



Madagascar Overview

Mananjary District: 2017 Rapid Facility Assessment

Rapid facility assessment

To inform and adjust program implementation based on community health worker and facility capacity to implement the **Transforming Intermittent Preventive Treatment for Optimal Pregnancy (TIPTOP)** project, a baseline rapid assessment was conducted in primary health facilities in Madagascar's Phase I target district.

The objective of the assessment was to understand current malaria in pregnancy practices and challenges. Four topic areas were assessed:

- Facility readiness for malaria in pregnancy (MiP) prevention
- ANC provider MiP knowledge
- Community health worker (CHW) characteristics
- Facility-based data quality

Number of facilities sampled through one stage stratified random sampling:

14/40

Malaria burden in Madagascar¹

1,504,000
Number of malaria cases nationally

23,372,043
Total population at risk for malaria

1. Source: World Malaria Report, 2017
2. Source: Madagascar Malaria Indicator Survey, 2016



IPTp3 coverage among pregnant women in Mananjary District²

SP and commodity distribution

- While only **14%** of facilities reported a stock-out in the past three months, that number may be misleadingly small given that **57%** of facilities had no stock card available to check for stock-outs.
- Despite 71% of facilities having SP in stock at the time of the assessment, SP stock outs were cited as a challenge to service provision in **64%** of facilities.

% facilities with SP in stock



% of facilities with stock out in prior 3 months, per stock card



% of facilities missing stock card



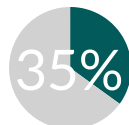
Community health workers

of pregnant women per CHW: **35**

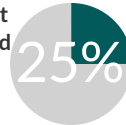
of CHWs per village:

2

% of CHWs who are female:



% of CHW supervisors reporting that CHWs store drugs at home in a designated container



- CHWs services are not consistently reported into the national health management information system.

CHW role: Do not currently offer any ANC; will not offer IPTp1

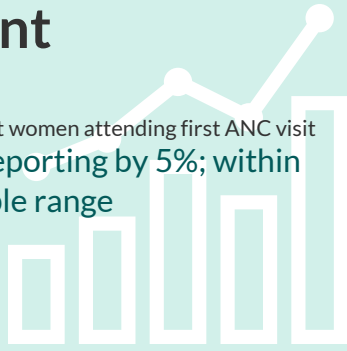
CHW Reimbursement: Almost all CHWs are volunteers who do not receive a cash stipend. Non-cash incentive are sometimes provided.



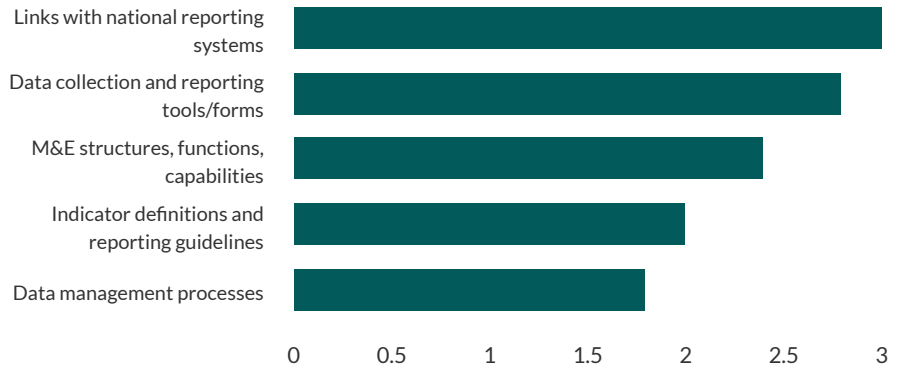
Rapid Data Quality Assessment



of pregnant women attending first ANC visit
Under-reporting by 5%; within acceptable range



M&E system assessment score (out of 3)



Area details

TIPTOP program locations in Madagascar

PHASE 1	Mananjary District (Vatovavy Fitovinany Region)
PHASE 2	Toliary 2 District (Atsimo Andrefana Region) Vohipeno District (Vatovavy Fitovinany Region)

Phase 1 area details

Population	407,708
Area	5,353 square km
Density	76 persons/square km
Expected pregnant women	4.5% or 18,347

Health system in Madagascar



ANC provider knowledge



% listing malaria prevention and control:

Using ITNs: 100%

3+ doses of SP: 94%

Detect and treat: 11%

% comfortable assessing gestational age: 61%

- Providers exhibited high levels of knowledge about the number of IPTp doses recommended, as well as the initiation time for IPTp

Selected next steps and dissemination

- Improve providers knowledge and disseminate new MiP guidelines
- Amend the national ANC register within implementation areas to track TIPTOP indicators
- Ensure stock cards are present and used in facilities
- Strengthen completeness of CHW reporting
- Results shared with: health workers, district staff in Mananjary, Roll Back Malaria committee, MoH and malaria related partners

What is TIPTOP?

The Transforming Intermittent Preventive Treatment for Optimal Pregnancy (TIPTOP) project is an innovative, community-based approach that aims to dramatically increase the number of pregnant women in malaria-affected countries in sub-Saharan Africa receiving antimalarial preventive therapy, thus saving the lives of thousands of mothers and newborns.

TIPTOP works in four countries: Democratic Republic of Congo, Mozambique, Madagascar, and Nigeria.

For more information about the project, please visit:
www.tiptopmalaria.org

