-Based Management of Acute Malnutrition (CMAM) involves timely detection of severe acute malnutrition in the community and provision of treatment for those without medical complications with ready-to-use therapeutic foods or other nutrient-dense foods at home. If properly combined with a facility-based approach for those malnourished children with medical complications and implemented on a large scale, community-based management of severe acute malnutrition could prevent the deaths of hundreds of thousands of children. With the CMAM approach, children are screened by a community health worker. If a child is identified as suffering from severe acute malnutrition, they are referred to the health center. The health center then determines whether they can be treated in the community with ready-to-use therapeutic food and follow-up or whether further referral to inpatient care is required. Early detection, coupled with decentralized treatment, makes it possible to start management of severe acute malnutrition before the onset of life-threatening complications.

WHY INTEGRATE?

Pneumonia, malaria, and diarrheal diseases are the top killers of children under the age of five in Rwanda. However, while not the direct cause, malnutrition is a contributing factor in over 35 percent of all child deaths in the country. Undernutrition causes stunting in 52 percent of Rwanda's children, one in five children is underweight, and 4.6 percent suffer from wasting and severe acute malnutrition (Comprehensive Food Security and Vulnerability Assessment and Nutrition survey, 2009). Therefore, at the urging of the Rwanda Ministry of Health, Concern determined that it was critical to integrate prevention and treatment of malnutrition into the existing IMCI program interventions to effectively reduce child morbidity and mortality.

Janviere, 38, a Concern-trained community health worker uses MUAC band to determine the nutrition status of 36-month-old Emmerence. Photo: Esther Havens, Rwanda

HOW CONCERN IS INTEGRATING CMAM AND IMCI

In partnership with the International Rescue Committee and World Relief, Concern is implementing a five-year, USAID-funded Child Survival program entitled *Kabeho Mwana* or "Life for a Child." The project aims to reduce child mortality in six underserved districts in Rwanda, reaching over one-fifth of the country's estimated 1.5 million children under five. *Kabeho Mwana* aims to make life-saving preventive and curative services available to all the program's 318,090 targeted children under five through community-based integrated case management of diarrhea, pneumonia, and malaria.

Concern and partners began implementing *Kabeho Mwana* in 2006, working to build the Ministry of Health's capacity to apply the integrated management of childhood illness (IMCI) strategy. We focused on building capacity at the health facility level, and on training, equipping, and supervising over 6,000 Community Health Workers in community case management (CCM). In 2009, Concern and its partners successfully obtained funding from the Scottish Government to integrate CMAM after closely monitoring lessons learned from other Concern CMAM interventions in Rwanda and elsewhere.

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A mother is assisted by a Concern-trained Community Health Worker with feeding her child Plumpy'nut—a nutrient-dense ready-to-use therapeutic food (RUTF). Photo: Rwanda, Concern Worldwide

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The *Kabeho Mwana* program now incorporates the following main CMAM activities:

Community Level Activities

- Training Community Health Workers to conduct active and passive case finding
- Screening for moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) using mid-upper arm circumference (MUAC) measurement tape and referral to health facilities
- Use of Care Groups and Community Health Workers to include messages on the prevention of malnutrition into their behavior change communicate messages

Health Facility Level Activities

- Children with severe acute malnutrition without complications are referred to the Outpatient Therapeutic Program (OTP), which includes a general assessment of the child, nutrition education, HIV screening, and a provision of a weekly supply of ready-to-use therapeutic food (RUTF) that does not require refrigeration or mixing with water
- Children with severe acute malnutrition with complications are referred for inpatient care at stabilization centers at the district hospital. Once stabilized, the child is referred to the nearest OTP if he/she still suffers from SAM. If the child is discharged as moderately malnourished, he/she will be referred for MAM services and follow-up

National Level Activities and Advocacy

- Advocacy initiatives with Ministry of Health officials to incorporate CMAM into national health protocol
- Integration of the provision of RUTF and other components of CMAM treatment into the medical supply chain

IMPACT TO DATE

- The *Kabeho Mwana* CMAM interventions have provided more than 8,000 severe acutely malnourished children who would not otherwise have received this service with ready-to-use therapeutic food
- Integration of CMAM into *Kabeho Mwana* has reinforced community outreach services, including community assessment, community mobilization, active case finding and referral, case follow-up and referral, and behavior change communication
- Integration of CMAM has raised awareness of the problem of acute malnutrition at the national, regional, district, and village levels
- A Rwanda-specific protocol for CMAM has been developed and approved for implementation by the Ministry of Health

FACTORS THAT FACILITATED THE SUCCESSFUL INTEGRATION OF CMAM AND IMCI IN RWANDA

- Strong national commitment: In 2009, the Government of Rwanda launched a national effort to identify and treat every severe acutely malnourished young child
- An existing, well trained, extensive network of Community Health Workers
- Strong, national-level working groups led by the Ministry of Health
- Existing national policies, protocols, and data systems for IMCI/CCM and nutrition
- Highly decentralized structure of governance that maximizes community involvement and mobilization to support integration

LESSONS LEARNED

- Although CMAM was originally developed for emergency settings, CMAM has proven effective in non-emergency contexts where malnutrition is a major contributing factor in morbidity and mortality among children under five
- Community Health Workers are well placed to screen sick children for malnutrition as part of their ongoing duties, and supervision and reporting mechanisms with the Ministry of Health are already in place
- Child Survival programs provide a natural base for CMAM, as they reinforce existing community outreach services, including health and nutrition assessments; case finding, referral, and follow-up; and social mobilization for behavior change

KABEHO MWANA

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