

Evaluation of Community Management of Acute Malnutrition



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Evaluation Office

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Why this Evaluation?



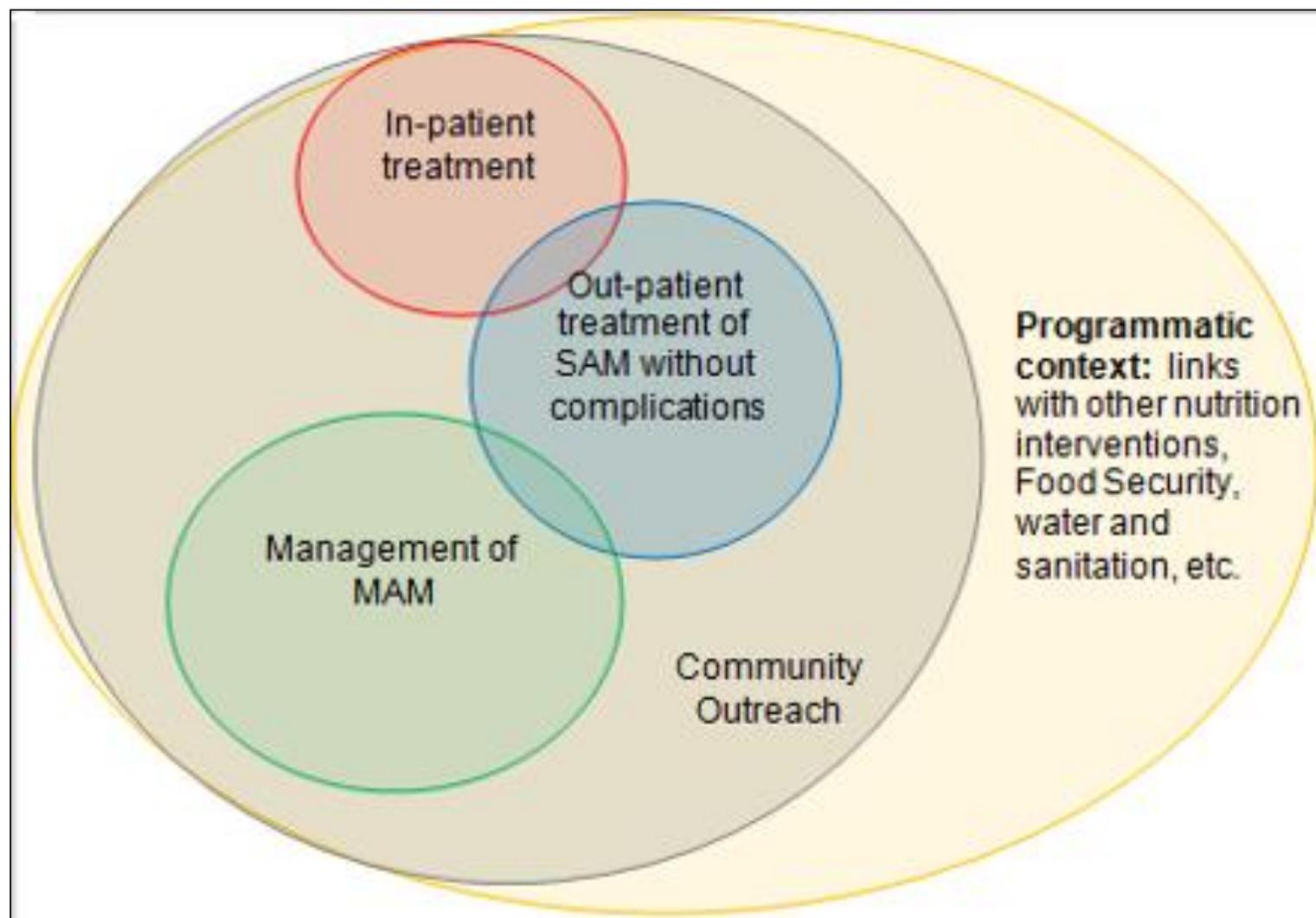
- **Severe acute malnutrition (SAM) costs lives.** SAM affects approx. 20 million children under 5 years of age. Children who suffer from SAM face a nine times higher chance of dying.
- **CMAM is an important and growing area of UNICEF's work.** CMAM is a proven approach to addressing SAM. By the end of 2012, governments in 63 countries had established partnerships with UNICEF, WFP, WHO, donors, and NGO implementing partners for CMAM.
- **UNICEF has made significant investments** to scale up treatment of SAM through CMAM including procurement of therapeutic foods, medicines, and equipment (annual investment of over 100 million dollars).
- **First comprehensive multi-country evaluation** by UNICEF focusing both on learning and accountability.

About acute malnutrition...



Medical workers at the clinic in Kati, Mali measure the upper arm of Bourama Togo. The result shows that he is suffering from acute malnutrition. Photo: CNN

CMAM Components



Evaluation Purpose / Objectives

Strengthen CMAM interventions and partnerships by generating and disseminating evidence related to processes, outputs, outcomes, and scale up options.

- Undertake an assessment of the progress achieved in implementing CMAM globally with detailed assessments in 5 case study countries to identify successes and gaps / constraints that need to be addressed.
- Examine CMAM performance using the standard OECD/DAC criteria of relevance/appropriateness, efficiency and quality of services, effectiveness, impact (potential) and sustainability.
- Examine the effectiveness of related cross-cutting issues such as coordination and management; gender and other forms of equity; capacity development; advocacy and policy development; and information/data management.
- Generate evidence-based lessons and recommendations to strengthen on-going efforts towards expansion of CMAM coverage in countries in need and for strengthening global / regional level guidance and support.

Evaluation Process / Methodology

- Based on a generalised **CMAM theory of change** and evaluation framework.
- Data collection and analysis from **various sources**, using **mixed methods**. *An extensive inception phase. Detailed case studies for Chad, Ethiopia, Kenya, Pakistan, Nepal; Internet Survey of CMAM countries (51 responses).*
- Key limitations / challenges
 - In between country comparisons: varying context/time spans of implementation
 - Insufficient or absence of baseline, outcomes and potential impact data
 - CMAM not compared to alternative models for addressing SAM
 - Some outdated information as the field work was conducted in 2011



Key Findings and Conclusions

Relevance / Appropriateness of CMAM



- The **CMAM** approach is appropriate to address acute malnutrition, particularly where it is sustainably integrated into the national health system.
- Demand for CMAM services has increased rapidly.
- **National contributions to CMAM are growing but scale up is a challenge.**
- **Guidance for SAM treatment** has contributed to development of national guidelines. **It is generally adequate for treatment protocols but fragmented regarding:** planning and monitoring, integration of CMAM, equity and gender, community assessment and mobilization, and MAM management.

Relevance (ctd.)



- **Technical support has resulted in significant gains in process, coverage and outcomes;** creation of parallel systems is not sustainable.
- **Within UNICEF** overall, there has been effective support but **expansion of regional roles is important** to meet national technical assistance needs.
- **Capacity development has significantly promoted quality of services;** there is some redundancy in training among related interventions.

CMAM Effectiveness and Quality of Services



- Overall, CMAM has been **effective in helping admitted children to recover from SAM** and promoting prevention through community outreach and MAM management. CMAM has been **less successful in preventing SAM**.
- **Sensitizing of communities along with active case finding has improved admissions to services**; the **potential of community outreach is constrained by insufficient needs assessments, inadequate planning and funding** for mobilization of community resources, weak monitoring, and inadequate support for CHWs.

CMAM Effectiveness and Quality of Services (ctd.)



- **Outpatient treatment services are effective** in CMAM intervention areas in the case study countries in treating SAM without complications.
- The CMAM inputs for **inpatient treatment services were found to be only moderately effective** due to weak coordination around referrals between inpatient and outpatient care, and weakness in staffing, psychosocial support, and data collection.
- **Information systems for CMAM developed in parallel to national systems were found to be unsustainable**; there was a lack of consensus on practical reporting requirements.

Efficiency - Costs, Supply and Delivery of RUTF



- The **efficiency of delivery modalities depends on the strength of government ownership.** Where Govt. commitment is strong, direct support to the Govt. is most efficient delivery mechanism.
- **For scaling up and promoting local production of therapeutic foods (RUTF), quality assurance and cost remain major problems.**
- Under certain circumstances, investments in improving the efficiency of the national supply and delivery chains were found to help open up more areas to expansion.
- **Challenges exist in funding and procedures,** both critical for improving coverage and efficiency.

Progress / Issues related to National Ownership

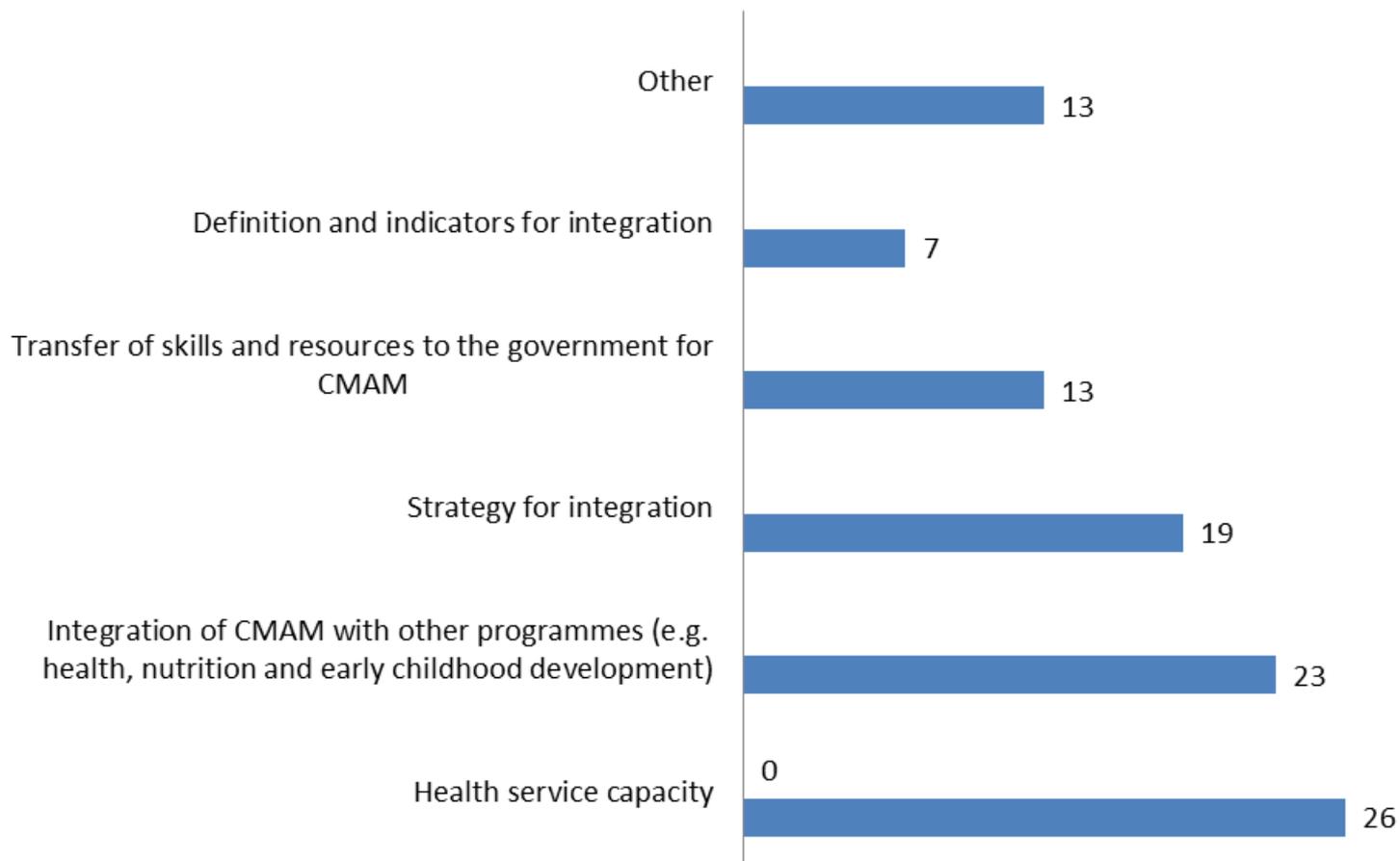


- **A strong nutrition authority and nationally owned overarching strategy** for nutrition was found to be important to support CMAM's potential for long-term impact.
- **Agreement on global standards for integration of CMAM management and services into the national health systems is lacking** but critical to guide government, UN agencies, IPs and health system staff.
- Where CMAM was not integrated with other interventions, health workers often felt overburdened and reported efficiency losses due to duplication and repetition.

Main Challenges to Integration of CMAM into National Health System (2012)



Figure 1: Main Challenges to Integrating CMAM into National Health Services (% Agreement)



Promoting Equity in Access

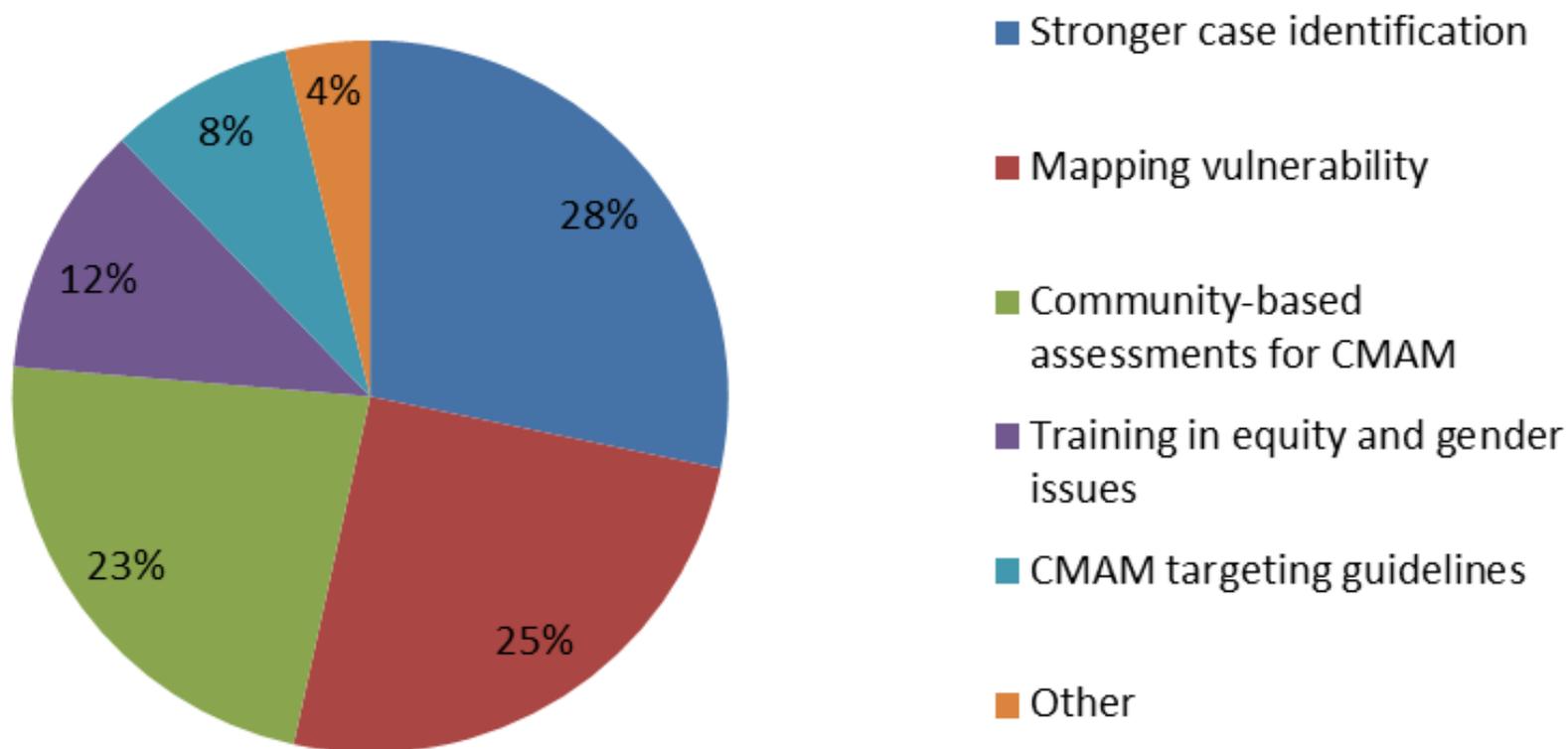


- **Identification of children who might be missed and developing strategies to reach them are top challenges in improving access.**
- **Planning** among government, partners and communities for CMAM **is disjointed in some cases** which hampers the promotion of equity as well as coverage.
- Awareness of challenges in estimating geographic and treatment coverage in order to promote more effective strategies to increase access was often weak.

Most Effective tools or Mechanisms to Improve Access (2012)



Figure 2: Tools and Mechanism Needed to to Reach the Most Vulnerable Children (% Agreement)



Sustainability and Scaling Up



- The **scale-up and integration of CMAM** are facilitated by **partnerships among government, UNICEF, WFP, WHO, UNHCR and other partners**; a cohesive vision for addressing acute malnutrition does not always exist.
- Globally and nationally, CMAM has not been found to be sustainable as a stand-alone intervention; **integrated health and nutrition packages that include CMAM were more successful.**
- The evolution of CMAM has produced rich knowledge; yet, evaluations and studies, dissemination of lessons and retention of the experience accumulated in communities are still limited.

Key Conclusions



- **UNICEF should continue to promote and support CMAM as a viable approach to preventing and addressing severe acute malnutrition (SAM) in young children.**
- **Greater emphasis is needed on prevention of SAM by strengthening community outreach, MAM management and integrating CMAM into national health systems and related sectors.**
- **Much work remains to be done in expanding coverage of CMAM as coverage is low (< 15%) in many needy countries.**
- **National ownership and partnerships are crucial for expanding coverage and quality, and for sustaining gains in reducing malnutrition.**



Recommendations

Main Recommendations

- UNICEF should continue to work with governments, WFP, WHO, IPs, and other stakeholders to secure a ***common understanding on the most effective means of addressing MAM*** and a ***joint vision on acute malnutrition*** in order to unify approaches.
- Strengthen planning for CMAM through **conducting community assessments, and greater use of joint integrated results-based planning** exercises and mapping information to help prioritize areas for scaling up.
- Based on ***capacity assessments***, support the integration of CMAM into the health systems and with other national health, nutrition and community development strategies. Ensure that management of acute malnutrition is part of a minimum package of nutrition interventions.
- Strengthen **community outreach** by ensuring adequate investment in CMAM awareness raising activities and their integration with outreach for other public health interventions.
- **Facilitate coordination and technical support** at regional/national level to expand or develop national guidelines in areas identified by the evaluation.

Main Recommendations...

- Define a **standardized monitoring system to assess the quality of the CMAM services** to inform the MoH, UN partners, IPs and other stakeholders where more capacity is needed.
- Work with government and partners to **strengthen nutrition information systems for improving CMAM quality**.
- Improve **awareness and capacity for conducting treatment coverage surveys and using the information** to analyse trends.
- **Strengthen means to reduce costs and promote national assumption of costs for RUTF and supplementary foods**.
- Support further **operational research to find alternative to RUTF formulas**.



Thank you