

ICCM+ APPROACH

COMMUNITY HEALTH WORKERS ADDRESSING ACUTE MALNUTRITION. THE CHALLENGE OF INCREASING TREATMENT COVERAGE WITH ALLIANCES AND STAKEHOLDERS.

THE REALITY OF CHILD HUNGER AND MALNUTRITION

Hunger remains a devastating challenge in the world, affecting more than 700 million people and leading 45 million children under the age of five to suffer from acute malnutrition. Of these, 13.6 million suffer from severe acute malnutrition (SAM), the most severe form, which increases the risk of death by up to 12 times. Despite effective treatment that can cure 90% of children, 8,500 children die every day from undernutrition, accounting for almost half of all under-five deaths.

CURRENT TREATMENT AND BARRIERS TO ACCESS

Treatment of uncomplicated SAM consists of administration of ready to use therapeutic food (RUTF) for 6-8 consecutive weeks.

Despite being available in health centres, more than 2/3 of children do not have access to this treatment due to access barriers, which can be economic, social or geographical. In many African countries, more than 50% of the population lives more than 5km from a health facility.

INNOVATION IN ACTION AGAINST HUNGER: ICCM+ APPROACH

To address these challenges, since 2014, Action Against Hunger has opened an innovative line of research aimed at facilitating access to and improving coverage of SAM treatment.

This line of study, based on the *Integrated Community Case Management* (ICCM) intervention, uses community health workers (CHWs), i.e. non-medical staff, trained in basic health issues, who deliver their services directly in the community in which they live. Inspired by ICCM, we proposed to integrate SAM treatment into the CHWs' package of activities, known as the "iCCM+ approach".

The results have been striking: CSWs can increase the number of children receiving treatment, have cured rates similar to those of formal health workers, reduce the number of children dropping out of treatment, and prove to be a cost-effective and efficient alternative in development and emergency contexts.

For more information:

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- 📄 [iCCM+ approach](#)

FINDINGS AND ACHIEVEMENTS OF THE ICCM+ APPROACH

The iCCM+ approach has demonstrated that:

When community health workers treat severe acute malnutrition, they...

- 1 ... are as effective as formal health workers in health centres, with a similar cured rate.
- 2 ... have the capacity to increase coverage of SAM treatment.
- 3 ... provide treatment with the same quality as formal health workers in health centres.
- 4 ... contribute to a cost-effective intervention.
- 5 ... can identify and treat severe acute malnutrition early and provide integrated care for children under five.
- 6 ... improve the quality of care if they work under supervision, although such supervision has no effect on the cost-effectiveness of the intervention.
- 7 ... in emergency situations in Niger maintain effectiveness, increase treatment coverage, and improve the cost of intervention when applying the simplified protocol.
- 8 ... in emergency situations in Mali, maintain efficacy, increase treatment coverage, and prove to be a cost-effective intervention, if they implement treatment with a simplified protocol.

These findings have made it possible achievements such as:

- **Generating evidence:** Research projects in different contexts and more than 14 scientific publications.
- **Scaling up the iCCM+ approach:** Facilitating [the training of health](#) workers, defining monitoring tools, supporting the [scaling up](#) of the iCCM+ [intervention](#) and the regular publication of [newsletters](#).
- **National recommendations:** Adaptation of case management policies for acute malnutrition in Mali and Niger. In Mauritania under discussion.
- **International recommendations:** The inclusion of the treatment of CSAs as one of [UNICEF's simplified approaches](#), the [recommendation of Unicef](#), WHO, ICRC to work with CSA during the covid 19 pandemic and the inclusion of treatment through CSA in the [revised WHO](#) case management [guidelines](#) for undernutrition (July 2023).

NEXT STEPS AND SPACES FOR COLLABORATION

To meet the challenge of increasing coverage of SAM treatment through community health workers we need:



Increase the number of countries where the intervention is implemented.

- Develop an action plan, in collaboration with the nutrition directorate, to implement the approach in all countries with high prevalence of SAM and low treatment coverage.
- Establish partnerships with local and international NGOs and donors to bring the intervention to scale.



Developing an advocacy plan for the iCCM+ approach.

- Promote the professionalism of CSAs through a true integration into the health system, guaranteeing their recognition and remuneration.
- Work to integrate all key actors in the implementation of the approach, in particular the community itself.



Contribute to the scientific evidence with new research studies.

- Contribute to filling research gaps by providing new evidence on treatment relapse.
- Measuring social impact by integrating prevention actions, as well as cross-cutting environmental and gender sectors.

We need to join forces and capacities, building alliances that are committed to a different way of dealing with malnutrition, and with whom we can work together.



Hawa Coulibaly, a community health worker, counsels a father in Kourouge, Mali.

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