

2014

Meeting of Working Group on Community based Management of Acute Malnutrition (CMAM)

Venue – Conference Room, Centre for Community Medicine,
AIIMS, New Delhi

Date: 14 October 2014

Meeting convened by FLAIR (Forum for Learning and Action with
Innovation and Rigour) as part of CFNS (Coalition for Food and Nutrition
Security)

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and Action with Innovation and Rigour)

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Formation of Working Group on Community based Management of Acute Malnutrition (CMAM)

1. Background

Malnutrition in children is widely prevalent in India. More than 50% of deaths in children of 0 to 5 years are associated with malnutrition. Severe Acute malnutrition is the most dangerous form of malnutrition. Children with Severe Acute Malnutrition (SAM) have nine times higher risk of dying than well-nourished children. Even after decade of galloping economic growth, child malnutrition rates are worse in India than in many sub-Saharan African countries. India is the home to the largest pool of children with SAM in the world; we have around 80 lakh children which consist of 42% of Global load of children with SAM.

It is also proven by the National Family Health Survey (NFHS) data and confirmed by the Ministry of Health and Family Welfare, GOI that the problem of children with SAM is mostly in most deprived populations like scheduled tribes, primitive tribes and in scheduled caste communities, youngest children (under 2 years), and in girl children.

The response to SAM in the country is inadequate. At present, as per an estimate, we have treated less than 10% children with SAM in the last 6 years.

To prevent deaths due to severe acute malnutrition, specialized treatment and prevention interventions are required with strong food security and feeding drive with care being taken for behavioural practices and strong monitoring, supervision and support mechanisms. Programmatically, it is helpful to categorise children with SAM into – (i) Complicated, and (ii) Uncomplicated cases based on clinical criteria as:

- Facility/Hospital-based care for children with SAM and medical complications (MTC),
- Home/Community-based care for children with SAM without medical complications using Medical Nutrition Therapy (MNT)

There are only 15% SAM children who require MTC and the remaining 85% can recover through Community – Based Approaches for Management of Acute Malnutrition using MNT. Consequently adoption of the community-based approach for management of severe acute malnutrition as long as there are no medical complications is an option that needs to be explored and strengthened. Where there are additional medical complications, clinic or hospital management is necessary and requires different therapeutic treatment.

2. Need for the Working Group

Community-based approaches involve timely detection of severe acute malnutrition in the community and the provision of treatment for those without medical complications using Community – Based Approaches for Management of Acute Malnutrition. This is a method and approach that needs to be carefully developed through a process.

In this process standard protocols have to be developed which will have to be based on a consultative process of all stakeholders. There has to be a basic protocol of care giving practices as well, which of course has to keep in consideration the different socio-cultural practices of general life as well as that of food. In this approach we have to have factor in Behaviour Change Communication in an integrated manner for management of Acute Malnutrition.

There is a need to brainstorm and decide scientifically. This process of brainstorming began with the National Consultation organised by Save the Children, India and FLAIR (Forum for Learning and Action with Innovation and Rigour) on 25 February 2014 at the Constitution Club of India, New Delhi. The National Consultation was an opportunity to deliberate on the various avenues as well as challenges that lay ahead in the path of development of standards and protocols for management of Acute Malnutrition and associated activities. The National Consultation was attended by around 75 participants from NGOs, academia and research institutions. Prof. M. K. Bhan delivered the Keynote Address and around 10 presentations were made of the models and approaches to manage malnutrition from across India. A follow up meeting of the National Consultation was organised by FLAIR on 31 July 2014 at India Habitat Centre, New Delhi to take the process forward.

At the follow-up meeting on 31 July 2014, the idea of forming a working group to drive and oversee the process of brainstorming and decision making on different aspects of Management of Malnutrition was concretized. A need was felt to have a working group on the subject with a secretariat, which would work on the following as an interface between practice, research and policy. The main purpose of the working group would be - (i) awareness generation among the common masses about the technical dimensions of nutrition, and (ii) facilitation of a process through which policy is informed by both research and practice and vice versa.

3. Scope of Work

The Scope of Work of the Working Group on Nutrition would be –

- (i) Share experiences, successes and challenges in general from practice in the Communities and planning and policy making processes in the Ministries for prevention and cure of SAM;
- (ii) Deliberate specifically on MCT and MNT approaches, community sensitization and usage of BCC, OPD treatment services through innovations like mobile clinics for CMAM interventions, CMAM inputs for Inpatient treatment, and Information System for CMAM;
- (iii) Deliberate and decide on the screening criteria of SAM; and
- (iv) Identify areas that need to be researched for greater clarity.
- (v) Act as an interface and information clearing house on Nutrition by linking research and practice with policy.

4. Composition of the Working Group

The working group will have the following members –

1. Prof. M. K. Bhan
2. Prof. Vinod Paul
3. Dr. Raj Bhandari
4. Mr. A. R. Nanda
5. Dr. Laxmikant Palo
6. Mr. Saibal Baroi / Dr. Ravi Subbaiah
7. Ms. Rita Bhatia
8. Dr./Mr./Ms.
9. Dr./Mr. Ms.

The Working Group will be hosted by FLAIR (Forum for Learning and Action with Innovation and Rigour). FLAIR will also provide all secretarial services to the working group, including research, documentation and media work.

5. Activities and Timeline (Working Group and Secretariat) – Till April 2015

Sl. No.	Activities	Timeline						
		Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15
1	Meetings of the Working Group							
2	Working Paper on Screening Criteria of SAM							
3	Mapping Exercise on Models and Approaches of CMAM in India							
4	Media Briefings in Print, Electronic and Web and Face-to-Face briefings							
5	Working with Union Ministries (HFW and WCD) and giving inputs to Protocols, Algorithms and Policies							
6	Working with NGOs and State Ministries to collate feedback on the draft CMAM Policy							

All the work will be mandated by the Working Group and FLAIR as the secretariat will work strictly as per this mandate. All the research and media work will be vetted by the Working Group.

FLAIR's main work as secretariat to the working group will be focussed on generating research and documentary evidence from the field through case studies and sharing with the working group, and after discussion and vetting with the policy makers and media. Four face-to-face media briefing will be organised every year on the subject. Media briefings in the form of documents (print as well as electronic) will be made and shared every month. FLAIR will also share and disseminate the policy and programme discussions of the government with the general public for action and further discussion.

The working group will work under the aegis of Coalition for Food and Nutrition Security.

6. Outcomes

This Working Group on Nutrition seeks to bring about a more informed dialogue process between policy makers, academia and practitioners. It will also sensitise the common people about the various intricate issues about malnutrition that a vast section of malnourished children from marginalised areas, communities and classes are facing.

By the end of one year this working group would have achieved the following goals:

1. Greater Clarity on Screening Criteria for SAM.
2. Clear Information on Models and Approaches of CMAM in India including the Sampoorna Randomised Multi Centre Trials.
3. Algorithm on Community/Family feeding practices to cure/prevent SAM and its inputs in the Government Policy.
4. Protocols on BCC for CMAM and its inputs in the Government Policy.
5. More aware media and masses about the issues faced by the policy makers, practitioners and malnourished children.

Meeting of Working Group on Community based Management of Acute Malnutrition (CMAM)

A meeting was held on 14th October 2014 at the Conference Room of Centre for Community Medicine, Old OT Block, All India Institute of Medical Sciences (AIIMS), New Delhi with the objectives to –

- Deliberate on the ways and means of contributing to the Government of India's initiative of formation of National Nutrition Mission;
- Devise ways to provide independent, neutral and inclusive inputs to the draft guidelines on CMAM and the policy and action of the Government of India on Management of Acute Malnutrition; and
- Deliberate on the scope of work of the group.

The meeting was attended by the following persons –

1. Dr. A. R. Nanda, Vice Chairperson, Coalition for Food and Nutrition Security
2. Dr. C. S. Pandav, Professor and Head, Centre for Community Medicine, AIIMS
3. Dr. Vinod Paul, Professor and Head, Department of Paediatrics, AIIMS
4. Dr. Raj Bhandari, Adviser Health and Nutrition, FLAIR (Forum for Learning and Action with Innovation and Rigour)
5. Dr. Laxmikant Palo, Senior Adviser – Nutrition, Save the Children
6. Dr. Rakesh Kumar, Senior Program Officer, ICCIDD, CCM, AIIMS
7. Dr. Harshal Salve, Senior Program Officer ICCIDD, CCM, AIIMS
8. Mr. Ajay Kumar Sinha, Executive Director, FLAIR
9. Mr. Shadab Haider, Programme Manager, FLAIR

Dr. Laxmikant Palo, giving a background of the meeting said that in the light of the recent developments on the policy front of nutrition it is important that we are able to contribute to the process based on the broader learning of the implementers and practitioners across India.

Dr. Raj Bhandari informed the group that a National Consultation on CMAM was organised by Save the Children and FLAIR (Forum for Learning and Action with Innovation and Rigour) in February 2014 where implementing and research agencies along with some State Governments across India shared their experience on CMAM. A follow up to the National Consultation was held in July 2014 during the South Asia Conference on Food and Nutrition Security, where under the guidance and advice of Prof. M. K. Bhan it was decided that a small working group be constituted with diverse membership, which would work outside the government and be a bridge between the learning for practice and research and policy. The group would also be a facilitative fulcrum for feedback to further strengthen the National Policy once it is rolled out.

Dr. Raj Bhandari deliberated about CMAM, where he laid down the fundamental tools to combat malnutrition in community. He stressed on various dimensions affecting malnutrition serious, immediate and comprehensive action needed to be taken to overcome the problem of malnutrition.

The meetings main objective was to discuss the community approaches of CMAM that has to be incorporated in the draft prepared by Dr. Chandrakant S. Pandav and Dr. Vinod Paul and their team for National Nutrition Mission and to discuss ways of working together as a technical expert group on the subject of CMAM.

Dr. Chandrakant S. Pandav, Professor and Head, Centre for Community Medicine and Regional Coordinator of International Council for Control of Iodine Deficiency Disorders (South Asia) talked on concrete operational plan, which must be evidence based. According to him, evidence based approach could be the best possible way in making an effort to have some action plan of dealing with CMAM. He further asserted that, it will pave the way for action for combating and reducing malnutrition if it is clear - What needs to be done? and How it needs to be carried forward? He gave an example of the community approach of Balwant Rai Mehta (1956), in which the Block Development Committee was there and the same convergent approach is also the need of the hour to work for reduction of malnutrition. We have made lots of compartments to deal with an issue. Again, we are heading to the practises of 1956. There cannot be short cuts to resolve problems.

Dr. Paul speaking on the issue of – What needs to be done? and How it needs to be done?, said that it should be dealt with clear understanding. What needs to be done has to come from a scientific understanding and then its application needs to be developed to find out the How it needs to be delivered? For ever SOP and Algorithm an Operational Action Plan needs to be in place. And, whereas the SOP and Algorithm will come from the scientific community based on evidence from research and practice carried out at a significant scale (at least a district), the Operational Action Plan has to come from practitioners and development agencies. Both have to work in close coordination and therein are the relevance and critical importance of this working group to provide this necessary interface.

Dr. Nanda, the former Secretary, MoHFW and Vice Chairperson, Coalition for Food and Nutrition Security discussed about the input of behaviour change communication. He also emphasised that the policy and guidelines should be designed keeping in mind the frontline worker who would be vital in identification of the issue in community. He also emphasised that there should be sufficient delegation of authorities for efficient and effective functioning. Deliberating on the scope of work for the group he said that it should act as a technical platform for information dissemination and awareness generation. It should be an interface where the lessons learnt from the field be shared with the government in a proactive and regular manner and vice versa the government's policies and programmes be shared in user friendly manner with the people in general and organisations working on nutrition in particular.

Dr. Paul provided insights into the ways of functioning of the department in which there is learning for the group that it needs to work as technical expert group having interface with the practitioners and implementing agencies across India. According to him, technical member should be allowed to do his/her work autonomously as per the laws and rules of science. He gave the example of the usefulness of RUTF. To some it's handy and to other sections it's irrelevant. A consensus has to be gained to have best guidelines to have

solution of CMAM. But, its appropriateness as a line of treatment has to be ascertained scientifically.

Dr. Harshal Salve, who works with Dr. Pandav shared the action point that emerged after the two days consultation on 22 and 23 September 2014 with various organisations, academicians and members who are developing the draft for policy making on CMAM. They are listed below:

- To reduce anaemia, stunting, wasting and underweight.
- Incidence of low birth rate.
- Fixed up indicator- under nutrition, wasting, stunting and underweight.

The proposed indicator would be monitored outside through survey. He spoke of the three mandates and leadership to be formed at National level, state level and district level. The state will have advocacy role with the centre. These would also do the strengthening of ICDS. The system would provide linkages at various levels for smoothing functioning. Extra secretariat would be appointed to look after the mission who would commit to work for more than two years. Mission would seek autonomy for itself, which can happen if the Mission is headed by a separate Secretary.

Dr. Paul in the end of the meeting asked the group members to present their work in short for taking to the Ministry. Best community practices could be shared from the field. What is the invention on CMAM so far? That also needs to be shared. Micro and macro level experiences have to come on table for retreat learning. The meeting ended with discussion on political visibility to make any programme come into the domain of government work. The last words were that role of coalition is advocacy and watch dog.

Dr. Paul's suggestion to the group and the overall CFNS to take up the advocacy role, especially at the highest level of policy making, i.e. PMO was well received and Dr. Nanda was in its full support. Dr. Nanda also advised that the group should work to engage with the media more proactively and we should work towards seeking meetings with the MWCD, MoHFW and PMO and share with them the learning from the field.

The meeting ended with a resolve to take the process forward and lay down a road map of action in terms of information dissemination and awareness generation. The key decisions were –

- The group will have diverse membership, which would work outside the government and be a bridge between the learning for practice and research and policy. The group would also be a facilitative fulcrum for feedback to further strengthen the National Policy once it is rolled out.

- The group will give its inputs on draft CMAM guidelines to the Government of India, based on a compilation of information of research and practice done by FLAIR.
- Work has to be done on awareness generation in the following ways –
 - Awareness of general public through media;
 - Awareness of the scientific community;
- Regular briefings have to be given to the Government based on research and practice based learning from across India. It can be done by collation and compilation of implementation experiences and systematic reviews of research;
- Regular information sharing to be done on the issue of nutrition for practitioners and researchers in the field.

The way forward:

- A meeting of the group in the in early 2015.
- Collation and compilation of learning from research and practice to be done by FLAIR.
- Mobilisation of media interface to be done by FLAIR where the expert panel can give briefings in various ways including write-ups for web and print media, press conferences, discussion on television.