Improving Treatment of Wasting in Children through iCCM

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Image credit: Karen Kasmauski/MCSP, Anjiro, Madagascar

POLICY, PROGRAM, AND OPERATIONAL LEARNINGS OF ICCM/CMAM INTEGRATION

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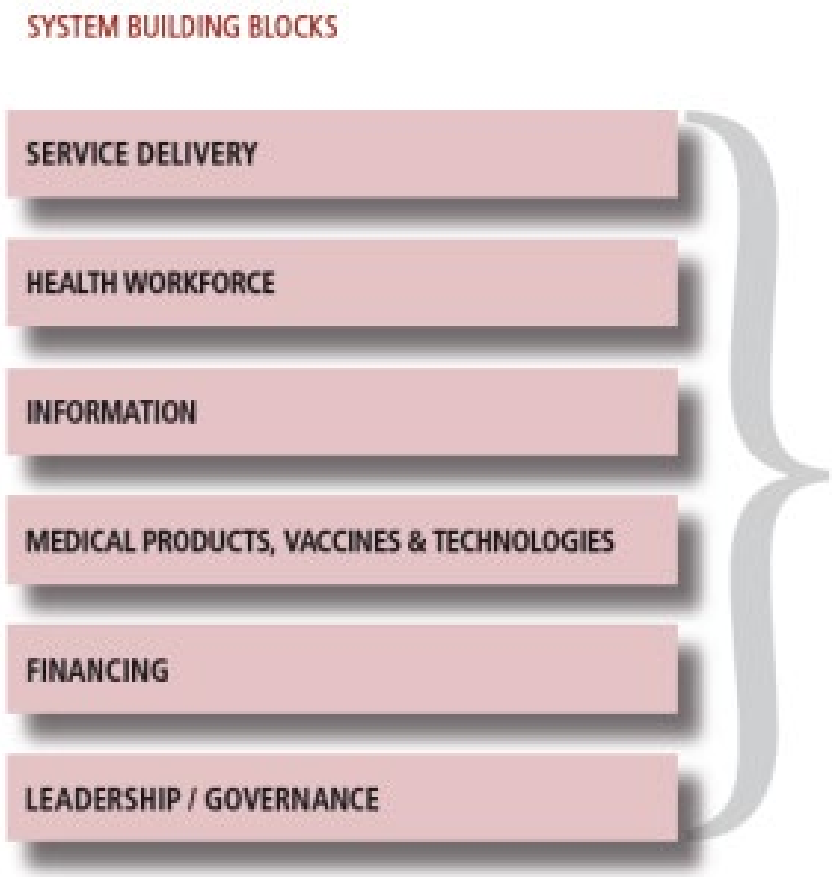
Background

- iCCM and CMAM/IMAM have been implemented within communities in many countries, yet despite much discussion about scaling, programs remain vertical
- The more these programs can be integrated, the greater the potential for increased coverage and holistic service provision
- Treatment of uncomplicated severe wasting by CHWs:
  - Expanded the service to communities
  - Proven effective, improved cure rates
  - Lowers opportunity costs for households
  - However, only one third of children accessed treatment
- iCCM strategy that deploys CHWs in hard to reach areas to provide diagnostic, treatment and preventative services, demonstrated effectiveness

Background

- Previous evaluations and country experiences have noted potential challenges and opportunities. Further review of the following issues is needed to inform countries planning integration:
    - CHW workload with inclusion of SAM treatment services
    - Simplified approaches
    - CHW antibiotic administration
    - CHWs and human resources implication (training, supervision, remuneration)
    - RUTF supply chain
    - Financing

Methodology



- Literature review of:
  - Peer-reviewed articles, non peer-reviewed papers
  - Gray literature - program technical documents and reports, learning reports, guidelines
  - Recent findings from previous five years, unless finding was relevant
- Focused on previous challenges to be addressed, with a specific lens on integration
- Reviewed based on WHO health system building blocks (left)
- Organized by programmatic and policy considerations

Key Findings

Programmatic

- Despite increased workload, CHWs still provide quality care and are often motivated by skills, but need to maintain manageable ratio of CHW:HHs and consider incentives for sustainability
- Health systems to ensure community engagement aspect of SAM treatment
- CHWs need to be trained on supply management, provided appropriate tools and supervision
- Consideration of simplified approaches for SAM treatment, country contexts

Policy

- CHWs can safely and properly administer antibiotics according to protocol for uncomplicated cases of SAM, but need adequate training and supervision
- The integration of SAM treatment within the CHW workforce needs to be considered an integral part of health system strengthening, particularly for CHW training, curriculum, materials, revision of competency
- Considerations for cost reductions to facilitate integration include local production, plant-based RUTF
- To minimize logistical challenges, integration only in high SAM prevalence areas, inclusion of RUTF on essential drug lists

Program Considerations

CHW workload inclusive of SAM treatment service:

- General challenges of CHW relevant for both iCCM/CMAM, need to be considered for integration
- CHWs with added SAM treatment to iCCM workload:
  - Maintained QoC (treatment outcomes) with additional hours of work
  - More confidence in ability, additional service provision was motivating factor
  - Achieved higher performance in both treatment and preventive activities, compared to CHWs not trained in SAM
- Need to manage ratio of CHW to HHs, performance dropped with too many HHs
- Incentives (non/monetary) needed for sustainability and motivation with additional workload

Program Considerations

Community engagement:

- Documented that weak health system implementation of community engagement is contributing factor to poor treatment coverage
- Community engagement shown to increase service coverage and improve health outcomes, sustainability and equity of services
- When planning to integrate SAM treatment into iCCM to improve coverage, community engagement strategy needs to be considered

Program Considerations

Supply chain management of RUTF:

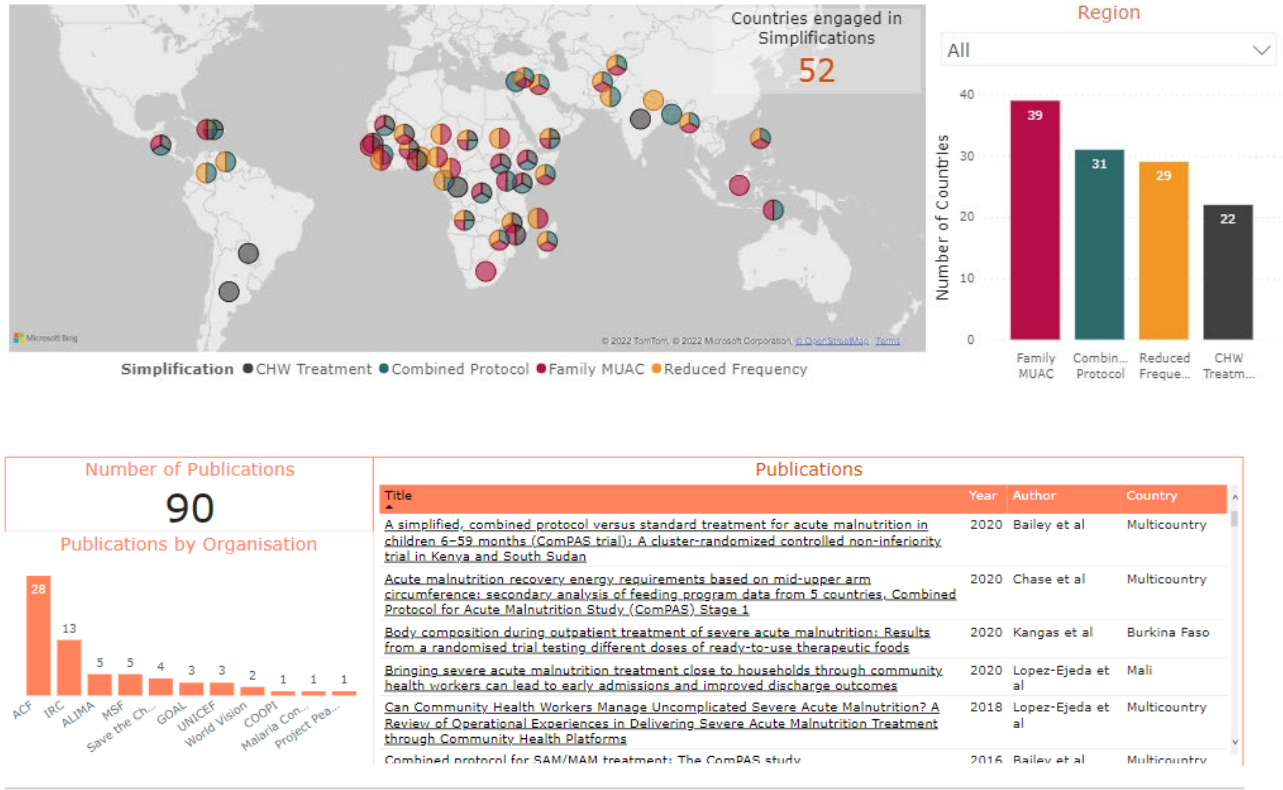
- Stock-outs (iCCM/CMAM) undermine community trust in health system and CHWs, lead to program and CHW dropouts
- Issues with many aspects of supply chain: distribution and transport to communities, monitoring, reporting
- At community level, challenges with CHWs recording and reporting due to limited training/supervision, low literacy tools
- Many prevailing CMAM/RUTF supply systems are parallel to government or only utilize some aspects, limited ownership, often a partner donation and not seen as essential medicine

Program Considerations

Simplified approaches (modified protocols) and tools:

- Multiple approaches being tested that could facilitate integration
  - One product for MAM and SAM, modified dosage
  - Family-led MUAC
  - Management of SAM by CHWs,
  - MUAC-only admission/discharge

- Country context needs to be considered for adaptations



Source: simplifiedapproaches.org

Key Program Recommendations

- CHWs can provide quality treatment of SAM
  - Consistent workforce that is adequately trained, supervised, and incentivized
  - Workload needs to be managed for adequate ratio of CHW:HHs
- Community engagement and mobilization strategy supported by health system
- Consistent supply of RUTF needs to be ensured
  - Integration of supplies into national systems
  - RUTF included on essential drugs list
  - CHWs need to be trained on supply management, supervised
- Simplified approaches and protocols, low-literacy tools, and digital technologies could facilitate integration, per country context and review

Policy Considerations

Antibiotic administration

- Concern over CHW administration of antibiotics
- Most studies showed good adherence to antibiotic protocols (SAM), those with marginal adherence noted challenges with stock-outs and poor motivation
- General indication is that CHWs can safely and properly administer antibiotics according to protocol for uncomplicated cases of SAM
- Noted that adequate training and supervision were necessary and linked to better QoC

Policy Considerations

CHW and HR implications (training, supervision)

- Challenges faced in program scaling include:
  - Lack of regulatory framework for volunteer work
  - Difficulty retaining CHWs due to heavy workloads without incentives or opportunities

- Multiple studies indicated strong need for supervision and training, integration would need clear strategy

- The integration of SAM treatment needs to be considered an integral part of health system strengthening, particularly for revision of training, curriculum, materials, revision of competencies

Policy Considerations

Financing of CMAM and RUTF

- RUTF is a high-cost commodity, which includes cost of procurement and distribution due to bulk and weight (33 - 44% of SAM treatment)

- Considerations for cost reductions to facilitate integration include:
  - Local production of RUTF – reduced shipping, but challenge with sourcing ingredients
  - Plant-based protein RUTF formulation - lower input cost, potential 10 - 25% cost reduction
  - Partnerships with private sector, tax exemptions

- Considerations for minimizing logistical challenges:
  - Integrate treatment only in high SAM prevalence communities
  - Inclusion of RUTF on essential drugs list (program)

Key Policy Recommendations

- Integration of SAM treatment into national health/iCCM strategy, including costed operational plan
- Integrating treatment of severe wasting within iCCM only in communities with a high prevalence of SAM to minimize logistical constraints
- Dedicated financing for RUTF and a context-specific review of potential cost-saving measures, such as establishing local production, engagement with private sector, tax exemptions, and a shift to plant-based protein RUTF formulations
- High-level advocacy and ownership and establishing a progressive plan toward increasing government commitment over time

Key Learning Recommendations

- The effects of integration of SAM treatment on CHW workload and QoC, including other components of iCCM
- Simplified approaches for SAM treatment linked to facilitation of iCCM integration
- Cost-saving measures and/or innovative solutions further explored and documented, such as local production of RUTF, plant-based protein RUTF formulations, and government-integrated supply chain management systems

New Developments

- UNICEF/R4D
  - *Integrating Early Detection and Treatment of Child Wasting into Routine Primary Health Care Services: A Resource Guide to Support National Planning*

- Simplified Approaches
  - Global working group
  - Learning event held December 2021
  - Tools under development (if, when, and how)

THANK YOU

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- Nutrition: Akriti akriti_singh@jsi.com & Oscar ocordon@actionagainsthunger.org
- iCCM: Humphreys hnsona@gmail.com & Anne alinn@usaid.gov
- **The iCCM subgroup is looking for a third co-chair: email childhealthtaskforce@jsi.com with your CV and statement of interest**

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