

2018 HEALTH RESEARCH HIGHLIGHTS

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COMMUNITY HEALTH

Treating acute malnutrition in the community using low-literate community health workers (CHW) (funding: Eleanor Crook Foundation)

In South Sudan, the IRC completed [a pilot study](#) (research brief [here](#)) assessing whether low-literate CHWs are able to treat children for severe acute malnutrition (SAM) in the community. Using job aids and tools [adapted for low literacy](#), half of the trained CHWs scored perfectly on a performance assessment after a six-day training. The treated children had a recovery rate of 91% to moderate acute malnutrition (MAM) and 75% to full recovery. A peer-reviewed publication will be featured in the upcoming supplement in Maternal and Child Nutrition “How to Strengthen Nutrition within the Health Platform: Programmatic evidence and experience from Low and Middle Income Countries.” The IRC is actively seeking opportunities to conduct follow-on implementation research to answer key questions of scale-up like supply chain management and supervision systems.

RISE for Nutrition – treating acute malnutrition using low-literate CHWs (funding: Eleanor Crook Foundation)

As a follow-on of the work described above, the IRC is leading a consortium of NGOs in conducting [similar pilots](#) in Kenya (Action Against Hunger, Save the Children), Malawi (Concern Worldwide), and Nigeria (Malaria Consortium). The Malawi and Nigeria pilots are complete and results will be available in early 2019. Kenya pilots are in progress.



Operation of integrated community case management (iCCM) of childhood illness programs in acute emergency (funding: UNICEF, partner: UNICEF)

The IRC published a [retrospective case study](#) (research brief [here](#)) examining what happened to iCCM programs after onset of acute emergency in South Sudan. Without formal instruction or mobilization by IRC, displaced CHWs carried supply with them to treat in the location where they were displaced to, and supervisors continued to track CHWs when security allowed. iCCM services rebounded back to pre-crisis within 2-3 months. The IRC's Emergency Health Team, Primary Health Care Team, and the Health Research Team are collaborating to develop a protocol for iCCM programs during acute emergency onset, and are actively seeking opportunities to pilot and evaluate the protocol.

ACUTE MALNUTRITION

Combined Protocol for Acute Malnutrition Study (COMPAS) (funding: OFDA, CIFF, partner: London School of Hygiene and Tropical Medicine, Action Against Hunger).

The [study](#) tested a [new treatment](#) protocol that 1) treats SAM and MAM under one protocol, 2) simplifies the dosage to two Ready-to-Use Therapeutic Food (RUTF) sachets per day for SAM and one RUTF per day for MAM, 3) uses only MUAC and oedema for diagnosis, and 4) provides RUTF only. The study hypothesizes that the new treatment protocol will be as effective as the current standard protocols, but more cost effective. The study was conducted in Kenya and South Sudan. Preliminary results show that the new protocol performs as well as the existing standard protocol, but is more cost effective. Full results will be available early 2019.

Operational study on combined protocol for acute malnutrition treatment (funding: Elrha/R2HC).

The IRC also operationally [tested](#) a similar protocol in Mogadishu, Somalia, for SAM children only, to understand recovery rates and retention in the program. Preliminary results have shown a recovery rate from SAM to full recovery exceeding 90%, demonstrating strong continuity of care. Facility staff and beneficiaries have expressed their satisfaction toward MAM and SAM treatment services being available in the same location. Full results will be available in early 2019. The IRC is seeking opportunities for further operational testing of simplified, combined treatment protocols.

National policies around adaptations to acute malnutrition treatment (funding: Elrha/R2HC)

The IRC completed a policy study in four countries (Niger, Nigeria, Somalia, South Sudan) to understand stakeholder decision-making surrounding adaptations to acute malnutrition treatment protocols in food-insecure contexts. The study involved interviews with over 50 national, regional, and global stakeholders. The study will have full results available early 2019.

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NON-COMMUNICABLE DISEASES (NCD)

Consortium for NCDs (funding: OFDA)

The IRC is leading the rollout and field testing of NCD Operational Guidelines in Humanitarian Emergencies and developing a package of materials for use at the primary-care level as a resource for health providers in humanitarian settings. In early December, representatives from 7 organizations and 9 countries [met in Nairobi](#) to determine the materials needed and establish next steps, including identification of research and M&E priorities.

Investigating and improving a CHW-based model for NCD care among Syrian refugees in Jordan (funding: Elrha/R2HC, partner: University of Southern California, Jordan University of Science and Technology)

Through a population-based survey, the IRC will establish the prevalence of hypertension and diabetes, barriers to accessing care, and the proportion of cases not under care. With this and data from a systems dynamics analysis and qualitative research with stakeholders, the study will identify pathways for CHW service provision, technical gaps, and areas of adaptation. This re-designed CHW strategy will then be implemented and tested, including a cost-efficiency analysis. The [study](#) is in the beginning stages, and full results are expected in 2021.



Operational research to improve primary health care models for NCDs in chronic complex emergencies through mixed-methods data collection (funding: OFDA)

There are few research studies on NCDs being undertaken in primary care settings affected by conflict. This study, being conducted in DRC and Syria, seeks to address that gap with the following objectives: 1) describe PHC models for NCD care and identify opportunities for improvement; 2) assess feasibility of health facilities collecting cohort clinical data on disease burden and outcomes; 3) investigate feasibility of an enhanced adherence strategy to improve adherence to care and rational planning; and 4) produce cohort clinical data on NCDs. Results are expected in 2019.

ADOLESCENT HEALTH

Improving services for Adolescent Sexual and Reproductive Health (funding: OFDA)

This project is piloting two different packages of interventions to increase access, use, and quality of Adolescent Sexual and Reproductive Health and draws heavily on participatory action research. The study is being conducted in Nigeria and South Sudan, and results are expected mid-late 2019.

Improving guidance on Menstrual Hygiene Management (funding: OFDA, partner: Columbia University School of Public Health)

Following on [previous research](#) that led to the development of a [Menstrual Hygiene and Management in Emergencies toolkit](#), this project is being undertaken in Myanmar and Nigeria (and possibly elsewhere) to improve the technical guidance available for humanitarian responders seeking to address Menstrual Hygiene Management, including disposal, waste management and laundering needs of girls and women. The study is in the beginning stages.