



Mother and child health and nutrition week in Madagascar

History, Approach, Results and challenges

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UNICEF

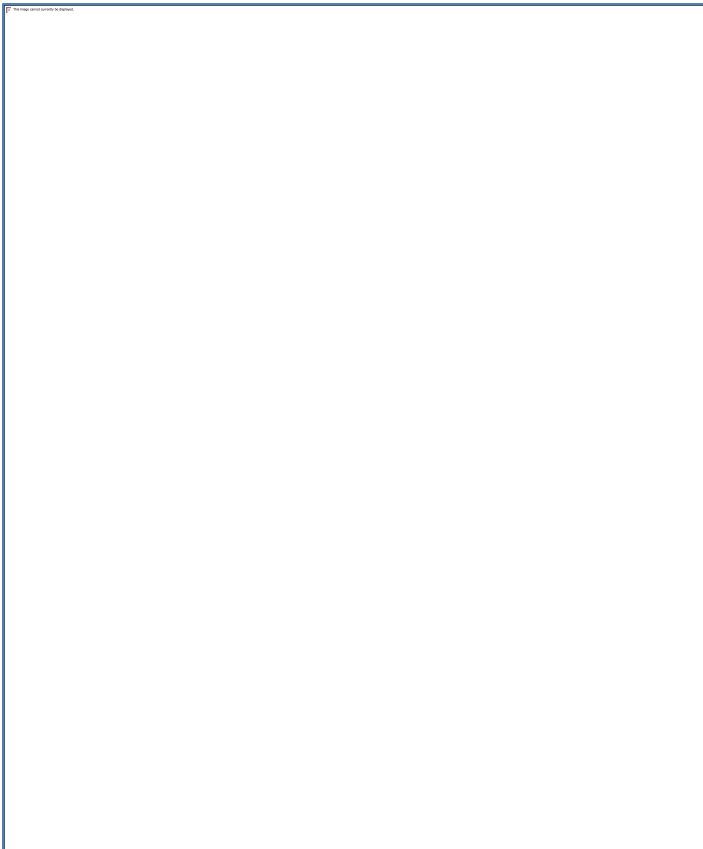
Madagascar

Cotent

- ❑ Context of Madagascar
- ❑ Vitamine A supplementation : History
- ❑ Mother and children health week (MCHW)
 - ❖ Approach
 - ❖ Results
 - ❖ Factors for success and challenges
- ❑ Next steps
- ❑ Conclusions
- ❑ acknowledgments

Madagascar : Context

Madagascar



- Population 22 millions in 22 regions
- 76.5% live with less than \$1.25/d
- IDH rank (2013) 151
- Infant and child mortality 72 per /1000 live birth due to
 - Pneumonia 21%
 - Malaria 20%
 - Diarrhea 17%
 - Undernutrition
- High rates of malnutrition
 - chronic Malnutrition 47 %
 - Acute Malnutrition 9 % with peaks in south

VA Supplementation : History

- ❑ Initiated in 1998 with vitamin A only, one campaign per year coupled with vaccination until 2000
- ❑ From 2001, 2 campaigns per year, 6 month apart

- ❑ Coupled with deworming since 2005

- ❑ Institutionalized in October 2006 as mother and child health week (MCHW)
 - ❖ VAS for children aged 6-59 months: 90%
 - ❖ VAS for women in postpartum: 90%
 - ❖ Deworming for children 12-59 months: 90%
 - ❖ Deworming for pregnant women: 40%
- ❑ Detection of acute malnutrition in children 6-59 months and reference of severe cases for treatment-2009
- ❑ VAS for post partum stopped in 2011
- ❑ Diagnosis of fistula in women since 2014

MCHW: current approach and package

□ Approach

- ❖ Conducted every 6 months usually April and October
- ❖ Micro-planning down to top at each round
- ❖ Services provided in fixed (population at less than 5 km from health center) and outreach sites (more than 5 km)
- ❖ Social mobilization upstream
- ❖ Launch by high profile authorities at district and region level
- ❖ Supervision before and during campaigns
 - ✓ Standard supervision ToR and checklist
 - ✓ Daily update on results including by phone
- ❖ Headquarters organised at central, regional and district levels
- ❖ National and regional validation of results

□ Current package

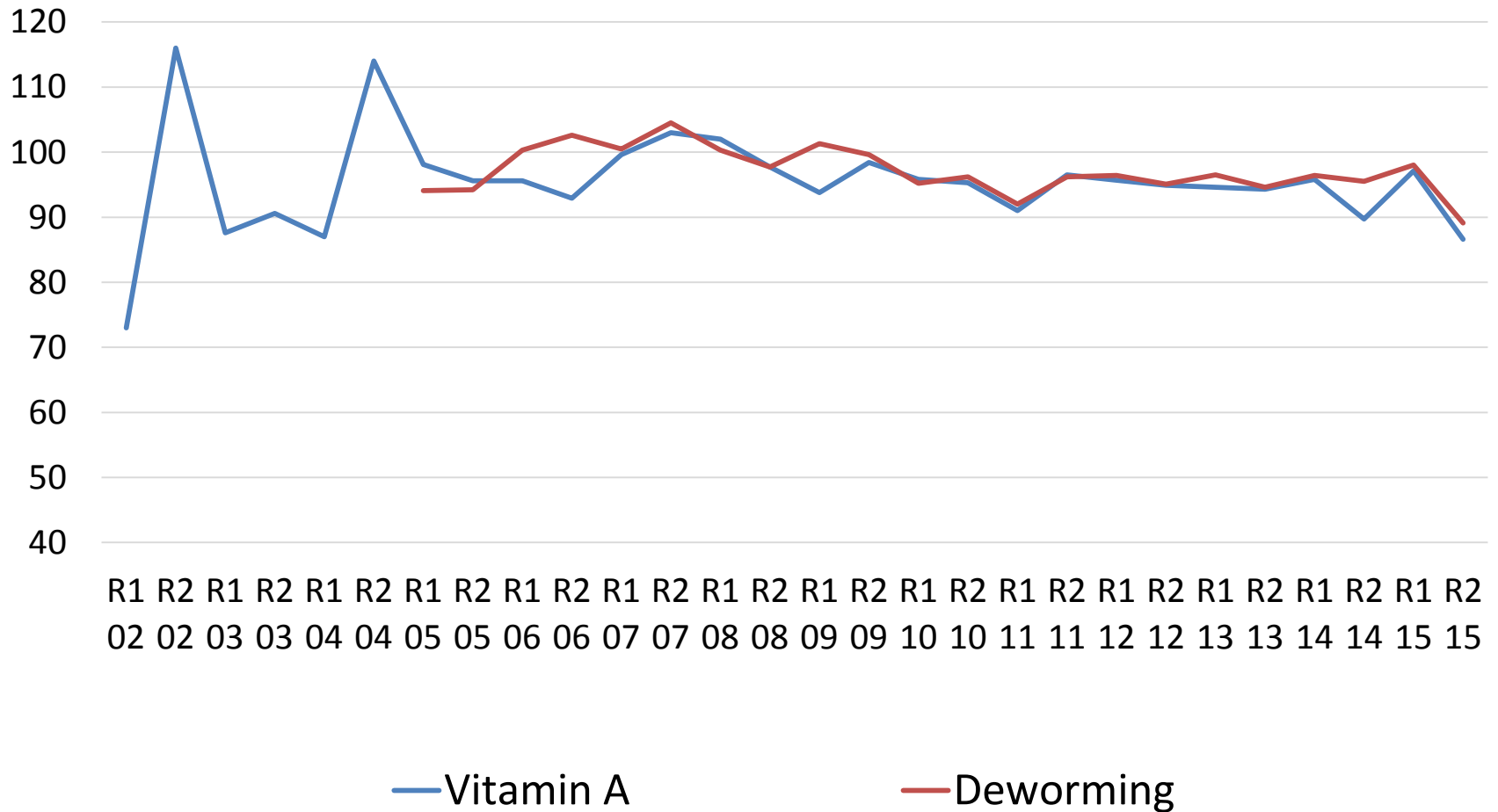
❖ Service package

- ✓ Vitamine A for children 6-59 months
- ✓ Deworming for children 12-59 months
- ✓ Immunization catch up
- ✓ Detection of severe acute malnutrition (12 districts out of 112)
- ✓ Detection of women with fistula

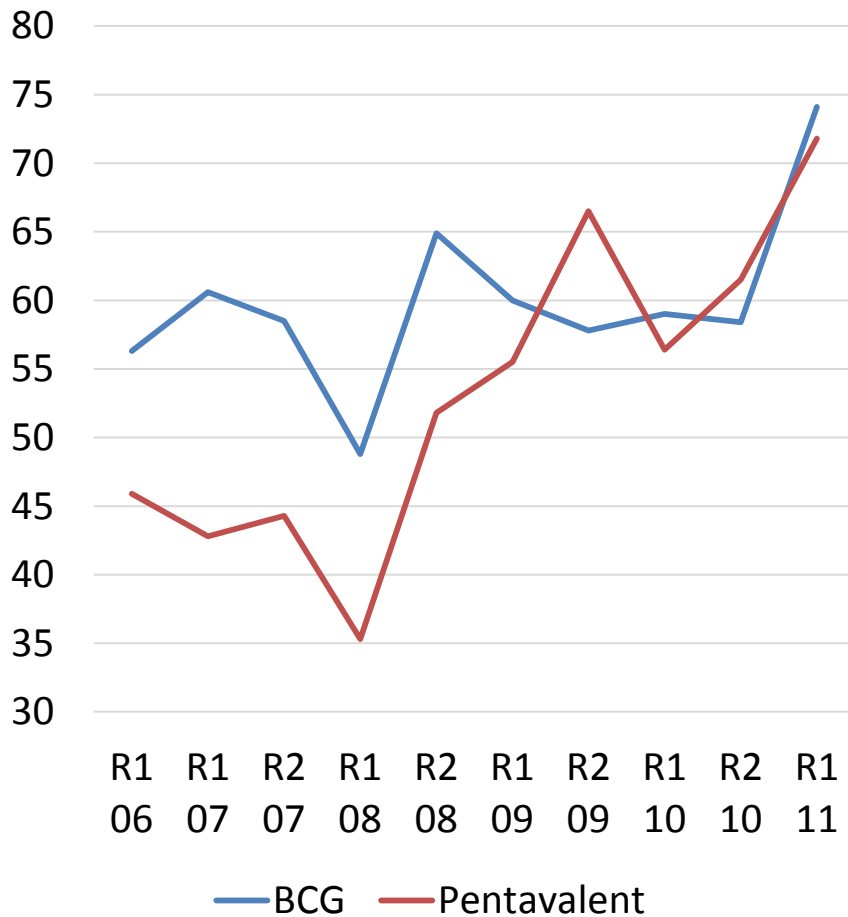
❖ Promotional package

- ✓ Breastfeeding promotion
- ✓ Immunization
- ✓ Hand washing

Results: Coverage of Vitamin A & deworming

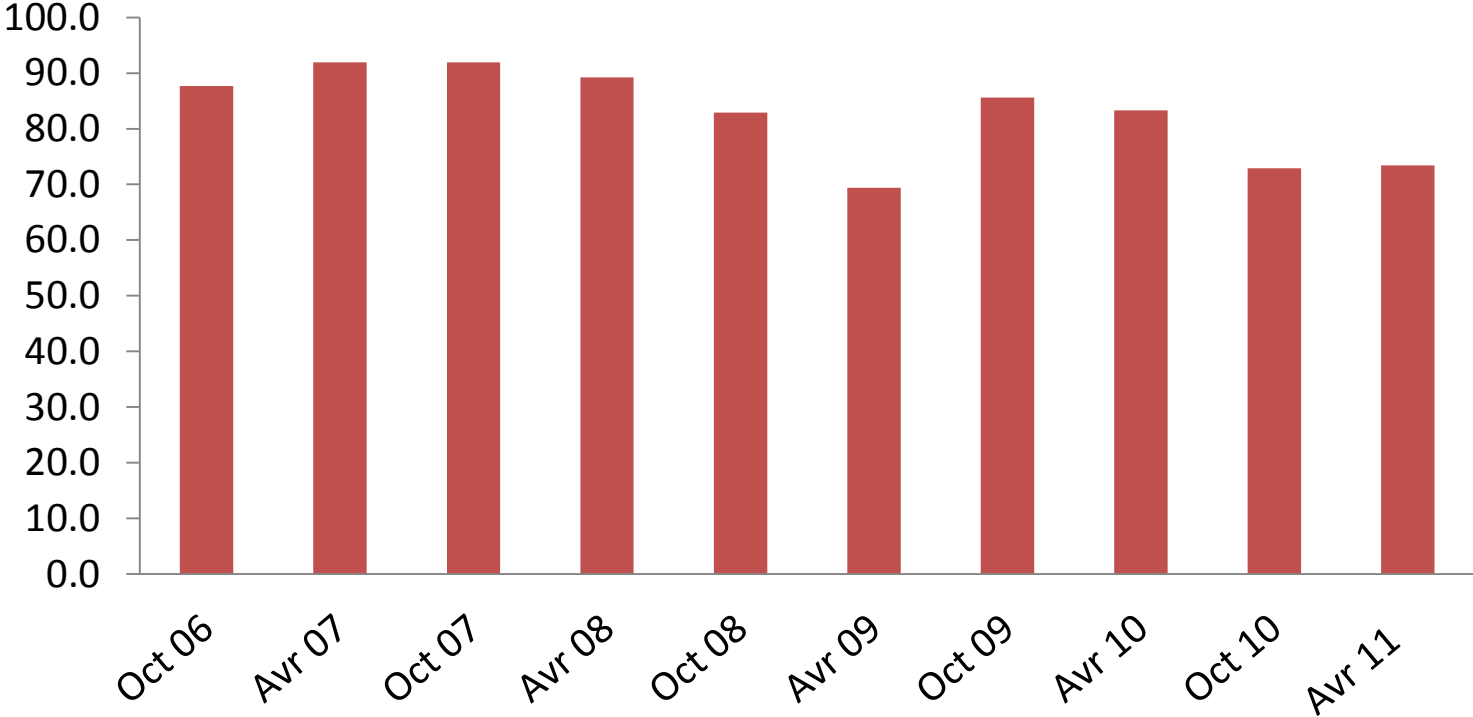


Results: immunization coverage and detection of malnutrition



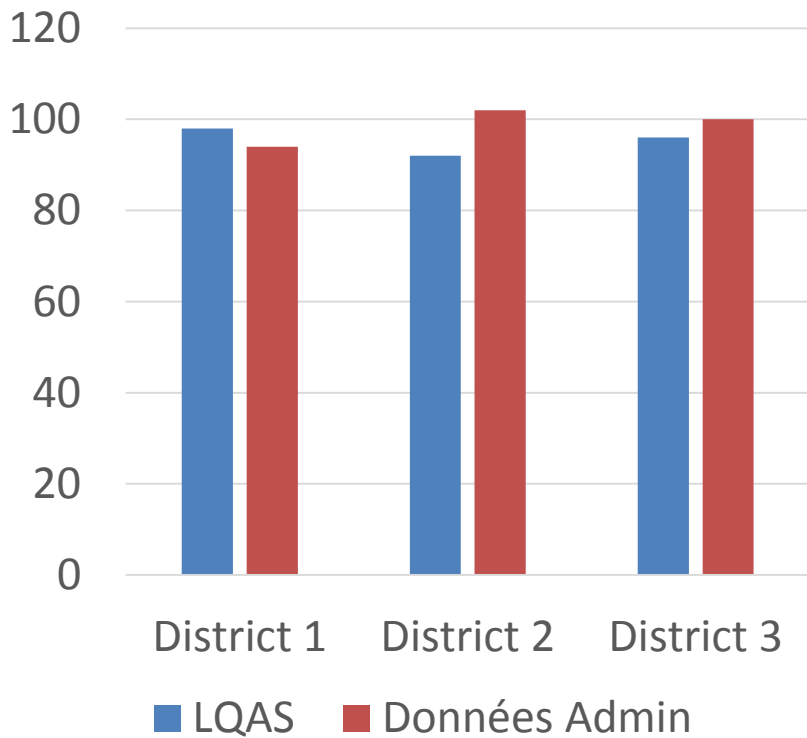
□ Around 1 million children detected for acute malnutrition at each round

Proportion of districts (out of 112) with >90 % coverage for VAS

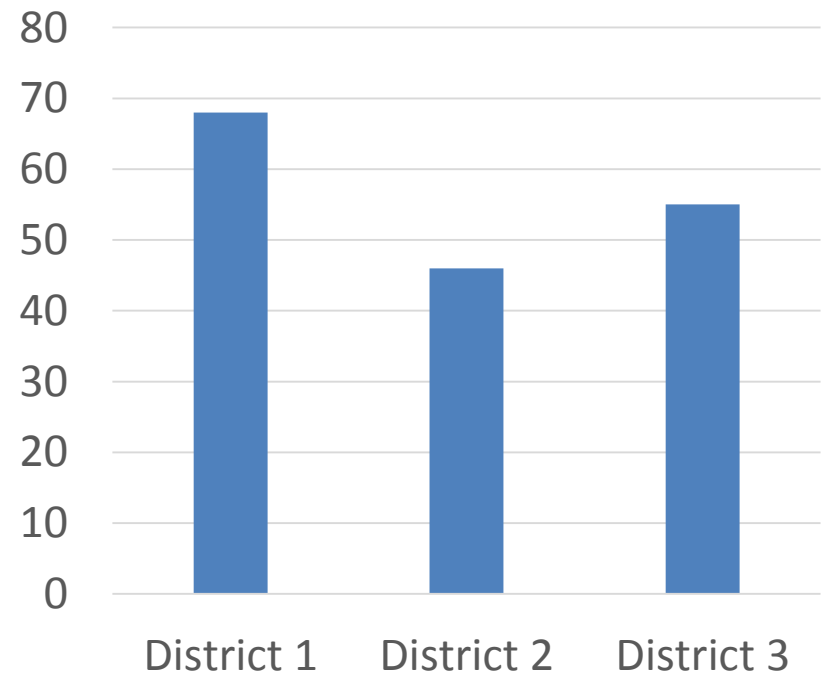


Are these results valid?

Proportion of children 6-11 who received vitamin A



Proportion of children 6-11 who received adequate dose of vitamin A



Financing and partnership

Year	Partners involved
Oct 2010	UNFPA, WHO, ONG Mahefa, The Church of Jesus Christ of Latter-day Saints, Lions Club, ONN, GSK
Oct 2015	UNFPA, WHO, ONG Mahefa, The Church of Jesus Christ of Latter-day Saints, Lions Club,

SSME	Coût total (USD)	% UNICEF	% Gov	% Autres
Oct 2010	921,286	48.2	4	48
Oct 2015	953,411	60	0.2	40

Success factors and challenges

☐ Success factors

- ❖ All entities involved (political, administrative, traditional and religious leaders)
- ❖ More partners involved
 - Phone companies
 - NGO and health sector supporting project
 - Religious

☐ Challenges

- ❖ Increase significantly domestic financial contribution
- ❖ Ensure that children screened for malnutrition are treated
- ❖ Maintain standard and limited package
- ❖ Reduce implementation costs
- ❖ Decentralise leadership and increase flexibility in planning
- ❖ Insecurity in the south of the country

Conclusion

- ❑ Transition to MCHW associated with increase or continuation of high coverage
- ❑ MCHW: integrated in health system activities
 - ❖ Positive habits acquired by health staff in micro-planning
 - ❖ Activity well known by population
- ❑ Institutionnalization not yet complete
 - ❖ Limited domestic financing
 - ❖ Centralised leadership
 - ❖ Use of additional staff increases costs

Thanks!