Republic of Sudan
FEDERAL MINISTRY OF HEALTH
NATIONAL NUTRITION PROGRAM
Community Engagement for CMAM
At Primary Health Care level (PHC)

OPERATION GUIDE FOR
HEALTH WORKERS
Community Engagement Model for CMAM – the Jabana Model

Contents

Acknowledgements ........................................................................................................................................ 3
Introduction ................................................................................................................................................ 4
The Jabana Model ....................................................................................................................................... 5
1. Step – I Mapping ..................................................................................................................................... 6
   1.1. Locality level mapping ...................................................................................................................... 6
       1.1.1. Partner mapping ..................................................................................................................... 6
       1.1.2. Service mapping – of communities with CMAM services and without CMAM services .... 6
   1.2. Community level mapping .............................................................................................................. 7
       1.2.1. Partner mapping ..................................................................................................................... 7
       1.2.2. Physical mapping ................................................................................................................... 8
2. Step – II Partnership ................................................................................................................................... 11
   2.1 Locality level partnership .................................................................................................................. 11
   2.2 Community level partnership .......................................................................................................... 11
3. Step – III Engagement of women and care takers .................................................................................. 14
4. Step – IV Monitoring progress and use of technology .......................................................................... 15
ANNEXES .................................................................................................................................................... 17
   I. Key Messages for mothers/ women .................................................................................................. 17
Acknowledgements
This operational guide is developed by Nutrition Technical Working Group and reviewed by NNP Director Uz Salwa Sorkatti. The initial model and work for this operational guide came from the great work of Mark Beesly from VALID, who also facilitated the test of Jabana model in two states in Sudan. The federal ministry of health thanks UNICEF for covering the cost and facilitating the partnership.

Following six months of implementation, a consultative workshop was organized where participants from FMOH (Hanaa Garelnabi, Durria xxxx, Wafa ); North Darfur (Afaf Mohammed Briema, xxxx), Blue Nile (ElFateh Edris,), Khartoum (Fatma xxxx), Gadaref (Nada Ahmed, Mohamed Ali), West Kordofan (Elhadi Ibrahim Mohamed, xxxx), Red Sea (Dr Nadir Ahmed, Fatma xxxx, and Zeineb xxxxxxx), from GOAL Sarah Ibrahim Mohamed, from WFP Khalda xxxx, and from UNICEF Khartoum – Dr Tarig Mekkawi, Dr Tewoldeberhan Daniel, Salma Khalafala. The participants of the consultative meeting

The Ministry of Health would like to acknowledge the efforts of technical working group that worked very efficiently, under the leadership of Dr Ali Arabi, and coordination of Hanaa Garelnabi on behalf of the NNP through several meetings during the initial development as well as later revision.

The members of the technical working group who contributed to this quick reference include:

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</thead>
<tbody>
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Lastly, the Ministry of Health would like to appreciate the support and contribution of UNICEF in the development of this material
Introduction

The “C” for CMAM stands for “Community” and it is the key aspect for successful implementation of CMAM. As different countries and communities have different context, it is important to identify appropriate model for community engagement in Sudan. The ultimate objective of community mobilization is to facilitate communities to own their own health. This starts way before a child gets severely malnourished, and hence the importance of linking CMAM community engagement model with IYCF, and other health promotion efforts through good partnership and integration. Within this wide scope, the CMAM specific objectives of community engagement include: i) raising awareness of communities about malnutrition, and about existence of CMAM services at the nearby facility (CMAM site/health facility); ii) enhancing early case finding; and iii) reducing defaulting and encouraging adherence to treatment.

This operational guide anchors on four key steps for community engagement namely: 1) mapping; 2) partnership; 3) engagement of women and caretakers; and 4) monitoring progress and use of technology. It also views community engagement not only the responsibility of facility level service provider who should create partnerships at community level, but also the responsibility of locality level nutritionist who should work on partnership at program level fostering integration in line with direction of the Federal Ministry of Health.
The Jabana Model

The community engagement model (Jabana model) for Sudan includes four key steps. These steps should be followed to ensure successful community engagement for CMAM. As CMAM is part of the wider primary health care delivery, the Jabana model for community engagement is designed to put partnership and integration at the core of the model. Jabana model for community engagement will strengthen any existing community mobilization approach in PHC, and will fit to be part of the wider community mobilization strategy of Sudan.

Figure 1: The Jabana Model for community engagement
Below is a brief description of each of the four steps for community engagement for CMAM in Sudan.

1. **Step – I Mapping**

   Mapping is done at two levels, at locality level and at facility level

   **1.1. Locality level mapping**

   Locality level mapping is the first step of mapping which is preparatory step for community engagement. The locality level mapping is based on answering few questions by the locality nutritionist in her/his preparation to support health facilities to engage with communities. The question includes:

   - Partner mapping and
   - Service mapping (Physical mapping)

   **1.1.1. Partner mapping**

   This step is to allow identification of potential partners with whom an integrated community engagement activity can be done.

   - **Which other team** is currently working strongly at community level?
   - **Which of the opportunities are most appropriate** for me to integrate?

   Note that partnership with other initiatives is not only about using those initiatives as a vehicle for CMAM community engagement, it is also about being ready to cooperate in areas where these programs see opportunity for integration within CMAM community engagement. For details, see Table 1: mapping exercise at locality and community levels.

   **1.1.2. Service mapping – of communities with CMAM services and without CMAM services**

   The locality nutritionist must also map out how many health facilities there are in the locality, and how many of them are providing CMAM services.

   - Community engagement and mobilization activities where there are no CMAM services must be limited to awareness raising only. CMAM services should be available at reasonable distance if we are to request communities to come and use them

   - The locality nutritionist should be familiar with S3M maps of high prevalence spots for malnutrition to prioritize these areas for expanding CMAM services in the nearby facility. In addition, she should be fully aware of the national CMAM scale up plan and the list of facilities prioritized for opening new OTPs, MAM and SC services.

   Once CMAM services are available within reasonable distance, then the locality nutritionist will facilitate community level mapping that is to be done by health facility focal person. The health facility CMAM focal person may be nutritionist, nutrition educator, medical assistant, or community health worker working in that facility.
1.2. Community level mapping

Community level mapping is done by nutrition educator, medical assistant of other appropriate person at health facility that is responsible for CMAM service delivery. Community level mapping involves two stages:

1.2.1. Partner mapping

Like in the case of locality level partner mapping, this step is to allow identification of potential partners with whom an integrated community engagement activity can be done.

- **Which community group** is currently working strongly at community level?
- **Which of the opportunities are most appropriate** for me to integrate?

Almost all communities do have popular committees that are central for the engagement with the community. The health worker/Nutrition educator must engage with popular committees in the first place as they are the leaders of the community with administrative responsibility as well. The health worker should explain about CMAM including the key messages to the popular committee.

In addition to the popular committees, there are several community groups that could be strong partners in community engagement. For example:

**Religious leaders**: could support to provide key messages about malnutrition and existence of CMAM service in the nearby health facility. They can also support in defaulter tracing by announcing at mosque.
Traditional healers: can be trained on how to measure MUAC, and then support on early case finding. As sick children come to them, they can play critical role in linking the malnourished children with health facility.

Women union: can play central role both on increasing community awareness, as well as on active case finding within the community. Women union members are often also volunteers in various initiatives, and mothers with under-five children. Therefore it is crucial to meet the women union leader during the first visit and plan for one day orientation of women on CMAM including MUAC screening.

1.2.2. Physical mapping
The nutrition educator/health worker knows the catchment areas of his health facility.

- Each village in the health facility catchment must be visited by nutrition educator/ health worker at least once every month. The nutrition educator/ health worker has to plan prioritizing villages with high population or high prevalence of malnutrition.
- When he arrives in the village, he should meet the popular committee and explain about CMAM.
- Then, the health worker should facilitate a quick mapping of communities on the sand using various objects to represent key landmarks and the distribution of households across the village. (see photo below)

Photo 2: community members drawing map of their village

- How to use the village map
  - During the first visit:
- Ask the popular committee to assign for you other community groups (like youth, women) that can do active case finding today by going house to house.
- The popular committee can also help in telling which household is likely to have thin child, or sick child to be visited by the youth.
- Train these youth/women on how to measure MUAC, and its interpretation by colour.
- Send the youth to go and find cases. Agree where they should send the cases they suspect to be malnourished, and wait at that location to receive and re-check the children they send you.

  - **During ongoing community engagement:**
    - Using the landmark provided by the community members, sub-divide the village into reasonable number of households.
    - Take note on your book of the areas within the village.
    - Make sure that all the community groups you partner with later cover all the areas of the village.
Table 1: Summary: Mapping exercise at locality and community levels

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
<th>Locality level</th>
<th>Community level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Locality nutritionist/ CMAM focal person</td>
<td>Facility nutritionist/ nutrition educator/ CHW/ CMAM focal person</td>
</tr>
<tr>
<td>Physical mapping</td>
<td>1. Who will do mapping?</td>
<td>Local nutritionist/ CMAM focal person</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Facility nutritionist/ nutrition educator/ CHW</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>CMAM focal person</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. What will be mapped?</td>
<td>• Note high prevalence areas using S3M map</td>
<td>• Catchment areas of the health facility to choose which village to go to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Locality map showing facilities with CMAM and</td>
<td>• Village map with community members using stones and other objects to show key</td>
</tr>
<tr>
<td></td>
<td></td>
<td>facilities without CMAM</td>
<td>landmarks and distribution of households</td>
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<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Prioritize to open new CMAM services</td>
<td>• Catchment areas map to prioritize villages</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Support facility nutrition educator/ CMAM</td>
<td>• Community map for active case finding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>focal person <strong>where there is CMAM service</strong></td>
<td>• Choosing the right community group for partnership</td>
</tr>
<tr>
<td></td>
<td></td>
<td>to undertake good community engagement activities</td>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Partner mapping</td>
<td>1. Who will do mapping?</td>
<td>Local nutritionist/ CMAM focal person</td>
<td>Facility nutritionist/ nutrition educator/ CHW/ CMAM focal person</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Facility nutritionist/ nutrition educator/ CHW</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>CMAM focal person</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Potential partner with strong community engagement in your locality</td>
<td>One or many of the below:</td>
<td>One or many of the below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• IYCF, EPI, IMCI, Reproductive Health...</td>
<td>• Popular committees</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Out of health sector: local radio, schools, mosques</td>
<td>• Traditional healers, women union, CBOs, religious leaders...</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Choosing the right partner</td>
<td>The locality nutritionist/ CMAM focal person</td>
<td>• Popular committees, women union</td>
</tr>
<tr>
<td></td>
<td></td>
<td>should choose based on existing opportunities</td>
<td>• Other groups based on their presence in the village and opportunity for supporting CMAM</td>
</tr>
</tbody>
</table>
2. Step – II Partnership

- Once mapping is completed, the identified information will allow to select appropriate partners and engage with them.
- The objective of this partnership should be very clear from the start. It is to increase awareness of communities on malnutrition and existence of CMAM services, to increase early finding, and to improve treatment adherence and reduce defaulting.

2.1 Locality level partnership

Several partners could be used based on the earlier mapping exercise. Broadly speaking, locality level partners can be divided into two

a) Partners within the health sector

The various programs within the locality health office as the closest and most important opportunities for CMAM partnership. Based on the earlier mapping exercise, the locality nutritionist must engage with one or more of these programs. (EPI, RH, IMCI...)

b) Partners out of the health sector

Other actors at locality level may present exceptional opportunity for community engagement. These opportunities may be a periodic event (like popular committee meeting, religious leaders meeting, school competition), or more regular opportunity to be utilized.

2.2 Community level partnership

Always partner with:

- **Popular committee**: as community leaders they will facilitate your engagement with all other groups. They will also advise you which group can support you most once you explain the objectives
- **Women union**: The women union is also the largest women network that has strong coordination mechanism from federal level down to village level. This union has a health wing that could provide significant opportunity to engage women at community level.

Partner with other groups based on your mapping exercise. Choose the group that will contribute highly to achieve the above objectives

- Religious leaders, traditional healers, mother support groups, other women groups, men groups...

Note that community structures in emergency settings might be different from regular CMAM service areas. Using the same principles, you can choose appropriate community leaders and active groups to partner with. For example, if tribal leaders are the one who play the role of popular committee, then engage with tribal leaders, or other similar groups to. Once you get the support of...
the leaders, it is often much easier to identify the right group with their support and engage smoothly.
## Summary: Partnership activities at locality and community levels

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
<th>Locality level</th>
<th>Community level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common to all objectives of CM</td>
<td>1. Who will work on partnership?</td>
<td>Locality nutritionist/ CMAM focal person</td>
<td>Facility nutritionist/ nutrition educator/ CHW/ CMAM focal person</td>
</tr>
<tr>
<td></td>
<td>2. Choosing the right partner</td>
<td>Decide based on earlier planning exercise</td>
<td>Decide based on earlier planning exercise</td>
</tr>
</tbody>
</table>
| Partnership for improved community awareness | Focus on improving awareness on:  
- Recognizing malnutrition  
- Existence of CMAM service | Women union health awareness events  
IYCF team working on mother support groups  
Locality commissioner office – in case there is popular committee leaders meeting  
Local radio | Popular committees  
Mother support groups  
Women union and other women support groups |
| Partnership for early case finding | Focus on:  
- Active case finding (MUAC)  
- Improved seeking of services | VAS or EPI campaign organizers  
IYCF team working on mother support groups  
EPI outreach team | Popular committees  
Mother support groups |
| Partnership for defaulter tracing | Focus on:  
- Monitoring quality of program  
- Timely communication and tracing of defaulters | With health facility through monthly monitoring defaulter rate and providing feedback to the health facility | Religious leaders (could announce before Juma prayer)  
Popular committee (service provider could phone them)  
Mother support groups |
3. Step – III Engagement of women and caretakers

Step three is the centerpiece of a sustainable community engagement. Caretakers and mothers are the closest and the most motivated persons to improve the nutritional status of children. The more mothers and care takers we are able to equip, the more successful the community engagement becomes. Engaging with women and caretakers should include efforts to closely understand the perspective and reducing burden on mother.

1. **Equipping women and caretakers to measure MUAC**

Two group of mothers should be trained on MUAC measurement and provided MUAC tapes to measure children.

   a) **Mothers of malnourished children**

   - During the third week in OTP, explain to the mother how to measure MUAC
   - Demonstrate MUAC measurement at the mid of the upper arm. Let the mother estimate the mid-point of the upper arm visually
   - Explain the interpretation of the MUAC measurement using the colours on the MUAC band
   - Give the mother a MUAC tape, and ask her to measure children in her neighbourhood that are over 6 months. She should tell the mothers of children with red or yellow colour to come to the CMAM site for further checking
   - Ask the mother to follow the progress of her child who is in OTP. In the subsequent OTP visits, ask the mother to measure MUAC of her child in your presence and provide feedback to improve her skills on weekly basis until discharge.

   b) **Mother support group/ women union members/ other women group**

   - Based on earlier mapping, choose the appropriate women group to be trained on MUAC measurement.
   - Demonstrate MUAC measurement at the mid of the upper arm. Let the woman estimate the mid-point of the upper arm visually
   - Explain the interpretation of the MUAC measurement using the colours on the MUAC band
   - Give each woman a MUAC tape, and ask her to measure children in her neighbourhood that are over 6 months. She should tell the mothers of children with red or yellow colour to come to the CMAM site for further checking

2. **Equipping women and caretakers with simple messages**

Using the three standard messages (see annex), focusing on: i) appropriate IYCF practices, ii) recognizing signs of malnutrition and seeking health care; iii) adherence to treatment. When training women support group or women union, train each of these messages in three different sessions of their weekly meeting.
Mothers of children in OTP should also receive the same messages. As they come on weekly basis for the OTP, provide on key message at a time and ask the mother to repeat it for you.

3. Reducing the burden on the mother

Ask the mother the following questions

- What day of a week is most convenient to the mother to come to CMAM services?
- What time of the day is most convenient for her?
- How long does it take her to come to CMAM site?

Based on the answers to the above questions adjust the day and time of weekly appointment for the CMAM day. In exceptional circumstances reducing the burden on the mother includes:

- Providing the mother a two-week ration instead of weekly ration; if she is coming from very far area and that is likely to result in her defaulting from treatment. Note that two-week ration increases the likelihood of selling of RUTF. Therefore it must be on exceptional circumstances for mothers coming from significantly far distances.
- If large number of children are followed up in OTP coming from the same distant village, consider the option of opening satellite OTP there. It may be much easier for one health service provider to travel to that village once a week instead of requiring many mothers to come to the centre.
- If the location of the CMAM site is culturally inappropriate (for example – a facility in a market place where it is not acceptable for women to go), weekly CMAM services should be provided from outpost in area that is acceptable and comfortable for women to use.

4. Step – IV Monitoring progress and use of technology

**Monitoring progress**

On monthly basis, monitor the effectiveness of the community engagement using the below table

<table>
<thead>
<tr>
<th>Key monitoring indicator</th>
<th>What does it tell us?</th>
<th>actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do we receive monthly update from locality level partners?</td>
<td>The strength of partnership for community engagement</td>
<td>Monthly meeting with locality level partners we selected to work together on community engagement</td>
</tr>
<tr>
<td>Overall defaulter rate in the locality</td>
<td>Use of data for improving community engagement</td>
<td>Ensure monthly feedback is provided to facilities. Facilities no/ low defaulter should be congratulated</td>
</tr>
<tr>
<td>Facility with highest defaulter rates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children requiring referral to SC at admission</td>
<td>Late presentation of cases, which reflects poor early case finding</td>
<td>Assess from where SC admissions are coming from, strengthen early case finding</td>
</tr>
<tr>
<td>Key monitoring indicator</td>
<td>What does it tell us?</td>
<td>actions</td>
</tr>
<tr>
<td>--------------------------</td>
<td>----------------------</td>
<td>---------</td>
</tr>
<tr>
<td>▪ Number (proportion) of new admissions referred by community groups (women groups/mother support groups)</td>
<td>How active the community groups have become</td>
<td>Phone call the leader of the group that referred the highest number of malnourished children over the past month</td>
</tr>
<tr>
<td>▪ Number of new admissions during mass screening campaign</td>
<td>Tells us the effectiveness of the early case finding. If the routine case finding through community groups is good, the number of new admissions during mass screening will not be high</td>
<td>Identify the village with high number of new cases identified during mass screening. Strengthen the community engagement through community group focusing in those villages.</td>
</tr>
</tbody>
</table>

**Use of technology**

Increasing proportion of community members use mobile phones and smart phones. It is likely that this will increase further. The amount of time and energy required to physically go to a village to pass a key message or trace a defaulter is very high and can easily be addressed by using technology.

Suggested ways of use of technology to monitor progress and improve community engagement:

- Take the phone number of leaders of each community groups you partner with
- Take the phone number of poplar committee leader for each target village
- If culturally appropriate, take the phone number of the care taker or the father
- If most health workers use smart phone, create whatsup or other similar group to be shared between locality nutritionist and service providers. This can be used for key messages and to exchange update

**Important occasions to use phone**

- When a child is absent from OTP, call/text the popular committee char/ the women group leader or other relevant group leader
- Send key messages to community groups through text after an orientation session. It could help them to remember, and refer easily in case they forget
- Use phones for advance planning/arranging of community meeting so that relevant members of the group are aware that you are visiting the village on a specified date.
ANNEXES

I. Key Messages for mothers/ women

1. **Key messages on IYCF**

2. **Recognizing signs of malnutrition**

3. **Adherence to treatment**
   - Key education messages for caretakers of children admitted in OTP on RUTF:
     - RUTF is a food and medicine for malnourished children only. It should not be shared.
     - For breast-fed children, always give breast milk before the RUTF and on demand
     - RUTF should be given before other foods. Give small regular meals of RUTF and encourage the child to eat often, every 3-4 hours
     - Always offer plenty of clean water to drink while eating RUTF
     - Use soap and water for the caretaker to wash her/his hands before feeding
     - Keep food clean and covered
     - Sick children get cold quickly, always keep the child covered and warm

**NB – Ask the mother to repeat the messages to check her understanding.**

- Key education messages for caretakers of children admitted in OTP on importance of weekly follow up
  - Xxxxxxxxxxxxxx
  - Xxxxxxxxxxxxxx
  - Xxxxxxxxxxxxxx
  - Xxxxxxxxxxxxxx
  - Xxxxxxxxxxxxxx

- Key education messages to reduce selling and sharing of RUTF:
  - RUTF is a food and medicine for malnourished children only. It should not be shared.
  - Selling of RUTF delays the healing of your child
  - nnnnnnnnnnnn