Innovations from Anosy in Ensuring the Continuum of Treatment Between SAM and MAM Programs

CASE STUDY • 3/6

Delivery System for Scale

MADAGASCAR

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Photo Credit: ORN ANOSY, Ankazoabo community site - Tranomaro, Commune - Amboasary District

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Overview

This case study is part of a compendium of country-level case studies produced by the Delivery System for Scale[1] project that explore promising, context-specific approaches to scale the management of wasting treatment for children under five. In Madagascar, the management of severe and moderate acute malnutrition (SAM and MAM, respectively) are handled by different Government entities, which complicates the provision of comprehensive, quality care across the continuum between the two conditions. Despite these challenges, Anosy region serves as a unique and powerful example of local collaboration for integrated SAM and MAM management, highlighting the positive changes that can result from mainstreaming such collaboration within individuals, across teams and within routine operational procedures. This case study, therefore, describes the innovations that were implemented in Anosy, their advantages and limitations, and relevant considerations for other regions and national stakeholders moving forward.

Introduction

At national level in Madagascar, global acute malnutrition (GAM) is an intractable but fluctuating issue that has seen little improvement over the last past 30 years. In 2021, GAM prevalence stood at 7.7%, with moderate acute malnutrition (MAM) comprising 6.2% and severe acute malnutrition 1.5% of those children affected[2]. An important distinction of integrated management of acute malnutrition (IMAM) care in Madagascar is that SAM and MAM are managed under separate channels of the Ministry of Public Health and the National Office of Nutrition.

- Treatment for SAM is provided by the health system at hospital level through stabilization centers and outpatient therapeutic programs (OTPs) operated by the District Public Health Service (SDSP), the Regional Directorate of Public Health (DRSP) and the nutrition service at the national level. Financial support is provided by UNICEF.
- MAM is managed through targeted supplementary feeding programs (TSFPs) at community-level delivered through community nutrition agents (CNA) under supervision of regional nutrition offices (ORN) and their operational branch (U-PNNC). Financial support is provided by WFP and the World Bank.
- Additionally, during emergencies, international non-governmental organizations directly implement TSFPs in fixed sites at OTP locations or via mobile clinics.

IMAM's operationalization in Madagascar, therefore, presents a challenge in ensuring the continuum of treatment between SAM and MAM – i.e., limiting referral and/or counter-referral of cases between facilities and agencies. It is particularly challenging at sub-national levels, when there has been a consistent lack of proactive collaboration, stemming either from confusion about or conflict between the roles of the differing agencies involved.

Rather than focusing on the challenges of the existing system, however, this case study aims explore the specific, positive experience of the Anosy region – where dedicated, consistent and frequent local collaboration for integrated SAM and MAM management has improved relationships, increased screening and admission for SAM, and promoted both transparency and accountability among teams. It is hoped that by highlighting the Anosy experience, other regions may learn and apply key lessons towards their own IMAM programs and relationships.

Innovations from Anosy

While the national nutrition situation is intractable, at subnational level in the Grand Sud (regions of Atsimo Andrefana, Androy and Anosy), the situation is even more dire. Grand Sud is highly food and nutritionally insecure, with the highest admissions in the country for SAM (e.g., in 2023, the region contributed 40% out of the total national SAM admissions). Treatment coverage is also comparatively low, with only approximately 20%[3] of SAM children estimated to be able to access the care they require to recover.

In Anosy specifically, tensions began to arise in 2016 with vertical implementation of TSFPs by the ORN at community sites, which caused divisions between the CNAs and the community, as admission criteria for MAM were not always clear or adequately communicated. At the time, there was a surge in reports of false admissions and shortcomings in admission criteria.

Joint coordination and supervision

The DRSP mandate is to ensure that the national IMAM protocol is properly applied by CNAs, focusing on management of MAM. ORN and DRSP/SDSP have strengthened their collaboration through continuous exchange and joint supervision of CNAs at field-level.

- **Coordination:** As leaders and of the implicated coordination bodies, their frequent and consistent collaboration serves as a springboard for the sharing of fundamental IMAM operational information – including data related to the nutrition situation, results of the nutrition surveillance system or surveys, the state of nutrition prevention and treatment activities, geographical coverage, and implementation challenges, as well as possible solutions to resolve them. For IMAM specifically, the focus is on referral and counter-referrals between TSFP and OTP facilities and agencies, as well as ensuring a cascade of collaboration teams co-located in the same geographical area. In 2022 alone, the reginal nutrition sub-cluster met 5 times and every 2 months during the first half of 2023.
- **Supervision:** As for coordination, consistency and frequency are also key for supervision. Supervision visits took place as planned, every 2 months over 2021 and 2022; they were then spaced out to every 3 months in the first half of 2023 given the availability of partners. Despite key differences in funding sources between the two entities, joint supervision by the ORN and DRSP/SDSP in Anosy were considered innovative - each was able to involve the other agency staff during their field visits by providing a budget for their participation. This was especially true of ORN, thanks to support from WFP.

Confirmation of referrals and counter-referrals

The second major innovation in IMAM delivery in was the requirement for anthropometric measurements taken by CNAs during screening sessions to be confirmed by a relevant staff member of the local OTP. Confirmed measurements received an official reference document, signed and stamped by the health staff, prior to any admission to TSFP. They therefore support not only accuracy and precision in measurements, but concurrence and clarity among teams around the program to which the child will be admitted. This document was created specifically by and for the Anosy IMAM teams and do not exist in the national IMAM protocol.

The CNA cannot admit a child into a TSFP program without a written note from health staff, whether in the child's health booklet or via the reference document. The approach, therefore:

- Facilitates compliance among communities,
- Ensures the transparency of the CNA's work, and,
- Removes pressure on CNAs around admission by having an additional means of verifying whether the child meets admissions criteria and, if so, for which program.

This confirmation has contributed directly to improving referral and counter-referral across the SAM and MAM continuum. Other positive effects that have been observed anecdotally are:

- **The improvement of local, field-level working relationships.** In the event of any issue with the communities (e.g., accusations of favoritism for admissions), CNAs are now supported by health facility teams.
- **Increases in admission to OTP.** The strategy has resulted in a sustained increase in the use of nutrition services, particularly for SAM screening and admissions.

Moving forward, ORN and DRSP/SDSP are planning to conduct quarterly reviews in the second half of 2023, with a focus on engagement between OTP staff and regional nutrition office (ORN) animators in order to strengthen collaboration and jointly resolve emergent issues.

Considerations for Other Regions

As observed in the two major examples of innovation earlier described, success in Anosy is fundamentally attributed towards:

1. Strong leadership the level of the ORN and DRSP/SDSP, where ownership of and accountability towards effective collaboration was established as a model at coordination levels.
2. Collaboration was then facilitated downstream, among field teams, with clear operational procedures for implementation and a monitoring system that allows for sustainability of the approach.
3. At the level of the individual, team members showed openness and motivation for change, including at senior-levels (e.g. Anosy Regional Coordinator, Anosy DRSP Director and the heads of the Amboasary and Betroke SDSP).

The result of this collaboration is tangible improvements in the continuum between SAM and MAM management. While there were many strengths, there were also some limitations, which included: an unwillingness among some health workers towards collaboration (mostly attributed to a heavy workload that led them to neglect certain activities), an imbalance in visits across sites (CNAs frequently visited OTP sites but health personnel rarely visited community sites), and the discouragement of some caregivers to seek alternative healthcare options if their child is not confirmed as acutely malnourished and admitted into OTP or TSFP. Finally, the findings mentioned for this Anosy case study are mostly anecdotal, as relayed by teams and staff from the region. Unfortunately, the monitoring and evaluation system, especially for MAM management, remains weak – leading to issues with the timeliness and completeness of data, as well as quality and consistency challenges. In the future, such efforts could benefit from further operational research that could better support these qualitative fundings and attribute such innovations directly towards nutrition outcomes, especially for the continuum between SAM and MAM management.

Moving Forward

In the Collaboration Spectrum of communication between organizations[4], collaboration is defined as a long-term interaction based on a shared mission and objectives, shared decision-making and shared resources. This definition was shared and discussed at a Delivery System for scale workshop on the continuum between of SAM and MAM treatment held in Antananarivo on June 14 and 15, 2023[5]. Two recommendations prioritized and validated at national level by all stakeholders during this workshop[6] were:

1. To conduct an institutional diagnostic analysis of relevant nutrition programming (from the level of the National Office of Nutrition and the Ministry of Public Health) to understand the mechanisms in more detail and improve the functioning of these 2 entities, and,
2. To strengthen the IMAM leadership capacity of these two entities from the highest levels of seniority in Madagascar.

In these discussions, the experience of Anosy can serve as a model to be replicated, as relevant in other regions and in doing so, improvements are expected in improving quality referrals and the continuum between SAM And MAM management. Scaling beyond Anosy, however, will require the goodwill of all implicated stakeholders (across multiple levels of IMAM service delivery) and a clear implementation framework to better serve vulnerable populations, including children under 5 suffering from acute malnutrition.

Endnotes

1 The Delivery System for Scale project was implemented from 2022-2023 by UNICEF, the International Rescue Committee, Action Against Hunger and Save the Children. The project provided technical and operational support to high-burden countries, aiming to accelerate efforts to bring child wasting treatment to scale.

2 Institut National de la Statistique (INSTAT) et ICF. 2022. Enquête Démographique et de Santé à Madagascar, 2021. Antananarivo, Madagascar et Rockville, Maryland, USA : INSTAT et ICF.

3 Action Against Hunger coverage survey 2022

4 Tamarack Institute Collaboration Mode

5 Rapport de synthèse CMASMAM Madagascar, Juin 2023

6 Roadmap and Recommendations validated by stakeholders present as “high” priority in the roadmap at the June 15, 2023 workshop on the continuum of treatment for SAM-MAM and an extraordinary meeting of the PECMA TWG on June 22, 2023.