



RESEARCH BRIEF

The community has good perceptions towards the management of acute malnutrition by community health volunteers: Findings from a qualitative study in Northern Kenya



SUMMARY

Acute malnutrition is a persistent problem in Kenya's drylands. In these settings, caregivers face geographic and economic challenges in accessing health services for malnourished children, leading to low service coverage and sub-optimal treatment outcomes. This study conducted in Turkana and Isiolo counties explored community members' perceptions regarding acute malnutrition treatment by community health volunteers (CHVs), currently called community health promoters, at home. Data were collected through focus group discussions and key informant interviews with caregivers of children, CHVs, staff of implementing organizations, supervisors of CHVs, and community leaders.

Community sensitization, availability of a functional community health structure – providing a platform for commodity management and support supervision – immediate initiation of treatment by CHVs after training, proximity of CHVs to caregivers, and provision of a stipend to CHVs (Isiolo) were the main enabling factors of the intervention. Challenges of implementing the intervention included low literacy levels of CHVs, some caregivers not accepting the new role of CHVs or refusing to be referred to health facilities where this was indicated, community expectation of a wider set of services from CHVs, interrupted supply of treatment commodities, inadequate number of CHVs, geographic barriers faced by CHVs, increased CHV workload, and lack of a stipend for CHVs (Turkana). These factors should be considered and addressed if the intervention is to be scaled up.

BACKGROUND

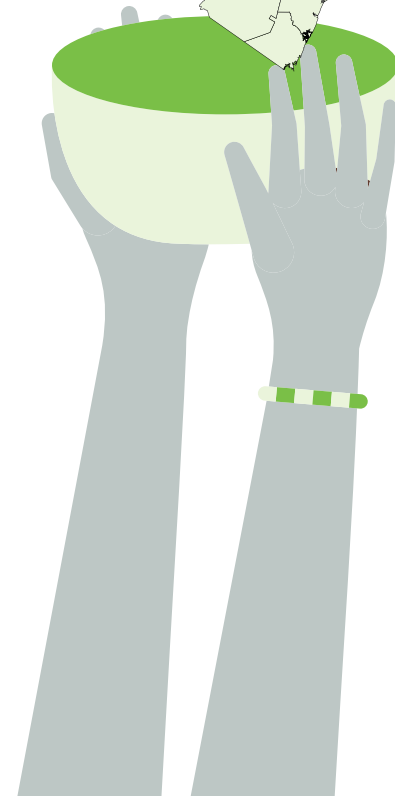
Acute malnutrition (wasting, low mid-upper arm circumference or nutritional edema) is a persistent problem in Kenya's drylands. The consequences of acute malnutrition are severe and include increased susceptibility to disease and death in children, poor motor and cognitive development in childhood, and reduced economic productivity and increased risk of non-communicable disease among the survivors in adulthood.

In Kenya's drylands, caregivers face several challenges in accessing malnutrition treatment services, such as long distances to health facilities, harsh terrain, and lack of money to pay for transportation and considerable care burdens. This means many malnourished children either fail to receive treatment, receive treatment late or drop out of the treatment before recovering. Because of this, there is low service coverage and sub-optimal treatment outcomes.

To increase access to acute malnutrition treatment services, especially in resource-constrained settings, the World Health Organization recommends strengthening the capacity of community health volunteers (CHVs) to assess, classify and manage malnourished children at home.¹

However, in Kenya, the role of CHVs in nutrition programs is restricted to screening and referring cases of malnutrition, community mobilization, and awareness raising.² Given that CHVs manage common childhood illnesses (pneumonia, diarrhea, and malaria) through the integrated community case management (iCCM) strategy,³ including

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the treatment of acute malnutrition at the community level in the iCCM package offered by CHVs has the potential to increase access to acute malnutrition treatment services, especially in areas with poor access to healthcare and contribute to the Kenya Health Policy 2014-2030 goal of attaining the highest possible standard of health for all Kenyans.

Given the lack of information on the acceptability and operational feasibility of implementing this strategy in Kenya, we conducted this study to describe the experiences of community members and CHVs in integrating the treatment of acute malnutrition by CHVs into iCCM and explore the enablers and challenges of this approach.

METHODS

This qualitative study was part of a trial on integrating the treatment of acute malnutrition by CHVs into iCCM conducted in Isiolo and Turkana counties.⁴ In the intervention group, CHVs were trained to use simplified tools and protocols to identify and treat eligible malnourished children at home while providing the usual iCCM package. In the control group, CHVs provided the standard iCCM package⁴ and children identified as having acute malnutrition were referred to health facilities for treatment. Data were collected in the intervention area in September 2019 after the end of the intervention period from caregivers of children, CHVs, supervisors of CHVs, staff of implementing organizations, and community leaders using focus group discussions and key informant interviews. Data were transcribed and analyzed thematically.



RESULTS

Results were summarized under three broad themes:

- ① Community perceptions towards CHVs identifying and treating children with acute malnutrition,
- ② Enablers of the intervention
- ③ Implementation challenges.



PERCEPTIONS TOWARDS THE INTERVENTION

Caregivers were happy with the proximity and accessibility of the treatment services provided by CHVs and the community perceived the treatment of acute malnutrition by CHVs to be effective.

Similarly, the CHVs were content with their additional task of treating malnourished children. They perceived their management of acute malnutrition to be effective, accessible and convenient to caregivers. CHVs felt motivated by the training they received.

“I was very happy when the child was recruited to the program. The child improved weight, increasing in kilos. The child was dull before but after receiving the supplements the child is now lively and very okay ...” **FGD, Caregivers, Isiolo**

“...To my side, I say the work has been good, we are learning more things from it, we are gaining experience as we work. We have been treating children and they are responding well, whoever will not respond we take them to the hospital...” **FGD, CHVs, Turkana**

ENABLERS OF THE INTERVENTION

These included sensitization of community members, which informed and reassured the community about the new role of the CHVs, the existence of a supportive community health structure providing a platform for support supervision; mentorship and commodity management, provision of a stipend (Isiolo) making the work of CHVs to become a source of livelihood, proximity of CHVs to caregivers and close follow-up reducing the geographical barrier and increasing compliance with good feeding and care practices, and immediate initiation of CHVs treatment after training promoting the retention of knowledge and skills.

“...We did a lot before we started treatment because of course this was new to the community and building the confidence of the community members to help them know that the CHVs can now assess and treat...So building that confidence among the community members and telling them that these people are not quacks; they are people we have trained...” **KII, Implementing NGO staff, Isiolo**

IMPLEMENTATION CHALLENGES

Caregiver-related challenges: Lack of caregiver confidence in CHVs' capacity to treat children at the beginning of the intervention, community expectation of a wider set of services from CHVs due to limited understanding of the CHV's scope of work, refusal of some caregivers to be referred to the health facility for reasons such as non-response to treatment and the presence of comorbidities, and absence of caregivers during CHV follow-ups.

“...The challenge that I would say is, first, availability: a CHV can go to a certain household to treat a child, they find the parent is not there, they have gone with the child somewhere. So this CHV misses somebody to treat. They come back without treating that person...” **KII, community leader, Turkana**

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CHV-related challenges: an inadequate number of CHVs to cover the target area compounded by the vast distance between households, low literacy and education levels by some CHVs making them struggle during training and reporting despite the simplification of acute malnutrition management tools, challenges in mastering some technical aspects such as assessing children for infections and taking anthropometric measurements, increased workload especially at the beginning of the intervention, lack of stipend (Turkana) leading to demotivation, and commodity stock-outs, which interrupted treatment plans.

"They [CHVs] are very few, so they cannot attend to all those people. For instance, 10 people have come at the same time. So one person cannot attend to that village at once, it's just that one person is assigned to one village...There is a big area here...So there, the CHV will not reach unless they have a motorbike or plan to spend the night there..." **FGD, Male Caregivers, Isiolo**

"Now that we are not paid and the households are many, you find sometimes you cannot make it to reach all of them because you have to go and look for food for yourself..." **FGD, CHVs, Turkana**



CONCLUSIONS

The management of acute malnutrition in the community by CHVs was well received as it met the treatment needs in the community and addressed existing barriers to accessing treatment. The enabling factors and challenges highlighted should be considered when designing, implementing, and scaling up similar community-based interventions.

RECOMMENDATIONS

- There is a need to review the workload of CHVs when designing a similar intervention. The number of households served by a CHV, the population density/the distance a CHV has to cover to reach households, and the prevalence of malnutrition should be considered in rationalizing the CHV workload.
- For CHVs to effectively deliver the intervention, they should be adequately trained, incentivized, and continuously mentored and supervised. The intervention should include a reliable commodity management system and community sensitization to increase the uptake of the intervention and manage community expectations.