

EMERGENCY CONTEXT

- Post conflict/rehabilitation context
- GAM: < 5%; SAM: <1%
- Program initiated in 2005

INTERVENTION AREA

South Kivu, DRC: in four health zones. Predominantly rural population: 300,000 people

CMAM SERVICE SITES

Program implemented in MOH facilities: hospitals for inpatient care and health centers for outpatient care. Community outreach is conducted by *Relais Communautaires* (volunteer workers selected by their communities).

- Inpatient care: 4
- Outpatient care: 16
- Supplementary feeding or services for MAM: 19
- *Relais Communautaires*/volunteers: 2000

PROCESS OF INTEGRATION

- 2004: Home treatment approach proposed by MOH after security situation stabilized and levels of acute malnutrition decreased.
- 2005: Project initially funded jointly through ECHO and DFID
- 2005 to 2008: Funding provided by UNICEF
 - Advocacy at central level to update the national SAM treatment protocols and include the CMAM approach
 - Strategic plan issued by the MOH supporting the integration process
 - Services scaled up and MOH staff work in CMAM centers
 - ACF plays role as supervisor and advisor
 - Joint supervision visits with MOH
 - MOH Initiatives: expansion of *Relais Communautaires* role with the creation of local nutrition committees
- 2008: ACF assistance with logistics and technical support

PROGRESS AND CHALLENGES IN INTEGRATION

Enabling Environment for CMAM

- MOH coordination and communication is weak.
- CMAM integration into national health and nutrition policies, strategic plans and national CMAM guidelines should be effective in 2008 after three years of advocacy.
- Inclusion of free treatment for children with SAM within national policy.

Access to CMAM Services

- Inpatient care at hospital nutrition rehabilitation units.
- Outpatient care integrated into health centers.
- Referral system between inpatient and outpatient care is done through a reference ticket, not a tracking system.
- Community outreach conducted by *Relais Communautaires*.
- SAM screening in health centers is linked with preschool consultations.
- Pilot project in 2008 to work on a minimum nutrition package in collaboration with the MOH.

Quality of CMAM Services

- MOH staff have been trained as qualified health care providers. ACF lacks control over whether or where trained MOH staff is assigned to work.

Access to CMAM Supplies

- CMAM supplies provided by UNICEF.
- National production of RUTF in Lubumbashi will end soon.

Competencies for CMAM

- In-service training held regularly.
- Topics for future trainings planned on an ad hoc basis.