

# Comprehensive Report: Community-Based Malnutrition Management Test

Strengthening Local Civil Society and Community-based Organizations and Their Capacity in the Nutrition Sector in Sindh (SIGN Project)

**Implemented By:** [Sewa Development Trust Sindh \(SDTS\)](#)

**Project Focus:** Community-Based Management of Malnutrition in Khairpur Mir's, Sindh  
**Project Duration:** (September 2024 to May 2025)

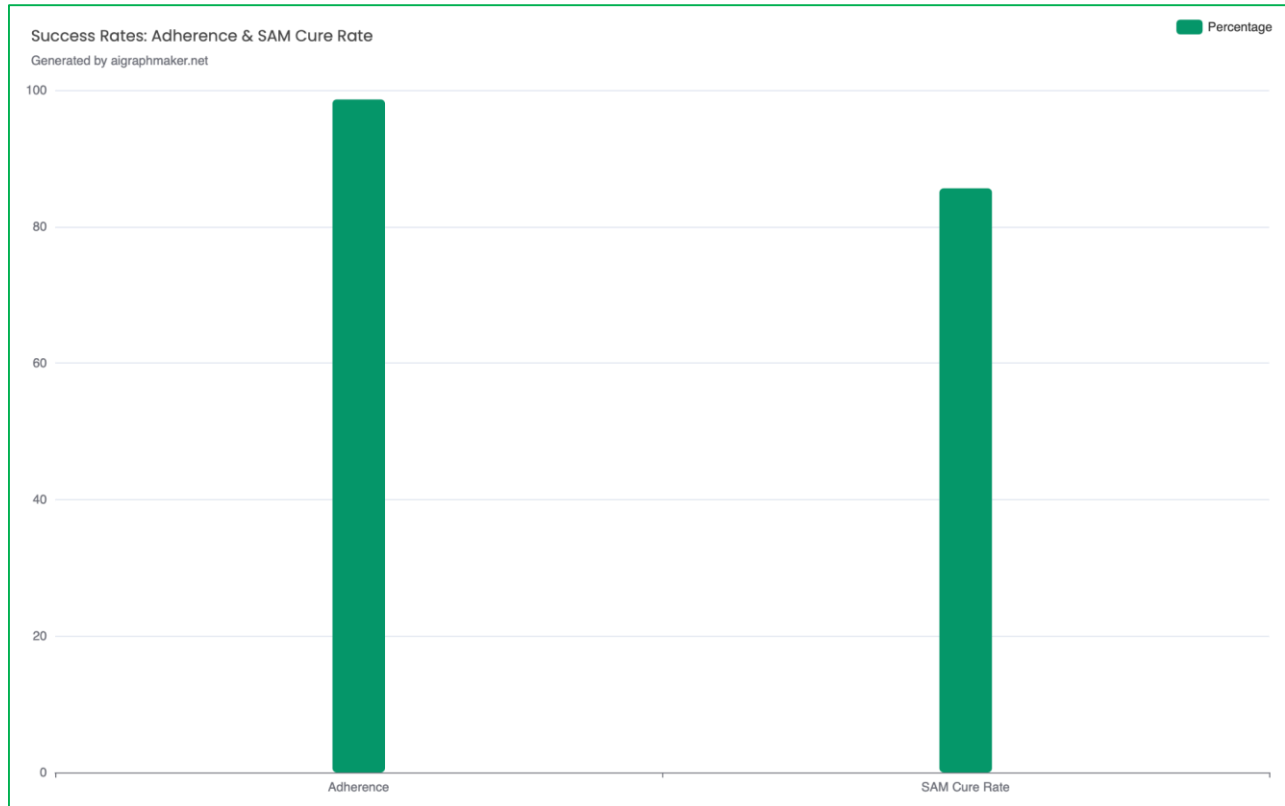
## I. Executive Summary

Sewa Development Trust Sindh (SDTS) successfully implemented a Test project, the "Test Project Managing Malnutrition," to establish a scalable, community-level system for addressing acute malnutrition in four Union Councils (UCs) of Tehsil Gambat, district Khairpur.

The intervention focused on building the capacity of local Lady Health Workers (LHWs) and integrating simplified management protocols into community-based Health Houses. The results validate this model as a highly effective and sustainable solution for early intervention and treatment.

Key Test Metric	Result	Performance Note
Children Screened	<b>1,671</b>	Demonstrates effective community outreach.
MAM Cure Rate	<b>98.63%</b>	High success reflects strong adherence and quality service.
SAM Cure Rate	<b>85.6%</b>	Strong treatment success rate for Severe Acute Malnutrition.

Referrals to Stabilization Centers	0	All cases were manageable through outpatient, community-level care
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## II. Situation Analysis

Malnutrition remains a critical public health issue in Sindh, particularly among children aged 6-59 months. The prevalence of Global Acute Malnutrition (GAM) in the region, including Khairpur, is notably high.

- **Regional Crisis:** More than **3.23 million** people in Sindh are currently in crisis or emergencies, with **47%** experiencing multidimensional poverty.
- **National Context:** Half of all children under five years of age in Sindh province are stunted (**50%**), **41%** are underweight, and **15%** are wasted.

- **Challenges in Khairpur:** District Khairpur faces significant challenges in health and nutrition, exacerbated by socio-economic factors, limited access to quality healthcare, and a lack of awareness about nutritional practices.

<b>Children (6-59 Months) in Need of Treatment in District Khairpur</b>	
<b>Category</b>	<b>Number children with (GAM, MAM, SAM)</b>
<b>Children (6-59 Months)</b>	<b>417,000</b>
GAM (Global Acute Malnutrition)	<b>81,732 (19.6%)</b>
MAM (Moderate Acute Malnutrition)	<b>60,465 (14.5%)</b>
SAM (Severe Acute Malnutrition)	<b>21,267 (5.1%)</b>

### III. Project Goal and Objectives

**Goal:** The project goal is to significantly enhance the **nutritional** well-being of the community in Four UCs of Tehsil Gambat, district Khairpur, by improving knowledge, practices, and engagement through culturally tailored awareness activities, capacity building of local stakeholders, and widespread community mobilization.

#### Objectives and Key Strategies

1. **Objective 1:** Enhance community awareness and mobilization on NUTRITION
  - **Strategy:** Disseminate Information, Education, and Communication (IEC) materials and conduct culturally tailored events like Community Theatre for nutrition awareness.
2. **Objective 2:** Training and Mentoring of Community Volunteers / Activists / CHW / Journalists / Media / CSO

- **Strategy:** Conduct capacity-building training and workshops for health workers, journalists, and youth groups on nutrition reporting and awareness sessions.
3. **Objective 3:** Test simplified protocols for managing malnutrition in community-based health houses
- **Strategy:** Engage and train Lady Health Workers (LHWs) through the Department of Health (DoH) to manage uncomplicated Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) at the community level.

## IV. Implemented Activities and Performance

### A. Objective 1: Community Awareness & Mobilization Summary

Activity	No. of Activities/Copies	Beneficiaries
Designing, Printing, and Dissemination of 4 types of IEC Materials	8,000 copies	8,000
Pena flex banners displayed in Public places	40 banners	32,233
Community Event on Malnutrition Awareness	2 Events	287
Community Theater for Nutrition Awareness	16 Performances	1,967

### B. Objective 2: Capacity Building Summary

Activity	No. of Activities	Beneficiaries
Two-day Capacity Building Training for CHW / Volunteers	1	34

Community Awareness Sessions by CHW/Volunteers	<b>612 Sessions</b>	<b>13,115</b>
One-Day Orientation / Workshop for Journalists / CSOs	<b>1</b>	<b>32</b>
Publishing Articles / Blogs on Nutrition	<b>6 articles – 5 blogs</b>	<b>9,613</b>
SPORTS GALA	<b>2 Sports Gala</b>	<b>306</b>

### C. Objective 3: Test Simplified Malnutrition Protocols Performance

#### Program Implementation

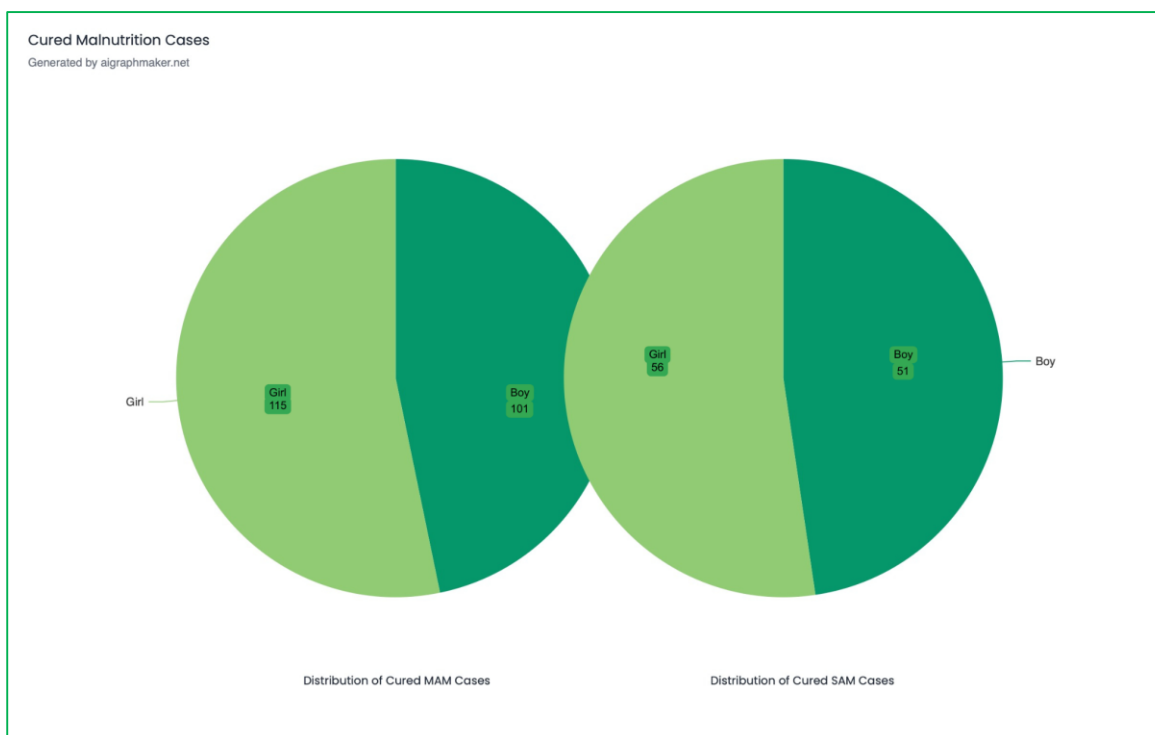
SDTS, in collaboration with the District Health Department and the RMNCH Department of Sindh, trained LHWs and Lady Health Supervisors (LHS) over three days. The LHWs were equipped with a Health House Toolkit and Ready-to-Use Therapeutic Food (RUTF) supplies.

LHWs were tasked with screening children (6-59 months), managing uncomplicated SAM and MAM cases, referring complicated SAM cases to Nutrition Stabilization Centers (NSCs), and conducting community awareness sessions.

<b>Performance Summary</b>			
<b>Indicator</b>	<b>Number</b>	<b>Registered Cases</b>	<b>Cure Rate</b>
Total Screening	<b>1,671</b>		
Identified MAM	<b>243</b>	<b>219</b>	
Identified SAM	<b>131</b>	<b>125</b>	
<b>Cured MAM</b>	<b>216</b> (Boys: 101, Girls: 115)		<b>98.63%</b>

Performance Summary			
Cured SAM	<b>107</b> (Boys: 51, Girls: 56)		<b>85.6%</b>
Number of transferred cases to OTP/NSC	<b>0</b>		
Number of Defaulter cases	<b>19</b>		
Number of Non-Recovered	<b>1</b>		
Total Discharged cases	<b>281</b>		
Number of ongoing cases	<b>42</b>		

## V. Monitoring and Evaluation (M&E)



To ensure service quality and effectiveness, SDTS established a collaborative monitoring mechanism with representatives of the Department of Health.

Key monitoring activities included:

- Assessing the effectiveness of LHW interventions.
- Ensuring proper documentation of cases, referrals, and community engagement activities.
- Gathering feedback from LHWs, caregivers, and community members for continuous improvement.

This rigorous, collaborative approach ensured high treatment adherence and quality service provision, as reflected in the exemplary performance metrics.

## VI. Key Outcomes, Impact, and Conclusion

### Key Outcomes and Impact

- Decentralized Care: Strengthened community-based management of malnutrition, significantly reducing the burden on secondary healthcare facilities.
- Early Intervention: Improved early detection and treatment of malnourished children, successfully preventing complications.
- Sustainability: Enhanced coordination between CSOs and government health departments for sustainable nutrition interventions.

### Conclusion: A Proven, Scalable Model

This Test project conclusively demonstrates the effectiveness of simplified malnutrition management protocols at the community level.

The successful engagement and capacity building of Lady Health Workers (LHWs) through the Department of Health (DoH) has proven to be a scalable and sustainable solution, offering immediate and early intervention for malnourished children in high-need communities. The demonstrated success, high cure rates, and low incidence of defaulters validate this model as the ideal blueprint for replication and expansion across other vulnerable districts in Sindh.