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Maternal and Child Health Integrated Program

## **USAID/MCHIP 1st QUARTERLY REPORT (MCHIP PY4 Quarter 1 Country Program Report)**

### **MADAGASCAR**

Q1, FY12: October 1, 2011 – December 31, 2011

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# MCHIP- Madagascar 1<sup>st</sup> Quarterly Report (FY 2012)

## 1. Introduction

Madagascar's maternal mortality ratio (MMR) is high at 498 per 100,000 live births, and it has not changed significantly since 1997. As part of USAID's expanded MCH programming to include a more significant focus on maternal and neonatal health (MNH), USAID/Madagascar provided funding to MCHIP at the beginning of Fiscal Year (FY) 2010. One of MCHIP's primary roles has been to provide technical assistance to USAID bilateral programs, donors, professional associations and other collaborating partners for introduction and scale up of high impact interventions.

Since achieving registration status in December 2010, MCHIP has accomplished several key objectives in this first active year of the program. Some notable achievements include the development of a cadre of 18 clinical trainers well versed in clinical training techniques and in key aspects of MNH/Basic Emergency Obstetric and Newborn Care. Additionally, MCHIP has increased the capacity of 455 physicians and midwives to provide quality care for women and newborns experiencing complications related to Postpartum Hemorrhage (PPH), Pre-eclampsia/Eclampsia (PE/E), infections, and neonatal asphyxia.

Complementing the efforts of the Santenet2 project, MCHIP has also 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.

## 2. MCHIP Program Objectives and Key Activities

### Objectives:

The program has three primary objectives as follows:

1. Provide support and technical leadership in MNCH;
2. To contribute nationally relevant program learning on integrated health approaches to MNH based on demonstration activities in three districts (Fenerive Est, Ambatondrazaka and Tolagnaro)
3. To increase uterotonic coverage to prevent PPH through professional association members and community agents in the district of Fenerive Est

### Key Activities:

1. MCHIP provides technical assistance to the following partners:
  - Local professional associations, such as the Federation of Midwives (FSF), Madagascar Pediatrics Society (SOMAPED), and the National Order of Doctors (ONM)
  - Social Franchises (Networks of private health clinics) including PSI's "Top Reseau" and MSM's "Blue Star";
  - USAID bilateral programs such as RTI's Santenet2, PSI, and JSI's MAHEFA;
  - Other collaborating partners, such as UNICEF and UNFPA;

Technical assistance at the national level includes participation in the Safe Motherhood Working Group; training, curriculum, and proposal development in collaboration with organizations listed above; and finally national level information sharing on targeted evidence-based globally approved best practices. At the community level, MCHIP provides technical assistance to USAID bilateral programs and other collaborating partners mentioned above for introduction and scale up of high impact interventions. Technical assistance

at the community level is led by Field Coordinators in 3 demonstration districts who conduct data collection and analysis, assist with tool development, and help train and supervise community health workers (CHW) and other local partners.

### **3. Results for the Quarter**

- 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 first received USAID approval in October 2011 and then Malagasy Ethics Committee approval in December 2011 to implement an introductory PPH prevention program to increase the use of uterotonics at facility and home births.
- In a November 2011 supplemental training workshop, MCHIP reinforced the technical capacity in MNH as well as the training skills of the original group of 18 trainers, who are members of SOMAPED (Madagascar's Pediatric Society) or FSF (Midwives Federation).
- MCHIP has strengthened the pool of maternal and newborn health trainers in Madagascar by training a second cadre of 19 clinical trainers in key aspects of MNH/Basic Emergency Obstetric and Newborn Care this past November, 2011. Participants are doctors and midwives who are members of ONM, PSI's Top Reseau, and MSM's Blue Star.
- MCHIP has laid the groundwork for improving the quality of maternal and neonatal health care by finalizing the Quality of MNH Care (QoC) study in December 2011, which assessed both the quality and access to maternal and newborn care. MCHIP plans to disseminate and use the study findings in a January 24, 2012 workshop to encourage key stakeholders to implement study recommendations in a coordinated fashion to address gaps in health care service delivery.
- MCHIP has also increased the capacity of an additional 145 Community Health Workers (CHW) 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.

### **4. Narrative about Major Accomplishments**

#### **Introductory PPH prevention program:**

This introductory program will emphasize training of providers in AMTSL (Active Management of Third Stage of Labor) for prevention of PPH to demonstrate that offering AMTSL to all women decreases PPH, 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. Having already obtained both USAID and local ethics committee approval to move forward with this program, MCHIP submitted the research plan for this introductory PPH prevention program to the JHSPH Institutional Review Board (IRB). The IRB have completed their review and now MCHIP is in the process of responding to their questions.

**MNH Supplemental Training Workshop for Trainers (TOT):** Midwife and Jhpiego Master Trainer Cecile Somda, as well as the local MCHIP training team including Midwifery and Training Advisor Claudine Razafiharisoa, Training Advisor Marc Eric Rajaonarison, and COP Jean Pierre Rakotovao, led this 5-day refresher training November 14-18 for 18 MNH clinical trainers, all of whom are selected members of SOMAPED or FSF, two professional associations with whom MCHIP collaborates closely. The goal of this training was to continue to reinforce their technical capacity as well as teach them how to be effective trainers. More specifically, this training workshop helped enhance demonstration and coaching skills and assisted trainers to plan the schedule and content for follow up visits to monitor the people they have trained. Starting in early 2012, these trainers will resume their cascade trainings in targeted MNH skills and knowledge for about 120 doctors and midwives.

Also of note, Ms. Somda helped the MCHIP training team identify the 3 strongest trainers who will then co-train with Jhpiego MNH Senior Technical Advisor Patricia Gomez in a January 30-February 3 MNH cascade training. This process will take these three trainers from “candidate” to “fully qualified” trainers. Once fully qualified they will be able to carry out training of professional association members independently, thus strengthening the pool of maternal and newborn health trainers in Madagascar.

**MNH Training of Trainers (TOT) for Members of ONM, PSI’s Top Reseau, and MSM’s Blue Star:** With support from Cecile Somda, MCHIP trainers conducted a 5-day training of trainers from November 28-December 2 for 19 doctors in order to create a second pool of MCHIP trainers/supervisors, who are well versed in targeted MNH skills and knowledge and who are capable trainers. These trainers will in turn conduct cascade MNH trainings throughout Madagascar for about 120 professional association members, in addition to select members of Top Reseau and Blue Star who provide intrapartum and postpartum care. Just as with the first pool of MCHIP trainers, project staff will ensure that both trainer and trainee competencies are continually assessed through oversight and supervision activities.

**Quality of Care Survey (QoC):** A pioneer in the area of quality assurance, MCHIP undertook the study with the goal of measuring the quality and content of health care in Madagascar. Dr. Eva Bazant, Jhpiego/MCHIP Sr. Monitoring, Evaluation and Research Advisor and one of authors of the MCHIP/USAID study entitled the *Quality of Care of the Prevention and Management of Common Maternal and Newborn Complications (QoC-MNC) in Madagascar*, finalized the study in December 2011 with input from the MCHIP Madagascar team and consulting firm Tandem, who carried out the study on behalf of MCHIP. The in-country team had the document translated in French for the planned dissemination workshop, slated for January 24, 2012. In this “working meeting,” local stakeholders at different levels will discuss and develop an implementation plan that will address the identified gaps in health care service delivery.

**Training CHWs on Community Level maternal and neonatal health in the 3 demonstration districts:** In the 4<sup>th</sup> quarter, MCHIP trained 145 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 how to prevent the spread of disease through hand washing ; 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. In this same quarter, 115 of the 145 CHW were supervised by trainers in follow-up visits to ensure that CHW are correctly using newly acquired skills.

## 5. Way Forward

In the next quarter, MCHIP will build upon recent achievements, which include building the capacity of 39 clinical trainers- who are doctors and midwives- to be effective trainers in targeted MNH skills and knowledge. Patricia Gomez, Senior MNH Technical Advisor, will return in late January to qualify three of the top trainers- from among this group of 39- to be independent trainers, which will go a long way toward ensuring that improvements in the quality of care are sustainable.

MCHIP has also trained 145 CHW on community level maternal and neonatal health so that they will be able to appropriately respond to women and newborns with complications. Having laid the groundwork for the introductory PPH prevention program, MCHIP hopes to be able to begin implementation in the 2<sup>nd</sup> quarter if granted approval from the Johns Hopkins University IRB. Finally, MCHIP finalized both the French and English versions of the QoC study and hopes to conduct a dissemination workshop, the goal of which will be to develop an implementation plan- with the participation of all the key MNCH stakeholders- for addressing the gaps in health care service delivery.

Ms. Gomez will continue to assist the MCHIP Training team standardize the training and supervision tools and methodology so that we can rapidly extend quality technical updates on high impact maternal and newborn health interventions to the maximum number of providers. She assisted the team with planning a schedule of follow-up visits for the trained providers by each trainer to ensure transfer of newly-learned knowledge and skills and to assess needs for basic equipment to carry them out. She will consolidate these previous efforts to strengthen supervision activities with a field visit in early 2012 to assess whether MCHIP trainers and training participants are improving Emergency Obstetrical and Neonatal Care (EmONC) in their own sites and to ensure that they are addressing the issues raised in the QoC study. Ms. Gomez will also assist the MCHIP team to strengthen supervision approaches and activities.

## 6. Annexes

- **ANNEX I : Success Story: Quality Care with a Smile**
- **ANNEX II: Success Story: Community Health Workers (CHW) Provide Care for Mothers and Newborns**

**ANNEX I: SUCCESS STORY**  
**QUALITY CARE WITH A SMILE**  
by Susan Moffson, MCHIP-Madagascar

Odile Razafinganahary had just given birth to twin boys and Midwife Agnes noticed that the bleeding wouldn't stop. When two cotton cloths were quickly soaked with blood, she knew she had to react immediately. After ensuring that no placental fragments had been retained in the uterus, Agnes began to perform uterine massage, a technique to combat excessive bleeding after the birth of the baby. This excessive bleeding, known as post partum hemorrhage, is preventable and easily treated, but in Madagascar, it is the leading cause of maternal death- which is high at 498 per 100,000 live births- so the USAID-funded Maternal and Child Health Integrated Program (MCHIP) program targets this area in all trainings. Midwife Agnes had learned this procedure when she attended this MCHIP training in August, 2011, in the capital, Antananarivo.

Despite the uterine massage, Odile continued to bleed. Having already applied another technique known as aortic compression on at least 12 women since her USAID/MCHIP training, she then confidently pressed firmly on Odile's abdomen, over the aorta, to control the bleeding. As she worked, Agnes explained to Odile what she was doing, because she also knew from her training that women are scared, and often panic, when they don't know what is happening. After several minutes of compression, the bleeding finally stopped.

Odile is now the proud mother of two healthy 3-month old boys, Damas and Calist, and she speaks highly of Agnes and her experience at the District Hospital in Itaosy commune where she gave birth. Her first birth to 5 year old son Angelo at the local health center did not go so smoothly. "The woman who took care of me gave me a bad welcome and was not nice." This first birth was long, lasting about 18 hours, and the health care provider did not listen to her needs or explain what she was doing. "My mother and my sisters had to take care of me."

When she heard from her sister-in-law about Midwife Agnes, who had delivered her own children, Odile went to see her for the prenatal visits and they established a rapport. So in the delivery room when Agnes worked swiftly to stop the bleeding, Odile had confidence in Agnes and followed her instructions, even though the pressure on her abdomen was unpleasant. Odile explained, "I trusted Agnes and everything was simple with her." Agnes added, "I know that compression hurts, which can make the work difficult. So I always tell the woman what I am doing."

MCHIP trainings focus on strengthening the interpersonal communication skills of doctors and midwives by continually reinforcing that they must always reassure the woman and describe what they are doing. In fact, all skills checklists used to evaluate the competency of providers during the trainings prompt them to maintain open communication and a positive attitude towards the woman. Myrta, the retired midwife who helped train Agnes, said "with each lesson we teach providers that they must greet the woman warmly and prepare her for what is coming. We then evaluate them during role-play exercises to see if they talk to the woman and smile at her during each step- a smile is very important for comforting the woman during birth- she is more likely to get better."

Odile is among the more fortunate in Madagascar because her husband owns a small open stall where he sells staples like rice, bread, sugar, oil and soap, so she is able to eat well and produce sufficient milk for her robust twin boys who “eat a lot.” But she is also very fortunate because she is one of the roughly 51% of women who give birth with the assistance of a health professional. Not so lucky are the many women who do not have access to high-quality care from a well-trained provider. Thanks in large part to the skills learned by Midwife Agnes during the USAID funded MCHIP training, Odile had the chance to receive the excellent care that saved her from a life-threatening condition.



Family friend (far left) and Mother Odile Razafinganahary (center), with her 3 month old twins Damas and Calist, who were safely delivered by midwife Agnes Haingo (far right) October 14, 2011. Photo taken by MCHIP- Madagascar driver, Desire Narifara.

## **ANNEX II: Success Story**

### **Community Health Workers (CHW) Provide Care in Remote Villages for Women and Newborns**

by Susan Moffson, MCHIP-Madagascar

“This is the way we wash our hands, wash our hands, wash our hands, this is the way we wash our hands, with water and soap, to keep infections away” sang the chorus of Community Health Workers (CHWs) in their local Malagasy dialect to the well known melody at the December 16, 2011 training in Fenerive East, Madagascar. USAID funded MCHIP (Maternal and Child Integrated Program) trainers teach CHWs to sing this song when they kick off the session on “How to Reduce the Spread of Diseases,” part of the MCHIP training curriculum on community-level health care for mothers and newborns. The CHWs resume their singing when they practice proper hand-washing techniques using soap, buckets and water while being supervised by MCHIP trainers. One such trainer, Field Coordinator Raymond Rakotomanga, explained how teaching through song is very effective in Madagascar, since it is common for villagers- especially children- to get together in the evenings and sing before bed as a way to forget their problems. “Everyone comes together through song,” he says.

Erine Gity, a CHW for the past 6 years in the commune of Mahambo (Fenerive East District), revealed how this December training equipped her to give life-saving advice to one of her patients, Nety Pierrine, who lives in a remote village 9 km away from the Mahambo health center. In Fenerive East, where rates of malnutrition, malaria, and maternal and newborn deaths are high, CHWs, who live in the communities they serve, are often the only resource for women living in isolated villages far from health centers. MCHIP therefore targets CHW training on how to prevent and recognize many problems as well with what to tell women if they or their babies develop complications. Perhaps the most valuable message CHWs take away from the training is the importance of encouraging women to give birth in a health facility, and if problems arise CHWs are taught to facilitate the woman’s transfer to a facility.

Explained Erine, “Most women are afraid to go to the health center- it is hard to reach and they don’t know the doctor or midwife there- so they prefer to give birth at home.” In Fenerive East, only 13% of women give birth in health facilities, significantly less than the national average (36%). So when Nety had a difficult pregnancy during which she suffered from malaria, Erine encouraged her to go to the health center for her prenatal visits and for the birth. From her MCHIP training, Erine was able to help Nety develop a birth plan which included organizing transport to the health facility and designating family members to care for her older child while away from home and accompany her to the health center. When labor began Erine set the plan in motion and quickly arranged for Nety to take the local bush transport, a makeshift stretcher, made of wood and cloth. Nety arrived at the Mahambo health center in time to deliver a baby boy, Ricardo, who weighed around 4.5 pounds. Both Nety and her baby did well after the birth and they returned home.

But the drama began about a week later, when Ricardo developed a fever and Erine went to the home. Erine made sure to wash her hands using the techniques practiced at the December MCHIP training, first wetting her hands and wrists, then lathering up, rubbing soap between her fingers, rinsing well and finally lifting her hands up in the air to let them fully dry. Then she examined 6-day old Ricardo, knowing from her training to look for danger signs, such as fever, abnormal breathing, or inability to suckle at the breast. Seeing that Ricardo needed medical attention, she immediately arranged for mother and baby’s transport to

the health facility, but not before she told Nety to breastfeed Ricardo frequently and to hold him closely, skin-to-skin, until she could get him to a facility.

Frequent breast-feeding and continuous skin-to-skin contact are two key actions to ensure that babies stay hydrated and warm, which is especially important if they are small or ill. Having learned to support mothers and babies with these techniques at the MCHIP training through supervised practice holding baby mannequins, Erine coached Nety about how to feed and hold her baby before she undertook her long journey on the stretcher to the health center, where baby Ricardo received immediate treatment. Ricardo is now doing fine, thanks to Erine. Erine proudly related how Nety thanked her for her help, saying “if it was another CHW, maybe they would not have convinced me to go to the hospital, and my baby or I might not be okay.”

At the USAID funded MCHIP training for CHW, Erine learned many new techniques for preventing and addressing common problems for mother and baby before, during, and after childbirth. The actions that Erine used – hand-washing, development of a birth plan, recognition of danger signs and special care for a sick baby during referral – helped lead to a happy ending for Nety and Ricardo.



CHW practice hand-washing in USAID funded MCHIP training for CHW in Taolagnaro, Madagascar in September, 2011. Photo taken by MCHIP COP, Jean Pierre Rakotovao



Workshop Trainer Dr. Fanja uses a mannequin to demonstrate a method of caring for small babies involving frequent breast-feeding and maximum skin-to- skin contact between mother and child at the June 2011 Mercy Ministries training for CHW in Tamatave, Madagascar. Photo taken by MCHIP COP Jean Pierre Rakotovao.