COVERAGE MONITORING NETWORK

TECHNICAL BRIEF:
COMMUNITY ENGAGEMENT FOR CMAM

In recent years, the context of community-based management of acute malnutrition (CMAM) implementation has changed dramatically, from emergency and vertical programing into government–led programing where services are integrated into the national health system. However, CMAM coverage and access remains low. A major factor contributing to this shortfall is both the weakness of service providers to implement the community component of CMAM[1]. In the design, resource allocation, implementation, supervision, monitoring and reporting, community engagement is often neglected as it is not seen as a priority for successful program implementation by implementing agencies and donors[1]. This reluctance is due to inadequate capacity and technical guidance and also due to common misconceptions that community engagement is too messy, takes too long, is too time intensive, costs too much and cannot achieve large-scale impact[2].

Achieving and sustaining the objectives of a CMAM programme depends on successful community engagement in any context. Experiences from Community–based Therapeutic Care (CTC) and CMAM programs have taught us the importance of community participation and engagement in order to attain access and uptake of the service by the community[1]. Moreover, evidence from the Coverage Monitoring Network (CMN) on CMAM treatment coverage and barriers to access serves to highlight, however, that the community aspect of CMAM programming is often weak.[3]

WHAT DID WE LEARN?

Between 2012 and 2015, the Coverage Monitoring Network (CMN) supported over 200 coverage assessments globally and identified the common boosters and barriers to access across CMAM services.

Common barriers include lack of community knowledge and misinformation about use and cost of CMAM service; lack of knowledge and misconception about causes and symptoms of malnutrition; as well as issues relating to low decision making power of women, caretaker's high opportunity costs, previous rejection by the program; long distance to the CMAM site; poor quality of CMAM services; long waiting time at the clinic for CMAM services; stock out of nutrition products; and poor community outreach activities.

In sum, these coverage assessments have revealed that there is inadequate community engagement resulting in poor levels of community's awareness regarding the disease and the available treatment.[3] The assessments also showed that most barriers are related to sociocultural factors that can easily be addressed through community engagement. However, most of CMAM programs are critically missing the community component of CMAM programs.

WHAT IS COMMUNITY ENGAGEMENT?

Several terms and definitions are used interchangeably throughout policy and programming to refer to community-focused approaches. A thorough review of this terminology was recently carried out[1] which identifies the term community engagement as an overarching definition for "all interactions with the community"[1] encompassing sensitization, outreach and community participation in order to increase community participation, ownership, support and responsibility.

For the purpose of this technical brief, the term community engagement will be used to refer to any set of activities, which are established through a context-specific research resulting in greater uptake of CMAM services. It is important to highlight that community engagement refers to a comprehensive set of activities which do not simply look at one reference point between the health facility and the community, but a far broader set of individuals who make up the community. Without taking the community as a whole and engaging with multiple partners within that community, issues of uptake and access will continue to exist.

Community engagement is not a campaign, nor a series of campaigns. Nor is community engagement the same as social mobilization, advocacy, social marketing, participatory research, or non-formal or popular education. Although community engagement often makes use of these strategies[4], community engagement is not something done for the community but by the community. The CMAM approach, despite its community-oriented intentions, remains most of the time standardized. Community engagement seeks to alter this.

[1] *Nell Gray, et al. Community Engagement: the 'C' at the heart of CMAM, CMAM Forum Technical Brief, August 2014.*
[2] *Demystifying Community Mobilization: An Effective Strategy to Improve Maternal and Newborn Health. USAID/ACCESS Program, 2007.*
[3] *Puett, C., Hauenstein, S. & Guerrero, S. Access for All, Volume 2: What factors influence access to community-based treatment of severe acute malnutrition, Coverage Monitoring Network, London, November 2013.*
[4] *Lisa Howard-Grabman and Gail Sentro. How to Mobilize the Communities for Health and Social Change, 2003*

FIGURE 1

COMMUNITY ENGAGEMENT PROJECT CYCLE WITH INPUTS, PROCESSES, OUTPUTS AND OUTCOMES.

Input	Process	Output	Outcome
◆ **Community engagement activities (sensitization, case finding, home visit follow-up, community participation, etc.)**	◆ **Improving community knowledge and practices of child health and illness, nutrition and malnutrition** ◆ **Increasing health-seeking behavior within the community** ◆ **Developing and implementing accessible, appropriate, contextualized, utilized and community-owned interventions**	◆ **Improved timely case finding and referral** ◆ **Early treatment seeking** ◆ **Increased compliance** ◆ **Minimized defaulting** ◆ **Created new social norms and lasting behaviour change**	◆ **Improved coverage of services** ◆ **Health outcome achieved** ◆ **Promoted better response to community needs and concerns** ◆ **Ensured greater sustainability, cost-effectiveness, accountability & equity**

Adapted from Nell Gray, et al; Community Engagement (2)

WHY ENGAGE THE COMMUNITY IN CMAM PROGRAMS?

Community engagement for CMAM aims to engage community actors and obtain their commitments for actions they will take to support caretakers of children with acute malnutrition to access and use CMAM services, and their support to community engagement activities, including volunteers' and outreach workers' work.

Community engagement promotes better response to community needs and concerns as communities are empowered and capable of addressing their own needs, as well as leads to greater cost-effectiveness, accountability, sustainability and equity. Empowering the community also enables the implementation of more accessible, culturally appropriate and community-owned CMAM services (see Figure 1: Community Engagement Project cycle).

WHO NEEDS TO BE ENGAGED IN THE COMMUNITY?

For community engagement efforts to improve CMAM program coverage and uptake, it is most effective to gather the support of those who have the most interaction and influence with the community along with caretakers (mothers, fathers, grandmothers) of children with acute malnutrition. They include, but are not limited to:

- **Political, religious and traditional leaders**
- **Private and public health care providers**
- **Traditional healers & traditional birth attendants**
- **Community outreach workers and volunteers**
- **Community groups, local non-governmental organizations and faith based organizations**
- **Donors and media professionals**
- **Teachers, agriculture extension workers & social workers**

WHAT IS THE PROCESS OF COMMUNITY ENGAGEMENT?

Engaging the community to support a CMAM program may seem like a big challenge - however, when broken down into phases (see Figure 2), the process becomes more manageable. As a rule of a thumb, community engagement activities need to be initiated and sustained during all stages of project management.

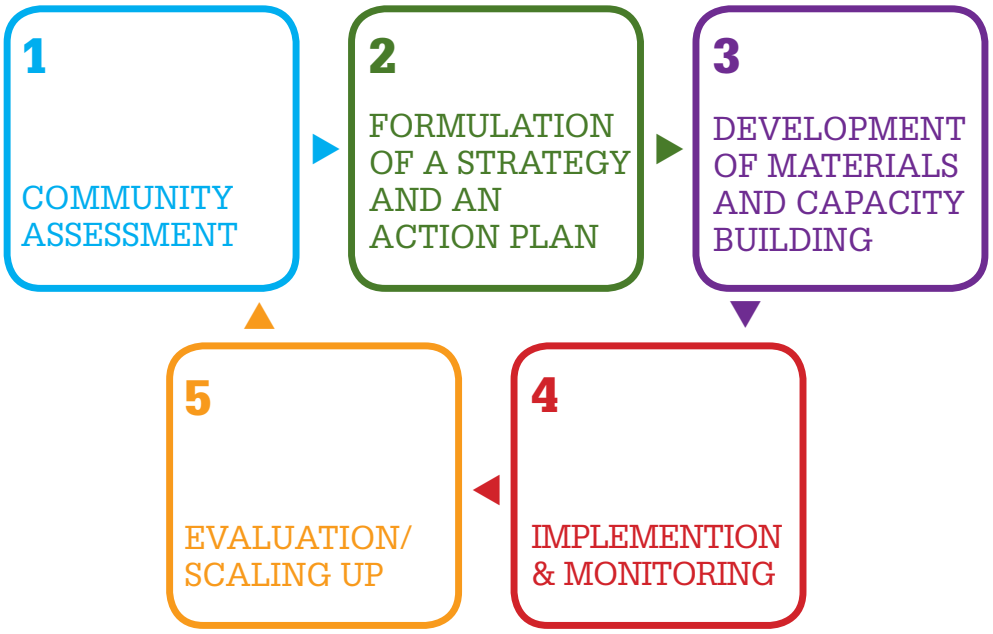
With community engagement, the role of the implementing agency shifts from a more traditional service provider to that of a facilitator. In other words, an implementing agency, such as a health facility of NGO, should guide and mentor communities as they make their way through this step-by-step process.

Community involvement will thus create a strong sense of ownership of the program and contribute to resolving obstacles faced by target communities to access the services.

To do so, it is extremely important to establish a reliable communication platform, which will allow for a continuous dialogue with communities and inspire their participation in the process. A village health committee, where communities can voice their insights and identify new barriers as well as timely and jointly developed local solutions, is a good example of such structure. As this platform should be involved in the development, implementation, monitoring and evaluation of the community engagement action plan, programmes should avoid creating new structures unless absolutely necessary and identify existing organisations, which could absorb additional responsibilities. Figure 3 provides concrete examples of community participation at different stages of Community Engagement Framework for CMAM programme.

FIGURE 2

COMMUNITY ENGAGEMENT FRAMEWORK TO IMPROVE ACCESS TO AND UPTAKE OF THE CMAM PROGRAMME



Adapted from Lisa Howard- Grabman et al. How to mobilize the communities for Health and Social Change[4] and FANTA training guide on CMAM[5]

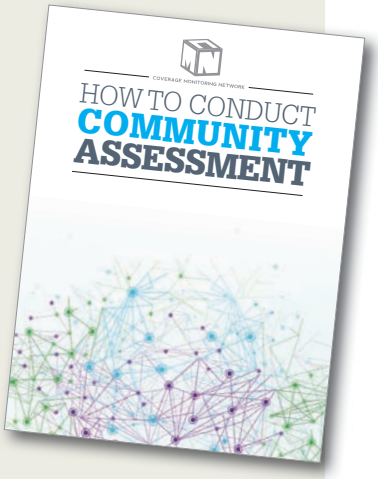
FIGURE 3

EXAMPLE OF COMMUNITY PARTICIPATION AT DIFFERENT STAGES OF COMMUNITY ENGAGEMENT FRAMEWORK FOR CMAM PROGRAMME

[5] *Training Guide for Community-Based Management of Acute Malnutrition (CMAM), FANTA Project 2008*

STEP ONE COMMUNITY ASSESSMENT

It is the first step in the framework of community engagement process and a learning course to understand and analyse the program context to identify existing systems, resources, community structures and cultural factors. The completed community assessment findings will be used to make a decision on community engagement strategies that fits with and builds on local resources and influence the planning, implementation and monitoring of community engagement activities and the CMAM services at large to improve access and utilization of the service.



Five main reasons why the community assessment should be conducted:

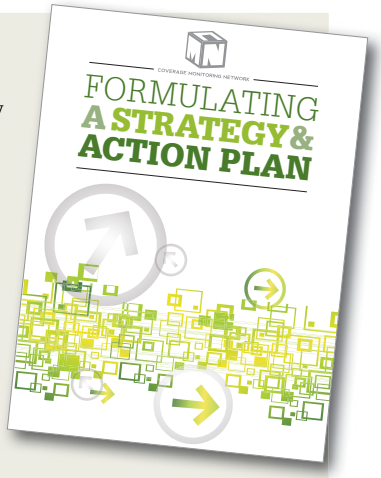
- **To explore community systems, structures and actors, including existing networks of community volunteers, which could potentially be used for community engagement**
- **To understand the community knowledge, perceptions and behaviours regarding childhood acute malnutrition and other illnesses, as well as the CMAM services**
- **To assess factors which influence the community decision to access to and use the CMAM services**
- **To assess the strengths and weaknesses of the current community engagement strategies, as well as opportunities for and threats to future CMAM collaboration**
- **To develop an action plan and a comprehensive community engagement strategy to improve access and uptake of the CMAM services**

How to Conduct a Community Assessment?

Community assessment requires a collection of a large variety of qualitative information from community actors from the district to the beneficiary level. These are the steps to undertake a community assessment:

- **Develop the community assessment questions** based on community assessment objectives.
- **Identify primary actors** (people who have the most interaction and influence on caretakers of children), such as traditional healers, religious leaders, traditional leaders; and secondary actors (such as, agricultural workers, teachers, media professionals) for interviews to collect relevant data.
- **Collect in-depth qualitative data** through key-informant interviews, focus group discussions, observations, and semi-structured interviews.
- **Conduct community figures and actors analysis:** what other people or groups can participate in community engagement activities? What resources or support can they offer?
- **Conduct contextual factors analysis:** what are the barriers and boosters for caretakers to access and use CMAM services?
- **Conduct communication channel analysis:** what communication channels are available in the area? The formal communication channels may include community meetings, radio, community announcers, etc. while informal communication channels may include exchanges of information among community members at markets, water points, etc. What are the strengths and weaknesses of each channel? For example, how effective are these channels in reaching the target community? How many people can they reach?
- **Conduct strengths, weaknesses, opportunities and threats** (SWOT) analysis of the current community engagement activities
- **Review CMAM service utilization and effectiveness of current community engagement activities** (i.e. a number of self- referrals versus referrals by community volunteers or other referrals, a number of late referrals, or actual geographical coverage of CMAM services) using secondary program monitoring data analysis.
- **Validate the primary data findings** against the findings from secondary routine program monitoring data analysis.

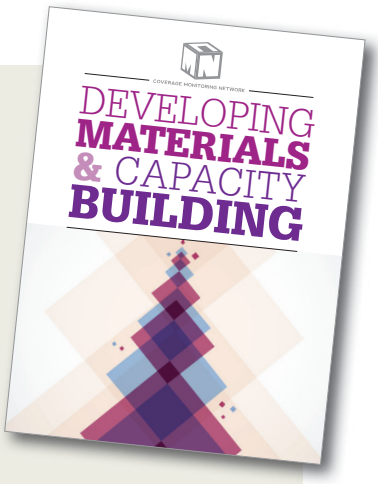
STEP TWO FORMULATING A STRATEGY



The best way to improve community's access and use of the CMAM services is to fully engage the community in the CMAM program. There are several strategies to mobilize and involve the community in the CMAM program:

- **Establish a formal structure** or reinforce a formal existing coordination mechanism at all levels that can effectively lead community engagement efforts e.g. village health committees, community health workers, etc.
- **Ensure strong leadership** to provide overall coordination on implementation of the community engagement activities and to facilitate a dialogue between community actors and health systems. This includes assigning focal persons for community mobilization at all levels. For example ensuring there is a community mobilization officer in district health offices.
- **Advocate with Ministry of Health, donors and stakeholders** to maintain their commitment and secure supply and support for community engagement
- **Engage diverse community actors** who are most likely to support a CMAM program, and reach out to other key players, who are not "usual health providers" (agricultural workers, political leaders, religious leaders, media professionals, etc.), but have significant influence in the community.
- **Ensure genuine community participation and shared decision making** to support a sense of community actor's commitment and ownership of a CMAM programme. In order to do that, establish clear roles and responsibilities for all community actors, and develop a shared decision making process.
- **Recruit, train and supervise community health and nutrition volunteers and outreach workers** with community figures' participation. Provide technical support, manage and build capacity of volunteers.
- **Plan and implement contextualized outreach activities** depending on the availability of resources, prevalence of malnutrition, local capacity and type of a CMAM program (vertical program versus an integrated CMAM service into national health system). The outreach activities should include community sensitization, case finding and referral, home visit follow-up for defaulters and non-responders, social and behaviour change communications on health, sanitation and hygiene, and nutrition issues.
- **Link or integrate the community engagement activities** for CMAM into other existing community-based initiatives e.g., Integrated Community Case Management of Childhood Illness (iCCM), Infant and Young Child Feeding Practices (IYCF), integration of Mid Upper Arm Circumference (MUAC) screenings during national immunization days, well-baby clinics, water, hygiene and sanitation programs, etc.
- **Use appropriate information and communication technology** to support community engagement activities where and when it is possible. For example, community outreach workers and volunteers' use of mobile phone for referral, follow-up, and reporting.
- **Monitor, report and evaluate activities**. Decide in advance how to track the progress of activities being implemented against a community engagement plan. Design process, input and outcome indicators, and set targets for each indicator and data collection method. Design reporting tools for community engagement activities and establish feedback mechanisms
- **Raise resources for community engagement.** Introduce creative financing and appropriate accountability measures to encourage sustainability. Advocate for the integration of community engagement efforts into a local health system and its budget allocation.
- **Design and create a community engagement action plan** with community actors and stakeholders in a consultative process.

STEP THREE DEVELOPING MATERIALS AND CAPACITY BUILDING



◆ Developing materials

Adopt and/or produce training curricula, volunteers' guidelines, information, education and communication (IEC) materials, including toolboxes, posters and flyers and distribute these to community volunteers and outreach workers to assist in their sensitization work. The IEC materials can be distributed to community actors and figures, including religious leaders for wider distribution and use. It is important simplify and shorten community engagement training curricula, tools and process while empowering the community.

◆ Capacity building

Provide training for community volunteers and outreach workers to build their capacity before the implementation of community engagement activities. The training needs to cover topics about malnutrition, CMAM program, and community engagement activities. Since the capacity building of outreach workers and volunteers is a process, it should be provided periodically using an adult learning cycle. In areas where literacy levels are low, train community figures on word-of-mouth communications.

STEP FOUR IMPLEMENTING & MONITORING

◆ Implementing

It is extremely important to invite community leaders and actors to officially launch community engagement activities. The orientation and guidance about CMAM services should be given to community figures and volunteers during the opening ceremony. The announcement about the availability of new services will not only inform but also encourage communities to access care.

I Roll out the implementation of community engagement activities in accordance with a community engagement action plan timeline. It can be initiated by conducting community engagement activities could be initiated by conducting case finding and referral, including a mass MUAC screening of children for acute malnutrition, where appropriate.

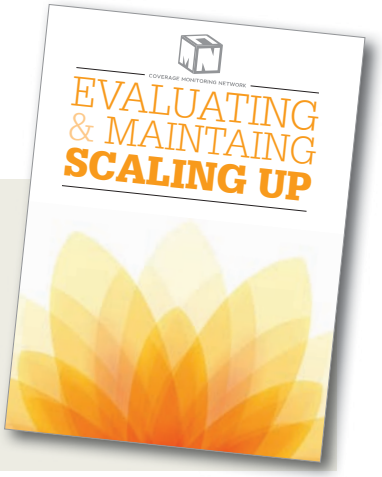
II Convene community activities by holding regular community meetings with community leaders, partners and outreach workers.

III Conduct health education activities to improve the community's knowledge about malnutrition, and the existence and cost of a CMAM program.

◆ Monitoring

Manage and monitor community engagement activities along with staffing, budgets, audience and other stakeholders' feedback using simple excel sheets and by analysing outreach worker reports. Conduct close monitoring of community engagement activities to track the progress and to provide regular supportive supervision to outreach workers and volunteers to ensure the quality of the program. Quantify what, when, where and how has been done and who has been reached. Compare accomplishments with objectives and targets. It is important to identify problems and areas for adjustment as implementation proceeds.

STEP FIVE EVALUATING, MAINTAINING OR SCALING UP



Periodically review schedules, expenditures, work performance, and outputs. Measure the change in outputs and outcomes of community engagement activities. Evaluate the community access to services and CMAM coverage using secondary data analysis and/or conducting a coverage assessment, as necessary. Make adjustments to an action plan throughout the program implementation based on regular monitoring and periodical evaluation results, and modify community engagement interventions, as necessary. Maintain, reinforce or scale up community engagement efforts depending on the nutritional situation, resources and changes in CMAM programming.

KEY POINTS

- **High coverage and good outcomes of acute malnutrition treatment can be achieved in a community when its leaders, members, actors and caretakers of children with acute malnutrition are fully engaged in mobilizing and sensitizing the community, implementing good quality of services, and increasing access to CMAM services.**
- **Community engagement for CMAM using existing MOH's outreach structure and workers is feasible and effective to improve access and uptake of CMAM services.**
- **A community engagement initiative that fits with and builds on local structures, systems and resources is more likely to be sustained and scaled up.**
- **Integration of community engagement for CMAM into existing community-based initiatives (e.g. national immunization campaigns) contribute to better timely case finding and good coverage.**
- **Good community engagement team structure, supportive supervision and mentoring result in good outcomes. Experienced community outreach workers and program staff result in good community engagement.**
- **Good coordination and collaboration with community actors play a great role in the implementation.**
- **Private health care providers and traditional healers should be engaged in the programme.**
- **Community engagement takes time and must be planned for sustainability from the beginning.**
- **Proper resources allocation and advocacy for community engagement is crucial.**
- **Community engagement strategies should ensure that issues of gender are respected and should avoid increasing the workload of women.**
- **Community engagement must be systematised in programme activities, and HR resources must be committed to these activities.**

OPERATIONAL EXAMPLES

BARRIER: **DISTANCE, DIFFICULT ACCESS TO TRANSPORT**

ACTIONS TO CONSIDER:

- **Mobilize available resources in the community**
  Ask village leaders and mayors to organize transport and escort children to the nearest health facility on the day of service provision. The village chief may also designate one or two men to escort women and children to a health facility (to limit the insecurity during the travel, support mothers' efforts or be aware of the management issues such as drug stockouts).
- **Adapt the management for remote and landlocked areas**
  1) Adapt the management according to the seasonal calendar: double ration of RUTF distributed for landlocked or non-accessible areas during the rainy season
  2) Establish mobile teams for remote areas and nomadic populations
  3) Guarantee an efficient transfer system for nomadic populations or mobile seasonal workers

BARRIER: **MOTHERS BUSY**

ACTIONS TO CONSIDER**:**

- The availability of mothers is not uniform: it is not always easy to dedicate a whole day to go to the health facility with a sick child every week. It means missing work or other income-generating activities. Thus, the time dedicated to a sick child represents a cost for the whole family.
- Explore possibilities of baby-sitting within the community during OTP days (e.g. with the help of grand-mothers)
- Strengthen men sensitisation regarding treatment benefits via village leaders, religious leaders or family chiefs
- Support the escort of mothers and children by men from the village, with the support from local leaders

BARRIER: **POOR SCREENING**

ACTIONS TO CONSIDER**:**

- Screening by community health workers is a major axis for a high amount of implemented community mobilisation strategies. But the limits of community health workers are evident
- Widen the screening strategy: lots of people in a village are able to use a MUAC and to read coloured results. It could become a common measurement, available to anyone and especially to mothers of children under 5 years of age. It is desirable for this easy-to-use and cheap tool to be massively distributed: to mothers of cured children from malnutrition (which would promote the child's monitoring and limit relapses' risks) who would be able to screen others children in the village; to traditional healers, midwives, grand-mothers who take care of children during the day. This local screening would then be confirmed by community health workers, who would guide children for the treatment.
- A wider screening strategy would also increase chances to cover areas and populations non-covered: farming hamlets, peripheral huts, marginalised populations.
- Adapt screening campaign calendar to agricultural activities and seasonal barriers

COVERAGE MONITORING NETWORK

STAY CONNECTED WITH COVERAGE MONITORING NETWORK (CMN)

E-MAIL: **cmnproject@actionagainsthunger.org.uk**

WEBSITE: **www.coverage-monitoring.org**

CMN is an inter-agency initiative led by Action against Hunger (ACF), Concern Worldwide, International Medical Corps and Helen Keller International. The project aims to increase and improve CMAM coverage and to monitor it globally through the promotion of quality coverage assessment tools, capacity building and information sharing. The CMN was launched in July 2012 with support from the European Commission Directorate-General for Humanitarian Aid and Civil Protection (ECHO) and USAID's Office of Foreign Disaster Assistance (OFDA). The opinions expressed herein are those of the authors and do not necessarily reflect the views of the USAID or ECHO

FULL VERSIONS COMING SOON

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