



Sierra Leone: Pilot testing a 6 months contact point for Vitamin A Supplementation



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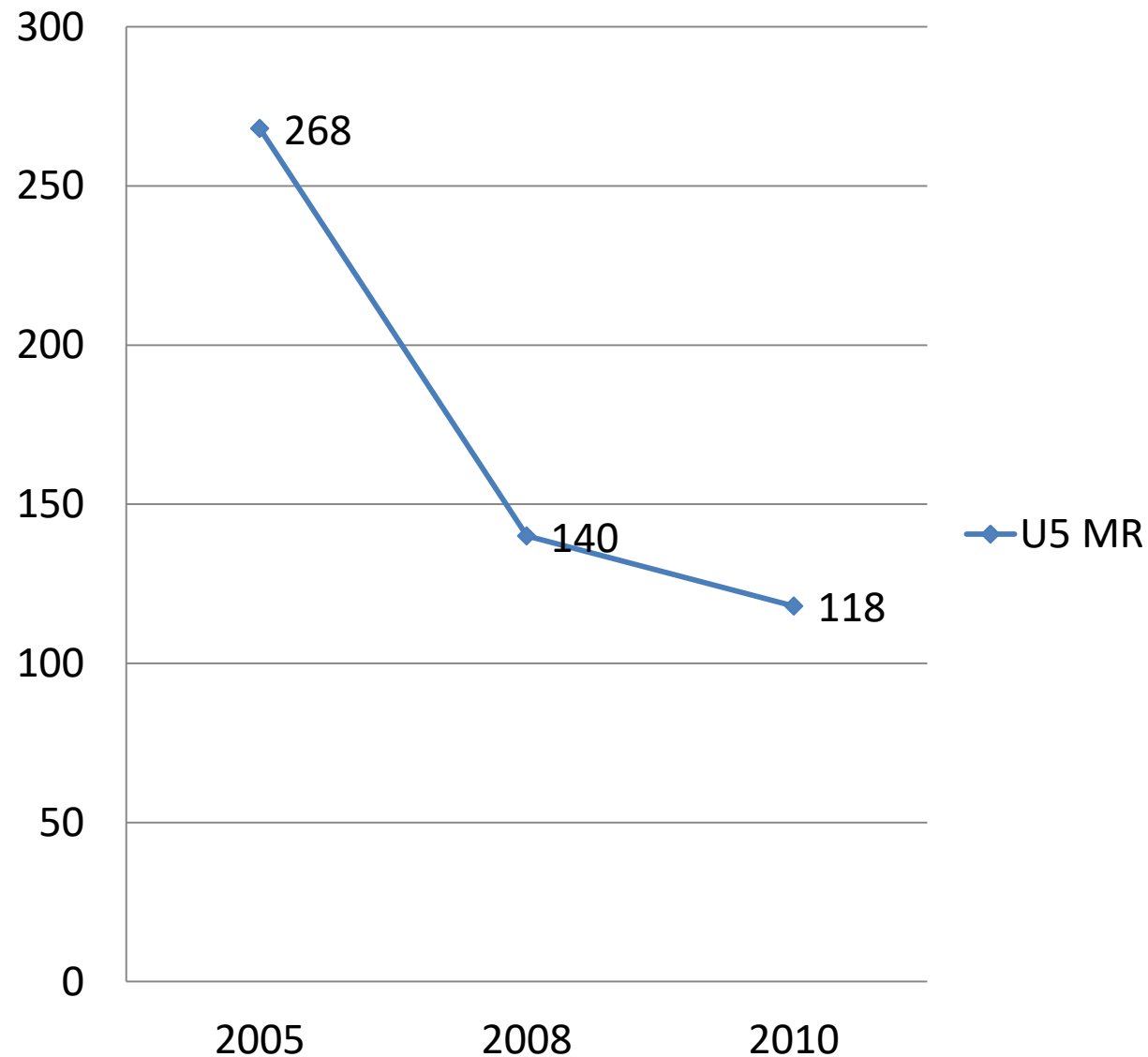


Helen Keller
INTERNATIONAL

Background

- HKI has provided technical and financial support to the Ministry of Health and Sanitation (MoHS) for
 - Vitamin A Supplementation (VAS) to support child survival
- Mass VAS every 6 months has had high ~90% coverage since 2004
- Routine VAS coverage 6-59 months is low ~31% (2011)
- HKI and MoHS piloted an integrated infant and mother contact point when the infant is 6 months of age
- Preliminary results attained high coverage of routine VAS integrated with Infant and Young Child Feeding (IYCF), Family Planning (FP) and Growth Monitoring and Promotion (GMP) in the Western Area (WA)
- HKI will support MoHS scale up this 6 month contact point in 6 (of 14) health districts

Child Survival Trends



Semi-annual VAS is recommended when:

U5MR is high: defined as ≥ 50 /1000 live births

Pilot Study Design

- Selection of sites:
 - 12 PHUs in WA
 - CHCs, CHPs, MCHPs
 - PHUs grouped by staff type and workload
- Sample size:
 - 400/study group
 - 3 study groups = 1,200 infants
- Interventions:
 - Full Group: New CH card, VAS, IYCF, GMP, FP
 - Mini Group: New CH card VAS, IYCF, GMP
 - Control Group: New CH card, current practices
- Enrollment age: Infants from 0-3 weeks
- Followed until at least 9 months of age



Training and CH Card Revision

- New Child Health Cards: Revision
- Training of PHU staff with DHMT & HKI on pilot project



Family Planning and IYCF Integration



- 1 dedicated MS-SL staff in the 4 Full package PHUs for FP counselling and provision
- Training for FP counseling and provision for 4 PHU staff: 2 MCHAs and 2 SECHNs in full package PHUs
- IYCF integrated in U5 service provision
- Participation of carers in CF preparation

Data Collection Monitoring & Analysis

– April 2011-Feb 2013

- Data entered in ledgers and computer data base
- 1 HKI staff assigned to each group on rotation
- DHMT-WA twice monthly supervision of 2 PHUs
- MoHS- nutrition monthly supervision
- Data analysis:
 - SPSS for percents and Chi Test
 - Weights/age for Z Scores

Pilot Study Indicators

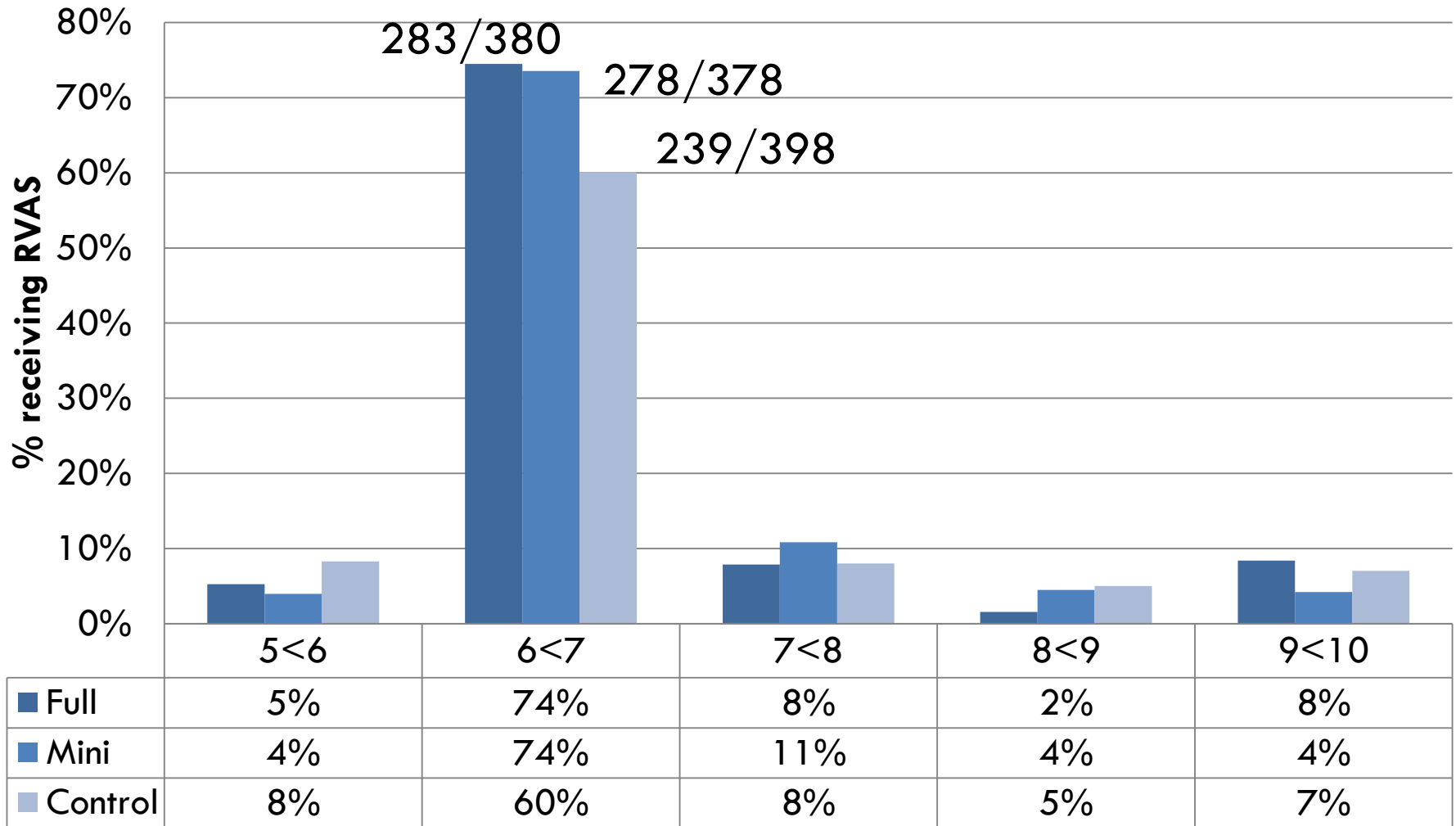
- **Main Indicator:** Age at 1st RVAS (% of infants receiving RVAS at 6 months)
- **Other Indicators at 6<7 months:**
 - % of infants weighed
 - % of carers given IYCF counseling
 - % of carers participating in CF preparation
 - % of mothers given FP counseling
 - % of mothers accessing FP commodities
 - % of infants fully immunized
- Mean Z score of weights at 9 months (and 12 months)
compared to enrollment/birth z score

Data collection schedule

	Full	Mini	Control
Monday	Calaba Town CHC	Scan Drive MCHP	Blessed Mokaba & Kroobay CHC
Tuesday	Hastings CHC	Hill Station MCHP	
Thursday	Approved Schl CHP	St .Joseph's CHC	Slim CHP
Friday	John Thorpe MCHP	Wesleyan CHC	Iscon CHC
U5/mth	3341	1202	1628
Ratio: U5/HW	108	129	115

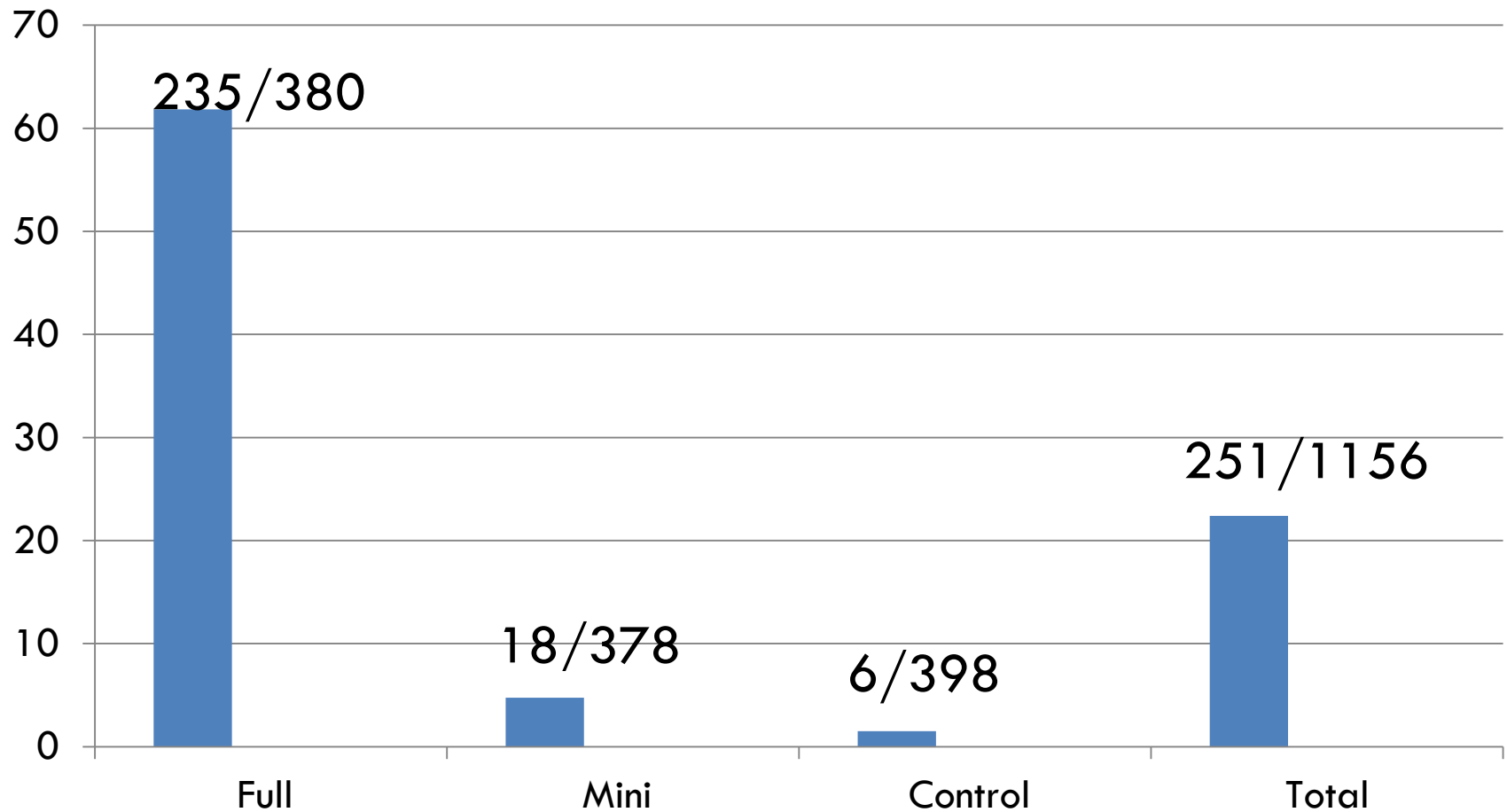
Preliminary Results

RVAS at 6 months



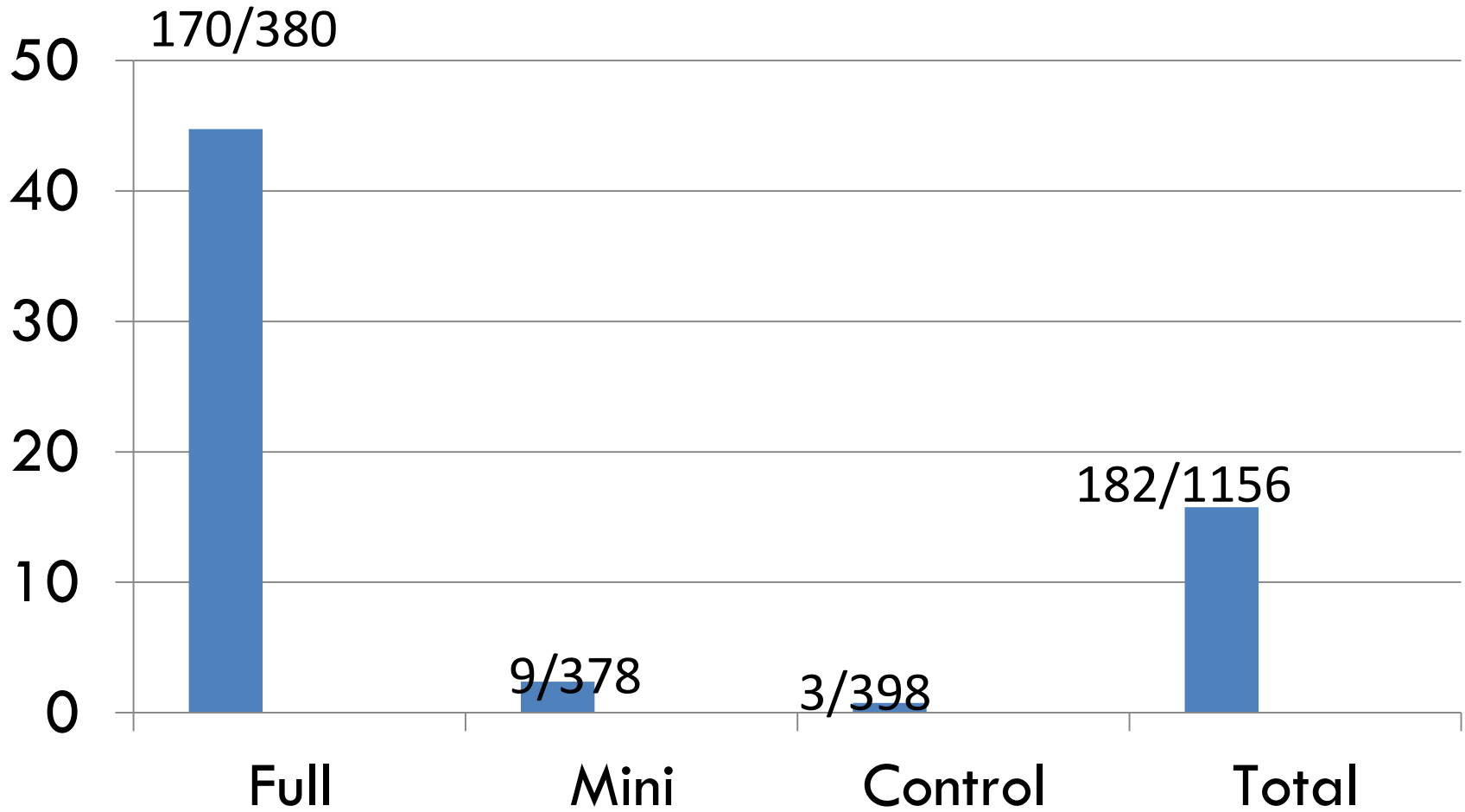
Significantly higher coverage between both F and M versus C ($p < 0.05$)

% mothers receiving FP counselling when their infants reach 6<7 months



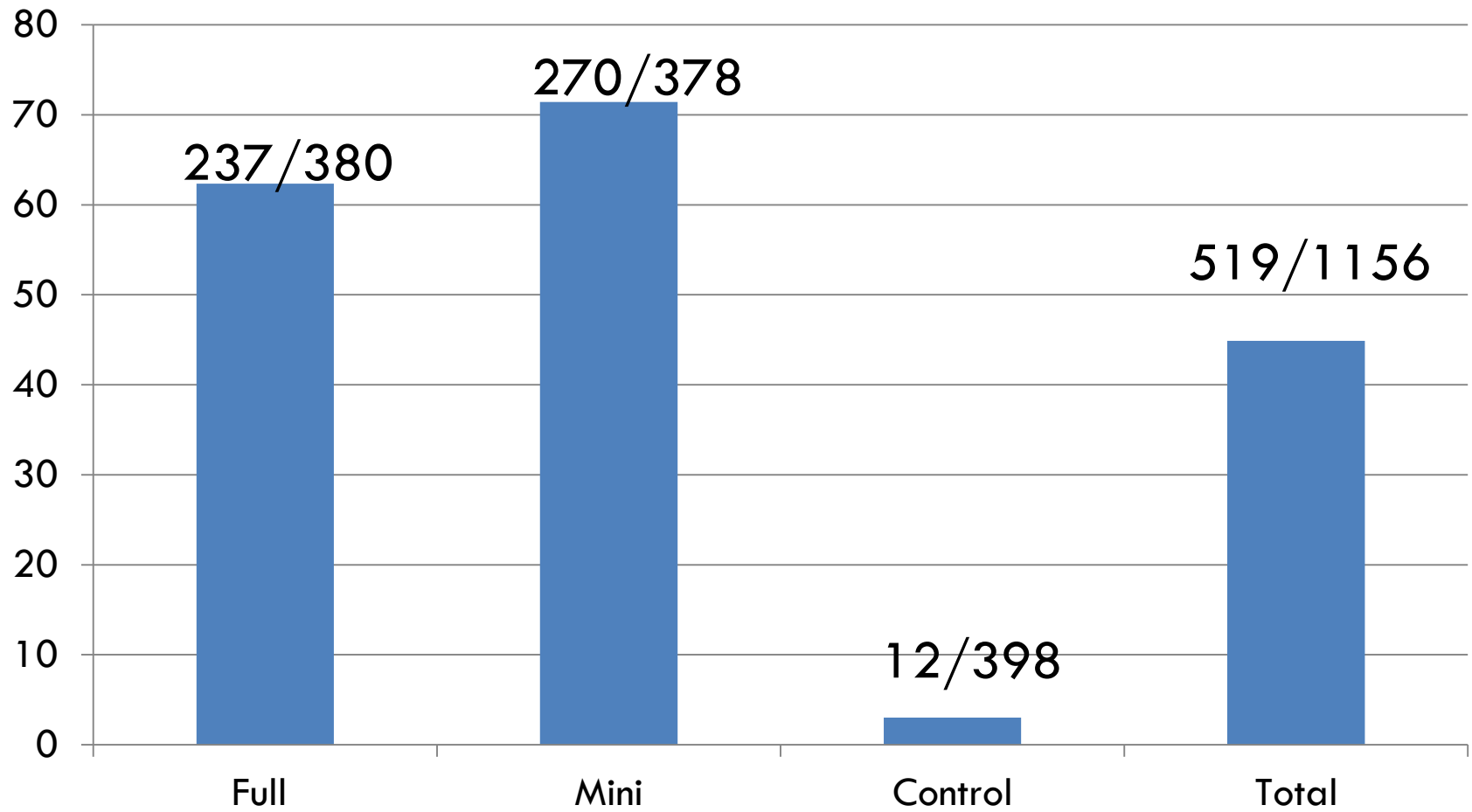
Significant difference in FP counselling between F, M and C ($p < 0.0001$)

% mothers accessing FP commodities when their infants reach 6<7 months



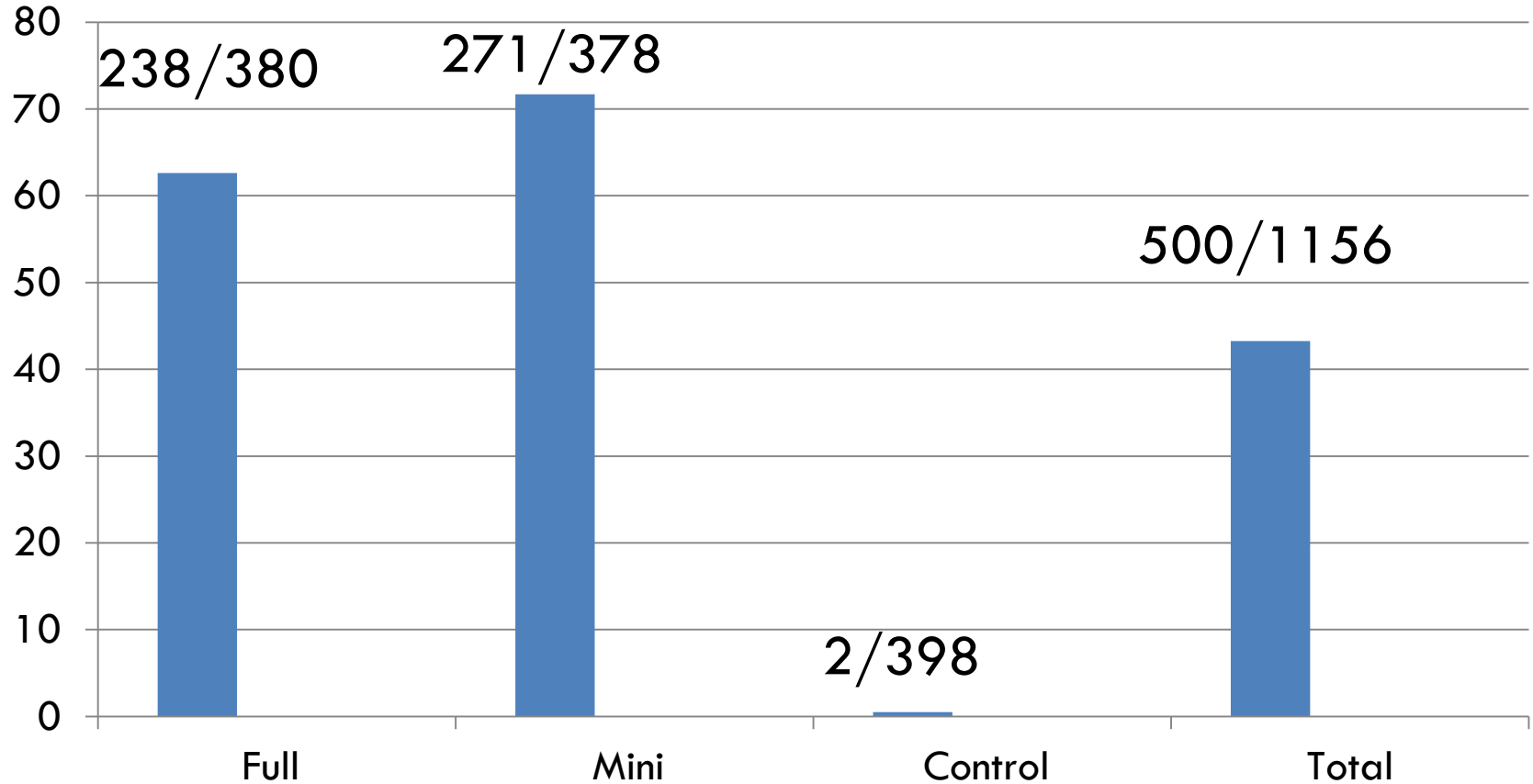
Significant difference between F versus both M and C ($p < 0.0001$)

% mothers receiving IYCF Counselling at 6 <7 months



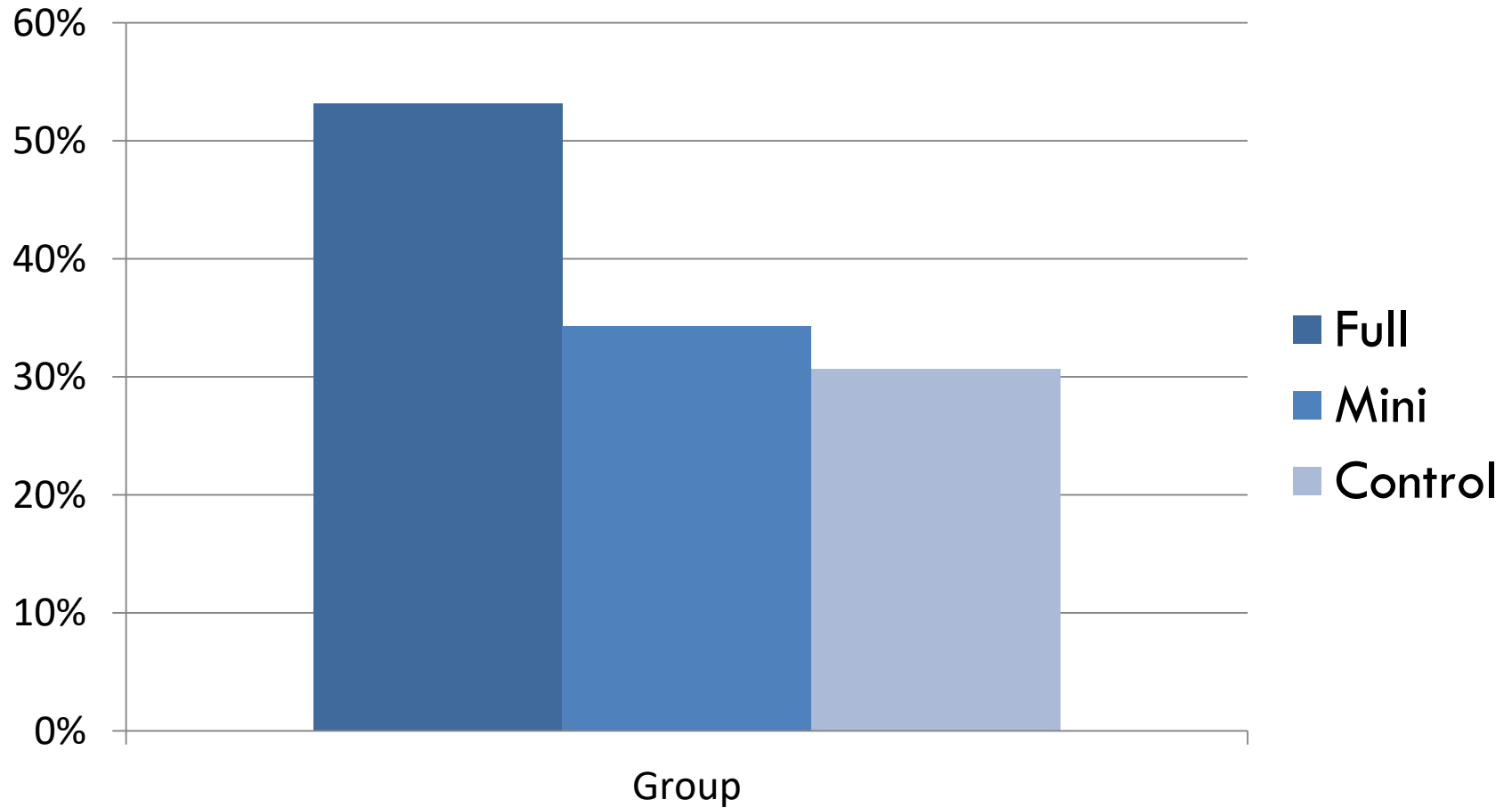
Significant difference between both F and M versus C ($p < 0.0001$)

% mothers participating CF demonstration 6<7 months



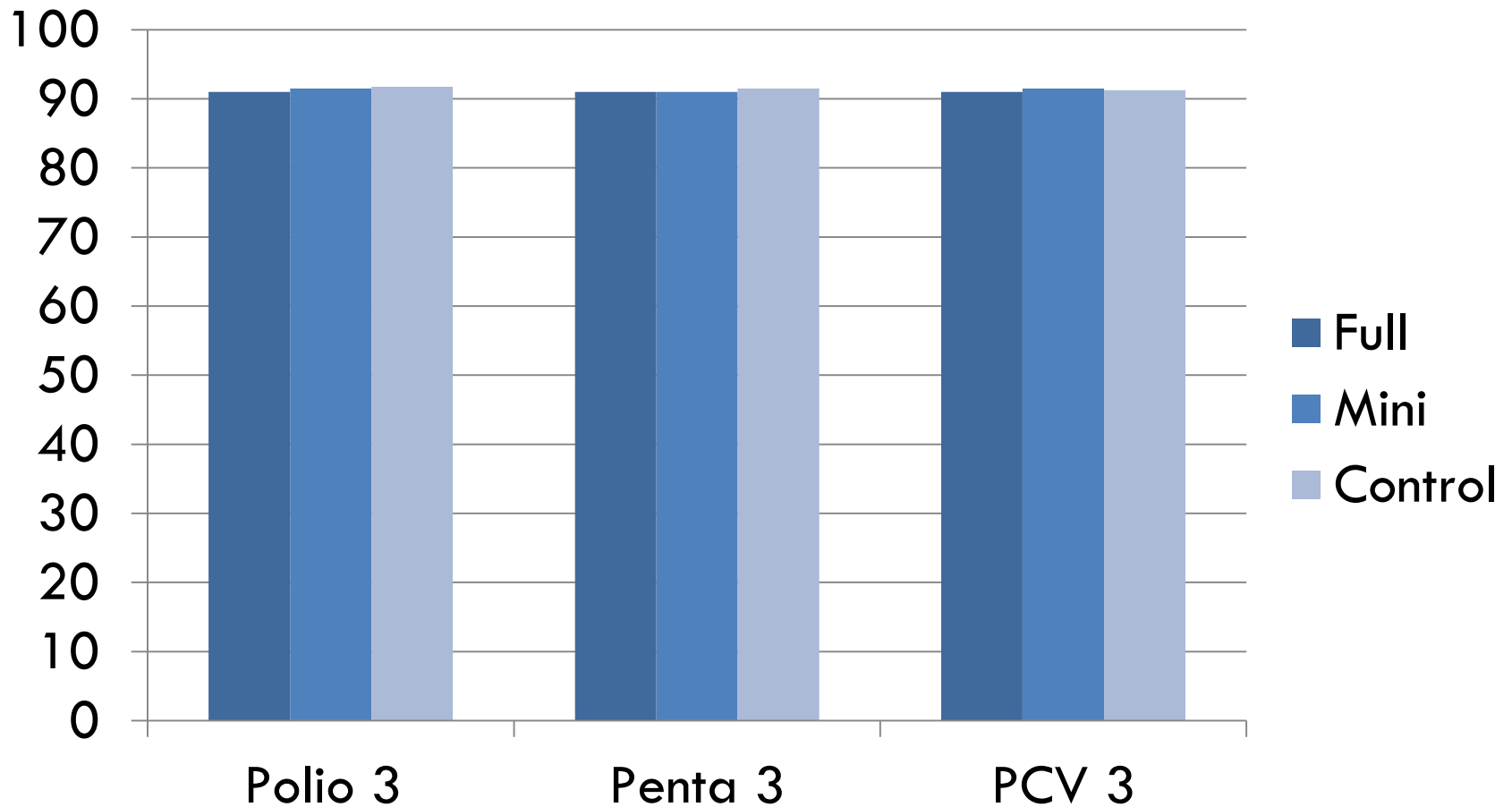
Significant difference between both F and M versus C ($p < 0.0001$)

% of mothers practicing EBF



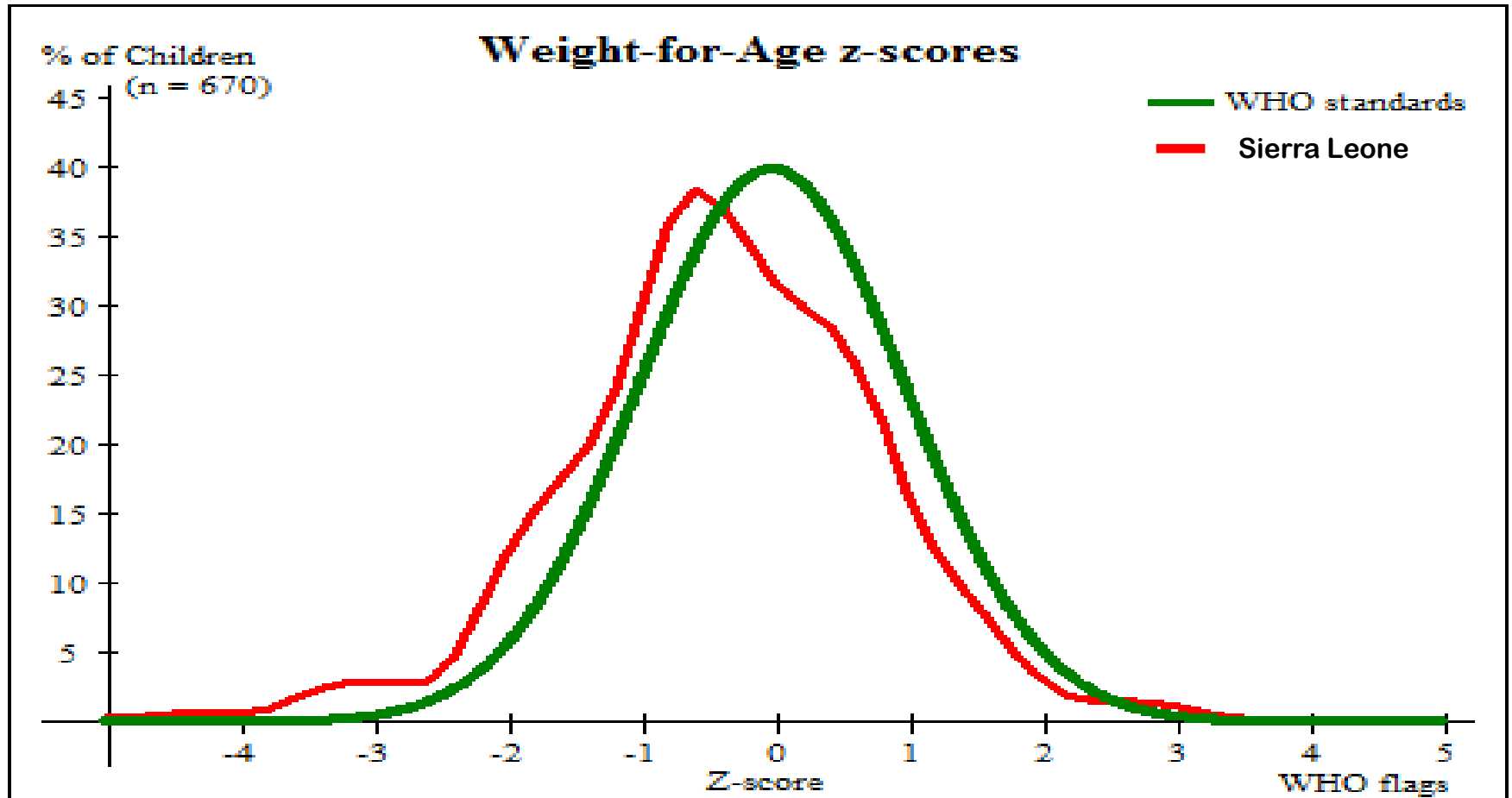
Significant difference between F versus both M and C in EBF ($p < 0.0001$)

% infants fully immunised at 6<7 months



NS

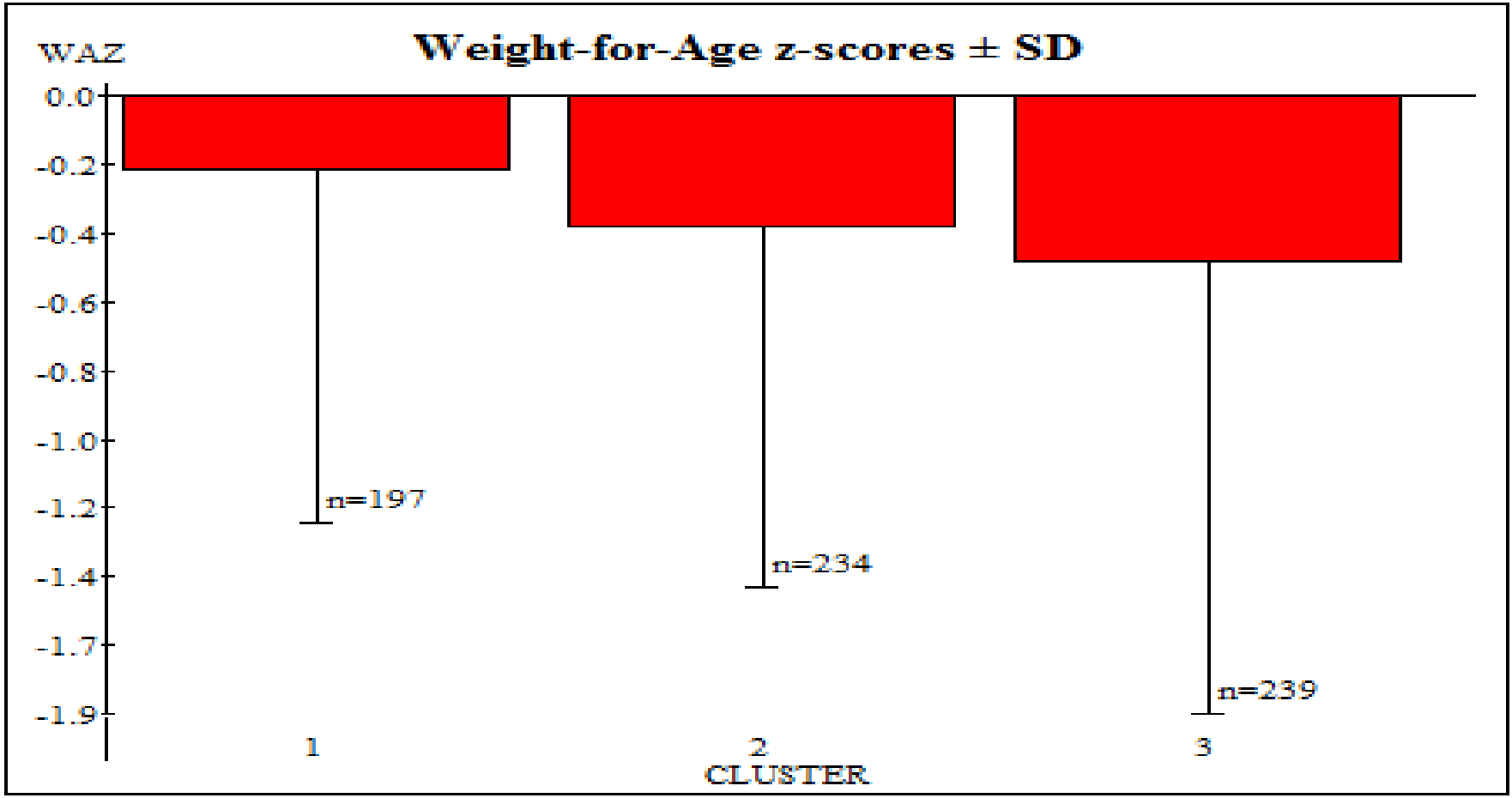
Mean-weight-for-age at birth



(20) 3.0% (1.1-7.6 95% CI) <-2SD

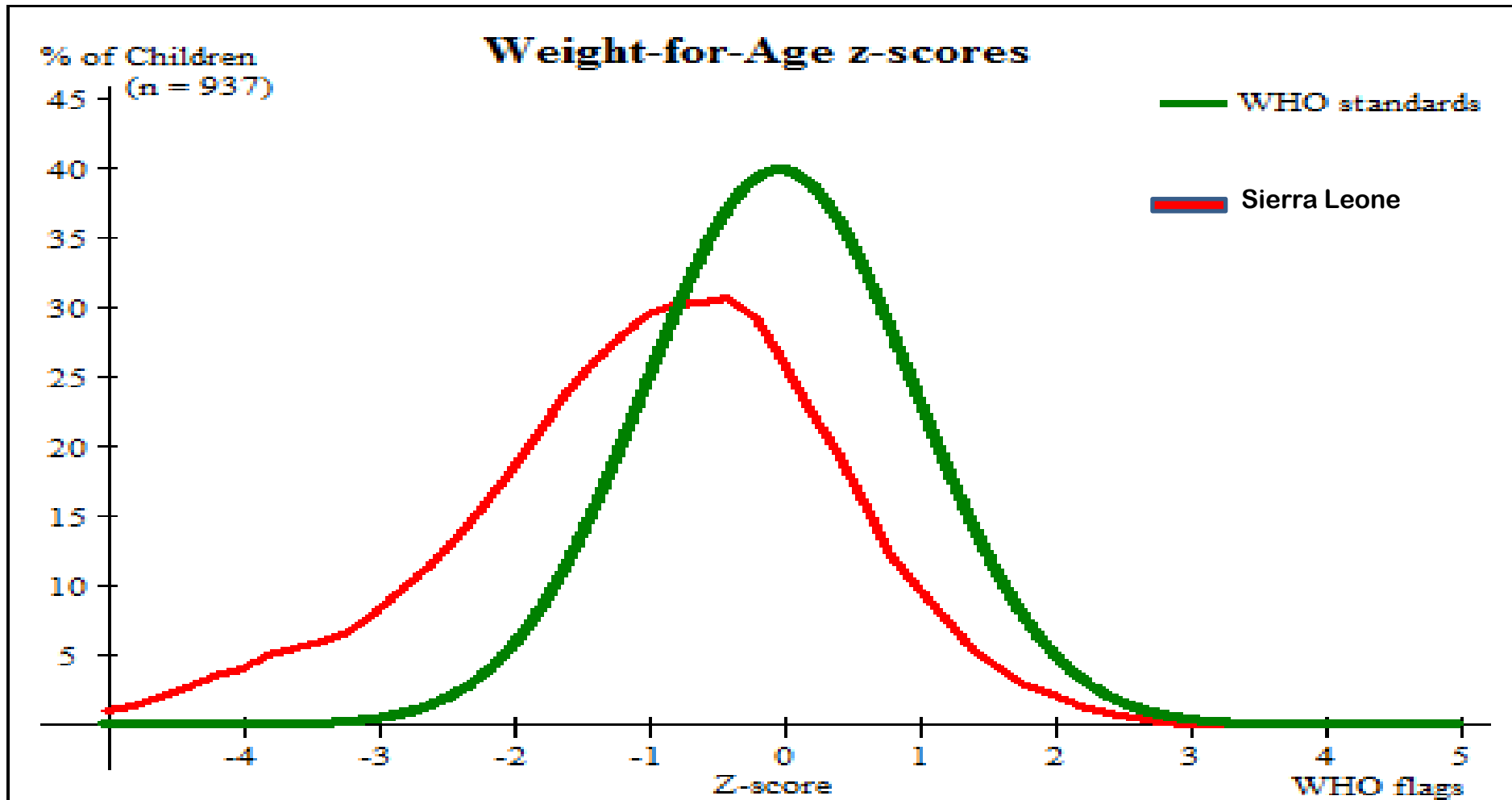
(20) 3.0% (0.6-22.2 95% CI) <-3 SD

Mean weight-for-age at birth by groups



NS

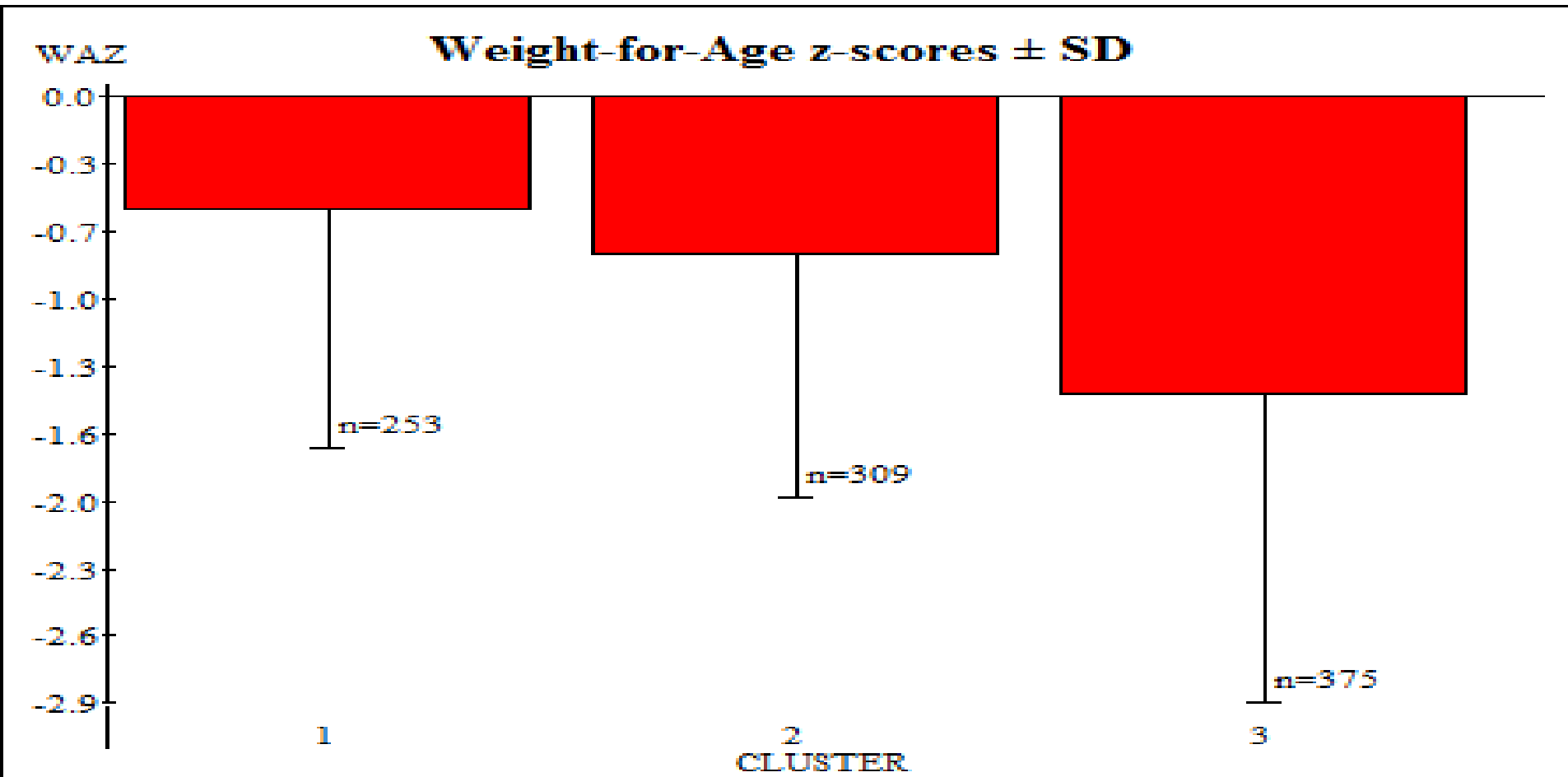
Mean-weight-for-age at 6 months



(118) 12.2% (5.7-25.4 95% CI) <-2SD

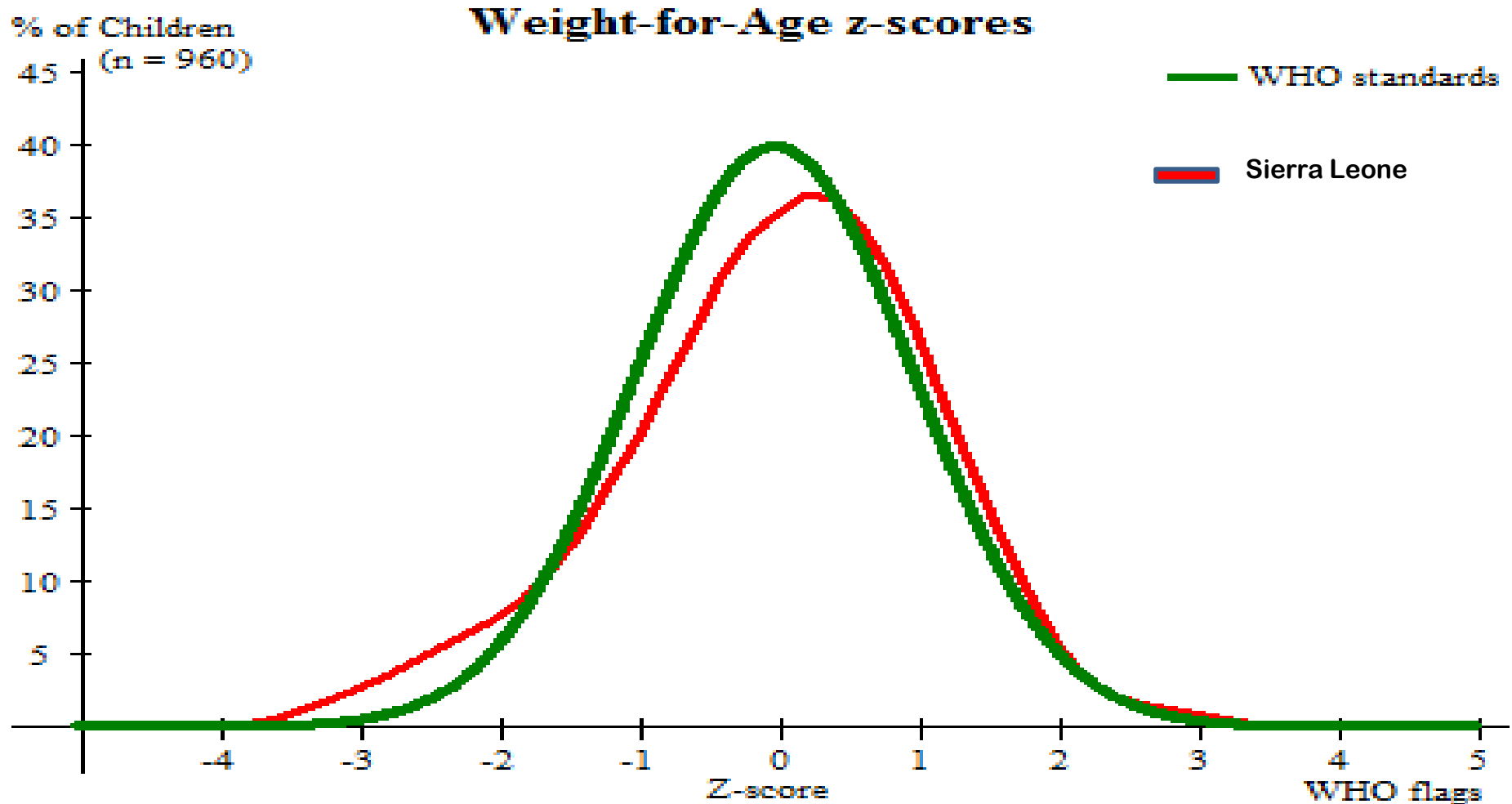
(78) 8.3% (0.6-22.2 95% CI) <-3 SD

Mean weight-for-age at 6 months by group



Significant difference in mean weights between both F and M versus C
($p < 0.0001$)

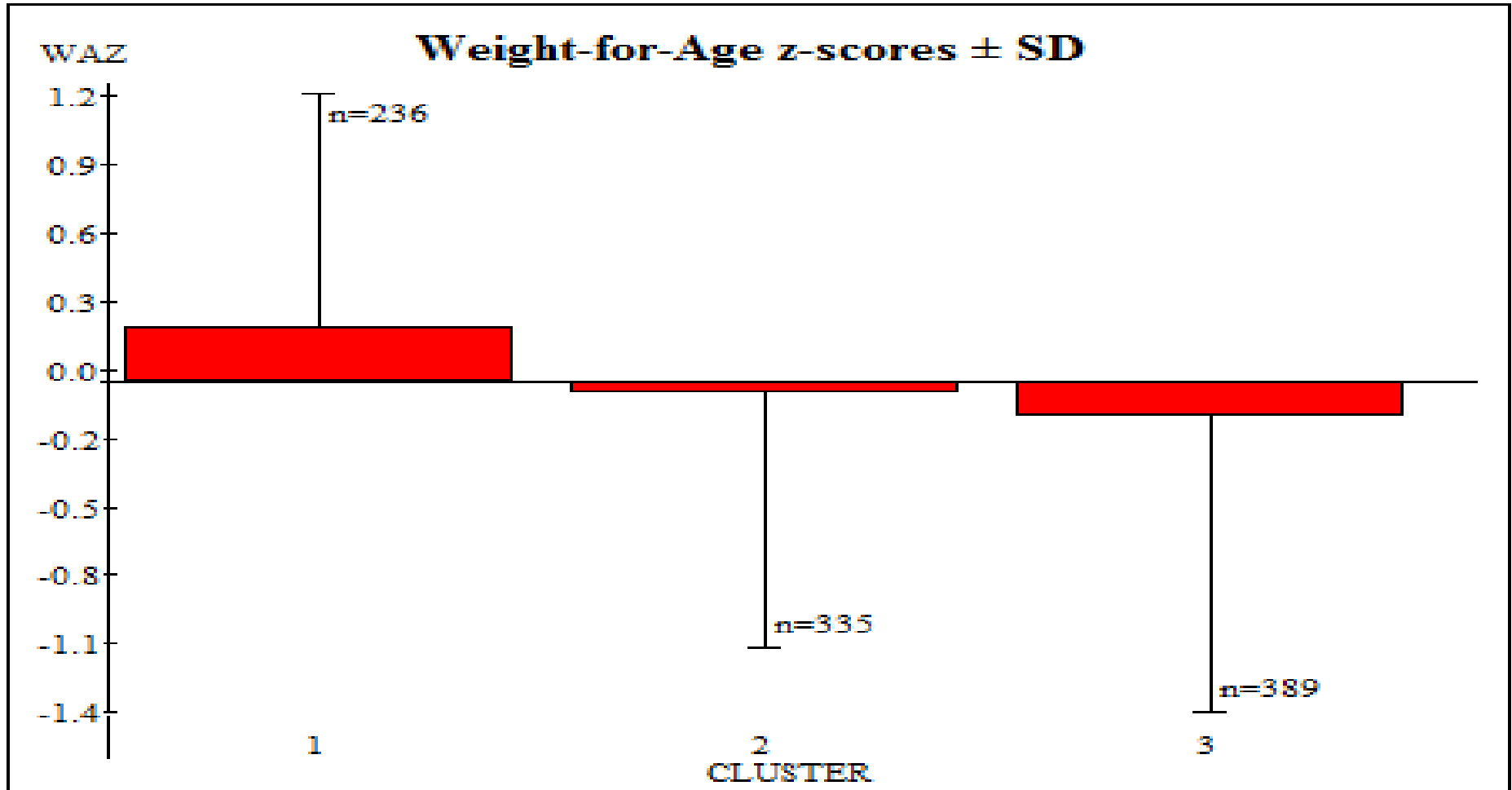
Mean weight-for-age at 9 months



(48) 5.0% (1.3-17.5 95% CI) <-2SD

(9) 0.9% (0.1- 6.0 95% CI) <-3 SD

Mean-weight-for-age at 9 months



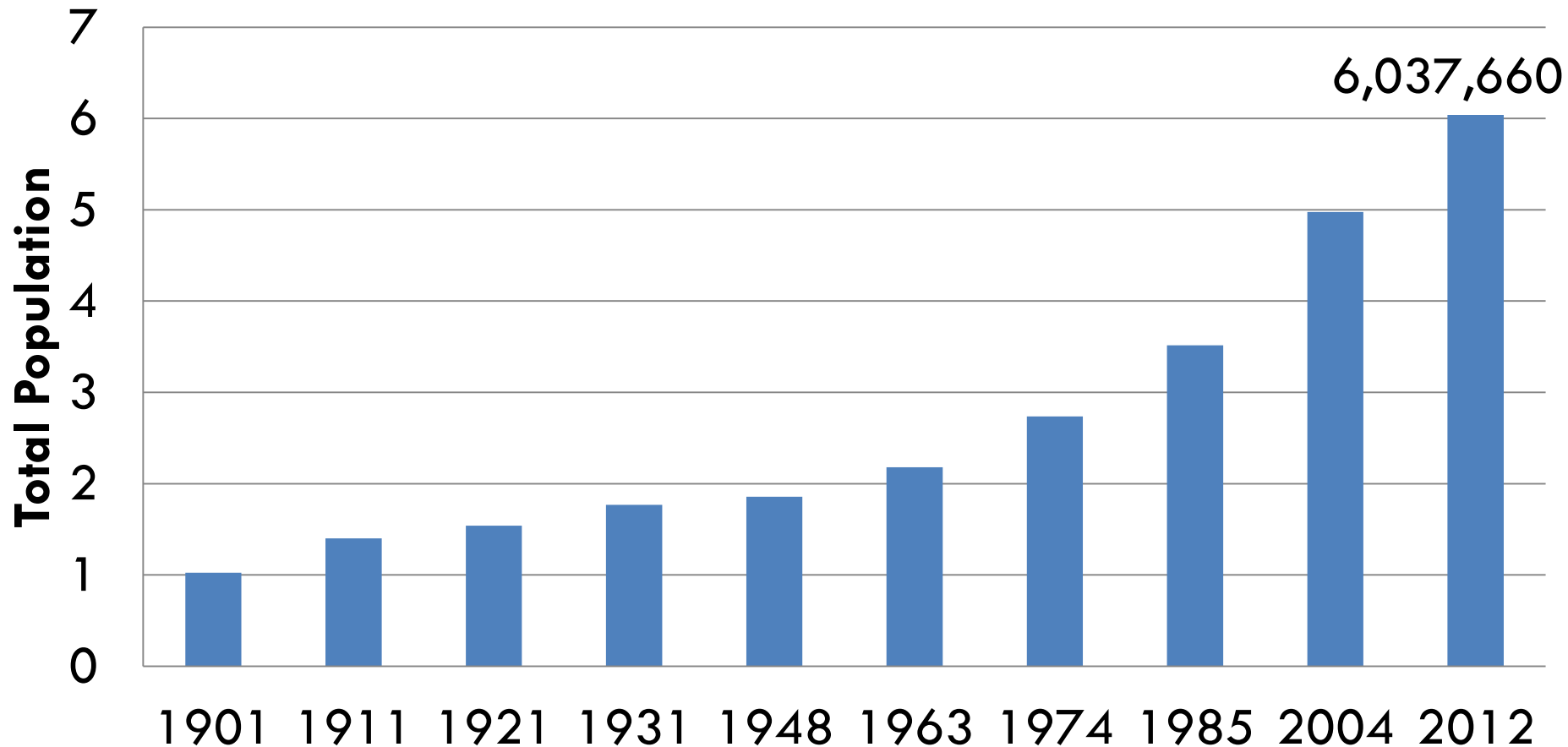
Significant difference between F versus C ($p < 0.0001$)

Conclusions

- Integration of FP and IYCF into routine U5 services was associated with significantly higher coverage of:
- RVAS 6<7 months (F vs. C) ($p<0.05$)
- Mothers participating in IYCF counselling (F&M vs. C) ($p<0.0001$)
- Mothers practicing EBF (F vs. M & C) ($p<0.0001$)
- Mothers participating in CF demonstrations (F&M vs. C) ($p<0.0001$)
- Mothers counselled on FP (F vs. M & C) ($p<0.0001$)
- Mothers accessing FP commodities (F vs. M & C) ($p<0.0001$)

Trends of population growth

When U5MR falls rapidly the population grows rapidly! Increase of 1 million from 2004-12: 20%.



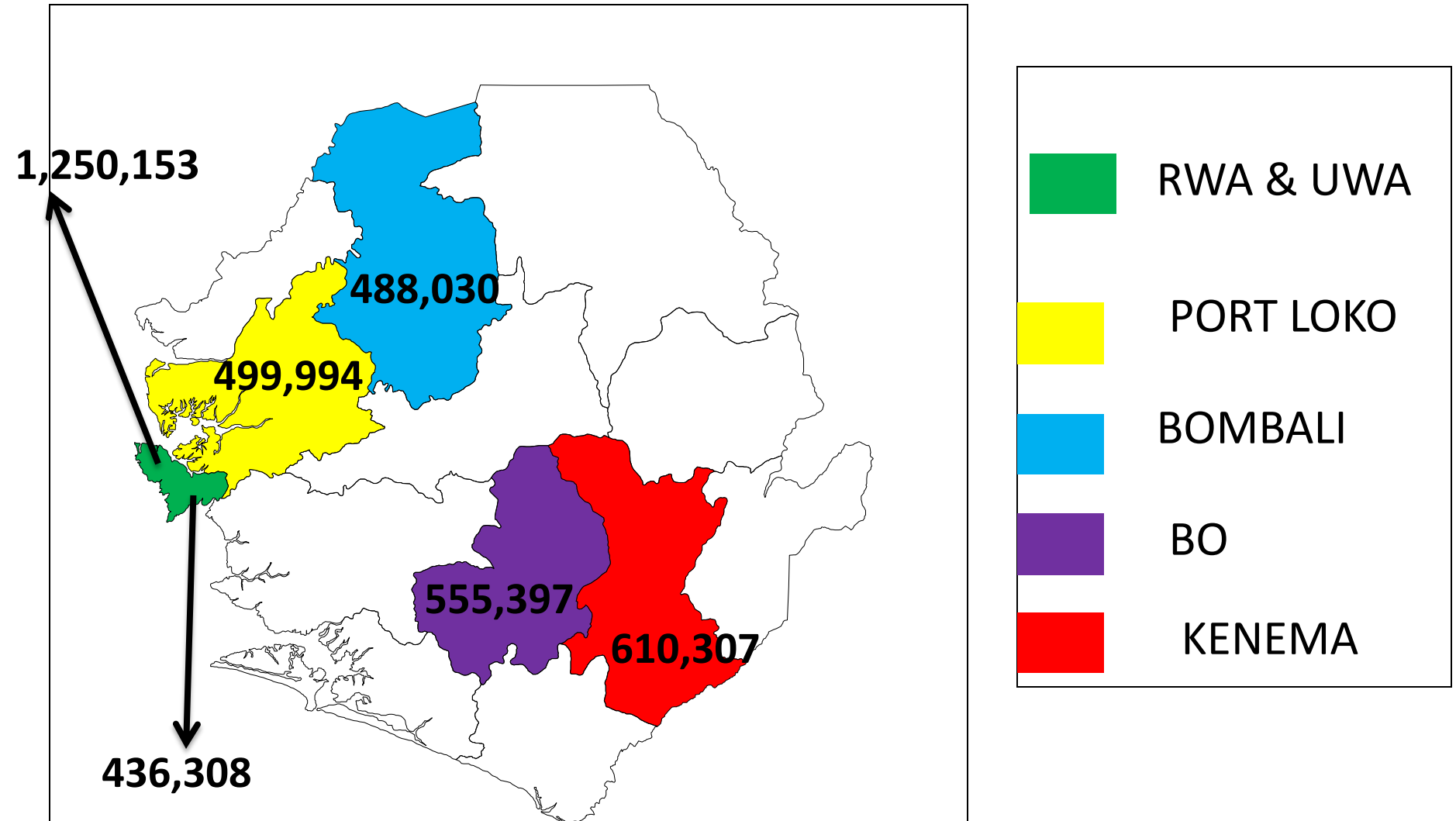
Implications of falling U5 mortality

- **School aged population increase**
- **Education/schools/teachers/books needs increase**
- **Food requirements increase**
- **Employment needs increase**
- **FP counseling and provision is needed to enable adults to regulate their family size**

Lessons Learnt from Pilot

- Stock monitoring for VAS, FP, CH Cards & immunization doses
- Uninterrupted supply of services and commodities through strong collaboration with DHMT-WA
- Extensive training of PHU staff on new CH cards and other components of the 6 month contact point
- Hands on training and supportive supervision visits at PHU level by MoHS National, DHMT WA and HKI
- IYCF counselling and demonstrations by CHVs with supportive supervision and incentives
- Effective FP service provision by a dedicated MSSL Nursing Aid

Scaling Up in 6 districts



Estimated geographic coverage: ~ 60%, time Frame: 18 months

Project Activities

- ❑ Macro and micro-planning meetings with coordination partners: PLAN, UNICEF, MoHS
- ❑ Stakeholders and advocacy meetings for scale up
- ❑ Training: 6 District Health Management Teams (DHMT)
- ❑ Training: Health Workers by DHMT
- ❑ IEC/BCC for VAS, IYCF and FP
- ❑ Monitoring and supervision by the MoHS and HKI
- ❑ Independent monitoring by HKI
- ❑ Baseline, Mid and End Term Evaluation by HKI

Alone we can do so little; together we can do so much'
Helen Keller



H.E the President, Dr. Ernest Bai Koroma, administering VAS at
the November 2010 MCHW