



The Global
Alliance
for Vitamin A



SIX-MONTH CONTACT POINT

A TIMELY WAY TO DELIVER ESSENTIAL MATERNAL AND CHILD HEALTH AND NUTRITION SERVICES (INCLUDING VITAMIN A SUPPLEMENTATION)

BACKGROUND

Six-months after birth represents an important time to meet the nutrition and health needs of a mother and her infant. For women, her fertility may return at any time during the post-partum period, increasing her risk of pregnancy. Even for women practicing lactational amenorrhea, the risk of pregnancy increases after six-months of age (Labbok M, 2015). For the six-month old infant, growth requirements call for added intake of nutrient-rich foods to complement breast milk. It also marks the start of the period when high-dose vitamin A supplementation is likely to reduce infant mortality risk. Creating a 6-month postpartum contact within the health system can provide an opportunity for the timely delivery of an integrated package of interventions showing high impact on both mother and child health and nutrition status (Bhutta ZA, 2013). Several countries have piloted this and are beginning to scale it up. This brief describes the rationale, process, results and lessons learned from country experiences.

KEY MESSAGES

- Creating a 6-month postpartum contact point within the health system can provide an opportunity for the timely delivery of an integrated package of high impact interventions for both mother and child.
- Experiences with 6-month contact points in Sierra Leone, Senegal, Cote d'Ivoire show promising results in terms of increasing the coverage of VAS, family planning, IYCF counseling and catch-up vaccinations at 6 months of age.

RATIONALE

Six-months after birth is an important time for meeting the nutrition, health and reproductive needs of women and children, but few health systems include a 6-month contact point. Establishing a 6-month contact point may reduce missed opportunity for **saving lives, improving infant and child feeding practices, improving immunization coverage and spacing births.**

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- **Saving lives with Vitamin A Supplementation (VAS) at 6-months of age:** Six months of age represents the start of the period when vitamin A supplementation (VAS) reduces mortality risk (Imdad 2017); yet the first dose of vitamin A is often delivered to infants three months late, during measles immunization (i.e. Measles containing vaccine 1st dose or MCV1) or Child Health Days (CHDs) (Kupka 2016). A recent modeling study found an additional mortality benefit of 1.6%-1.9% when VAS was provided to the child right at the age of six months compared to at 9 months of age during MCV1 or at another point between the ages of 6-11 months (Kupka 2016). Caution is always needed to avoid double-dosing in settings where many VA interventions target infants 6-11 months of age, however, it also found the intervention to be safe even if a second dose of VAS is given as soon as 1 month after the first dose.

KEY MESSAGES BOX

- **Improving infant and young child feeding (IYCF) practices:** By the age of 6 months, a baby has usually doubled its birth weight, and is becoming more active. After 6 months of age, it becomes increasingly difficult for breastfed infants to meet their nutrient needs from human milk alone and complementary foods should be introduced to make up the difference (WHO 2001). At about 6 months of age, an infant is also developmentally ready for other foods. The complementary feeding period typically runs from 6 to 23 months of age and represents a very vulnerable period as evidenced by poor post-natal growth that contributes significantly to the high prevalence of malnutrition in children under five years of age world-wide. Thus, 6-months after birth represents an important time to provide mothers with counseling on appropriate infant and young child feeding behaviors (PAHO/WHO 2002) including cognitive stimulation. It is also an age when the delivery of other nutrition interventions targeting young infants, such as micronutrient powders (WHO 2016) and/or lipid-based nutrient supplements can begin or as in the case of growth monitoring, be continued.
- **Improving immunization coverage:** While there is no specific vaccine schedule for 6 months of age, a 6-month contact point would fall between the 14-week diphtheria-tetanus-pertussis (DTP) and the 9-month MCV1 contact, and thus shorten the gap between visits from approximately 6 months to 3 months. The 6 month contact could help reduce attrition rates for three doses of DTP and OPV, increase IPV uptake and would provide an opportunity for catch-up vaccinations.

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The 6-month contact could thereby help reach the Global vaccine action plan (GVAP) goal of attaining 90% national coverage and 80% coverage in every district for all vaccines in national programs by 2020. (WHO, 2012)

- **Birth spacing:** Six-months after birth represents the end of the fertility protection period for a woman who has been practicing the lactational amenorrhea method (LAM) to reduce pregnancy risk (Cleland 2015). It, therefore, is an ideal time to provide counseling in family planning and birth spacing methods.

PROCESS OF ESTABLISHING A 6-MONTH CONTACT POINT

Several countries in Africa—Cote d'Ivoire, Niger, Senegal, Sierra Leone—have successfully piloted the 6-month contact point and are currently scaling it up as an opportunity to administer vitamin A supplementation and other vital health and nutrition services. While the process for establishing this new approach has varied, the following represent vital steps and activities across country settings:

- **1. ADVOCACY:** Introducing a new contact point into an established health system is challenging. It is therefore vital to meet with key stakeholders (e.g. MOH at national, regional and district levels; development partners; researchers, etc.), build consensus and clearly explain the rationale, benefits and costs of establishing a 6-month contact point. Advocacy targeting the national EPI services is needed to integrate the 6-month



contact point into vaccine planning, review and monitoring activities (e.g. comprehensive multi-year plans, annual program reviews), into the immunization calendar, into implementation and coordination activities of immunization teams at all levels of the health system.

→ 2. IMPLEMENTATION:

PILOT PHASE: In many countries a 'pilot' phase was vital before establishing the 6-month contact point at a national scale. The pilot phase allowed countries to identify and develop needs related to health worker skills, supply (e.g. VAS, contraceptives, IYCF materials, etc), supervision, information systems (e.g. integrating 6 month contact point into routine immunization schedule and in Child Health Card), and demand



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generation. It also allowed countries to compare coverage of VAS, vaccination, family planning and IYCF services, with and without, the 6-month contact point to establish its value.

Moving from pilot to large-scale implementation phase, requires dedicated effort and resources to successfully establish the 6-month contact point into health services. A geographically phased approach has been used in countries that have started to scale up this innovative delivery platform. Throughout the scale-up phase, rigorous monitoring is required beyond the country's health information system to assess the scale-up process (e.g. number of facilities delivering the services, availability of capsules, etc.) and changes in coverage of the services delivered through the 6-month contact point.

→ **3. POLICY GUIDELINES:** Scaling up the 6-month contact point from a pilot phase often requires developing policy guidelines that clarify which interventions will be delivered, by whom, by what actions, for what reasons and how they will be documented. It also requires a “roll-out” plan including health worker training, community demand creation, an orientation/training plan, job aids, and a system to monitor and evaluate the coverage and quality of this new delivery platform.

RESULTS

- In Sierra Leone, where the 6-month contact point was compared with a control group, results showed (i) a higher proportion of children 6-11 months of age received their dose of vitamin A closer to the age of 6-7 months; (ii) a higher coverage of family planning counseling (61.8% vs. <1.5 %) and higher provision of contraceptives (44.5% vs. 0.8%); (iii) higher exposure to IYCF counseling (62.4% vs 2.8%) and complementary feeding demonstration (62.6% vs 0.5%); but no statistically significant difference in immunization coverage (95.8% vs. 92.4%)—possibly because it was already high (>90%) in both groups (Hodges, 2015)
- In Senegal, where SMS reminder messages and phone calls were used to inform caretakers of the 6-month contact point, VAS coverage was significantly higher at 6-months of age in the 6 month contact point group compared to a control group (Thiaw 2014).

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LESSONS LEARNED FROM COUNTRY EXPERIENCES

- Unsurprisingly, in both Senegal and Sierra Leone there was a need to monitor and ensure the availability of supplies needed to deliver the services offered during the 6-month contact point (i.e. VAS, contraceptives, child health cards, vaccines).
 - In Sierra Leone, strong collaboration with the District Health Office, facilitated the uninterrupted supply of services and commodities.
 - In Senegal, providing an initial stock of vitamin A capsules based on census data ensured an adequate supply at the start of the program, but a system to monitor and replenish dwindling supplies is vital (Thiew, 2014)
 - An SMS-based system that regularly reports on the stock of supplies helped prevent stock-outs in Senegal (Thiew, 2014)
 - In Sierra Leone, there was a need for extensive training of health staff on the use of the revised child health cards and other components of the 6 month contact point.
 - IYCF counselling, whether provided at a 6-month contact point or not, is enhanced by demonstrations, but also needs supportive supervision and incentives.
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- A close-up photograph of a woman with a red headscarf and a young child. The woman has a bindi on her forehead and a nose ring. The child has a bindi and a small black mark on their cheek. They are both looking towards the camera.
- In Sierra Leone, the presence of a dedicated and trained nursing aid was needed to provide family-planning services as part of the 6-month contact point. This may not be needed if clinic staff are all trained in family planning. In Cote d'Ivoire, the use of an SMS “appointment reminder” messages increased significantly coverage of immunization and VAS at 6-months of age (Penta 1: 86.6% vs. 76.1%; Penta 2: 81.0% vs. 67.3%; Penta 3: 74.2% vs 58.3%; VAS: 64.7% vs. 40.7%; MCV1:60.7% vs. 37.8%) (Dissieka R, 2016).
 - In Senegal, demand generation and community awareness strategies that included multiple channels (i.e. social mobilization activities, radio, brochures, posters, SMS reminders and community health worker follow-up) was important for establishing the 6-month contact point.

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