MCSP Madagascar Technical Brief
Reaching Every Child with Immunization Services in Madagascar

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Introduction

Immunization is among the most successful, equitable, cost-effective public health interventions, with global vaccination coverage reaching 85%.[1] In Madagascar, efforts by the Ministry of Public Health (MOH) Expanded Programme on Immunization (EPI) have resulted in progress toward controlling measles, eradicating polio, and eliminating tetanus. However, the national immunization coverage (full dose of the diphtheria-pertussis-tetanus vaccine) has been below 80% for the last decade.[2] The emergence of 11 cases of vaccine-derived polio virus between 2014 and 2015 further signified a poor-performing routine immunization system that urgently needed attention.[3]

The United States Agency for International Development (USAID)-supported Maternal and Child Survival Program (MCSP) supported the MOH in Madagascar to accelerate the reduction of maternal and newborn mortality over the course of its 5-year implementation period (2014–2019). The program intervened in the 16 USAID priority regions and, starting in October 2016, provided targeted support to routine immunization system strengthening in Madagascar as part of a larger program focusing on comprehensive support and technical assistance in maternal and newborn health, prevention and treatment of malaria in pregnancy, and family planning. At the national level, MCSP provided technical content into the National EPI Strategy, the comprehensive Multiyear Strategic Plan on Immunization, the National Data Quality Improvement Plan, and preparations for the

"We really appreciate the [immunization] job aids, and training for health workers and community agents. They are simple and clear, and emphasize the importance of social mobilization, community engagement, and using data for decision-making. The health facilities are beginning to identify the problems in their catchment area and are making plans with community members, who then take responsibility and are accountable for reaching kids. We've made sure each health facility in our region has one."- Dr. Lantosoa Ratsarahajarizafy, regional focal person for EPI, Sofia Region; photo by MCSP.

[1] World Health Organization (WHO). 2018. Immunization coverage. WHO website. http://www.who.int/news-room/fact-sheets/detail/immunization-coverage. Accessed August 29, 2018.
[2] WHO. 2018. WHO vaccine-preventable diseases: monitoring system. 2018 global summary. WHO UNICEF estimates time series for Madagascar (MDG). WHO website. http://apps.who.int/immunization_monitoring/globalsummary/estimates?c=MDG. Accessed August 29, 2018.
[3] WHO. 2015. Statement on the Seventh IHR Emergency Committee meeting regarding the international spread of poliovirus. WHO website. http://www.who.int/mediacentre/news/statements/2015/ihr-ec-poliovirus/en/. Accessed August 27, 2018.

national Immunization Coverage Survey. In 10 priority districts[4] with high numbers of undervaccinated infants, MCSP's support centered on building capacity of immunization focal points at regional and district level, providers at health facilities, community agents (CAs), and partners to manage immunization activities through implementation of the World Health Organization's Reaching Every District (RED) approach.[5],[6]

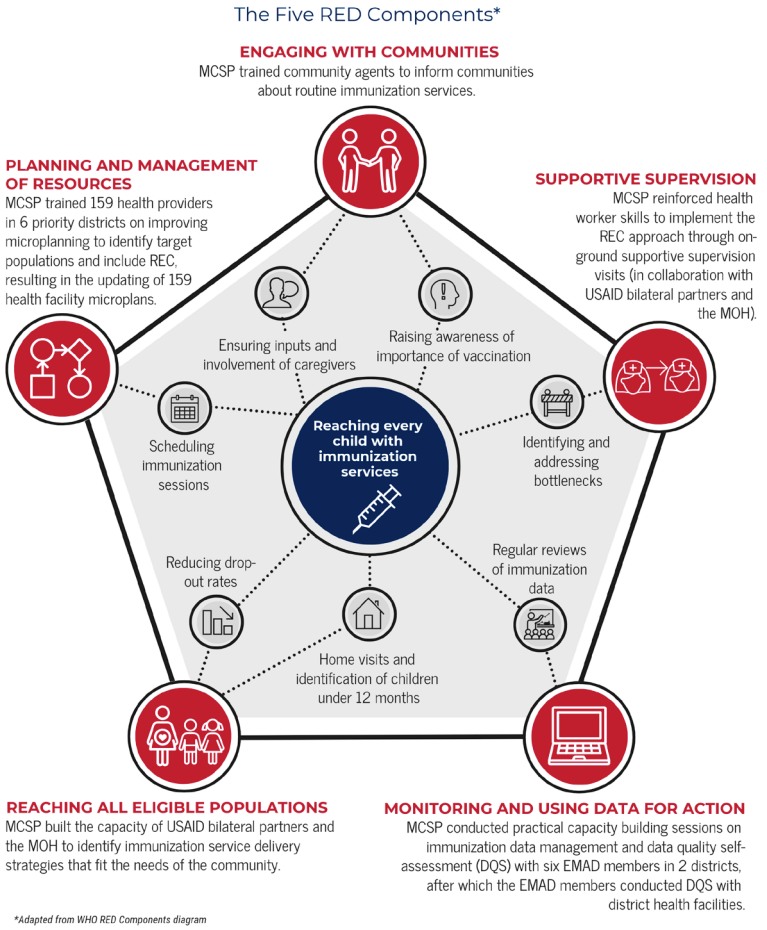
Practical Implementation of the RED Approach

As part of EPI capacity-building to implement RED at district and facility levels, MCSP contributed to the development of two immunization job aids to support health workers and CAs. Developed with several partners—including the World Health Organization, Gavi, John Snow Inc., UNICEF, and the World Bank—these job aids translate global guidance into practical actions appropriate for the Madagascar context. MCSP and regional EPI coaches conducted capacity-building workshops at regional, district, and health facility levels, training 44 district management team members (*equipe manageriale de district,* or EMAD, in Madagascar) and 226 health providers in the 10 districts. The job aids were also distributed by MCSP in the primary health centers (*centres de santé de base*, or CSBs, the lowest-level health facilities in Madagascar) of all 16 USAID-supported regions for use by health workers and community workers.

Putting the 5 RED Components into Action to Protect Children

Since 2002, the RED approach has successfully helped strengthen routine immunization systems to achieve high coverage rates, reduce dropout rates, and close equity gaps. The RED approach includes five main strategies: planning and management of resources, engaging with communities, monitoring and using data for action, supportive supervision, and reaching all eligible populations. Figure 1 describes MCSP's key contributions to and achievements for each of the five RED components in Madagascar.

Figure 1. MCSP's Key Contributions To and Achievements For Reaching Every District Components



Results

As shown in Figure 2, the number of children vaccinated with Pentavalent 3 (Penta3) increased from 60,588 in 2015 to 71,856 in 2016 to 72,785 in 2017 in the 10 districts supported by MCSP. Based on these administrative data and MCSP's continuing focus on improving reporting quality, MCSP concluded that

[4] Ambilobe, Ambanja, Antsiranana II, Analalava, Port-Bergé, Mampikony, Bealanana, Fandriana, Ambositra, and Fianarantsoa II. Between 2015 and 2017, Fianarantsoa II was gradually divided into three districts: Lalangina, Vohibato, and Isandra.
[5] In October 2017, MCSP reduced support to six districts: Ambilobe, Ambanja, Antsiranana II, Port-Bergé, Mampikony, and Bealanana.
[6] In Madagascar, RED has been adapted further for increased community engagement and is referred to as Reaching Every Child.

it contributed to an increase in vaccinated children in 2016 and 2017. Furthermore, the average dropout rate (i.e., number of children given the first dose of the diphtheria-pertussis-tetanus vaccine but not all three doses) in the 10 priority districts decreased from 12% in 2015 to 6% in 2017. In nine of the 10 districts,[7] the dropout rate was below 10%, indicating improved utilization of immunization services in these areas.

Figure 2. Routine Immunization Performance in MCSP—Supported Districts, 2015–2017

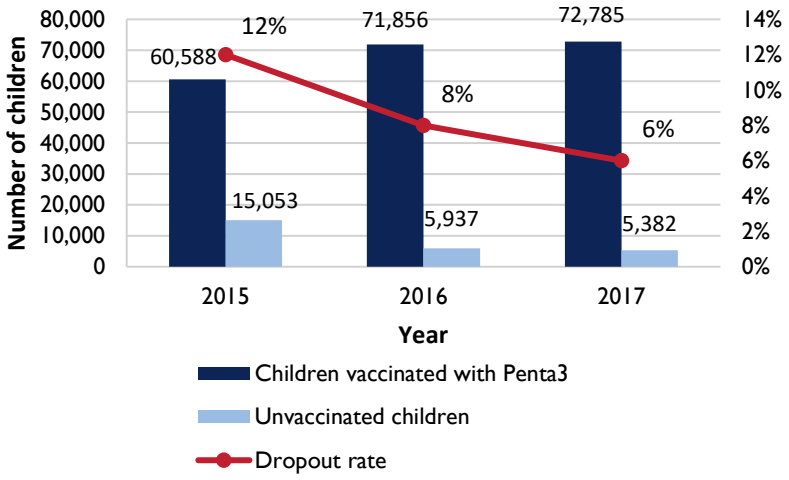
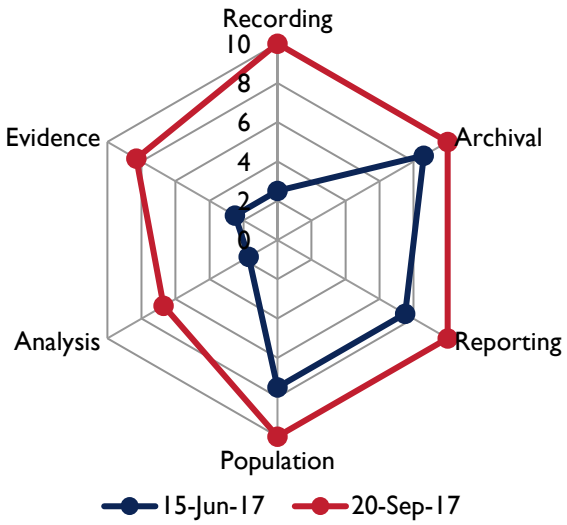


Figure 3. Data Quality Improvement in Andranovorivato Health Facility, Vohibato District, from June–September 2017



"MCSP's approach to building the capacity of EMAD members to conduct DQS has been transformational. It helps them to improve the quality of the data, analyze it, and quickly understand any problems. And managers have become more confident and motivated to use these data for decision-making."- Dr. Lantosoa Ratsarahajarizafy, Regional Focal Point EPI, Sofia Region

With MOPH colleagues, MCSP conducted data quality self-assessment (DQS) visits to 20 facilities in eight districts between June and September 2017, and again between January and May 2018. MCSP conducted DQS as part of supportive supervision visits in these eight districts. Figure 3 shows the results from Andranovorivato Health Facility in Vohibato, one of the districts where MCSP conducted the series of DQS. As shown, within the space of 3 months, the six data quality indicators assessed in the health facility improved as implementation of the DQS recommendations resulted in better recording, analysis, and use of data within the health facility. Improved data quality also results in better planning for immunization service delivery and a more efficient use of resources.

[7] The dropout rate in Bealanana was 16% in 2017; however, MCSP's support was only from February–June 2018.

Conclusion

Coupled with the involvement of the CAs to stimulate community demand, the implementation of the RED approach has improved the performance of those responsible for all levels of immunization by improving their advocacy and microplanning skills, and encouraging community leadership and shared accountability for immunization results.

Connecting with the Community to Improve Immunization Services

In places where the RED approach is functioning well, there has been a shift in the mindset of health care workers to ensure that they are concerned with those who are—and are not—coming to the clinic. This shift is in large part due to the engagement of CAs, who serve as relays between the health facility and community. The CAs are invited by health facility heads to come regularly to the health facilities to review tickler file cards for individual children. The tickler file organizational system allows the CA to identify the unvaccinated children and those children missed to follow-up, after which they travel to the villages to find them. When health facilities plan immunization outreach sessions, CAs raise awareness and determine with community members a date and location for the session to take place to ensure acceptability and usability.

"In the RED approach, it is the monitoring of children vaccinated and the involvement of the community agents to identify and look for unvaccinated and missing children that motivate me to do more work in places where there are a lot of unvaccinated children and even without funding." - Midwife Vololoniana Michèle, head of Bekoratsaka Health Facility, Mampikony; photo by MCSP.

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