



Community Mobilisation in Integrated CMAM Programmes

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Overview

- **Community Mobilisation in NGO-assisted CMAM Programmes**
- **Challenges to Community Mobilisation in Integrated CMAM Programmes**
- **The Future of Community Mobilisation in Integrated CMAM Programmes**
- **Areas for Further Research**



Community Mobilisation in NGO-assisted CMAM Programmes

the starting point



Community Mobilisation in NGO-assisted CMAM Programmes

Objectives

- Identify cases early
- Increase programme coverage
- Improve programme outputs (defaulters, cured, etc.)

How did we set out to achieve this?





Community Mobilisation in NGO-assisted CMAM Programmes

Outreach Activities

- **Sensitisation**: informing communities about programme services
 - Working with traditional leadership (social, political, religious)
 - Tapping into local channels of communication
 - Using local terminology to ensure awareness about target population



Community Mobilisation in NGO-assisted CMAM Programmes

Outreach Activities (cont.)

- **Active Case-Finding**: screening and referral of malnourished children
 - Daily activity
 - House-to-House visits
 - Using MUAC



Community Mobilisation in NGO-assisted CMAM Programmes

Outreach Activities (cont.)

- **Follow-up**: tracing absentees, defaulters and/or children 'at risk'
 - House-to-House visits
 - To identify reasons for absenteeism and defaulting
 - Minimise the risk of 'hidden deaths'

Who was responsible for these activities?





Community Mobilisation in NGO-assisted CMAM Programmes

Outreach Personnel

- Traditionally, outreach activities were conducted by
 - Outreach Workers: paid, regular staff
 - Volunteers: received mostly payment in-kind
- Outreach workers proved generally effective – because they were accountable to programmes



Challenges to Community Mobilisation in Integrated CMAM Programmes

review basic assumptions



Challenges to Community Mobilisation in Integrated CMAM Programmes

Objectives

- MoH concerns about overburdening the system
 - **Could the Health Centres cater for a sudden rise in programme attendance?**
- Ethiopia MoH: calls for ‘subtle mobilisation’
 - **Who and how is the flow of patients controlled?**
- How to balance coverage with sustainability?



Challenges to Community Mobilisation in Integrated CMAM Programmes

Outreach Activities

- **Sensitisation:** in practice, it becomes secondary to case-finding
 - Too dependent on word-of-mouth, on beneficiaries perceptions
 - Awareness about programme high only around health centres
 - Limits the amount of self-referrals – coverage becomes dependent on regularity of case-finding



Challenges to Community Mobilisation in Integrated CMAM Programmes

Outreach Activities (cont.)

- **Active Case-Finding:**
 - The use of different referral criteria (MUAC) and admission criteria (Weight for Height) led to high rates of ‘rejection’.



Why is rejection such a problem?



Rejection & Coverage

- **Study***
 - **Data from CSAS coverage surveys**
 - **12 CMAM programmes**
 - **5 countries (Ethiopia, North & South Sudan, Malawi, Niger, DRC)**
 - **Reasons for non-attendance (why are malnourished children not enrolled in a CMAM programme)**

Guerrero, Myatt & Collins (2008) "Determinants of Coverage in Community-based Therapeutic Care (CTC) programmes: Towards a Joint Quantitative & Qualitative Analysis" (submitted for reviewed)

Rejection & Coverage

Reason for Non-Attendance	Median Percentage (%) [*]
Previous Rejection	38.6
Condition not recognized as malnutrition	18.8
Does not think programme can help child	14
Relapsed	11.3
Distance to sites	10.8
Carer busy	9.8
Carer sick	8.2
Childcare obligations at home	6.9
Not aware of the existence of CTC	6.7
Shame	5.5
Other	19.9



Challenges to Community Mobilisation in Integrated CMAM Programmes

Outreach Activities (cont.)

- **Active Case-Finding:**
 - The use of different referral criteria (MUAC) and admission criteria (Weight for Height) led to high rates of ‘rejection’.
 - This leads to negative feedback in the communities
 - Demotivates outreach staff
 - Labour intensive (MoH workers already busy)



Challenges to Community Mobilisation in Integrated CMAM Programmes

Outreach Activities (cont.)

- **Follow-up:**
 - **Distance is often a challenge**
 - **How to communicate follow-up information to community-based outreach workers?**
 - **What happens when absentees/defaulters numbers increase (e.g. harvest season)? Should they all be followed-up?**



Challenges to Community Mobilisation in Integrated CMAM Programmes

Outreach Personnel

- MoH outreach networks not always available – or sometimes ‘dormant’ (i.e. active during campaigns)
- Programmes have advocated a narrow definition of volunteerism
- The necessary conditions for fostering volunteerism haven’t been acknowledged
- Limited ‘shelf-life’ of volunteers + demands for incentives/payment



The Future of Community Mobilisation in Integrated CMAM Programmes

*Key Lessons and
Considerations*

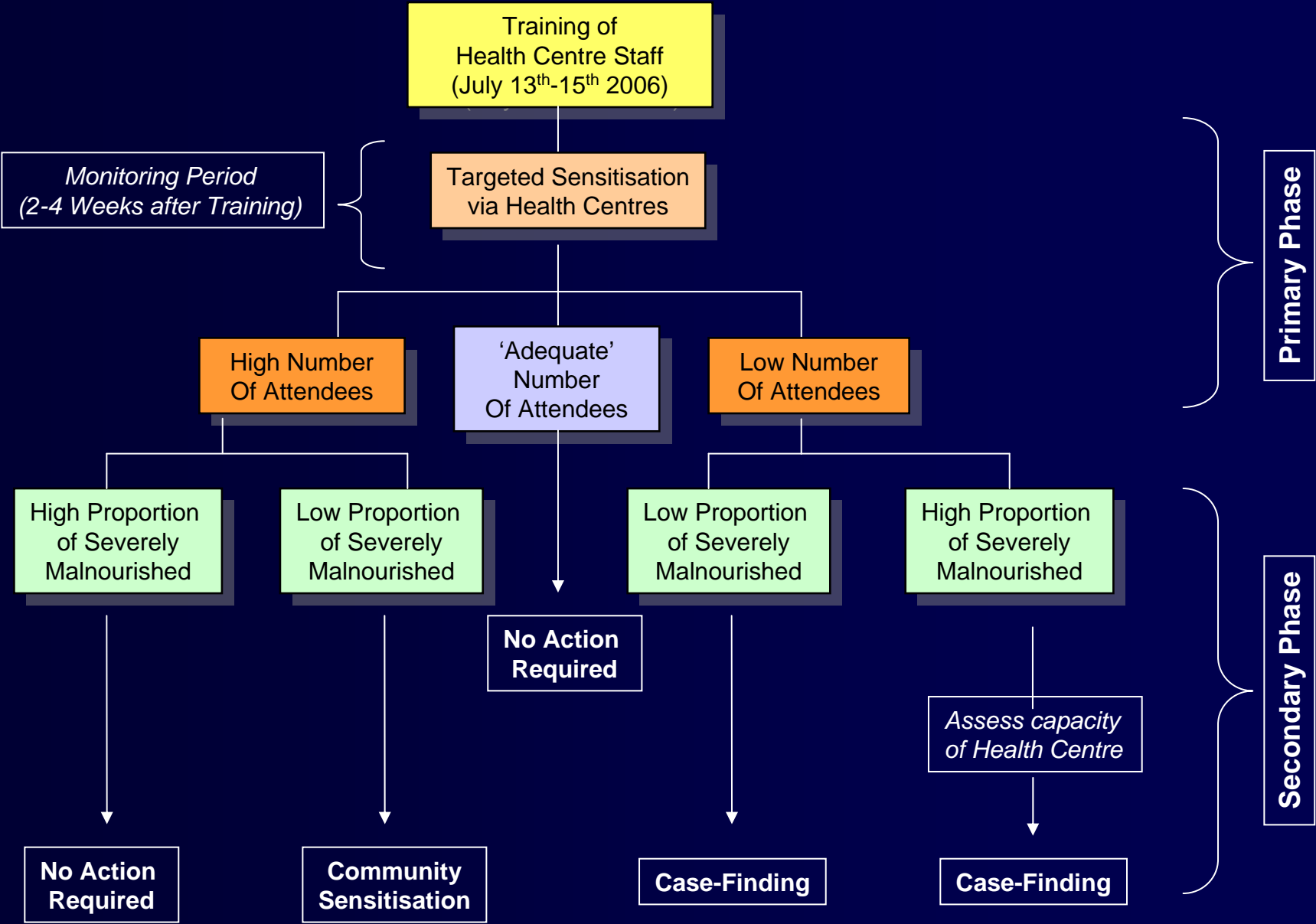


The Future of Community Mobilisation in Integrated CMAM Programmes

Objectives

- The real fear is to overflow MoH structures with **ineligible** children (e.g. false positives)
- Reinforces the need for a common referral/admission criteria (e.g. **MUAC**)
- Coverage remains important, but **timeframes** and **benchmarks** may have to be adapted
- MoH need to have different alternatives at its disposal to plan mobilisation activities

Alternative Outreach Strategies (CMAM Programme, Addis Ababa)





The Future of Community Mobilisation in Integrated CMAM Programmes

Outreach Activities

- **Sensitisation:**
 - Must be prioritised
 - Mass media should be brought on board (e.g. radio stations)
- **Active Case-Finding:**
 - Standardised referral/admission criteria = reduce rates of rejection = improve community perceptions
 - Case-finding: not as a campaign-style activity, but as a permanent feature of routine work



The Future of Community Mobilisation in Integrated CMAM Programmes

Outreach Activities

- **Follow-up:**
 - it is important, but when faced with high volumes, practicality demands prioritization (e.g. defaulters, absentees and at-risk)
 - Innovative ways are needed for connecting health centres with volunteers (e.g. text messaging)



The Future of Community Mobilisation in Integrated CMAM Programmes

Outreach Personnel

- If network is dormant, consider funding short 'activation period' (with clear focus and deliverables)
- Broaden definition of volunteers – to include people who are already in contact with sick children (TBAs, THPs, Community Leaders)
- Active life-span of volunteers not important – what's important is what they do whilst they are active



Areas for Further Research

maintaining an evidence-based approach



Further Research

- **‘Acceptable’ programme coverage in integrated CMAM strategies**
 - **Can it match coverage of NGO-assisted programmes - c. 70%?**
 - **How is the benchmark determined?**
 - **How to can coverage be assessed?**
- **How can Traditional Health Practitioners (THPs) be better integrated into CMAM programmes?**
- **What is more effective in the long term: case-finding or sensitisation at the start?**



Further Research (cont.)

- **How effective are alternative technologies in helping outreach activities?**
- **What is the impact of doing mobilisation at the start (activating volunteers) versus not doing it?**
- **When does community self-referrals 'take over' case-finding as the primary referral source?**