

Feasibility of a Multi-Stakeholder Engagement Model for Community-Based Management of Malnutrition: Reg No: 393

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CITATION

Puri Surabhi, Salve Harshal Ramesh. Feasibility of a Multi-Stakeholder Engagement Model for Community-Based Management of Malnutrition: Reg No: 393. Journal of the Epidemiology Foundation of India. 2025;3(2Suppl):94.

DOI: <https://doi.org/10.56450/JEFI.2025.v3i2Suppl.094>

ARTICLE CYCLE

Received: 10/11/2025; Accepted: 20/12/2026; Published: 31/12/2025

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ABSTRACT

Introduction: Childhood undernutrition remains a major public health challenge in India, with stunting at 35.5%, wasting at 19.3%, and underweight at 32.1% among children under five, disproportionately affecting rural areas. Gaps in early identification, treatment access, and caregiver knowledge limit the effectiveness of conventional programs. Community-based Management of Malnutrition (CMM) integrates local interventions with system convergence and caregiver empowerment to ensure sustained gains. This study aimed to develop a feasible village-level CMM delivery model focusing on stakeholder engagement, caregiver empowerment, and implementation fidelity. **Methods:** A multistakeholder team was formed through systematic mapping of village actors, including Sarpanch, Medical Officers, health workers, ASHAs, Anganwadi Workers (AWWs), and supervisors. Consultative discussions finalized camp plans, roles, and logistics. Caregivers of malnourished children were mobilized via ASHAs and AWWs. Process indicators - attendance, stakeholder participation, fidelity to planned activities, and operational feasibility, were documented. Growth outcomes were assessed after 3 months. **Results:** The SHINE Model: Stakeholder and Health-system Integration for Nutritional Empowerment model comprised five stations: anthropometry; anemia screening; demonstration of calorie-dense recipes using local foods and scheme awareness; health talks on balanced diet, weaning, and danger signs; and symptom-based treatment and referral. A total of 33 caregiver-child pairs (71.7% invited) attended. The 4-hour camp maintained fidelity to the planned activities, with consistent adherence to stakeholder roles and minimal additional costs, demonstrating operational feasibility. At 3 months, median (IQR) weight gain was 0.7 (0.3–1.0) kg and height gain was 1.0 (0–1.5) cm. Weight gain exceeded expected growth velocity in 61.3% (19/31) of children, while 16.1% (5/31) exceeded expected height gain as per WHO standards. **Conclusions:** This village-level CMM model demonstrated feasible, high-fidelity implementation without additional resources. By empowering caregivers and strengthening convergence between health and nutrition services, it supports early identification and community-based management of malnutrition. Integration with Village Health and Nutrition Days (VHNDs) offers a scalable framework for rural settings.

KEYWORDS

Malnutrition, Under-five children, Community based management, Multistakeholder engagement