SPECIAL EDITION

MOBILE NUTRITION TEAMS

unicef

NEWSLETTER
NUTRITION SECTION

April to September 2017

BACKGROUND

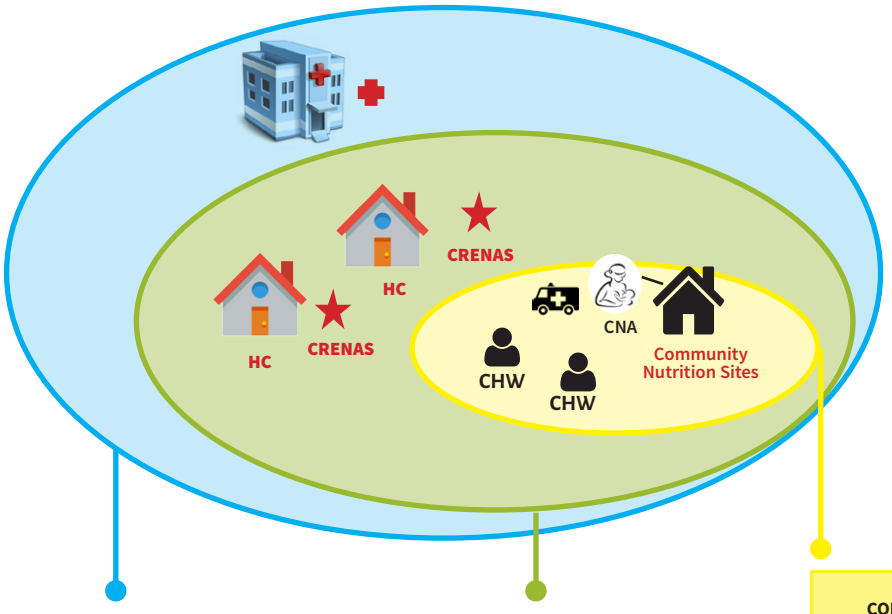
In response to the prolonged drought that have affected the southern districts of Madagascar since 2015, the Ministry of Health (MoH) and National Nutrition Office (ONN), with support from UNICEF, initiated periodic exhaustive malnutrition screening exercises. Those have revealed that around 45% of the children identified with Severe Acute Malnutrition (SAM) were not going to the nearest Health Centre for treatment, mainly because of distances. Consequently, a total of thirteen mobile teams were gradually deployed to the far-to-reach areas of the eight affected districts. Area covered by mobile teams are all located over 10 km away from any Health Centre.

In Amboro, Nandrianina from the mobile nutrition team screens a child for malnutrition using a color-coded measuring tape.
© UNICEF/2017/Chamois

OBJECTIVES

1. Improve access to and coverage of severely malnourished children with outpatient therapeutic treatment
2. Improve levels of transfers and referrals of severely malnourished children with complications to inpatient therapeutic treatment

STRUCTURE OF THE COMMUNITY MANAGEMENT OF SEVERE ACUTE MALNUTRITION (CMAM) AT DISTRICT, COMMUNE AND COMMUNITY LEVELS, MADAGASCAR



CRENI : In patient treatement facility for complicated cases of severe acute malnutrition

CRENAS : Out-patient treatment facility for severe acute malnutrition cases

Mobile teams : Out-patient treatment facility for severe acute malnutrition cases

DISTRICT: Management of severe acute malnutrition cases with complications in **CRENI** at **hospital** level

COMMUNE : Management of severe acute malnutrition cases without complication in **CRENAS** at Health Centre **(HC)**

COMMUNITY (FOKONTANY) : Screening and referral of the severe acute malnutrition cases by Community Health Workers **(CHW)** and Community Nutrition Agents **(CNA)** to CRENI and CRENAS ; CRENAS in community > 10 km from the nearest HC **(mobile teams)**



SPECIAL EDITION

MOBILE NUTRITION TEAMS

unicef

APRIL TO SEPTEMBER 2017

IMPLEMENTATION STRATEGY

Through regular coordination meetings at central level, the MoH, ONN and UNICEF designed the mobile team implementation strategy:

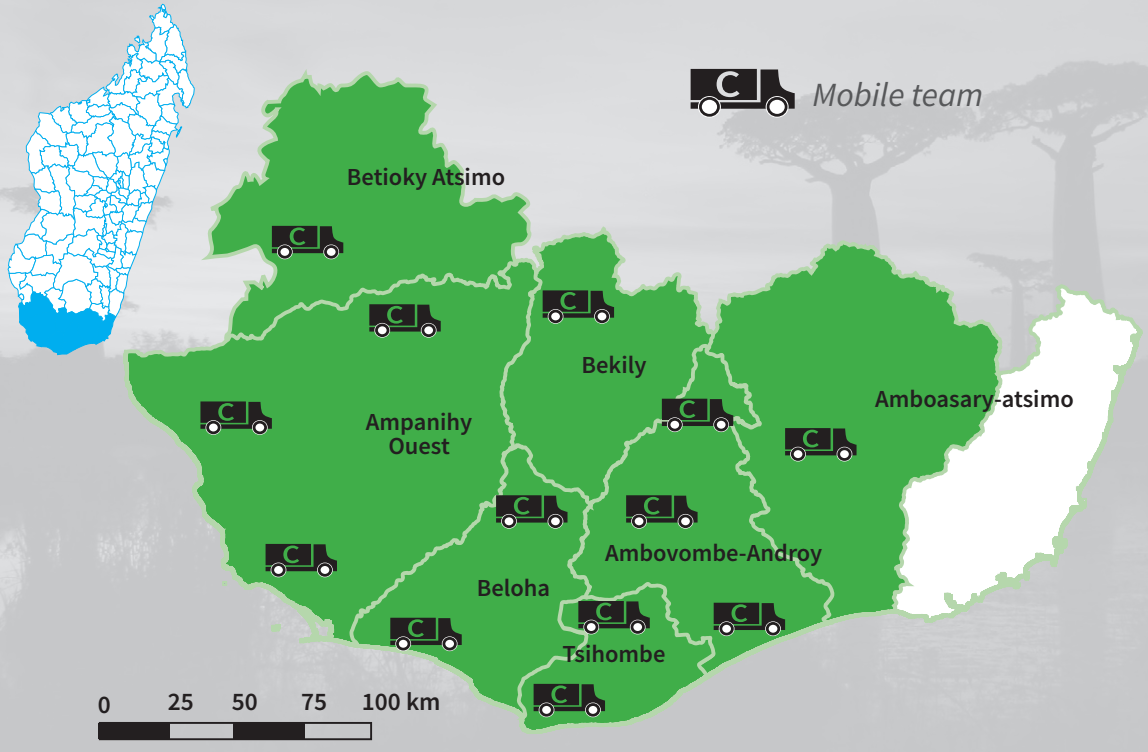
- Recruitment and deployment of 13 teams, each composed of 1 doctor, 1 nurse / paramedical, 1 nutrition assistant and 1 driver. The MoH selected the staff in conjunction with the ONN and UNICEF. They are supervised by district-level health management authorities
- Training by a team of trainers from the MOH, ONN and UNICEF on the management of acute malnutrition according to the national protocol
- Daily supervision and monitoring of the activities by health districts (administrative management) and Regional Nutrition Offices (logistics and coordination)
- Area of interventions were chosen based on: (1) Known pockets of acute malnutrition identified during mass exhaustive screening (2) Districts classified in Phase 4/ Emergency (IPC food security analysis)[1] and (3) the number of children in need in communities situated 10 km or more from health facilities.

As a result, a total of 92 consultation points connected to 54 Health Centers were identified. Each consultation grouping point covers four to seven villages. Mobile teams work in close collaboration with the Health Centers as well as with the nearest NGO site and/or Community Nutrition sites for the management of moderate acute malnutrition cases

The first teams to be deployed in February 2017 were in Ambovombe (3); Beloha (1) and Tsihombe (1), followed in May 2017 by Betioky (1), Bekily (1), Ambosary (1), Tsihombe (1) and Ampanihy (3).

[1] Integrated Food Security Analysis (IPC) conducted in Oct-16 (National Office of Disaster Risk Management -BNGRC)

MAPPING OF MOBILE TEAMS IN THE DROUGHT AFFECTED DISTRICTS





SPECIAL EDITION

MOBILE NUTRITION TEAMS

unicef

APRIL TO SEPTEMBER 2017

Table 1: **Distribution and coverage of mobile teams**

District	Total population	Number of children 6-59 months	Number of children 6-59 months living > 10 km from Health Centre	% of children 6-59 months living > 10 km from Health Centre and covered by a mobile team	Number of mobile teams	Number of consultations points	Number of Health Centre related to the consultation points	Mobile teams supported by[2] (n)[3]
Ambovombe	296,299	53 334	24 409	77%	3	31	14	DFID(3)
Tsihombe	127,731	22 992	10 933	75%	2	10	7	DFID(1), CERF(1)
Beloha	122,170	21 991	10 862	61%	2	10	8	DFID(1), CERF(1)
Bekily	183,662	33 059	17 182	60%	1	10	7	CERF(1)
Ampanihy	346,425	62 357	36 591	76%	3	17	11	ECHO(3)
Betioky	258,356	46 504	13 069	46%	1	7	4	ECHO(1)
Ambosary	292,583	52 665	27 147	24%	1	7	3	CERF(1)
Total	***1,627,226***	***292 902***	***140 193***	***60%***	***13***	***92***	***54***	

[2] DFID: UK Aid (Department for International Development),ECHO(European Commission Humanitarian Office), CERF : UNHOCHA (Central Emergency Response Fund)

[3] (n): Number of teams funded

RESULTS

Preliminary results of the mobile teams after six months of activity are overall positive and prove to have reached an additional 2 491 of the children affected by SAM in 7 districts (22% of all admissions in SAM treatment in the 7 districts). Among those, 86% have been cured.

The population of children 6-59 months old covered by the 13 mobile teams in the 7 districts is nearly 85,000 (30% of all children 6-59 months old living in the 7 districts and 60% of children 6-59 months old living more than 10 km from the nearest Health Centre in those 7 districts).

More than 30,000 children were screened by the 13 teams in 92 consultations points.

Only 30 children with complicated SAM have been referred by the mobile teams to inpatient treatment facilities (hospital level)

Nandrianina and Vony from the mobile nutrition team verifying the nutritional status of Lamiaze using the weight-for-height ratio table. © UNICEF/2017/Chamois



SPECIAL EDITION

MOBILE NUTRITION TEAMS

unicef

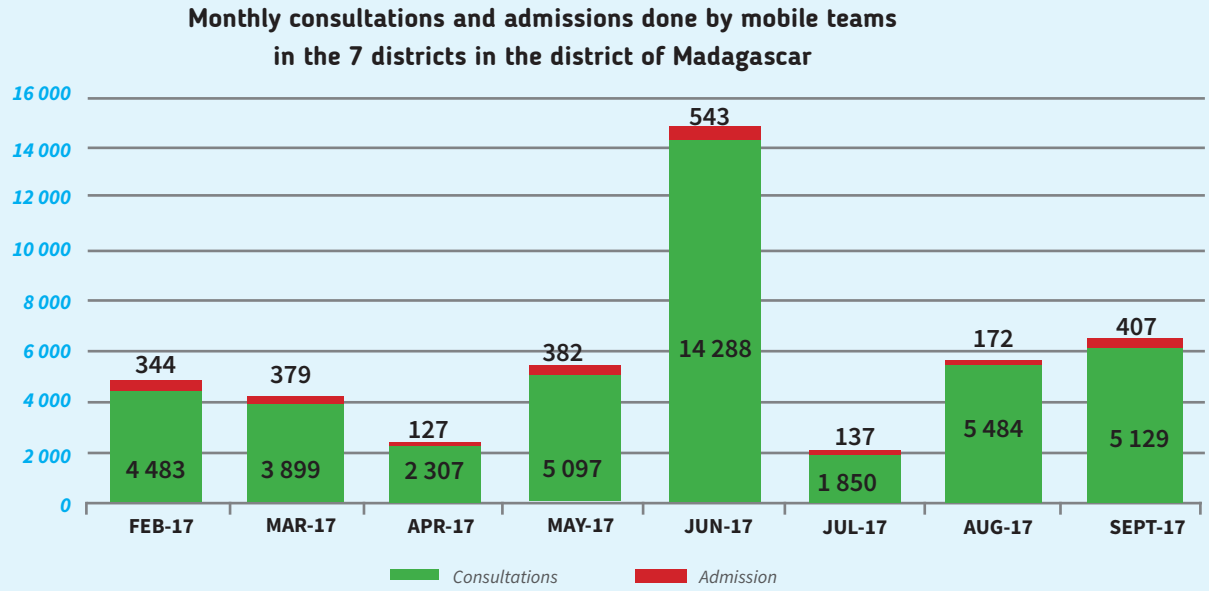
APRIL TO SEPTEMBER 2017

TABLE 2: Number of children screened and admitted into SAM treatment by the 13 mobile teams (Feb. to Sep 2017)

Districts	Consultations (mobile teams)	Ratio (Consultation/ mobile team/ consultation point)	SAM Admissions (mobile teams)	SAM Admissions (Health facilities)[4]
Ambovombe	7 950	85	558	1 342
Beloha	6 354	318	461	1 291
Tsihombe	8 733	437	468	878
Bekily	1 425	143	112	1 042
Ampanihy	16 447	322	675	2 017
Betioky	747	107	160	837
Ambosary	1 881	269	57	1 485
TOTAL	***43 537***		***2 491***	***8 892***

[4] SAM Admissions to in-patient treatment centers are not included.

GRAPH 1: Evolution of the number of children screened and admitted into SAM treatment by the 13 mobile teams (Feb. to Sep 2017)





SPECIAL EDITION

MOBILE NUTRITION TEAMS

unicef

APRIL TO SEPTEMBER 2017

PERFORMANCES

The overall mobile teams performances are within SPHERE Humanitarian Standards with an average of 86% cure rate, 0.2% mortality rate, 8% defaulter rate 4% non-respondent rate and 2% transfer to inpatient treatment facility. Nevertheless, the district of Bekily has revealed poorer performance in term of very high non-respondent (21%).

TABLE 3: Mobile teams' performances by district, Feb. to Sep 2017

District	Total number of children discharged from the SAM treatment	Cure rate (%)	Defaulter rate (%)	Mortality rate (%)	Transfer rate (%)	Non-respondent rate (%)
Ambovombe	513	77,8%	16,6%	0,8%	2,0%	2,9%
Beloha	253	79,8%	9,1%	0,0%	1,2%	9,5%
Tsihombe	353	89,2%	7,9%	0.0%	0,6%	2,3%
Bekily	56	62,5%	14,3%	0,0%	1,8%	21,4%
Ampanihy	486	97,3%	0,8%	0.0%	1,2%	0,6%
Betioky	87	80,5%	1,2%	0.0%	3,5%	14,9%
Ambosary	46	87,0%	2,2%	0.0%	10,9%	0.0%
TOTAL	***1794***	***85,5%***	***8,4%***	***0,2%***	***1,7%***	***4,2%***

Lower performance achieved in Bekily is being addressed by refresher training and enhanced supervision

CONCLUSION AND RECOMMENDATIONS

- Mobile teams have been key to increase access to and coverage of children with SAM to treatment during the drought-emergency
- Until the health service utilisation rate is improved in the country, this model should be replicated in times of emergency
- Child survival could be further improved through the provision of Integrated Management of Neonatal and Childhood Illnesses (IMNCI) together with the mobile nutrition teams
- In the medium to long-term, support to health system strengthening is essential to improve children's and families' access to and utilisation of health services

Lamiaze and his mother at his second visit for the treatment of severe acute malnutrition. © UNICEF/2017/Chamois

UKaid from the British people
USAID FROM THE AMERICAN PEOPLE
United Nations CERF Central Emergency Response Fund
COMMISSION EUROPÉENNE Aide humanitaire
PRIMATURE ONN