



Farmers being trained on how to apply conservation agriculture techniques in Mozambique

## Decentralising treatment in Mozambique: Findings from a pilot intervention on wasting

This is a summary of the following report:

*UNICEF (2019) Monitoring and evaluation of the community management of acute malnutrition pilot intervention in Mozambique.*

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### Nutrition Situation in Mozambique

In Mozambique, approximately 6% of children under five years of age are affected by wasting (DHS, 2011). Wasting treatment services are available through the national health system, managed by the Nutrition Department under the Nutrition Rehabilitation Program (PRN), and have shown a high cure rate. However, outpatient wasting treatment has historically shown high defaulting rates (23% in 2015), especially in hard-to-reach or remote areas. Given these challenges, the Ministry of Health introduced a pilot intervention decentralising the treatment of child wasting from health facilities to community health workers (CHWs) in 2017. This pilot intervention started in three communities and subsequently expanded in 2019 to 26 more communities in 12 districts of three provinces in Mozambique: Nampula, Tete and Zambezia. The pilot areas were selected based on the following criteria: high prevalence of acute malnutrition/ wasting, the presence of a qualified CHW, a remote/hard to access health facility, and high defaulter rates from treatment.

### Evaluation

An evaluation of the intervention was conducted to provide independent, critical findings on the quality, effectiveness, and efficiency of the pilot. To answer the evaluation questions, the review analysed processes and results for seven components (pilot planning and operationalisation, capacity-building, community engagement, performance and quality of services, logistics, monitoring and evaluation system, and the intervention scale-up). Data collection utilised qualitative and quantitative data, collected between February and October 2019.

The evaluation demonstrated that the trained CHWs were able to effectively treat uncomplicated cases of wasting, reaching a cure rate of 92% and a default rate of 4%, which positively impacted Mozambique's traditional PRN model. Nevertheless, the evaluation of the capacity-building component showed that the interpretation of complex guidelines was a challenge for the CHWs, specifically the interpretation of weight-for-height z-scores. Whilst strong accountability mechanisms were put in place for

stock management and periods of stock outs, difficulties in transportation and a lack of anthropometric material merit an increased focus on logistics and supply chains moving forward.

Despite the challenges, this intervention was found to deliver a positive impact on the autonomy and commitment of communities in resolving the problem of wasting locally, with a documented evolution in the quality of the service over time. As such, this approach to decentralised treatment should be considered for scale-up, particularly in high burden and remote areas. However, the scale-up will require a significant effort and commitment from local government, the United Nations, non-governmental organisations (NGOs) and other donors, to ensure medium- and long-term sustainability.

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### References

DHS (2011) Moçambique inquérito demográfico e de saúde 2011. Instituto Nacional de Estatística.

## Evaluation of community-based management of acute malnutrition in Yemen

This is a summary of the following report:

*UNICEF (2022) Evaluation of community-based management of acute malnutrition in Yemen.*

### Background

In Yemen, nearly 3 million children under five years of age suffered from acute malnutrition in 2021, of whom 500,000 suffered from severe acute malnutrition (SAM). The community-based management of acute malnutrition (CMAM) approach was introduced in Yemen in 2008, implemented exclusively through health facilities. Implementation modalities have since been diversified by the Government of Yemen (GoY) and partners, putting 3,923 outpatient therapeutic programmes (OTPs) and 24,000 community health volunteers (CHVs) in place by 2019. The CMAM programme is implemented in 22 governorates of Yemen across four components: (1) community outreach; (2) the management of SAM without complications through OTPs; (3) the management

of SAM with complications through therapeutic feeding centres (TFCs); and (4) the management of moderate acute malnutrition (MAM) through therapeutic supplementary feeding programmes (TSFPs). This report presents the findings from a formative evaluation of the CMAM programme.

### Methods

The independent evaluation was conducted between May 2021 and January 2022 using quantitative and qualitative data, predominantly from secondary sources. This was supplemented with primary data from 19 key informant interviews with stakeholders from organisations including UNICEF, the World Health Organization, the World Food Programme, Yemen's Ministry of Population & Public Health (MoPHP) and 24

community interviews with mothers, caregivers and health workers.

### Results

- **Relevance:** Programme relevance was demonstrated by the fact that the outcomes over-lapped with those in MoPHP sectoral policies and plans and national CMAM guidelines. However, national guidelines were inconsistent with global CMAM standards. While the programme had many relevant targets, some underlying causes of malnutrition, such as wide spread poverty and inadequate family planning, were not addressed.
- **Efficiency:** The programme was underfunded in 2020 and faced human resource shortages and supply chain disruptions. While coordination and knowledge transfer mechanisms were available at national and sub-national levels through the Nutrition Cluster and CMAM Technical Working Group, operational inefficiencies occurred due to limited engagement by key stakeholders (e.g., government representatives), an ad hoc approach to cluster meetings and a narrow focus in discussions.