Treatment of Severe Acute Malnutrition at village level by Community Health Workers – ICCM+

INTEGRATING THE TREATMENT OF ACUTE MALNUTRITION INTO ICCM: LESSONS LEARNED FROM COMMUNITY EXPERIENCES IN NIGERIA (NORTH-EAST/BAUCHI) AND CAMEROON (NORTH-WEST/MORA)

Background: Integrated Community Case Management of childhood illness (ICCM) by community Health workers (CHWs) has proved effective in reducing child mortality, particularly in remote areas. An extension of the model has been implemented to include the treatment of acute malnutrition (ICCM+), a key factor in child morbidity and mortality, in conflict areas and areas with high numbers of malnourished children far from health centres.

Methods: We followed six stages to implement ICCM+ programme, from initial planning to post-implementation monitoring:

1. Preliminary discussions with all stakeholders (Health authorities (National, Regional, District), Health centers, community, Community health workers, Unicef/WFP)
2. Community mapping and understanding of community dynamics
3. Community assembly
4. Training preparation, Tool adaptation/simplification, ordering of supplies
5. ICCM+ training of supervisors and CHWs
6. From the first day of implementation: Supervision, Monitoring, and then Analysis & Evaluation

ICCM+ Consultation – Nigeria - 2025

Implementation & Results

ICCM+ Consultation - Cameroon - 2025

In Nigeria:

- 8 remote villages (>5 km from the nearest health facility)
- 16 CHWs selected through community assemblies.
- From July 2024 to April 2025, 6’389 acutely malnourished children admitted in ICCM+.
- Cured rate > 80%

In Cameroon:

Following much discussion, the scope of this new activity became a national initiative with a large workshop including different actors and disciplines.

- Red zone inaccessible to MSF
- 26 villages (>5 km from the nearest health facility),
- 26 CHWs selected through community assemblies.
- From July to August 2025, 145 Severe Acutely Malnourished children + 320 Moderate Acutely Malnourished children admitted in ICCM+.
- Cured rate > 80%

Multiple objectives and advantages

- ❑ Expand Treatment Access
- ❑ Treat Earlier
- ❑ Community & Family Engagement
- ❑ Build Capacity
- ❑ Continuum of care
- ❑ Integrated Care
- ❑ Reduce Absent & defaulter

Key lessons learned

- ✓ Importance of simplifying tools
- ✓ Importance of providing practical training and supervision
- ✓ Importance to support ATFC/Health Centers
- ✓ Very close post-training supervision to correct mistakes from the start
- ✓ Importance of joint supervision with MOH
- ✓ Actively involving communities (for preparation, implementation, evaluation, corrective actions, etc…)
- ✓ Closely collaborating with the health system.

Multiple challenges

- ➢ Attractiveness of the activity (influx of children coming from far away and even from other districts)
- ➢ Workload / Overload of Community Health Workers
- ➢ Poor management of RUTF by CHWs
- ➢ Insecurity with difficult access for supply and supervision
- ➢ To ensure good working conditions at community level (working environment)

ICCM+ is a promising model for improving access to care, early management of malnutrition and empowerment of communities.
However, the simplification of protocols and tools masks a certain complexity of preparation and implementation to ensure quality of care, supply, monitoring and community involvement. Further studies are recommended to assess the precise effect of ICCM+ on child morbidity and mortality, and on coverage.

N. Avril , M. Querre , B. Mandave , M. Madika , M. Ngede Mponge Epse Mahamat , G. Bouloumegne Moubitang , E. Kabala , M.L. Tombo , M. Rilwanu , H. Sadiq , A. Saleh , C. Bitaronga MSF, OCG, Geneva, Switzerland, MSF, OCG, Yaounde, Cameroon, Minitry of Public Health, Yaounde, Cameroon, MSF, OCG, Mora, Cameroon, MSF, OCG, Abuja, Nigeria, Bauchi state primary health care board, Bauchi, Nigeria, Bauchi State - Nutrition, Bauchi, Nigeria, MSF, OCG, Bauchi, Nigeria

MEDECINS SANS FRONTIERES

PAEDIATRIC DAYS • AMMAN 2025 •