

Policy Advocacy

**Integrating treatment of
uncomplicated severe and
moderate acute malnutrition into
ICCM**

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ICCM Scope in Kenya

- Community health workers (CHVs) in many LMICs treat malaria, pneumonia and diarrhea, improving child mortality outcomes
- Treatment for wasting is not currently part of this treatment package in Kenya
- Scope of ICCM policy in Kenya, CHVs only allowed to screen and refer malnutrition

Typology 1

**Advising on
“feeding the sick
child” within
existing iCCM
services**

Typology 2

**Linkages with
Social & Behaviour
Change activities
on child nutrition**

Typology 3

**Linkages between
iCCM activities and
acute malnutrition
treatment through
assessment and
referral**

Typology 4

**Treatment at
community level
of uncomplicated
Severe Acute
Malnutrition**



Advocacy for technical consensus

- ACF and Save the Children mobilized key stakeholders to influence policy discussions
- Approvals by TWGs in nutrition, child health and community health departments at national and county level
 - Presentations were made separately in each of these TWGs/committees
 - Expanded ICCM TWG - combined TWGs
- Research Task Force led by MOH was established to work with ACF and Save the Children and report back to ICCM TWG on possibility of conducting Implementation Research on ICCM+SAM/MAM integration
- Stakeholder Workshop – Brought together key players for policy engagement – MOH, WHO, UNICEF, WFP, Implementing CSOs,
- Establishment of coordination and implementation structures
- National – ICCM Technical Advisory Group (ICCM TAG)
- County – Implementation committee linked to CNTF

Advocacy is not an event – should be continuous

Implementation

Leadership and coordination by MOH

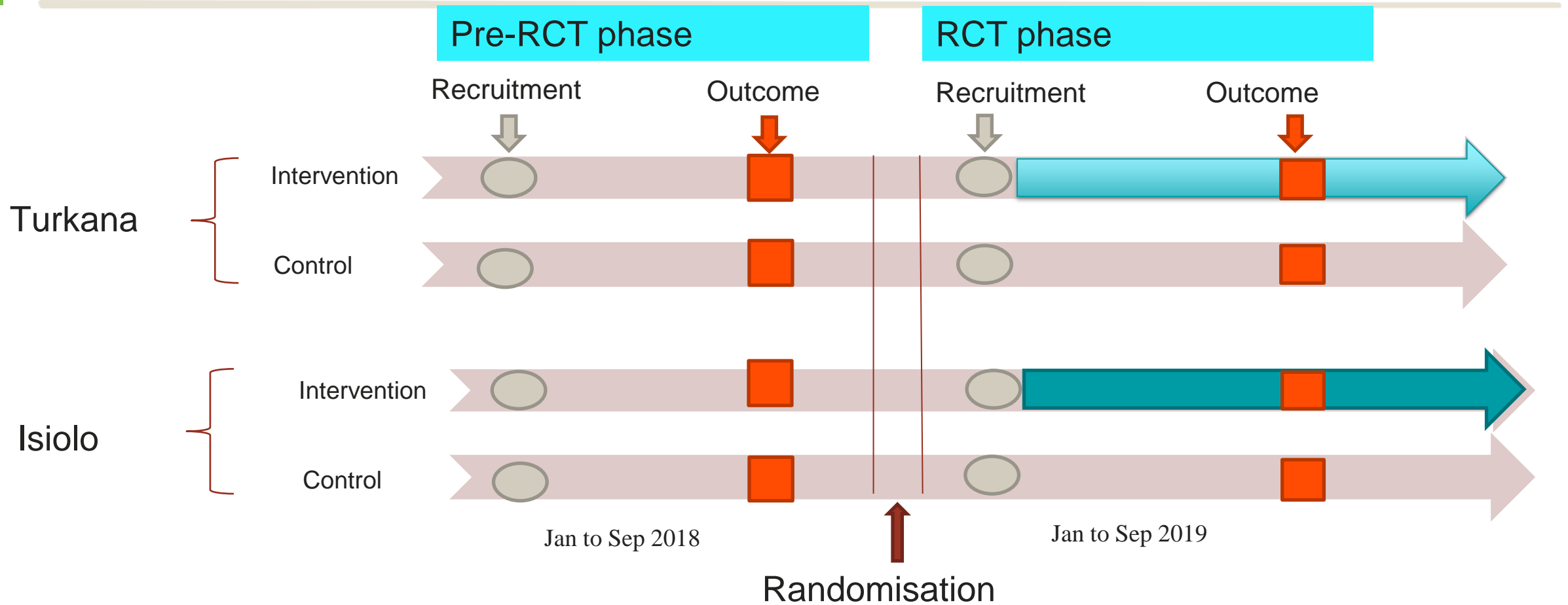
- TORs for the implementation structures
- Oversee pre-teaming agreements
- Protocol/policy adherence
- Quality assurance - approval of protocols, materials and tools
- Monthly meetings for regular updates from Implementing partners and research team

County level – iCCM Working group

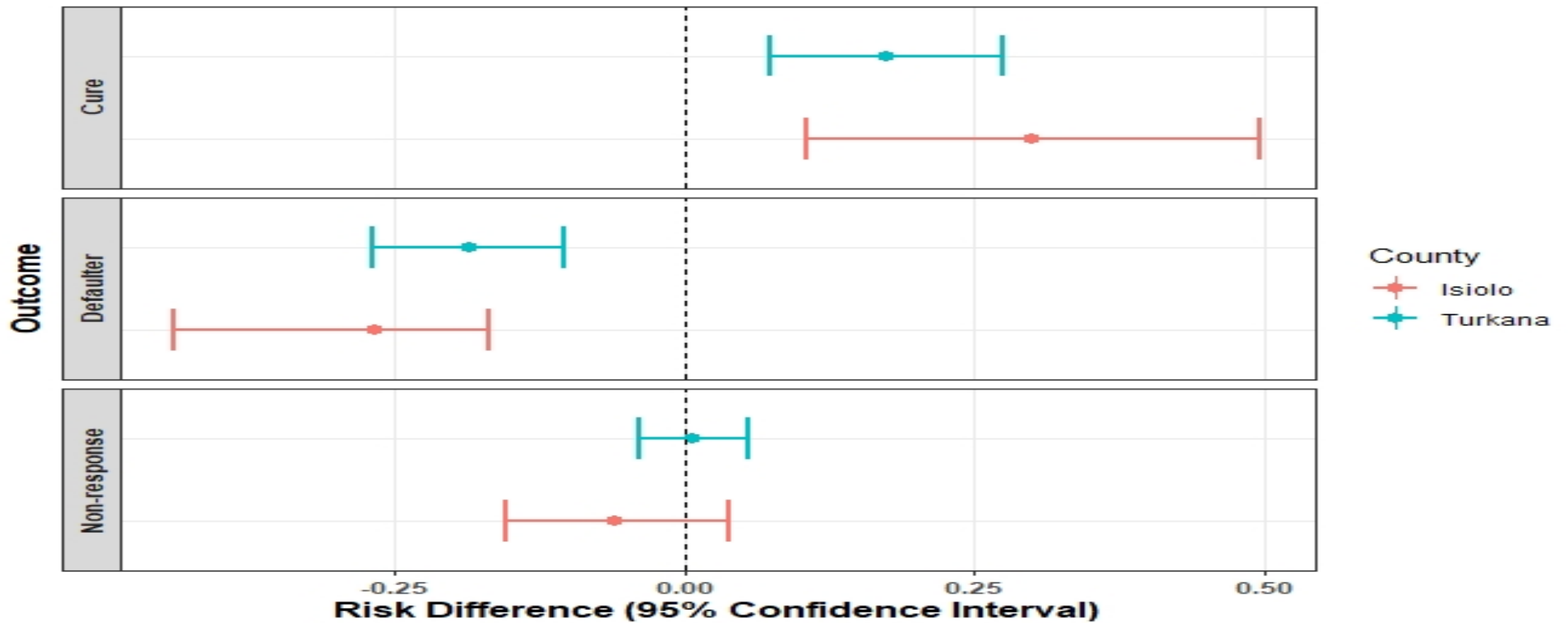
- Monthly meetings – identify and escalate implementation barriers
- Quarterly joint supervision with CHMT
- Monthly data review
- CHV mentorship



Design

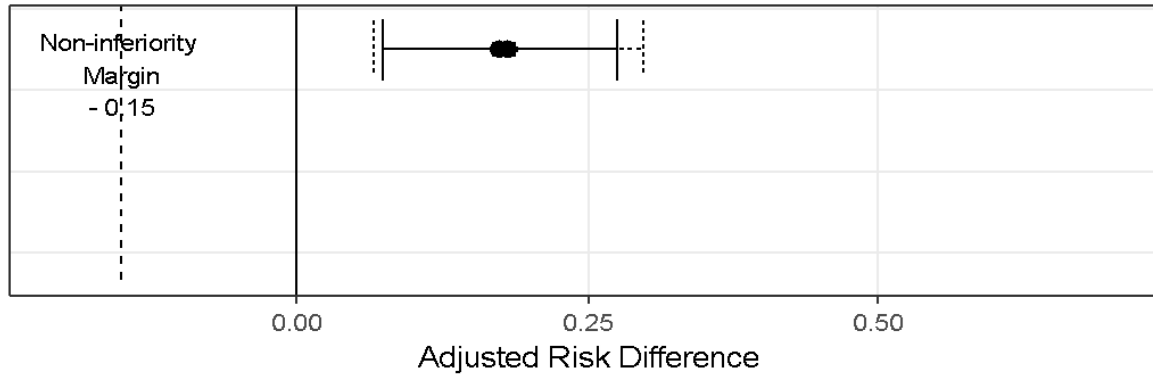


RESULTS - Effect of the intervention on cure, defaulter and non-response



Assessment of non-inferiority based on cure rate

Turkana

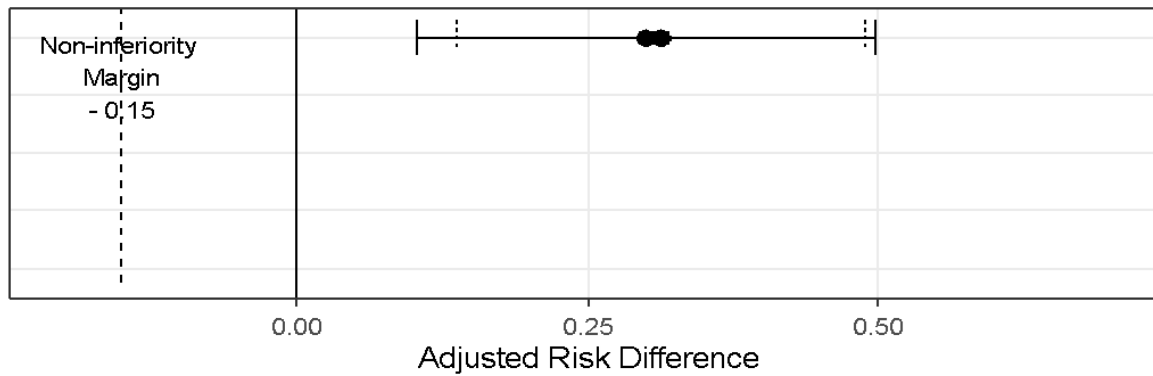


Coef.

— Adj Model

.... Unadj Model

Isiolo



Coef.

— Adj Model

.... Unadj Model

Practical implications for taking adaptations to scale

- **Understanding geographical distribution of CHVs to maximise coverage – CHV, caregiver and health facility locations**
- **Understanding cost to scale approach and differences from study setting**
- **Developing a supply chain approach that will work at scale**
- **Optimal referral criteria and approaches between community to health facility levels**
- **Community sensitization on CHVs' expanded scope of work**
- **Deploy CHVs soon after training with training follow ups, on-the-job mentorship and supervision**
- **Provision of incentives - a stipend to CHVs**

Next Steps

- **Policy waiver to allow scale up as we continue with policy change process**
- **Wider dissemination in-country and international,**
- **Establishing a Panel of Experts for evidence review and policy recommendations**
- **Utilize the momentum on antibiotics for pneumonia revise and update ICCM scope - policy and guidelines, and training curriculum, job aids**
- **Publishing – for WHO evidence review on SAM management**

- **Pilot scale up in select counties– study the costs, simplified approaches COVID 19 adaptations – MUAC only follow up, Family MUAC, combined protocol**



Supporting Partners



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Children



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for every child