**Year 3 MCHIP ANNUAL RESULTS REPORT/4th Quarter Report**

**MADAGASCAR**

FY11: October 1, 2010 – September 30, 2011

Submitted by: Jean Pierre Rakotovao
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# MCHIP- Madagascar Annual Report (Oct. 1, 2010-Sep. 30, 2011)

## 1. BULLETS OF MAJOR ACCOMPLISHMENTS

- MCHIP has developed a cadre of 18 clinical trainers well versed in proven training techniques and in MNH/Basic Emergency Obstetric and Newborn Care.

- MCHIP increased the capacity of 455 physicians and midwives to provide quality care for women and newborns experiencing complications related to PPH, PE/E, infections, and neonatal asphyxia through trainings in targeted MNH knowledge and skills in 6 provinces throughout Madagascar.

- Through hands-on, 2 day supervision workshops, MCHIP clinical trainers have ensured that 90 physicians and midwives previously trained by MCHIP on MNH/Basic Emergency Obstetric and Newborn Care are correctly using newly acquired skills.

- MCHIP increased the capacity of 64 Community Agents (CA) to provide essential maternal and newborn care, in particular their ability to respond appropriately to women and newborns with complications, through training on community-level maternal and neonatal health in the three demonstration districts of Fenerive Est, Taolagnaro, and Ambatondrazaka.

- Having completed the Quality of Care (QoC) survey and presented the preliminary results, MCHIP has sensitized key MNH stakeholders on the importance of assessing the quality of care, in addition to the accessibility of health services. MCHIP plans to consolidate efforts to improve the quality of care through dissemination of final results in a "working meeting" where local stakeholders at different levels will discuss how to address the identified gaps in health care service delivery.

- As a result of extensive advocacy efforts, MCHIP has helped set the stage for the adoption of a sustainable national PPH Prevention strategy through increased uterotonic coverage in Madagascar. More specifically, MCHIP submitted a proposal to the Malagasy Ethics Committee in October to implement an introductory PPH prevention program to increase the use of uterotonics at facility and home births. This project will emphasize training of providers in AMTSL (Active Management of Third Stage of Labor) using oxytocin as well as misoprostol for prevention of PPH to demonstrate that misoprostol is a viable alternative for PPH prevention when oxytocin is not available at health facilities, and will also test the program effectiveness of distributing misoprostol to women for use at home births when they are not able to access care at a facility.

- As one of the lead technical organizations on maternal and neonatal care in Madagascar, MCHIP has directly contributed to the development of the national curriculum for training CAs on community level maternal and neonatal health care. MCHIP technical staff provided vital technical support during the development of the reference materials, manuals, and tools to be used for CA training.

## 2. Narrative about Major Accomplishments

- **MNH Training of Trainers (TOT), May 2-6, and June Team-building Workshop:** Claudine Razafiharisoa, the Midwifery and Training Advisor, and Jean Pierre Rakotovao, led a 5-day training of 18 MNH clinical trainers from May 2-6, all of whom are selected members of SOMAPED (Madagascar's Pediatric Society) or FSF (Midwives Federation), two professional associations with whom MCHIP collaborates closely. This training helped update trainers on targeted maternal and newborn health knowledge and skills as well as on how to become effective trainers so that they could then teach their colleagues these same skills through a series of "cascade" trainings, from June-September 2011. To reinforce trainers capacity, the MCHIP training team conducted a 3-day team-building workshop for half of the newly-trained trainers (one from each of the six training teams) from the original group of 18 Maternal and Newborn Health (MNH) Clinical Trainers that MCHIP trained from May 2-6. The goal of this Team Building Workshop was to enable trainers to review and revise training materials for the planned MNH "cascade" trainings and to ensure that documents and approaches were high quality and consistent with Jhpiego standards. Additionally, this Team Building Workshop gave MCHIP staff an opportunity to coach new trainers.

- **MNH Cascade Trainings, June-Sept., 2011:** The trainers returned to their respective sites on 17 June and met over the weekend with their co-trainers to share and finalize the plans made in Antananarivo for the first wave of cascade trainings, which took place simultaneously in 6 provinces from June 20-24. Main topics covered included PE/E, PPH, and Neonatal resuscitation. Didactic sessions, role-plays, case studies and practice of clinical skills on models were all incorporated per the usual Jhpiego approach. MCHIP rolled out 3 more waves of cascade trainings from July through September, after which about 455 midwives and physicians were trained in targeted MNH interventions throughout Madagascar.

- **Supervision by 18 Clinical Trainers of MNH Training Participants:** MCHIP trainers have conducted follow-up supervision of 90 health providers (of the 455 total trained) MCHIP trained on maternal and neonatal health in 2-day workshop to ensure they are correctly using newly acquired skills. To strengthen the clinical component of these trainings, planned supervisory activities included whenever possible visits to busy maternity centers where trainees could put their knowledge and skills into practice with a larger number of patients, instead of using the trainees' health centers where the case loads are low.

- **Training CHWs on Community Level maternal and neonatal health in the 3 demonstration districts:** In the 4$^{th}$ quarter**,** MCHIP trained 64 CHWs on community- level maternal and neonatal health interventions, with a special focus on reinforcing capacity of CHWs to respond appropriately to women and newborns with complications. This activity was undertaken with professional associations and NGOs working in close proximity to and collaborating with partner Santenet2, as well as with health facility center or CSB staff, who are members of professional associations. Training content included topics such as the importance of hand washing and how to do it; how to recognize danger signs for women who have just given birth and for newborns; the actions to take when complications arise, especially related to

facilitating referral and transport to health facility; and manual extraction of breast milk when the baby is not properly suckling.

- **Quality of Care Survey (QoC):** The consulting firm Tandem, who conducted the survey on behalf of MCHIP, presented the preliminary results of the QoC survey for Madagascar in February, 2011. The presentation was well attended by Directors and Representatives of the Ministry of Public Health, in addition to donor representatives, such as from the World Bank. While previous studies like the UNFPA/MOH 2009 Assessment of Emergency Obstetrical and Neonatal Care evaluated only the availability of care, MCHIP undertook this study to also assess the quality of care. In spite of numerous studies measuring the accessibility of care, there was a glaring lack of data available on the quality of these health services. Having obtained the input and buy-in of the MOH on this assessment, MCHIP is now well positioned to influence national MNH policies and programs, especially when MCHIP presents and disseminates the final results in early 2012. To achieve greater impact, MCHIP plans to disseminate final results in a "working meeting" where local stakeholders at different levels will discuss how to address the identified gaps in health care service delivery.

- **Misoprostol Advocacy**: Given existing opposition to the inclusion of misoprostol on Madagascar's list of essential medicine for PAC and PPH uses, MCHIP actively lobbied for consideration of misoprostol on this list at two high profile national-level meetings in May and June, 2011. Through active participation in workshop presentations, debate, and Q&A, the MCHIP COP was able to secure assurances that our proposed introductory PPH Prevention program to increase uterotonic coverage would not be blocked by the Ministry of Health or other key stakeholders. In this proposed introductory program, MCHIP plans to introduce a PPH prevention strategy that reinforces AMSTL in health facilities and also assesses whether misoprostol is a viable alternative for PPH prevention when oxytocin is not available. One key result of MCHIP advocacy from these two meetings was that recommendations were forwarded to the MOH favor rapid action to register misoprostol in the country for use in post-abortion care (PAC) as well as for PPH prevention at health facility and community levels. Though the MOH has yet to adopt these recommendations, MCHIP continues to closely collaborate with partners MSM and PSI to aggressively campaign for the registration of misoprostol for reproductive indications to ensure a sustainable national strategy for PPH prevention.

## 3. 4th Quarter Activities

- **Mercy Ministry Training for Community Health Workers (CHW):** Claudine Razafiharisoa, the MCHIP Midwifery and Training Advisor and Jean Pierre Rakotovao, the COP, had worked closely with Mercy Ministry medical staff to develop and adapt training tools and counseling cards or job aids and co-facilitated a training at the Mercy Ministry office in Tamatave for 17 CHW this past March 7 and 8. These agents work in Toamasina, on the Eastern coast of Madagascar. This same MCHIP training team co-facilitated a similar training July 12-14 for 15 other Mercy Ministry CHWs, this time for those working in the district of Fenerive Est, and Toamasina 2. Just as with the March training, the primary objective of this July training was to train CHW to educate women about danger signs, umbilical cord care, breastfeeding, and post partum care including family planning, nutrition, and hygiene.

- **Cascade MNH Trainings (and Supervision) for Health Providers, July-Sept.: Having conducted the first wave of MNH cascade trainings in June,** MCHIP conducted the second, third and fourth waves from July-Sept. for about 320 physicians and midwives in 6 provinces throughout Madagascar, including Antananarivo, Antsiranana, Toamasina, Toliara, Fianarantsoa, and Mahajanga. As mentioned, in the 4th quarter MCHIP trainers also conducted follow-up supervision of 90 health providers MCHIP had previously trained on maternal and neonatal health in 2-day workshops to ensure they are correctly using newly acquired skills. Importantly, supervision includes a clinical component whereby trainees practice on real patients at busy health facilities or hospitals.

- **MCHIP Presentations at SOMAPED (Malagasy Pediatric Society) Conference July 7/8**: Two MCHIP experts presented at the widely-attended Malagasy Pediatric Society (SOMAPED) 4th internal conference as part of MCHIP-Madagascar's national level advocacy work. Blami Dao, Jhpiego MNH Director, presented on intrapartum interventions to prevent neonatal asphyxia and local MCHIP expert, Dr. Noeline Ravelomanana, presented on best practices in newborn care. This meeting was attended by about 100 participants (pediatricians, obstetricians, public health specialists, nurses, midwives and medical students) including the Minister of health, the President of the Medical Council and the Dean of the Faculty of Medicine of the University of Antananarivo.

- **Advocacy for Improved Neonatal Care:** As one of the lead technical organizations on neonatal care in Madagascar, MCHIP conducted advocacy on best practices in neonatal care at a workshop to develop Madagascar's UN-funded global strategy for improving maternal, neonatal and child health. At the urging of the Safe Motherhood Working Group, comprised of key donors involved in MNH, the MCHIP COP, Jean Pierre Rakotovao, attended this week long workshop in Mahajanga from August 22-26, where he gave a presentation on preventing neonatal asphyxia and participated in group work and Q&A sessions on topics related to maternal and especially neonatal health.

- **Curriculum Development for Community level Care:** The Departments of Maternal and Child Health organized a week long workshop in Anstirabe from Sept. 19-23 to develop a training curriculum for Community Health Workers (CHW) on maternal and neonatal care. There the MCHIP COP presented MCHIP's training curriculum used to train level 3 CAs, as well as facilitated a presentation on how to develop/adapt reference manuals, and actively participated in group breakout sessions. Other key participants included UNICEF, MCDI, USAID bilaterals, such as RTI's Santenet2, JSI's MAHEFA, and other key MCH stakeholders.

  MCHIP trains CHWs on community- level maternal and neonatal health interventions, highlighting best practices but with a special focus on reinforcing capacity of CHWs to respond appropriately to women and newborns with complications. Training content includes topics related to the prevention of complications such as the importance and proper method of hand washing; and the importance of mother and baby contact (skin to skin) immediately after birth. In addition, MCHIP provides training on complication recognition, management, and response, including how to develop emergency plans in case of complications; recognizing danger signs for women who have just given birth and for newborns; the actions to take when complications

arise, especially related to facilitating referral and transport to health facility; and manual extraction of breast milk when the baby is not properly suckling.

Importantly, this MCHIP training content will be incorporated into the national curriculum and used throughout Madagascar once validated at the national level.

## 4. CHALLENGES/CONSTRAINTS

- **Political Constraints:** Since the coup d'état in Madagascar in early 2009, the US Government and many of the other international aid agencies have either withdrawn or placed restrictions on direct support to Madagascar's government and its public sector agencies, including its MoH. MCHIP has therefore had to reorient its strategic approach and find new and creative ways to achieve program objectives. During this past fiscal year 2010-2011, MCHIP was able to launch activities at both the national and district level by working with members of professional associations, including the FSF, SOMAPED, and ONM. Given MCHIP's restrictions on being directly involved in supporting health facilities, we have not only prioritized close coordination with professional associations, but also agencies like UNICEF and UNFPA, through regular meetings, and collaboration at the national and community level whenever possible. Our engagement with UN organizations is an opportunity to be meaningfully engaged at the national level but especially at the health facility level, which is important, as we are committed to an approach reflecting the continuum of care from household through health facility.

  Due in large part to the restrictions on working with the government of Madagascar (GoM) and government agencies, USAID/Madagascar has explicitly stated that they view MCHIP as a technical assistance organization rather than a service-delivery organization. In keeping with USAID's vision, one of MCHIP's primary roles has been to provide technical assistance to USAID bilateral programs and other collaborating partners mentioned above for introduction and scale up of high impact interventions. For example, MCHIP has sought to complement the efforts of partner Santenet2 by helping them integrate community-level management of maternal and newborn complications in their service delivery package in the three demonstration districts. Importantly, MCHIP will actively seek to replicate proven, targeted MNH technical assistance in other districts with collaborating USAID, UN, and other implementing partners in order to reach a greater number of beneficiaries.

## 5. Way Forward

Since Jhpiego officially registered as an NGO in December of 2010, the MCHIP-Madagascar program has successfully launched a full-fledged program at the national and district level, in the three demonstration districts. In a period of months, MCHIP established an office in the capital Antananivo ("Tana"), and small sub-offices in the 3 demonstration districts run by the respective Field Coordinators. The Tana office is now fully staffed with an M&E Advisor, a complete training team comprised of a doctor and midwife, an operations team including HR, Administration, and Finance staff, and the senior management team including the COP and DCOP.

In the coming year, MCHIP will build upon the past year's programmatic achievements at both the national and community level, which include the establishment of an effective M&E system, the development of a cadre of 18 clinical MNH trainers, the training of 455 providers on targeted MNH skills and knowledge, and the initial roll-out of trainings and supervision of CHW in the three demonstration districts.

In addition to continuing supervision activities to ensure that both providers and CHW are correctly using their newly acquired skills, MCHIP will train and supervise an additional 120 providers on targeted MNH knowledge and skills and an additional 317 CHW on community level maternal and newborn health. In collaboration with ONM, PSI, and MSM, MCHIP will also select about 20 additional trainers to participate in a Training of Trainers (ToT) in targeted MNH skills, thereby creating a second pool of skilled MNH trainers. These trainers will in turn conduct cascade MNH trainings throughout Madagascar for about 120 association members, in addition to select members of PSI's "Top Reseau" and MSM's "Blue Star" clinics who provide intrapartum and postpartum care.

Finally, having received USAID/Washington approval to submit the proposal for the introductory PPH prevention program to the Malagasy and JHU Ethics Committees (IRBs), MCHIP hopes to receive authorization from both IRB's in the first quarter of FY 2012 to move forward with this proposed introductory PPH prevention program to increase coverage of uterotonics at all births.

In FY 2012, Patricia Gomez, Senior MNH Technical Advisor, and Blami Dao, Jhpiego MNH Director, will continue to assist the MCHIP Training team standardize the training tools and methodology so that we can rapidly extend high quality technical updates on high impact maternal and newborn health interventions to the maximum number of providers. Complementing the work of Patricia and Blami in the 1st quarter of FY 2012 will be Cecile Somda, Midwife Consultant and Jhpiego Master Trainer. She will work with the local MCHIP trainers to update Maternal and Neonatal health (MNH) training curriculum with the latest best practices and will co-facilitate the upcoming Supplemental Workshop for the MCHIP cadre of 18 trainers from Nov. 14-23, to reinforce their competency in training and in MNH skills and knowledge, in particular updating them on revisions to training curriculum. Cecile will also co-facilitate the above mentioned MNH ToT from Nov. 28-Dec.6 for 20 new clinical trainers selected from the National Order of Doctors (ONM) and networks of private health clinics, including MSM's Blue Star, and PSI's Top Reseau.

## 6. ANNEXES

- **ANNEX I : Success Story: Saving Mothers' Lives Through Innovation**
- **Year 3 Performance Monitoring Plan (PMP): Attached as separate document**

# ANNEX I: SUCCESS STORY

**Saving Mothers' Lives through Innovation**

Voahangy had just given birth to her 2nd child, but the bleeding wouldn't stop. Luckily she had chosen to have her baby girl at the busy private health facility run by nuns in Mahajanga, in North Western Madagascar, where an average of 4-5 babies are born per day. Even more fortunate, the nun who assisted her during the birth, Sister Lydie, was a seasoned midwife who had just attended a USAID- funded MCHIP training covering how to help women who experience complications during childbirth. In this training, MCHIP trainers introduced a cutting edge tool for fighting post partum hemorrhage (excessive bleeding) known as the condom tamponade. The tamponade is very effective at controlling bleeding and utilizes accessible, low-priced materials, ideal for resource challenged settings like Madagascar where state of the art drugs, equipment, and trained medical staff are scarce. MCHIP, USAID's Maternal and Child Health Integrated Program, is introducing this and other innovative techniques to combat the high maternal death rate in Madagascar, now at 498 per 100,000 women.

When Sister Lydie noticed that Voahangy was losing excessive amounts of blood, she didn't hesitate to insert the tamponade, which quickly stopped the bleeding. Having stabilized Voahangy, she knew from her MCHIP training to organize immediate transfer to a hospital where Voahangy could receive care from doctors trained to deal with obstetrical complications. Not everyone is as lucky as Voahangy. Even when they give birth in a facility, too many women or their newborn babies die when complications arise. Since the two leading causes of maternal death in Madagascar include hemorrhage and eclampsia (high blood pressure and convulsions), MCHIP program targets these two areas in their trainings.

Georgette, another experienced midwife, attended a similar MCHIP training, this time in the capital, Antananarivo. There she learned another vital procedure to treat excessive bleeding after childbirth known as aortic compression, in which the provider presses firmly on the woman's abdomen, over the aorta, to control bleeding. Though a simple technique, many health care providers in Madagascar are not familiar with this life-saving procedure. Georgette's training was led by Myrta Rahaga, a retired midwife and one of MCHIP's pool of 18 trainers who have trained 455 doctors and midwives throughout Madagascar since June on vital maternal and newborn interventions. Myrta had taught Georgette and about 20 other doctors and midwives this technique through supervised practice on mannequins. That same evening, Georgette helped a woman give birth who started to hemorrhage. She applied firm pressure to the woman's aorta and was able to stop the bleeding. Myrta described how Georgette returned to the training the next day and excitedly related her success, very pleased to have participated in such a practical, hands-on training.

Doctors and midwives expressed similar sentiments at another USAID funded MCHIP training conducted by Myrta in Fenerive Est, in North-East Madagascar. Dr. Andriantsiory and two other participants- a doctor and a midwife- had already attended trainings on how to provide emergency care for women and newborns with complications, which briefly covered the use of magnesium sulfate, the first line drug to treat eclampsia (high blood pressure and convulsions). However, they said that it wasn't until the MCHIP training that they felt capable of actually using this drug. All three confirmed that their health facilities had magnesium sulfate, but Dr. Andriantsiory explained "I didn't use it because I was nervous to get the dosage

wrong.  I feared I might not be able to revive someone if I gave them too much."  This is tragic, since though many health facilities generally have magnesium sulfate in stock, few skilled health care providers have the knowhow or confidence to use it.  In fact, several health facilities have unopened boxes of magnesium sulfate due to expire in November, 2011.

Not surprisingly, on pre-tests evaluating training participants' ability to treat eclampsia, they scored poorly, averaging 20%.  During the training, Myrta and her co-trainers required each participant to simulate magnesium sulfate injections, in 4 skills stations where participants practiced their new skill under the supervision of the trainer.  Myrta proudly explained that at the end of the session, participants scored on average of 80 – 90%. And when she asked them "Are you going to use magnesium sulfate now?" they responded with a resounding "Yes!"

Midwife Elysabeth Boilette practices a technique to stop excessive bleeding after childbirth known as aortic compression. She was a participant this past June in MCHIP's Maternal and Neonatal Training in Toliara, in South Western Madagascar. *Photo Taken by Jean Pierre Rakotovao, MCHIP – Madagascar Chief of Party*

Dr. Jocelyne Samarline, Responsible for Reproductive Health in her District, practices a technique to stop excessive bleeding after childbirth known as bi-manual compression of the uterus. She was a participant this past June in MCHIP's Maternal and Neonatal Training in Toliara, in South Western Madagascar. *Photo Taken by Jean Pierre Rakotovao, MCHIP – Madagascar Chief of Party*