C-PROJECT:
A NEW REVOLUTION IN THE FIGHT AGAINST HUNGER

TO MULTIPLY X2 THE PERCENTAGE OF CHILDREN WITH ACCESS TO TREATMENT AGAINST SEVERE ACUTE MALNUTRITION BY 2020

RUTF FACILITATE TREATMENT REACHING 6 MILLION CHILDREN EACH YEAR
## Why Is It Important?

<table>
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<th>Severe Acute Malnutrition Kills</th>
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<td><strong>3.1 Million Children</strong>&lt;br&gt;under the age of five each year</td>
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### There Is a Cure for Severe Acute Malnutrition:

- **97%** of children who receive treatment have their lives saved

### Almost Half of Childhood Deaths Are Linked to Malnutrition:

- **45%**

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## What Is Acute Malnutrition?

Acute malnutrition is a health problem caused by an inadequate supply of proteins and energy that causes the loss of muscle mass and fat. It can be caused by food insecurity and other related diseases. Social, political and economic inequality contribute to the development of this illness. There are different degrees of malnutrition: acute, severe and moderate. Severe acute malnutrition entails a higher risk of mortality in children suffering from it.
1. THE IDEA

The hypothesis was conceived in 2014 by a group of Action Against Hunger specialists who believed it would be possible to end severe acute malnutrition.

2. COUNTRY SELECTION MALI AND PAKISTAN

Two countries were selected: Mali and Pakistan to test the hypothesis with the nutrition directorate of both countries’ Ministry of Health.

3. COMPARISON OF TWO TREATMENT GROUPS OVER 12 MONTHS

Over 12 months, two groups that were being treated for severe acute malnutrition were compared:

A. CONTROL GROUP: children received the usual treatment at health centres

B. INTERVENTION GROUP: children received treatment with community health workers
OF CHILDREN TREATED BY COMMUNITY HEALTH WORKERS COMPLETELY RECOVER FROM SEVERE ACUTE MALNUTRITION

95%

COMPARED TO

OF CHILDREN TREATED AT HEALTH CENTRES

88%

THE LIKELIHOOD OF LEAVING THE PROGRAMME IS HALF

IN CHILDREN TREATED BY COMMUNITY HEALTH WORKERS

50%
MORE THAN 90% OF HEALTH WORKERS APPROPRIATELY TREAT OTHER DISEASES, FEVER, DIARRHOEA AND RESPIRATORY INFECTIONS

THEY ARE TREATED EARLY WITH FEWER COMPLICATIONS ON ADMISSION, THESE CHILDREN HAVE A BETTER WEIGHT AND LESS OEDEMA THAN THOSE TREATED AT HEALTH CENTRES

FAMILIES USE HALF THE TIME AND A THIRD OF THE MONEY IT WOULD COST THEM TO TREAT THEIR CHILDREN AT HEALTH CENTRES

1/2 1/3
AND NOW WHAT?

We have already done it in Mali and Pakistan.
Now we are doing it in Niger, Mauritania, Senegal and Kenya.
Our objective: we want to extend the project to Burkina Faso, Nigeria, Chad, the Democratic Republic of the Congo, South Sudan and Myanmar.

Every revolution needs visionaries who support major changes. We have the knowledge, we have the capacity, we have the will. Now we need your commitment.

Pilar Charle Cuellar, coordinator of the iCCM+SAM project
THE KEY: COMMUNITY HEALTH WORKERS

WHO ARE THEY?

Community health workers provide health services in their own communities, where healthcare structures do not reach the entire population.

Their profiles vary from one context to another: the majority are women, of different ages, they can be volunteers or Ministry of Health employees. Some have specific training in certain diseases and others may have a higher level of education, such as midwives.

The common denominator for all community health workers is that they must be people chosen and recognised by the community itself.

Photo: Ben Stevens.
Namusa Nomoga, her son Samakoun and Kindiaba, the community health worker, smiling, happy. Samakoun has recovered from severe acute malnutrition. He is now a healthy child, with a future.

« By treating Samakoun at home, we have avoided his parents having to walk the 40 km to the nearest treatment clinic, and we have been able to cure him in time. »

Kindiaba, community health worker in Sekokoto, Mali

« When Samakoun was very sick, Kindiaba came twice a week. She weighed him, took his temperature and gave him the treatment*. I no longer fear for his health*. »

Namusa Nomoga

BEFORE:
community health workers have been treating the three diseases that cause the most deaths for more than ten years: diarrhoea, malaria and pneumonia.

NOW:
they can also diagnose and treat acute malnutrition.

*Ready-to-use therapeutic food
FOR A REVOLUTION. AGAINST HUNGER.

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