

VAS scoping visit—Madagascar

10 – 14 October 2022

Volkan Cakir, Regional Director

David Doledec, Director, Vitamin A Supplementation programs

Partners met: UNICEF, Ministry of Health Nutrition Department (SNUT), National Office for Nutrition, SALFA (Madagascar Lutheran Church Development Organization), PSI (Impact/USAID), Nutrition International, PARN (World Bank Community Nutrition Program which aims to improve nutritional results)

Introduction

The purpose of the exploratory Madagascar visit by David Doledec and Volkan Cakir was to conduct Vitamin A Supplementation (VAS) program needs assessment. The team met with a score of partners (see above) to discuss the current VAS program, partners engaged in supporting the program, identify needs and discuss the framework of collaboration. The team also researched operational requirements to set up a project office in the event the donor concurs to fund the VAS program in Madagascar. The programmatic information gathered in this visit is proposed below. The annex presents the proposed target regions for the first phase of the initiative. No partner is directly and specifically supporting the VAS delivery. Consequently, the coverage remains low.

Program

Context. Madagascar is divided into 23 administrative regions and 114 districts, for a total population of children under five around 5 million.

The last micronutrient survey conducted in Madagascar (2000) showed that around 41% of children under the age of five were suffering from vitamin A deficiency. ¹

More recent data is not available on deficiency, but a UNICEF-led national Multiple Indicator Cluster Survey (MICS) conducted in 2018 showed that less than 25% of children <24 months consumed the minimum acceptable recommended diet (more than 4 food groups), that more than 40% of children under the age of five were stunted and more than 6% suffered from acute malnutrition. ²

These figures were confirmed by the 2021 Demographic and Health Survey (DHS). ³ The DHS survey revealed that around 40% of children 6 to 59 months only received Vitamin A Supplementation (VAS) in the 6 months prior to the survey and 50% deworming. Access to primary health care remains very low, with less than 50% reporting having access to treatment

¹ Enquête sur la Carence en Vitamine A chez les Femmes et les Enfants et Enquête sur l'Anémie chez les Ecoliers de 6 à 14 Ans, USAID

² Madagascar - Enquête par grappes à indicateurs multiples, 2018, UNICEF

³ Enquête Démographique et de Santé 2021, Madagascar, USAID

during episodes of malaria or diarrhea. It is indicated that in 2009, VAS coverage was measured at 72% but only 40% in 2020. This dramatic reduction is essentially linked to the phase-out of VAS campaigns due to a lack of funding and the transition to routine delivery in 2019.

Vitamin A Supplementation. Delivery of VAS in Madagascar started in 1998 through mass campaigns associated with polio or measles. In 2006, Mother and Child Health Weeks (MCHW) were created to deliver VAS, deworming, and detection and referral for acute malnutrition. MCHW consisted in providing services to mothers and children in health facilities for those living within five kilometers of the facilities, and through outreach distribution points for others. Reports indicate that MCHW was successful, reaching around 80% of targeted children.

Starting in 2019, MCHW was phased out, and VAS was integrated into routine health services, but coverage has remained low since then (<30% according to UNICEF, and 24% in 2022 in the national health information system (HIS)). Similarly, DHS and MICS reports are consistent in reporting very low routine immunization coverage, with measles remaining below 50% among children under five.

In May 2022, a Measle vaccination campaign was organized to tackle the resurgence of the epidemic. VAS was also distributed through the door-to-door campaign. However, the coverage remained low (60%). The report from the coverage survey that followed the campaign is not yet available.

Pilot study. ⁴ As campaigns were phasing out, UNICEF and the Ministry of Health conducted a pilot study in 2018 to evaluate how routine delivery for VAS could be organized using health facilities and community actors. The pilot was conducted in 2 districts over 18 months. Training and sensitization were organized for all relevant health system actors, and distribution was organized in health centers and in fixed sites in communities (Fokontany). A coverage survey conducted at the end of the pilot showed coverage at 69.5%. Findings from the pilot operations research study highlighted major challenges with the supply chain, with one district reporting stockouts of Vitamin capsules for up to 12 months out of 18. Limited access to monthly reports from community workers and challenges with the compilation of community workers' reports at the facility level was also mentioned as major challenge, and data was not available for most months during the pilot. Community workers were to conduct a comprehensive assessment of their target population at the beginning of the pilot, then distribute in fixed sites on a regular basis in their communities. However, stockouts created tensions with caregivers, particularly with those coming from far distances. Overall, the pilot seemed to show promising findings, but was never transformed into policy or even replicated elsewhere.

Currently. UNICEF lacks funding for VAS, and the Covid-19 crisis seems to have shifted focus from VAS to other activities. Throughout 2020 and 2021, no significant VAS activities took place in the country. A measles campaign was organized in May 2022 to which VAS was added, but despite financial contribution from Nutrition International, coverage did not increase beyond 65%. There is no visibility on future campaigns, and although UNICEF has some funds they can use for VAS, these are not specific to VAS and insufficient to support campaigns.

Overall, VAS appears poorly integrated into the health system. UNICEF and the Ministry of Health highlighted multiple issues, starting from the management of supplies. Vitamin A

⁴ Intégration de la supplémentation en vitamine A et du déparasitage en routine : recherche formative dans les districts sanitaires de Andramasina et Morondava à Madagascar, UNICEF, 2020

capsules are sent to districts by UNICEF every 6 months, but are not distributed to children, hence multiple occurrences of expired capsules. Information is also lacking, with delivery by community workers and facilities not recorded adequately and reported in the HIS. It was mentioned that one health facility might have to compile large numbers of reports from Community actors every month. The number of community workers reaches 12,000, and the number of primary healthcare facilities is around 3,200.

USAID (ACCESS and IMPACT) and the World Bank (PARN) have ongoing large-scale community health programs which cover the majority of Madagascar's regions. Nutrition is among the services provided. However, there is no specific attention to the delivery of VAS, supply chain, and information system management. USAID recently added funding and expanded the scope of work of the PSI-implemented IMPACT program to provide technical assistance to the Ministry of Health and NGOs at the national level (coordination) and regional level (supply chain planning and forecasting) on nutrition supplies. PSI IMPACT is currently in the mapping phase (i.e., partners, products, supply channel channels).

Starting in 2022, UNICEF has initiated discussions with the Ministry of Health to develop a roadmap for routine VAS. At the same time, a community health package is under review by the ministry that allows community workers to distribute VAS, but community workers are not being fully integrated and incentivized currently. The proposal from UNICEF consists in supporting the health system to deliver VAS by providing all necessary tools and training and developing a mix of facility and community distribution throughout the year. They however recognize the fact that such an approach will take a long time before it can reach its full potential (and reach >80% of children), and UNICEF is agreeable to the idea of implementing hybrid solutions to boost coverage, in the form of intensification weeks at the end of semesters. The Ministry of Health and the National office for nutrition expressed similar views.

Opportunities to consider include the large ACCESS project funded by USAID⁵, and the PARN-APPM project funded by the Worldbank that covers 9 regions and focuses on strengthening community health and nutrition services. Among the objectives of these projects is the scaling up of the provision of a 50,000 Ariary monthly incentive (10 usd) to community workers to increase their motivation. Another opportunity may lie in the use of the CommCare platform for reporting by community workers, as long as it can be linked with the national HIS system.

Recommendation. UNICEF focuses on 6 regions in the south and southwest of the country, where the rates of acute malnutrition are the highest. We recommend that Helen Keller focuses on the following in Madagascar:

- Provide technical support at the national level to develop policies, guides, and tools to support a sustainable delivery system for VAS
- Set up initial support to 6 regions located in the center and eastern part of Madagascar (see map), targeting around 1.5 million children for the 6 regions proposed
- Support the strengthening of the health system in regions to improve the management of the supply chain and information system for VAS
- Support routine delivery of VAS at the health facility level for populations living within 5 kilometers of these facilities and through community workers for all other children.

⁵ <https://msh.org/resources/access-program-fact-sheet/>

- Organize catch-up events at the end of each semester to supplement children missed by routine delivery, until routine delivery can reach all targeted children.

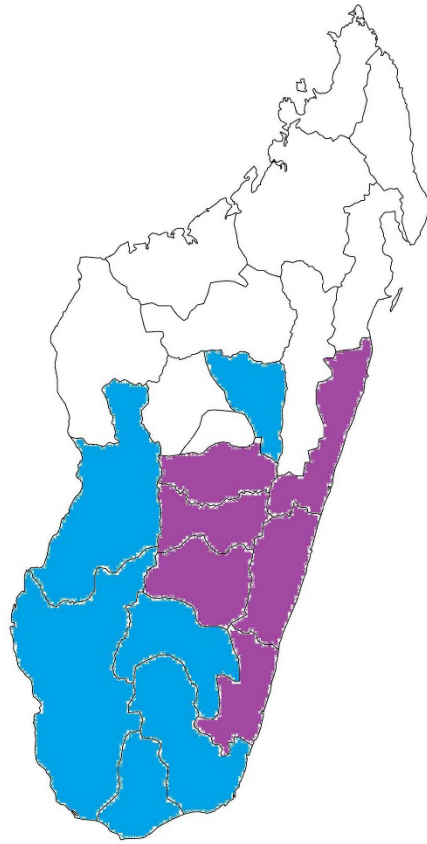
Annex: Proposed target regions and populations

Population estimates. 1,534,371 children estimated in Helen Keller targeted regions.

regions	Total population 2014	Estimated 2022 total population	Estimated 2022 <5
Diana	719,000	882,409	147,068
Sava	1,007,399	1,236,353	206,059
Itasy	752,703	923,772	153,962
Analamanga	3,439,589	4,221,314	703,552
Vakinankaratra	1,852,199	2,273,153	378,859
Bongolava	469,769	576,535	96,089
Sofia	1,280,847	1,571,949	261,991
Boeny	821,356	1,008,028	168,005
Betsiboka	301,480	369,998	61,666
Melaky	297,446	365,047	60,841
Alaotra-Mangoro	1,054,958	1,294,721	215,787
Atsinanana	1,305,132	1,601,753	266,959
Analanjirifo	1,063,197	1,304,833	217,472
Amoron'i Mania	734,413	901,325	150,221
Haute Matsiatra	1,231,696	1,511,627	251,938
Vatovavy	1,454,863	1,785,514	297,586
Atsimo-Atsinanana	923,068	1,132,856	188,809
Ihorombe	320,775	393,678	65,613
Menabe	608,166	746,386	124,398
Atsimo-Andrefana	1,352,456	1,659,832	276,639
Androy	753,832	925,157	154,193
Anôsy	690,019	846,842	141,140
	22,434,363	27,533,082	4,588,847

UNICEF

Helen Keller



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