

Project summary

CURATIVE AND PREVENTIVE PAEDIATRIC CARE

*Konséguéla health area, Koutiala district,
Sikasso region, Mali*

Initial results: March 2010 to December 2012



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INTRODUCTION

The latest SMART survey¹ carried out in August and September 2012 shows that the **prevalence of global acute malnutrition** in the Sikasso region was **6.5%** (a relatively low level, comparable with other regions in the south of the country except Kayes and Ségou, where prevalence levels are around 10-12%). Nevertheless, the number of cases of **severe acute malnutrition (SAM)** in the Sikasso region could exceed **30,000** in 2013, which tends to indicate that acute malnutrition remains a significant public health problem in the region. The same SMART survey showed higher prevalence of chronic malnutrition in Sikasso than in other regions in the south, affecting **35% of children under the age of five**. In May 2012, another survey carried out by Epicentre, the National Institute of Public Health Research (INRSP) and MSF revealed a **level of chronic malnutrition of 45% in the Koutiala district** amongst children under the age of five and **immunisation rates of close to 50%** for the main antigens. The prevalence of failure to thrive indicates that the Koutiala district is particularly affected by child undernutrition and that difficulties remain in securing the supply chain for therapeutic foods and vaccines. The initial results of the “Paediatric Care” programme run in Konséguéla provide a partial response to this situation.

DEFINITION

The project carried out in conjunction with the Koutiala Health District and the Konséguéla health area aims to define the **minimum level of curative and preventive paediatric care required** to enable steady growth and avoid a large number of premature deaths. A **package of care is therefore provided to children free of charge**, including treatment and prevention of malnutrition, an advanced immunisation strategy, medical consultations and early treatment of malaria. A ready-to-use food supplement³ is made available to children aged 6 to 24 months to prevent malnutrition; they are also supplied with insecticidal mosquito nets. In terms of malaria prevention, MSF and the Health District have implemented the national strategy recommended by the World Health Organization (WHO) throughout the Koutiala district through the **Seasonal Malaria Chemoprevention (SMC) project** between July and October for children aged three months to five years².

STRATEGY

The growth of **all children aged 0 to 24 months** in the health area is monitored through the Community Health Centre (CSCoM) in Konséguéla. They receive a health record book at their first visit to the immunisation team in each village (advanced strategy) and are given guidance on the child’s first consultation at the CSCoM in Konséguéla.

LIST OF CURATIVE AND PREVENTIVE CARE FOR CHILDREN IN THE PROGRAMME

- **Routine immunisation (Expanded Programme on Immunization – EPI) according to the Malian immunisation schedule : at birth, at 6, 10 and 14 weeks and at 9 months) ;**
- **Availability of a ready-to-use food supplement for all children aged 6 to 24 months ;**
- **Distribution of two mosquito nets to all children (when they enter and leave the programme) ;**
- **Six follow-up consultations with the child (1, 6, 9, 12, 18 and 24 months) ;**
- **Free paediatric and nutritional care (children aged 0 to 5 years) at the CSCoM in Konséguéla ;**
- **Diagnosis and early treatment of simple malaria in villages (children aged 0 to 5 years) by non-medical health officers trained by MSF (so-called “malaria officers”) ;**
- **Seasonal Malaria Chemoprevention (SMC) project between July and October for children aged three months to five years.**

¹ The SMART (Standardized Monitoring and Assessment of Relief and Transitions) methodology is a survey method incorporating nutritional, mortality and food security elements for use in emergency situations.

² The programme was instigated across the district in 2012 and will be repeated in future years.

³ Ready-to-use food supplements, also known as Lipid-based Nutrient Supplements or LNS, consist of pastes based on milk powder and/or lactoserum. They contain peanuts, vegetable fats, sugars and a combination of micronutrients (minerals and vitamins) needed for the growing child to develop. The products are simple to use and can be consumed at home. Ready-to-use food supplements are used in addition to breastfeeding and food provided in the home.

PAEDIATRIC CARE PROGRAM AIMS

- Provide curative and preventive paediatric care in the Konséguéla health area;
- Develop and define a package of curative and preventive paediatric care to enable steady growth and avoid a large number of premature deaths as efficiently and cost-effectively as possible;
- Describe the survival and growth rates and episodes of illness of children enrolled in the programme through individual monitoring.

RESULTS

- Between March 2010 and 31 December 2012, 5,644 children were enrolled in the programme and 2,061 children completed the programme at the age of two; over 3,500 are still being monitored.
- Failure to thrive due to chronic malnutrition has been reduced by 34% for children aged two compared with children of the same age in Koutiala, outside Konséguéla.
- At the age of two, 97.5% of children in the Konséguéla project had received all their immunisations: BCG, polio, five-in-one, pneumococcus, measles and yellow fever.
- 100% of children have received long-lasting insecticidal mosquito nets (LLIN) on entering and leaving the programme.

PROJECT COST

	1 st care package		2 nd care package	
	Ready-to-use food supplement 250 Kcal/jour	Breakdown of costs	Ready-to-use food supplement 120 Kcal/jour	Breakdown of costs
EPI vaccines	27,00	13,04%	27,00	18,74%
Monitoring visits (6)	30,00	14,49%	30,00	20,83%
Medical consultations (6)	24,00	11,59%	24,00	16,66%
Insecticidal mosquito nets (2)	7,25	3,50%	7,25	5,03%
Ready-to-use food supplements	113,00	54,58%	50,00	34,71%
Seasonal Malaria Chemoprevention (SMC)*	5,79	2,80%	5,79	4,02%
Midwife	Salary allowances included in monitoring visits			
TOTAL COST/CHILD	207,04 USD		144,04 USD	
Total cost/child/month	8,63 USD		6,00 USD	
TOTAL COST/CHILD/YEAR	103,52 USD		72,02 USD	

This programme duration is 24 month
 Costs expressed in US dollars (USD) / 1 USD = 500 F CFA
 Costs maybe reduced depending on the costs of transportation and the cold chain
 *4 rounds a year

MSF offers two paediatric care packages. So far, the first care package has been evaluated and MSF wishes to introduce the second package in 2013 to compare results and measure the effectiveness of the programme. The only difference is the ready-to-use food supplement, which is less expensive in the second package; the advantage of this is the opportunity for broader implementation.

CONCLUSION

In conjunction with the Ministry of Health, MSF plans to complete the development of the paediatric care package in the Konséguéla health area in 2013 and reduce the costs of the project to develop it on a larger scale. If the paediatric care package could be given to all children in Koutiala under the age of two, the number of children presenting with failure to thrive could be reduced from 80,000 to 50,000 a year, which means that 30,000 children could develop normally. In light of the results of this programme and other surveys carried out by Epicentre and MSF in the region, we can report that children in Konséguéla included in the 'Paediatric Care' programme enjoy good levels of immunisation and have benefited from a decrease in the prevalence of severe acute malnutrition and failure to thrive. The prevalence of chronic malnutrition is lower in the Konséguéla health area than the rest of the Koutiala district.