Global Action Plan on Child Wasting | Country Roadmap

Madagascar

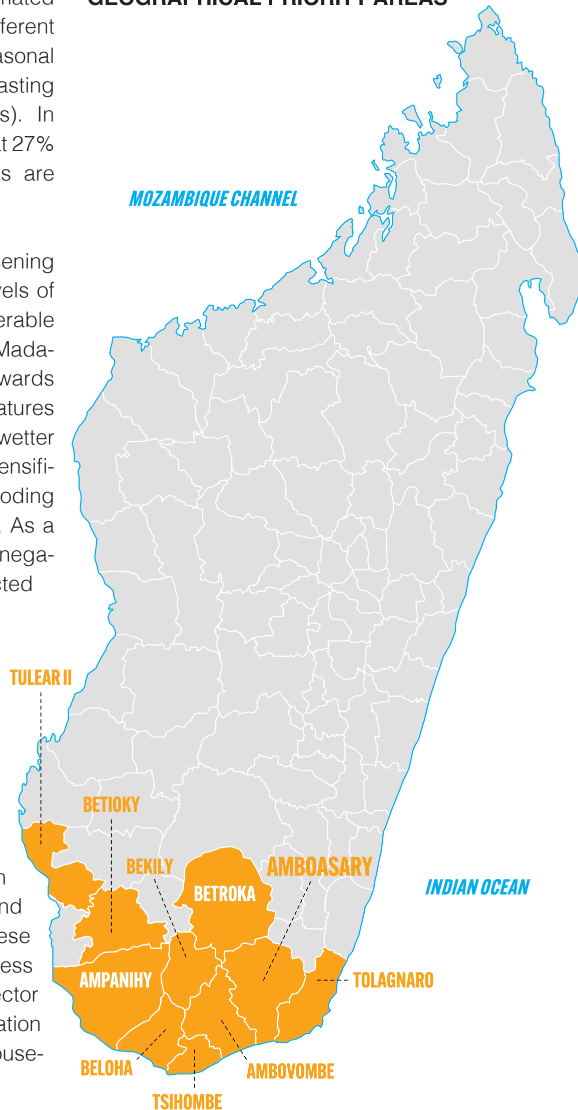
Madagascar has one of the world's highest percentage of people living in extreme poverty. More than four out of five children live in monetary poverty. Current trajectories suggest that Madagascar is unlikely to reach any of the SDGs by 2030, including the child wasting target of 3%.

National child wasting rates are currently estimated at 6% with regional disparities across the different districts. In the South, there are regional seasonal pockets with emergency levels of child wasting rates (GAM >15% with aggravating factors). In 2021, after exceptional wasting rates peaked at 27% in some districts and these very high rates are attributed to the severe drought.

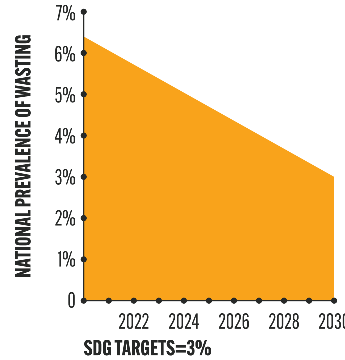
Climate change is accountable for the worsening droughts in the country, and it pushes up levels of child wasting. Known as one of the most vulnerable countries to climate change in the world, Madagascar is experiencing increased threats towards destructive droughts as increased temperatures are causing hotter and drier dry seasons and wetter rainy seasons. This has also resulted in an intensification of cyclones, increased incidence of flooding and landslides, soil degradation and erosion. As a result, crop production has been reduced, negatively impacting the food security of the affected regions and, in turn, levels of child wasting.

In addition to food security, other determinants of child wasting in Madagascar include sub optimal infant and young child feeding practices, poor maternal and adolescent health and nutrition, low access to adequate agricultural inputs (seeds, fertilizers, etc.) adapted to the locally harvest potential, and inadequate access to health services, water, sanitation and hygiene, and social protection. Unfortunately, many of these factors have not made discernable progress during the past decade. The agricultural sector has been impeded due to sustained population growth, impacting dietary diversity at the household level, and, social protection programs have increased but they are still insufficient to meet children's needs. All these variables, coupled with climate change, the Covid-19 pandemic as well as insecurity in the South have negatively compounded the number of children suffering from child wasting.

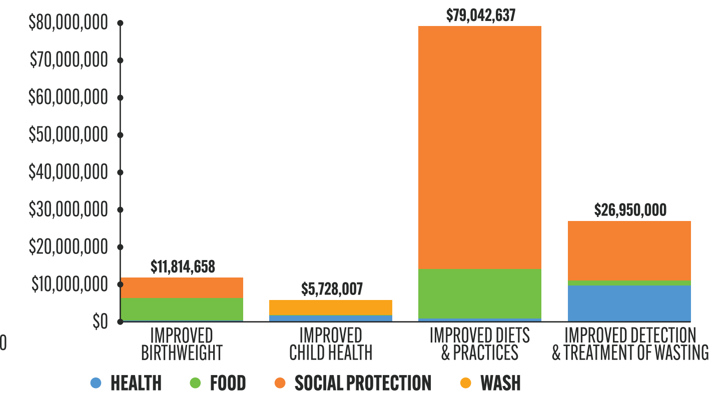
GEOGRAPHICAL PRIORITY AREAS



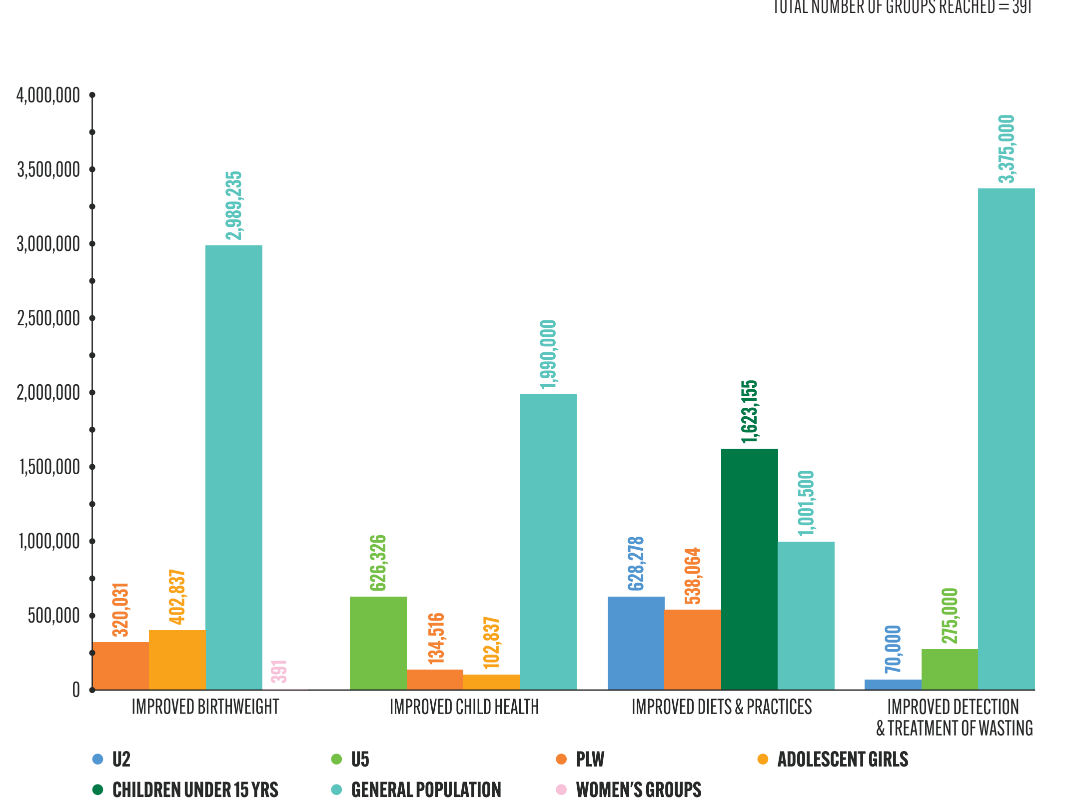
REACHING THE SDG TARGET BY 2030



ANNUAL COST (USD)



TARGET POPULATION GROUPS



By 2025

- REDUCE LOW BIRTHWEIGHT TO 9%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO 65%
- INCREASE THE COVERAGE OF TREATMENT SERVICES TO 100% FOR CHILDREN WITH WASTING
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR A SELECT % OF THE POPULATION

OUTCOME 1

REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Strengthen the health system to improve maternal and infant quality service delivery (increase number and capacity of health staff; improve health supply chain; support effective outreach strategy) and create demand for this service through inclusive community dialogue (involving Community Health & Nutrition Workers, community leaders, traditional birth attendants and religious leaders). The service includes ANC, IFA and/or MMS supplementation, intermittent preventive treatment of malaria and promotion of ITNs. Provide IFA and/or MMS supplementation to adolescent girls
FOOD	Support women's group to develop agribusinesses adapted to their local context and markets (training in agricultural entrepreneurship from production to transformation and preservation to marketing and financial management, dotation of supplies and equipment, close and regular follow-up and support) Support producers to produce biofortified foods such as moringa, beans Cal98 and orange-fleshed sweet potatoes (training in agricultural entrepreneurship from production to transformation and preservation to marketing and financial management, dotation of supplies and equipment, close and regular follow-up and support) During acute food insecurity periods, distribute specialised nutritious food (ex: LNS) to vulnerable pregnant and lactating women and adolescent girls. Support small and middle-scale salt producers in the Southern region to iodise salt and reinforce the quality control mechanism.
SOCIAL PROTECTION	Expand the coverage of the national social cash transfers programmes (FIAVOTA/ TMDH) through a Universal Child Benefit (UCB) covering pregnant women (unconditional, universal coverage).

OUTCOME 2

IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Strengthen the health system to improve MIYCH&N quality service delivery (increase number and capacity of health staff; improve health supply chain; support effective outreach strategy) and create demand for this service through inclusive community dialogue (involving Community Health & Nutrition Workers, community leaders, traditional birth attendants and religious leaders). The service includes Family Planning and Reproductive Health, IMNCI, EPI, VAS and deworming.
FOOD	Strengthen the capacity in food safety at all levels: i/ National level: training of the Codex Alimentarius National Committee and advocacy for national Rules & Regulations and control mechanisms; ii/ Local level: training of producer's associations and Community Health & Nutrition Workers on food transformation and preservation; iii/ Training of managers of restaurants and street food sellers.
WASH	Support communities to develop access to multiple uses of water (construction or rehabilitation of water points, training on multiple and efficient uses of water for human consumption, animal consumption and home gardening) and Community-Led Total Sanitation/ Safely managed sanitation services. Support health facilities and community nutrition sites (capacity building, supply and equipment, tools) to certify "3 stars" in terms of water, sanitation and hygiene practices.

OUTCOME 3

IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Integrate Early Childhood Development/ Nurturing Care activities in the health service package and in the community nutrition package (development of material and tools, health staff and community nutrition workers capacity strengthening, equipment for dedicated children's space, parental coaching) Support the promotion of IYCF (individual and group counselling) in health facilities and community nutrition sites.
FOOD	Support vulnerable households to produce and consume nutritious and diversified food (training in production, transformation, preservation and consumption, donation of supplies and equipment, close and regular follow-up and support) During acute food insecurity periods, distribute specialised nutritious food (ex: LNS) to vulnerable children 6 to 59 months old. Undertake a national micronutrient deficiency survey to document and advocate for food fortification; Support the development of Rules & Regulations on food fortification; Support research projects on food fortification of rice and breadfruit for use in school canteen programmes.
SOCIAL PROTECTION	Expand the coverage of the national social cash transfers programmes (FIAVOTA/ TMDH) through a Universal Child Benefit (UCB) covering children under 15 years old (unconditional, universal coverage).

OUTCOME 4

IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Strengthen the health system to improve MIYCH&N quality service delivery (increase number and capacity of health staff; improve health supply chain; support effective outreach strategy) and create demand for this service through inclusive community dialogue (involving Community Health & Nutrition Workers, community leaders, traditional birth attendants and religious leaders). The service includes the management of severe and moderate wasting. Expand the number of families using MUAC and oedema verification for early wasting identification and referral (training and equipment of new families, refresher training and equipment of families already trained). Ensure the continuous supply of RUTF and full integration of the supply chain for nutrition commodities with other health commodities. Ensure the continous supply of RUSF and full integration of the supply chain with the ONN/ UPNNC.
FOOD	Support (technical assistance) the private sector to ensure the production of aflatoxin-free peanuts for the local production of RUTF and RUSF (use of imported peanuts at the moment). During acute food insecurity periods, distribute food protection ration to families with SAM and MAM children 6 to 23 months old.
SOCIAL PROTECTION	Implement the shock responsive social safety net mechanism adapted to different areas of intervention and various types of shock.