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ORIGINAL RESEARCH

Community-Based Management of Acute Malnutrition in Children Aged 6–59 Months by treating common, life-threatening childhood illnesses and using Nutrient-Dense, Locally Available, Affordable Foods Using Community Health Promoters in Mandera County, Kenya.

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Abstract

Acute malnutrition remains a critical public health challenge in Mandera County, Kenya, with children aged 6–59 months being the most affected. Although Integrated Management of Acute Malnutrition (IMAM) protocols have been widely implemented, persistent barriers such as limited access to Therapeutic Foods (RUTF AND RUSF), weak health systems, and household poverty continue to undermine their effectiveness. This study seeks to evaluate an integrated approach that combines the Integrated Community Case Management (ICCM) strategy with the use of nutrient-dense, locally available, affordable foods contributed by caregivers with the help of Community Health Promoters (CHPs). The objectives of the study are to assess the effectiveness of integrating ICCM with local food-based interventions in managing acute malnutrition, to evaluate recovery, relapse, defaulting, and morbidity rates among affected children, to determine household and caregiver adherence to recommended nutrition practices, and to generate evidence on the cost-effectiveness and sustainability of locally driven interventions. A community-based quasi-experimental design will be employed, with CHPs delivering ICCM protocols and providing tailored nutrition counseling supported by nutrient-dense local food formulations. Clinical case finding and Data will be collected over 4 months, focusing on treatment outcomes, adherence, and household-level practices. It is anticipated that this approach will improve recovery rates, reduce common childhood illnesses like diarrhea, pneumonia and malaria, reduce the burden on hospital-based and outreach management of malnutrition, provide easier access to health education on hygiene and strengthen household ownership of nutrition practices, thereby reducing reliance on externally supplied therapeutic foods. The study concludes that integrating treatment of minor illness and managing malnutrition with nutrient-dense, affordable, locally available foods can provide a scalable, cost-effective, and sustainable solution to acute malnutrition in resource-limited areas. It is recommended that this model be adopted and scaled up within Mandera County and similar contexts, supported by capacity building of CHPs, strengthened partnerships, and policies promoting the use of local foods in nutrition interventions.

Keywords: ICCM- integrated community case management, CMAM- Community-based management of acute malnutrition, CCF- Clinical case finding, Locally available foods