



iCCM+Nut

Community screening and treatment of malnutrition

What is iCCM+Nut?

Integrated Community Case Management (iCCM) is an equity-focused intervention aiming to improve access to quality essential health care for children under-five. The standard model employs Community Health Workers/ Volunteers (CHWs) to provide primary health care services beyond the health facility, diagnosing and treating for uncomplicated cases of malaria, pneumonia and diarrhea in the community.

iCCM+Nut utilizes this existing platform by integrating the screening and treatment of uncomplicated acute malnutrition into regular iCCM activities thus increasing the coverage of treatment and bypassing traditional barriers often associated with the treatment acute malnutrition.

Why implement the iCCM+Nut approach?

The main objective of iCCM+Nut is to increase the coverage of acute malnutrition treatment while maintaining the quality of care. As many cases of malnutrition fall outside the radius of health centers, many cases go undetected and untreated leading to irreversible consequences on the cognitive and physical development of a child both immediately and long-term. iCCM+ Nut also provides the opportunity to:

- Ensure the continuum of care of children 0-59 months with acute malnutrition from the community to the health facilities
- Integrate acute malnutrition treatment with the management of other disease with high mortality rates
- Build the capacities of human resources of the Ministry of Health on data collection, monitoring and evaluation, and the management of the supply chain for therapeutic foods

How can iCCM+Nut be scaled up?

The strategy must be adapted to each national context; according to the needs of each country. The most crucial contextual factors to take into consideration include: buy-in from the MOH, inclusion of iCCM in the national health plan, CHW's educational levels, employment status (are CHWs considered volunteers or government employees), the functionality of the supply chain, and the functionality of the health information system. In order to adapt the intervention, there are three defined phases of implementation:

1 Pilot Study

The pilot study is to be developed in a limited area to create evidence on the quality of care of CHWs and the feasibility of the intervention in a given country. The pilot study may include studies on cost effectiveness, CHW's time management and impact on the management of other diseases.

2 Pilot study in humanitarian contexts

Due to the challenges that humanitarian crises impose to the already limited resources of health systems, specific evidence on the feasibility and effectiveness of the intervention in humanitarian settings must be produced.



For this reason, in these contexts, pilot studies will evaluate the performance of CHWs on the implementation of the combined/simplified protocol treating both severe acute malnutrition (SAM) and moderately acute malnutrition (MAM) with a single product (RUTF). In countries where development and humanitarian settings coexist, phase one and two can be conducted at the same time.

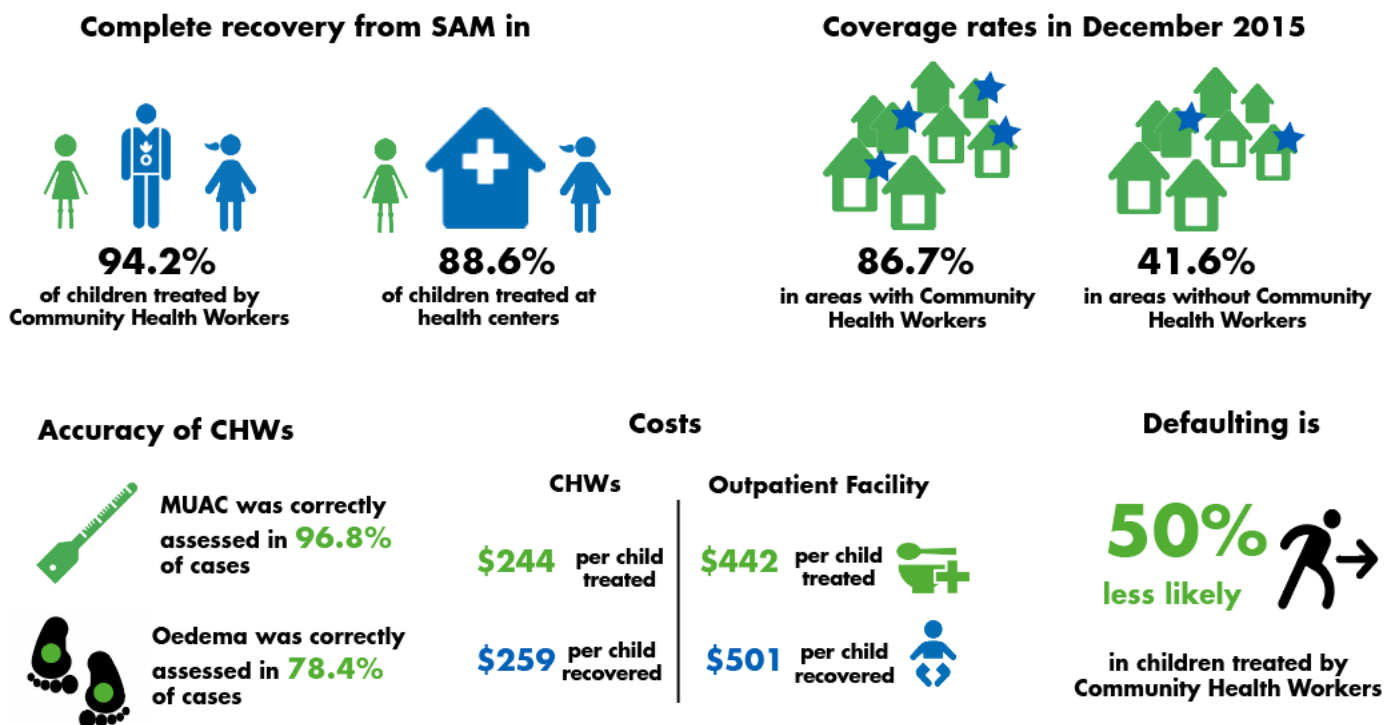
3 Scaling up at country level:

Depending on the strategy of the Ministry of Health in each country, this phase can vary in time and modality of implementation. The scaling up can be done gradually at a regional level or simultaneously in all regions of the country. In addition to ensuring direct implementation, Action Against Hunger, in partnership with the Ministries of Health, can provide technical assistance in the implementation of the ICCM SAM approach.

Throughout the three phases, a group of priority stakeholders should be identified for the implementation. Stakeholders should include Ministries of Health, communities of practices, implementation partners, academic and research institutes, and donors. Their participation and contribution are key for a smooth rollout. Each institution should have an action plan to guide engagement. Additionally, research is ongoing around scaling up iCCM+Nut with simplified protocols, Family MUAC, and other food security interventions.

How do we know if iCCM+ Nut has an effect/impact?

A randomized Intervention Study in Kita, Southwest Mali, yielded the following results:¹



From 2014- 2016, in partnership with the Ministry of Health (MoH) in Mali, the Institute National de Recherche et Santé Publique (INRSP) and the Innocent Foundation launched a study that explored whether CHWs could successfully treat SAM in Kita (Kayes region). The evidence shows that CHWs can reach high quality of care, achieving better outcomes than CMAM (cured: 94.2% vs. 88.2%; defaulted: 4.5% vs. 10.8%), doubling the coverage (baseline: 43.9%, endline: 86.7%), resulting in a cost-effective intervention with lower cost incurred by the beneficiaries.² “Additionally, per week of treatment, households receiving CHW-delivered care spent only half as much time receiving treatment and three times less money compared with those receiving treatment from an outpatient facility.”³

¹ <https://www.ncbi.nlm.nih.gov/pubmed/29580238> , <https://www.ncbi.nlm.nih.gov/pubmed/28378463>

² <https://www.ncbi.nlm.nih.gov/pubmed/29458382>

³ <https://doi.org/10.1186/s12960-018-0273-0>

How do we measure the impact of iCCM+ Nut?

The iCCM+Nut strategy has two main objectives and their respective indicators to track the progress of implementation and to measure the impact of acute malnutrition treatment within iCCM. First, to increase the number of children treated for acute malnutrition and second, to strengthen health systems for iCCM+Nut.

Decrease in under 5 mortality in intervention area					
Results Indicators					
Objective	Increase number of children treated for SAM		Strengthen Health Systems for MAM/SAM treatment and iCCM		
Indicators	Coverage rate	% of MAM/SAM children treated by CHW	# of CHWs with MAM/SAM training	# of supervisory visits to CHWs	% of CHWs that reach SPHERE standards
Tools	SQEAC/SLEAC	Monthly activity reports**	Training report*	Completed supervisor sheet**	Monthly activity report

**disaggregated by CHW/country/district /catchment area *disaggregated by country/district/catchment area

Uptake plans should include i) communication tools for the community level ii) dissemination of results at the local, regional, and international level through a newsletter, iii) organization of regional workshops with government, research and NGO partners, iv) participation in international conferences related to iCCM+Nut, v) writing of an advocacy guideline and vi) scientific publications.

Find out more on iCCM+Nut:



Mali

[Quality of care for treatment of uncomplicated SAM delivered by community health workers in a rural area of Mali](#)

[The effectiveness of treatment for SAM delivered by CHWs compared to a traditional facility based model](#)

[Cost-effectiveness of the treatment of uncomplicated SAM by CHWs compared to treatment provided at an outpatient facility in rural Mali](#)

Pakistan

[Quality of care treatment for uncomplicated SAM by lady health workers in Pakistan](#)

Pakistan + Mali

[Treating Severe Acute Malnutrition with Community Health Workers](#)

Kenya

[Linking CMAM and iCCM in Kenya](#)

More information:

[Use of Mid-Upper Arm Circumference by Novel Community Platforms to Detect, Diagnose, and Treat Severe Acute Malnutrition in Children: A Systematic Review](#)

[Can community health workers manage uncomplicated SAM? A review](#)