

**Integrating community- and facility-based care
for treating severe malnutrition
in non-emergency settings**

NGO perspective

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Introduction

- Each year, 1 million of under-five children deaths associated with severe acute malnutrition (SAM)
- Based on evidence of its effectiveness in emergency settings, UN agencies, NGOs and academic experts endorsed the community based management of acute malnutrition approach (CMAM) in 2005.
 - The approach integrates inpatient and outpatient components

Introduction

- Since 2006, increase in efforts to scale up the approach by UN agencies and NGOs
 - Most NGOs started the implementation of the integrated approach
 - More partners supporting the scale up **including in non-emergency context**

Roles played by NGOs

- Advocacy for the treatment of SAM
 - All levels
- Mobilisation of resources and provision of essential supplies (F75, F100, RUTF)
- Technical support
 - Supporting governments in guidelines revision/development
 - Training and mentoring the implementers
 - Establishing monitoring systems
 - Direct implementation in extreme circumstances

Roles played by NGOs

- Promotion and establishment of linkages with other programmes
 - Livelihood, Food security and other nutrition programmes
 - Health programmes: Malaria. Family planning and HIV programme

Progress

- From 3 in 2004, >35 countries in Africa, Asia, Latina America, now implementing the approach
 - >24 have national guidelines
 - Although thousands of lives have been saved globally the coverage remains very low
- Complete integration into PHC package achieved in some countries
 - Malawi

Progress

- More collaboration between all the major actors
- Increasing interest and support from new partners
 - Clinton Foundation
 - GAIN
- Training materials developed and field tested
- Ongoing research aiming at increasing effectiveness and coverage
 - How to decentralise further?
 - Which other distribution routes?
 - New recipes ?

Lessons learnt

- Consensus between major actors on need of integrated approach
- Approach well received by health professionals and caregivers
 - Human resources crisis
 - Limited inpatient capacity



Lessons learnt

- When government ownership built and obtained, NGO support can be progressively reduced without undermining the sustainability
 - ➡ Easier if treatment of SAM among government priorities
- Pre-existing functioning facility based network = enabling factor (not always)

Lessons learnt

- Performance of CMAM programmes affected by the functioning of health system in general
 - Available financial resources for health
 - Number, quality, motivation and turn over of health workers
 - Logistics capacity
 - Functioning of other major health programmes
- Good facility based care network = enabling factor for rapid scale up of good quality CMAM (not always)
- Improvement in management of SAM offering opportunity to enhance quality of overall care provided to underfive children

Lessons learnt(3)

- Improvement in management of SAM offering opportunity to enhance quality of overall care provided to underfive children



Way Forward

Significant progress in the fight against SAM made

- Continue building ownership
- Harmonise protocols and integrate management of acute malnutrition and IMCI
- Identify innovative solutions for sustained supply of F75, F100, RUTF and basic drugs
 - Financing and procurement
 - Distribution

Way Forward

- Accelerate research on new recipes
- Include treatment of SAM in pre-service training curricula of Doctors and nurses
- Intensify advocacy activities

Thank you for your attention