CMAM 2021

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VIRTUAL CONFERENCE

SCALE PAPER

COMMUNITY HEALTH WORKER-LED WASTING TREATMENT

Preparing for scale

CONCERN worldwide

Irish Aid
An Roinn Gnóthaí Eachtracha agus Trádála
Department of Foreign Affairs and Trade

Community Health Worker (CHW)-led wasting treatment: summary of key points for going to scale

WHAT IS CHW-LED WASTING TREATMENT?

CHWs treat wasting at community level.

CURRENT SCALE

Currenlty this apporach is not implemented at-scale.

PRACTICAL CONSIDERATIONS FOR SCALE UP

May require policy shifts to allow CHW-led treatment.

Guidance and tools should be contextualized.

Supply chains must be strengthend for last-mile delivery to CHWs.

Requires a strong system to support community health services.

CHWs require adequate remuneration / non-monetary incentives to operate effectively.

Systems for predictable supervision and quality monitoring of CHW treatment are required.

CRITICAL NEXT STEPS

Determine if CHW-led wasting will address current coverage barriers in the given context.

Analyze if CHW-led wasting treatment is pertinent to the context that acknowledges the capacity of CHWs to treat wasting.

Ensure a national and supportive Community Health Policy.

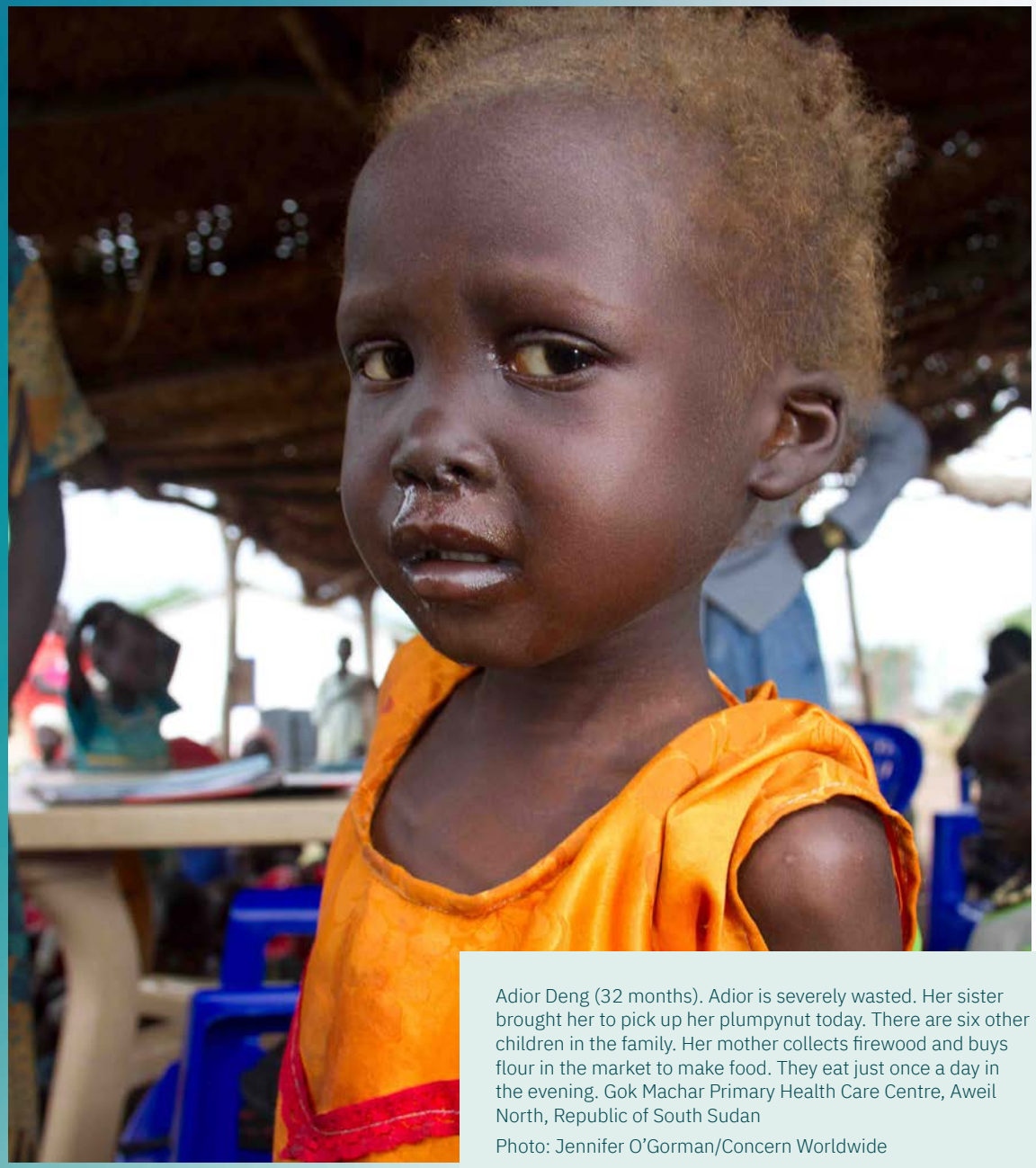
Strengthen the necessary supply systems.

Advocate for a well-resourced community health system.

Support financial modeling of the costs to scale up the approach.

Broaden the evidence base.

This document is a summary of group work conducted during the CMAM 2021 conference in March 2021. The conference did not provide adequate time for lengthy discussions of these important topics, and therefore this document represents a starting point to refine discussions on bringing key adaptations and approaches to wasting management to scale. Concern is immensely grateful to all practitioners who took the time and interest to contribute to this document which will serve as a reference for the global Simplified Approaches Working Group.



Adior Deng (32 months). Adior is severely wasted. Her sister brought her to pick up her plumpynut today. There are six other children in the family. Her mother collects firewood and buys flour in the market to make food. They eat just once a day in the evening. Gok Machar Primary Health Care Centre, Aweil North, Republic of South Sudan

Photo: Jennifer O'Gorman/Concern Worldwide

Brief Description

This approach shifts tasks for the diagnosis and management of uncomplicated wasting from health staff at the facility to trained Community Health Workers (CHWs) working directly in the community. In some contexts, this is limited to severe wasting and in others it includes the management of moderate wasting, and may use simplified nutrition protocols[1]. In most cases CHW-led wasting treatment is embedded in an existing Integrated Community Case Management (ICCM) program. The purpose of this approach is to decentralize wasting services to the community level in order to increase coverage, promote early treatment access, and reduce costs of accessing care for caregivers. This approach is especially relevant to contexts where facility access is a key limiting factor to service utilization.

There are a variety of contextual factors that promote the likelihood that this approach will be successful. First, there must be an existing community-based health program in that to embed the management of wasting, and CHWs need to be appropriate supervised and linked to a health facility. There should ideally be consistent (year-round) access to the community and a low prevalence of complicated severe wasting, as CHWs may not have the capacity to management complicated cases.

1 The simplified nutrition protocols are a grouping of modifications which aim to simplify the process of admitting and managing wasting. These modifications are intended to improve effectiveness, quality, coverage and reduce the costs of caring for children with uncomplicated wasting while maintaining quality. They include such things as using one product for moderate and severe wasting, using a simplified dosing protocol, etc.

Evidence[2]

There is a growing body of evidence promoting community-based treatment of wasting as an effective, efficient, and often cost-efficient alternative to facility-based care. Outcomes for CHW-led wasting treatment typically meet or exceed SPHERE standards, and quality of care is non-inferior to facility-based programs, particularly when coupled with refresher trainings and regular supervision. The evidence shows that support and supervision are important to ensuring sustainability in positive treatment outcomes. The evidence also shows improvements in multiple components of the program, including decreased defaulter rates, improved service access and reduced client travel requirements[3]. However, while the evidence base for CHW-led wasting treatment is building there are still significant gaps.

There is limited research conducted on the approach outside of Africa and particularly the Sahel region. Evidence from Asia and especially South Asia is very limited. Much of the available research was done on programmes using MUAC and oedema only admissions, and therefore there is a gap in evidence on inclusion of cases using weight-for-height admissions. Cost effectiveness data is lacking, particularly comparisons between all costs related to CHW-led ICCM+ programming versus the costs of a facility based program.

2 All information in the Evidence section of this paper is from the paper: Action Against Hunger (2020). State of the Evidence 2020: Modifications Aiming to Optimize Acute Malnutrition Management in Children Under Five.

3 For caregivers, time spent accessing treatment was reduced by nearly half, and households spend three times less money on average, according to one cost-effectiveness study

Practical considerations for scaling up CHW-led wasting treatment[4]

- **Policies**. In some contexts, the national health policy precludes community-based health workers from administering routine medications such as antibiotics and deworming treatments, which are necessary elements of wasting treatment protocols. This gap will need to be addressed prior to seeing the management of wasting at community level go to scale. In some contexts where health and nutrition are still largely managed vertically to each other, the integration of wasting services into a community health program may require negotiation and the synchronizing of policies, strategies, governance, and financing. Having a Community Health Strategy is a critical first step in which to imbed CHW-led wasting treatment. There is a need for integrating wasting into both existing ICCM and IMCI programming (or similar). Simplified nutrition protocols which use a single product and reduced dosages provide an operational advantage to delivery of wasting services by CHWs, and should be considered, where and when possible, for reviewing policies promoting CHW-led wasting treatment.

Implementation of CHW-led wasting treatment in various contexts has elucidated a number of practical considerations for countries wanting to bring the approach to scale. As with all of the adaptations and approaches to the management of wasting which were discussed at the conference, CHW-led wasting treatment will require contextualization to specific countries and contexts. Therefore, the following list of practical considerations is overarching but not exhaustive.

4 All information in the Practical Considerations section of this paper are derived from the Action Against Hunger (2020) document; the ENN publication; and the outcomes of the presentations, Q&A's; and working groups discussions in the CMAM 2021 conference.

Practical considerations for scaling up CHW-led wasting treatment

- **Guidance and tools.** Guidance and tools should be contextualized to the needs of the users and consist of simplified tools and reporting formats to account for lower-literacy service providers.
- **Supply chain.** The last-mile delivery to ensure each implicated CHW receives adequate and consistent supplies of nutritional products requires strengthening of the logistical systems in most countries. Supply hubs which service CHWs should be reinforced to accommodate increased need for receiving and storing RUTF supplies. In addition, safe and secure storage and supply management at a community level can be difficult for a CHW to manage.
- **Workforce.** Accurate population figures are needed in order to determine the ideal number of CHWs in order to meet needs. Before integration of wasting into any community-based service delivery system, the capacity and coverage of that system needs to be assessed and any necessary adjustments made in terms of resources and planning. The addition of wasting management into a CHW's roles and responsibilities represents an increased workload. The exact magnitude of that increased workload depends on the local burden of wasting, if both severe and moderate wasting are included in the management protocol, caregiver access to facilities[5], the density of CHWs in the area (catchment population per CHW), and the geographical environment which can affect physical access. The complexity required of a community worker managing wasting and other conditions in the community (eg. Malaria, diarrhea, pneumonia) suggests the need for professionalization of the community cadre and adequate remuneration.

5 Caregivers having multiple care options may reduce usage of CHWs.

Practical considerations for scaling up CHW-led wasting treatment

- **Capacity strengthening and quality assurance.** CHWs providing treatment services for communities require a comprehensive initial training as well as periodic refresher trainings and reliable supportive supervision. Evidence suggests that the frequency and quality of the supervision being provided impacts on program discharge outcomes. Ideally the management of wasting should be integrated into an ICCM program, and therefore the training and supervision for wasting should be delivered alongside that of other key illnesses. Another key issue with CHW-led wasting treatment is ensuring transparent monitoring systems. Most health information systems do not capture the contribution of CHWs as separate from the health centre, thereby masking their potential impact.
- **Finance.** Technically, integrating the treatment of wasting into an existing curative program like ICCM can help reduce the overall cost of the initiative, though cost savings are influenced by scale, demand for additional CHWs, caseload, and quality of care. Treatment decentralized to the community level reduces costs for caregivers, although some costs are transferred to the CHW (eg. Transport costs and time investment). To ensure quality of care and maintenance of motivation, it is important to mitigate these costs with non-monetary and monetary incentives, such as assisted transport (bicycles or motorbikes) and a decent living wage. The national Community Health Strategy should clearly identify compensation schemes and how they are implements.

Promising practices

There have been a number of promising practices which have supported the scale-up of the CHW-led wasting treatment:

- **Taking advantage of policy shifts.** In Kenya, amendment of the pneumonia policy permitting CHWs to distribute antibiotics also allowed stakeholders to advocate for the inclusion of wasting in the roles and responsibilities of CHWs. Similarly in Mali the primary health policy changed to permit CHWs to provide curative services. In Mauritania, while the health policy has not changed, the government has agreed in principle to the approach and is permitting stakeholders to scale up wasting treatment by CHWs. Globally, there is also the push by WHO and others for Universal Health Coverage which promotes community-based services. In addition, the revision of the IMAM guidelines by WHO offers a potential for supporting innovations and new approaches (new guidelines expected by end 2021).
- **Taking advantage of a need to expand coverage.** In Niger and Somalia, the limited reach of facility-based health and nutrition services has promoted interest by the Ministries of Health to trial the community-based delivery of wasting services. The need to expand services beyond physical facilities for issues of equity and coverage can be a good advocacy tool in supporting the uptake of the approach.
- **Designing for the user.** The RISE project, implemented across South Sudan, Nigeria, Malawi and Kenya, demonstrated the value of considering the needs of the user (human-centered design approaches) when designing guidelines and tools for CHW-led wasting treatment. While there is existing guidance that can be adapted, the levels of education and previous training vary from country to country, and therefore content and methods need to be contextualized.
- **Blending adaptations/approaches.** There have been several promising adaptations and approaches to wasting programming in recent years. Many of these adaptations and approaches blend well together and can improve impact. For example, CHW-led wasting treatment blends well with both Family MUAC and combined/simplified protocols.

Critical next steps

The path to bringing the community-based treatment of wasting to scale through CHWs is fairly clear but requires some significant policy shifts and financial commitment at country level.

To prepare for scale, *individual countries* should:

- **Analyze if the treatment of wasting by CHWs is pertinent for the context**, based on an understanding of the burden of wasting and the key factors currently limiting access to care, and build an advocacy case for the approach in-country.
- **Ensure a national Community Health Policy** that incorporates CHWs and endorses the ICCM+ approach. Professionalize the CHW network by acknowledging that they are government employees and ensure they are paid a decent living wage for their contribution to ensuring the general health of population.
- **Acknowledge the ability of CHWs to provide curative services** by designing and implemented updated national policies.
- **Strengthen supply systems**[6] for supporting last mile delivery to reach remote CHWs in a sustainable and effective way. The exact nature of this approach will likely vary between and within countries.

To prepare for scale at a broader level, *regional and global partners* should:

- **Advocate for the impact and cost-effectiveness of a well-resourced community health system** that focuses an integrated package of key illnesses and conditions.
- **Support financial modeling of costs to scale** the approach in different contexts to support advocacy and decision-making.
- **Broaden the evidence base** to ensure inclusion of different contexts, such as South Asia, as well as more cost-effectiveness data.

6 In many contexts, inclusion of RUTF on the Essential Medicines list is a necessary pre-cursor to strengthen the supply system. However, the implications of for CHW-led wasting treatment should be carefully considered. CHWs who are not permitted, according to national policy, to distribute medicines will then be unable to access RUTF for wasting treatment.

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