NGERIA
TRANSFORMING AWARENESS
AND TRAINING INTO EFFECTIVE
CMAM PERFORMANCE
Nigeria is ranked as the third country with the highest absolute number of children less than five years of age in need of treatment for severe acute malnutrition. In 2012, the nutritional anthropometric survey conducted in Yobe State, indicated global acute malnutrition (GAM) rates of 14.5% and severe acute malnutrition (SAM) rates of 3.1%. In February 2011, Action Against Hunger began supporting a sustainable approach to integration of community-based management of acute malnutrition (CMAM) for SAM in three Local Government Areas (LGAs) in Yobe State, Nigeria.

The community approach was revised throughout 2011-2012 and the new approach’s effectiveness was reflected in coverage results which increase from 33% in 2011 to over 65% in 2014. Strengthening elements of training and motivation of volunteers through use of local visual tools can have a strong impact in improving access of children with SAM to available services.
Humanitarian Context

Humanitarian Situation
Nigeria is ranked as the third country with the highest absolute number of children less than five years of age in need of treatment for severe acute malnutrition. The estimated caseload presented by UNICEF is of over 800,000 children at risk in Northern Nigeria alone. The region is the most vulnerable in terms of development and poverty with the lowest Human Development Index (HDI=0.332) and highest Human Poverty Index (HPI=48.9) in the country. In 2012, the nutritional anthropometric survey conducted in Yobe State, indicated global acute malnutrition (GAM) rates of 14.5% and severe acute malnutrition (SAM) rates of 3.1%.

In February 2011, Action Against Hunger began supporting a sustainable approach to integration of community-based management of acute malnutrition (CMAM) in three Local Government Areas (LGAs) in Yobe State, Nigeria. CMAM is an approach which allows most children affected by SAM – those without medical complications - to be treated closer to home as services are decentralized. This is possible due to simple medical protocol and Ready to Use Therapeutic Foods (RUTF). Community outreach and engagement is the key component of the approach.

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Training Approach (Two Phases)

Since February 2011, the Action Against Hunger’s approach has evolved in two phases, a basic approach followed by a revised approach, which is detailed below.

Phase 1: Basic Approach (February – December 2011)

A key component of CMAM, to ensure early detection, referral and access, is community mobilisation. In preparation for integrating CMAM into routine services in Fune, Damaturu and Potsikum LGAs, Action Against Hunger recruited a Community Team with three Community Officers to support the health system in awareness activities and selection and training of Community Volunteers (CVs).

Key activities included:
- Awareness meetings
- CV trainings
- Rapid Socio Cultural Assessment (RSCA)
- Semi Quantitative Evaluation of Access and Coverage (SQUEAC investigation)

In total, over 900 community leaders and CVs participated in awareness and training activities.

Community awareness meetings were held in all targeted health facilities, where traditional, religious and political leaders from the catchment area gathered. During the meetings, the Action Against Hunger team made presentations about the organisation and its mandate, about malnutrition and treatment, and described the planned CMAM activities to be implemented in collaboration with the local health system.

At this stage, community leaders were also requested to select CVs from their respective communities to support the detection and referral of malnourished children for treatment. The voluntary nature of the work was explained with a strong emphasis on the importance of ensuring that all entitled children receive treatment. Discussions were also held about leaders’ roles and responsibilities so that these were jointly defined.

After compiling CV lists from community leaders for the different health facilities in collaboration with the health worker, Action Against Hunger conducted CV trainings in all health facilities on CMAM detection, referral and follow-up roles of volunteers.

Training included sessions overviewing CMAM, the roles and responsibilities of CVs and a demonstration on how to take mid-upper arm circumference (MUAC) measurements. Materials used included photos of malnourished children, samples of Ready to Use Therapeutic Food (RUTF) sachets, MUAC tapes and flipchart/markers for brainstorming and lecture sessions. The training was participatory and conducted in the Hausa language. CVs were provided with kits for awareness and detection, including the laminated photos illustrated in Figure 1 (as per national guidelines) and a MUAC tape.

A RSCA was also conducted during Phase 1 for identification and understanding of key information, information channels and community perception of acute malnutrition. This led Action Against Hunger to revise target groups for training (detailed in Phase 2) and diversify locations for message delivery.

The SQUEAC investigation conducted in Fune LGA in August 2011 found a point coverage of 33%, which is below the target threshold of >50% coverage. One of the key barriers to access identified was limited awareness of both malnutrition and CMAM services available in the various health facilities.

Figure 1. Laminated photos used in training sessions during Phase 1
Discussions with the field team about barriers to coverage and observations at meetings and trainings identified a number of important issues, including:

- Low literacy rate of CVs and leaders
- Some communities (especially Kanouri women) were not proficient in Hausa
- Training of large groups of CVs prevented everyone from getting practice with MUAC measurements (more participants were present than on the original lists)
- Lack of visual materials and tools to convey messages to CVs and support their detection, referral, follow-up and awareness activities in the communities
- Need to train a wider group of stakeholders for information dissemination

As a result of the review, Action Against Hunger further developed its approach (Phase 2) so that it was better adapted to the needs of CVs and communities who would then be more engaged in trainings.

**Phase 2: Revised Approach (January - April 2012)**

In order to broaden and strengthen CMAM community mobilisation, new activities were added:

- Training of key stakeholders (traditional birth attendants (TBAs), traditional healers and hairdressers)
- Training of trainers (ToT) in the Action Against Hunger team to strengthen their presentation, facilitation and session development skills
- Development of visual materials for awareness meetings, training and community volunteers
- Preparation and practice of awareness meetings
- Preparation and practice of CV trainings with new techniques

**Training of other key stakeholders** was highly appreciated, especially by the traditional healers, who explained that they can help in referring children, as people often seek traditional treatment first. Religious leaders were also trained with a follow-up meeting during Friday prayer days.

A 5-day ToT was conducted with the Action Against Hunger and LGA teams that involved sessions on the adult learning cycle, introduction to various interactive training methods, training session development, session preparation and practicals with feedback.

To support those returning to field work in the challenge of applying newly acquired skills, a communication specialist worked closely with field teams – particularly in the development of visual materials for training (see Figure 2 which were printed in A2 vinyl for use in trainings and meetings). The consultant also supported teams to prepare and practice awareness and training sessions before these were conducted with beneficiaries in the field. Activities included increased role playing and new card games (see cards on food groups for Nigeria in Figure 3).

Field teams were filmed and during one-on-one feedback sessions, were given pointers for improvement and followed up to ensure progressively stronger and more effective delivery. Feedback from participants was positive as they reported greater enjoyment and understanding in trainings. Health workers felt appreciated as they were presented as leaders of CMAM in their areas and recognised by the communities as key to the provision of treatment.

The Action Against Hunger teams were also enjoying the activities more than before as a result of interactions and use of new materials and techniques. Language issues were also addressed and new members joined the team (from three to six community officers) to ensure trainings in Kanouri and Fofoldi could be delivered. This also helped with gender balance (one male, one female community officer per LGA). CVs were provided with a CV tool kit of visual materials to support their community awareness activities in line with visual materials used during trainings, in A4 form (see a sample on how to use RUTF in Figure 4). The final kits developed for CV training (10 vinyl A2 designs) are shown in Figure 4.

A SQUEAC investigation conducted in June 2012 in Damaturu LGA, where the revised approach was implemented, indicated point coverage of 30.4%. A follow-up of Fune LGA was done in October 2014 and indicated coverage estimate of 67.8% (60.5% - 74.3%)

Moreover, a training toolkit for LGA and health facility workers, including visual aids, matching games, etc. supported by a facilitator’s manual, was created and produced in order to support a specific ToT for community mobilization in Northern Nigeria. Trainings were conducted for Jigawa, Zamfara, and Katsina State and LGA health teams as well as partners (Save the Children, UNICEF) in September 2012.

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1 Results are expressed with a credible interval of 95%.
Figure 4. Visual training tools as part of the CMAM Awareness Kit developed and printed for Community Volunteers.

Shown below is a set of sample CMAM posters printed on plastic sheeting material.
Conclusion

The experience in the three LGAs in Yobe State has demonstrated a potential strategy to enhance community mobilisation leading to increased CMAM coverage. Strong follow-up in preparation and for delivery of trainings is vital in ensuring new skills are applied and reviewed with clear evidence of improvement captured through films and documentation.

The next stage will involve strengthening techniques of LGA and health facility workers as they take on an increasingly leadership role in training. In this type of programme, training is a vital activity and if knowledge, skills and attitudes are impressed through adapted learning, this will lead to improved participation and commitment of communities, thereby promoting quality and fuller coverage of CMAM.

The re-evaluation of activities and adapting tools and approaches has revealed that there are ways to further increase coverage and reach of children with SAM.

Recommendations

- Conduct community assessments to have a comprehensive mapping on structure, key informants and communications channels.
- Adopt trainings to the context prioritizing that the full content be included. In the case of Yobe State, there were security constraints and thus the 1-day , 7-hour training became a 2-day training as there was less time on the field.
- Ensure trainings are based on adult learning and dialogue education methods, and that trainers are supported in applying those skills. Close follow-up with feedback to trainers is recommended to progressively improve the quality of information.
- When possible have a specific community team to support the work with health workers and volunteers in related activities.
- Consult with community volunteers to identify what they need to make their roles more effective. This was the process that resulted in the visual kit.
- Develop visual materials that are adapted and recognized by the culture.
- Define a system to ensure close monitoring and evaluation with regular coverage assessments planned and budgeted for.

Contact Details and Further Reading

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To learn more about Action Against Hunger’s programmes in Nigeria, please visit our website at www.actionagainsthunger.org

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For further reading, please visit the Resources section at Coverage Monitoring Network (www.coverage-monitoring.org) and CMAM Forum (www.cmamforum.org).

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