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Maternal and Child Health Integrated Program

USAID/MCHIP 3rd QUARTERLY REPORT (MCHIP PY4 Quarter 3 Country Program Report)

MADAGASCAR

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MCHIP- Madagascar 3rd 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 program objectives. Some notable achievements include the development of a cadre of 37 clinical trainers well versed in clinical training techniques and in key aspects of MNH/Basic Emergency Obstetric and Newborn Care. Since project inception, MCHIP has increased the capacity of 589 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 364 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.

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," and other private clinics including SIEM and JIRAMA;
 - USAID bilateral programs such as RTI's Santenet2, JSI's MAHEFA and other INGOs such as PSI;
 - Other collaborating partners, such as UNICEF and UNFPA;

Regarding objective 1, 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. For community level interventions related to objective 2, 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 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. Also at the community level in the district of Fenerive Est, MCHIP is pursuing objective 3 by continuing to advocate for the rollout of the Introductory PPH Prevention Program to demonstrate that misoprostol

is a feasible alternative when oxytocin is not available as part of a comprehensive strategy to strengthen the Active Management of the Third Stage of Labor (AMSTL).

3. Results for the Quarter

- Increased the capacity of 67 physicians and midwives (589 total since project inception) 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.
- Finalized production and began distribution of 2,250 job aids on three proven high impact interventions including the treatment of PE/E through the use of magnesium sulphate, a flow chart for the treatment of PPH, and an action plan on neonatal resuscitation.
- Expanded national-level information sharing on targeted evidence-based globally-approved best practices through technical presentations given by MCHIP COP at key national level conferences which reached 280 health care providers.
- Through advocacy efforts, MCHIP obtained assurances from partner UNFPA that supplies of magnesium sulphate- the first line treatment for women suffering from Pre-eclampsia/Eclampsia (PE/E) - would be forthcoming throughout Madagascar.
- Obtained approval to pre-test revised maternity registers in the three demonstration districts. Registers now include key interventions that MCHIP targets in trainings, such as AMTSL, and the use of magnesium sulphate to treat PE/E.
- Successfully advocated for the inclusion of crucial life-saving maternal health interventions in the maternal health booklet used by health agents, CHW and women, specifically on how to recognize danger signs for a woman who has just given birth, and essential new born care (such as the provision of vitamin K, umbilical cord care, temperature control).
- MCHIP has also increased the capacity of an additional 189 Community Health Workers (CHW) - 364 total since project inception- to provide essential maternal and newborn care, in particular their ability to respond appropriately to women and newborns with complications, through supervision of CHW training participants on community-level maternal and neonatal health in the three demonstration districts of Fenerive Est, Taolagnaro, and Ambatondrazaka.

4. Narrative about Major Accomplishments

Objective 1: Support and national leadership in MNCH

Training and Supervision in targeted MNH skills and knowledge:

In addition to training an additional 67 providers, MCHIP has built upon recent efforts to strengthen supervision approaches by re-orienting MCHIP Trainers and Field Coordinators on objectives, methodology, and improved tools for follow-up of skilled providers after training in MNH. This quarter the MCHIP team conducted follow-up for a total of 199 doctors and midwives. Follow-up or supervision is an integral part of the Jhpiego training approach, since trainers can assure the quality and sustainability of best practices participants have learned in training. This supervision will also help to ensure that MCHIP training participants are improving Emergency



Obstetrical and Neonatal Care (EmONC) in their own sites as well as addressing the issues raised in the QoC study.

Information sharing on key, evidence-based interventions at key venues: At the 25th Anniversary of the National Order of Midwives on May 4 and 5 and the CROM (Regional Consul of Doctors) Annual Meeting on May 11, MCHIP COP Jean Pierre Rakotovao presented on main MCHIP training topics, including the prevention of PPH, PE/E, maternal and newborn infections, and neonatal resuscitation. Through this important information sharing activity, MCHIP was able to advance best practices on key MNH interventions for a total of 280 professional association members, 82 of whom were doctors, 191 midwives, and the rest health aids or midwifery students. Pre-tests were given before the presentations and post-test after to assess knowledge gained. Comparison of pre and post tests revealed significant improvements, with an average jump of 4 points out of a total score of 20 possible per test. Most notable were large increases- averaging 5-10 points- in knowledge gained about AMTSL, acceptable positions for the woman giving birth, and respectful treatment of women during labor and delivery. The presentation addressed several themes covered in MCHIP trainings which stress the need for humanistic care to ensure childbearing women's dignity and rights are respected, and which evaluate providers' ability to provide this type of open, positive communication with their patients.

In fact, MCHIP global, evidence- based guidance on labor and delivery as shared in the presentation often contradicts out-of-date practices still common in Madagascar, where women are advised not to drink during labor, or are often advised not to bring a companion or helper to assist them during labor. Similarly, during the presentation, providers were alerted to other outmoded practices, such as for doctors to systematically perform episiotomies when it is only occasionally needed and conduct uterine revision when it is sufficient to assure the placenta is complete. Perhaps not surprisingly, providers found several MCHIP recommendations highly pertinent, as demonstrated by feedback in presentation evaluations.

MCHIP COP Jean Pierre Rakotovao engaged in other crucial information sharing activities through active participation at the Safe Motherhood Technical Working Group meetings, where he presented at the April meeting on topics such as misoprostol for reproductive indications (RI), Helping Babies Breath (HBB), and anemia detection. At the May meeting, COP Jean Pierre raised the issue of recent stock outs of magnesium sulfate, the first line treatment for PE/E, one of the three leading cause of maternal death. Importantly, he was able to obtain assurances from partner UNFPA that supplies would be forthcoming not only in regions where UNFPA works but also at the national level, throughout Madagascar.

Through this technical leadership and participation in the United Nations led Safe Motherhood Technical Working Group, known as H4+, MCHIP has been able to share valuable information with stakeholders about important MNH themes highly relevant to Madagascar. Recently, MCHIP successfully advocated for the inclusion of two articles in the H4+ quarterly newsletter. Included in last quarter's newsletter are the results of the Quality of Care (QoC) study carried out by MCHIP, and in the next newsletter there will be an article on the 2,250 job aids MCHIP has developed and begun to distribute, as discussed in detail below. (See Annex II for H4+ articles).

Develop and distribute posters and job-aids to MCHIP training participants: MCHIP developed and reproduced 2,250 laminated, size A-4 job-aids, 750 each on the following 3 topics: newborn resuscitation, the use of magnesium sulfate for prevention and treatment of PE/E and an algorithm for PPH treatment. MCHIP Field Coordinators have begun distribution in the 3 districts to MCHIP training participants, who have agreed to display these materials in sites where they work. MCHIP will also distribute these job aids to training participants during upcoming MNH training and supervision activities so that they may display these helpful guides.

Revise maternal and newborn health booklets for Health Agents (HA), CHW and women:

In close collaboration with RTI's Santenet2 and JSI's MAHEFA, MCHIP is assisting with the revision of maternal and newborn health booklets- used by both women and CAs- to include guidance on community- level recognition and referral of maternal and newborn complications. The goal is to provide CAs and women with tools for increasing understanding at the community level about maternal and newborn complications with a



focus on teaching CHW and women to recognize danger signs. While MAHEFA is taking the lead on revising and reproducing these booklets, MCHIP successfully advocated for the inclusion of several notable text and layout improvements related to immediate newborn care, and for increased emphasis on how to recognize danger signs and on the importance of post natal consultations.

Objective 2: Integrated health approaches to MNH based on demonstration activities in three districts (Fenerive Est, Ambatondrazaka and Tolagnaro)

Training and Supervision of CHWs on Community Level maternal and neonatal health in the 3 demonstration districts: In the 3rd quarter, MCHIP conducted follow-up supervision visits of 189 CHW on community-level maternal and neonatal health interventions to ensure that CHW are correctly using newly acquired skills. Training and supervision activities focus on reinforcing capacity of CHW to respond appropriately to women and newborns with complications. This activity is undertaken with professional associations and NGOs working in close proximity to and collaborating with partner Santenet2. Training content includes 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.

MCHIP trainers later conduct 1 day follow-up visits, reuniting the CHW and their trainers. These trainers, along with MCHIP Field Coordinators, lead interactive sessions where participants are asked to share experiences, successes and especially challenges to practicing their newly acquired skills and knowledge so that possible solutions may be discussed. CHW are also asked to demonstrate recently taught skills so that trainers may reinforce both CHW abilities and understanding of training topics.

Compiling and facilitating the adoption of best practices on community-level management of maternal and newborn complications: In the 3 demonstration districts, MCHIP Field Coordinators have been assessing the existing emergency referral systems in place at the community level for providing necessary logistical support and immediate transport to the nearest health facility for women and newborns in case of obstetrical and newborn complications. In collaboration with district Health Development Committees or CDS, MCHIP Field Coordinators are working closely with key stakeholders to reinforce and strengthen systems already in place, in particular for setting aside money that women and their families can access when problems arise and for providing emergency transport in the event of problems.

Objective 3: To increase uterotonic coverage to prevent PPH through professional association members and community agents in the district of Fenerive Est

Hopkins IRB Approval for PPH prevention program: Several issues related to both John Hopkins IRB and in-country approvals have hindered progress on the implementation of this introductory PPH prevention program. MCHIP 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. MCHIP submitted the research plan for this program to the JHSPH Institutional Review Board (IRB) in November, and has received four rounds of questions (Jan 6, Feb. 15, March 21, and April 26).

The Jhpiego head of M&E met with John Hopkins IRB in early May to discuss IRB concerns, which generally center around safety and whether the delivery mechanisms for misoprostol chosen for Madagascar (ANC services and CHWs) are effective in making women understand how to correctly take misoprostol. After several discussions and an informal review by IRB to ensure MCHIP was effectively addressing IRB concerns, we submitted a revised research plan June 4. We received official notice on July 10, 2012 that the IRB had approved our research plan.

In-Country Challenges/DAMM letter: Challenges related to in-country approval stem from a Feb. 27 letter from the national drug regulatory agency (DAMM), signed by the minister, indicating that they do not support the use



of misoprostol for community-based distribution (or at HF level) for PPH prevention, apparently reversing their earlier position. For us to proceed with this activity as planned, it is essential that we receive government approval superseding the recent letter from DAMM to ensure that we have the necessary MOH support of this program.

Meeting with Secretary General: Importantly, MCHIP COP Jean Pierre Rakotovao was able to convince the MOH Secretary General (SG) in an April 17 meeting that in fact, our proposed PPH Prevention program is consistent with the intent of the Feb. 27 DAMM letter. At the end of the meeting, the Secretary General said that he would recommend that the Minister provide us with the requested letter of confirmation, stating that we can carry out our introductory program. After repeatedly following up to see if the Minister had signed the letter to authorize our PPH Prevention Program, we learned that upon the Minister's return from a long trip, the Director of the Drug Regulatory Agency (DAM) approached the Minister about signing the letter in early June. Her response was that "now is not the time."

Next Steps: As agreed with USAID Activity Manager Jocelyne last name and Senior Health Advisor Robert Kolesar in a June 12 meeting, the consensus is that greater USAID engagement is necessary at this point since, due to the restrictions, MCHIP cannot meet the Minister but USAID is permitted to do so. The Mission Director is planning to meet with the Minister in August about several issues, so it was agreed USAID will add the MCHIP PPH Prevention Program to the agenda. In the June 12 meeting with USAID, MCHIP DCOP and COP clarified that MCHIP insists on MOH buy-in and collaboration in order to ensure sustainability and eventual scale up of this intervention, and thus cannot move forward without the MOH authorization letter.

5. Way Forward

This past quarter, MCHIP has continued to work tirelessly both at the national and the community level to improve the quality of maternal and neonatal care in Madagascar. In addition to the on-going training and supervision activities on targeted MNH skills and knowledge, MCHIP's efforts to share information with key stakeholders about globally approved best practices in targeted maternal and neonatal care at high profile venues have been particularly noteworthy. To achieve greater impact, the MCHIP COP has presented on selected topics relevant to Madagascar at key venues, including the Anniversary of the National Order of Midwives, the CROM Annual Meeting, as well as at the Safe Motherhood technical working group monthly meetings.

Having providing technical assistance to Santenet2 and MAHEFA on the revision of the community health booklets so that they include several notable text and layout improvements related to immediate newborn care, danger signs, and post natal consultations, MCHIP will support these same partners with the printing and distribution of these booklets in the 3 districts during the next quarter.

MCHIP has trained 364 CHW to date on community- level maternal and neonatal health so that they will be able to appropriately respond to women and newborns with complications. MCHIP is now working with key stakeholders in the 3 districts to strengthen existing emergency referral systems in the 3 demonstration districts to assist women and their communities plan in advance for potential complications by ensuring that adequate transport and logistic systems are in place.

During this quarter, MCHIP has obtained approval to pre-test revised registers, which now include key interventions that MCHIP targets in trainings, such as AMTSL (Active Management Third Stage of Labor), and the use of magnesium sulphate to treat PE/E. Having developed a guide on their use, MCHIP will orient providers in the 3 districts on how to complete these new registers so that they may begin to pre-test them. This will enable MCHIP to accurately measure the impact of trainings in targeted MNH skills and knowledge and more importantly, will help ensure that providers practice these new skills so that clients can receive quality MNH care. Ultimately, MCHIP will advocate that these registers be adopted nationwide if appropriate.



Similarly, so that clients receive the best quality care possible, MCHIP has reproduced and started distribution of job aids to MNH cascade training participants which will reinforce their newly acquired competency and skill on 3 proven high impact interventions, including the treatment of PE/E through the use of magnesium sulphate; the treatment of PPH; and neonatal resuscitation. In the next quarter, MCHIP will distribute a total of 2,250 job aids to 750 training participants, who will display these aids in the sites where they work so that their colleagues and ultimately countless women and newborns may also benefit.

Now that MCHIP has obtained all the necessary ethics committee approvals for the introductory PPH Prevention program, we will support USAID in their efforts to obtain in-country approval to carry out the MCHIP's proposed PPH Prevention Program.

6. Annexes

- **ANNEX I : Success Story: A Sack of Rice Saves a Life**
- **ANNEX II: United Nation's H4+ Newsletter articles on the QoC Study and Job Aids (in French)**

Annex I: Success Story

A SACK OF RICE SAVES A LIFE

MCHIP Madagascar Success Story by Susan Moffson

Traditional birth attendant (TBA) Rahambana was very pleased to help mother Monique welcome her third child- a healthy baby girl named Laryssa- after a smooth, uncomplicated labor. However, her joy quickly turned to alarm when Monique wouldn't stop bleeding. "It was an easy birth, so why is there so much blood?" worried Rahambana. When Monique's uterus also ballooned up, she quickly called Community Health Worker (CHW) Rozia and described what was happening.

While on route to the birth, Rozia gave crucial guidance she had learned at the USAID-funded Maternal Child Health Integrated Program (MCHIP) training for CHWs on community-level maternal and newborn care. At this CHW training, held in October, 2011, in Fenerive East, on the eastern coast of Madagascar, MCHIP trainers taught CHWs how to recognize danger signs like excessive bleeding, which signals a serious, life-threatening condition known as post-partum hemorrhage. Importantly, these CHWs also learned some simple, life-saving techniques that can help women like Monique, who live in isolated villages several hours away from the nearest health facility.

Rozia instructed TBA Rahambana to give Monique lots of sugar water to replenish fluid lost from excessive bleeding, to keep her feet propped up, and to place a one- kilogram weight -usually a plastic sack containing sand, sugar, or rice- on the uterus to help it contract as an interim solution until CHW Rozia arrived. Rahambana chose a sack of rice, explaining "we don't have much out here in the bush." Monique described the sensation: "I felt like I was going to give birth again. I thought maybe I was going to die without seeing my baby."

When Rozia arrived at the birth soon after, she first examined Monique to make sure that she had no tears that might be causing the bleeding, just as she was taught at the USAID MCHIP training. Once she had verified that the blood was coming from the uterus, she immediately practiced another technique she had learned at the training known as external uterine massage, a simple procedure to treat excessive bleeding after childbirth. Several minutes later, the bleeding slowed and she felt reassured when she saw the uterus shrinking.

By then it was evening, so she was relieved that the treatment had worked. "It would be very difficult to evacuate to a health center in the dark." The closest health center was a 2-3 hour walk on rugged terrain to public transport, and then a 20km ride which might take another 30 minutes. MCHIP always stresses the importance of immediate transfer to facilities in the event of complications as well as how to facilitate the patient's rapid referral to a facility. However, the reality is that had Monique not received this vital care, she might have died on the way to the health center, since women can die within just 2 hours from the onset of bleeding. Too often, women living in isolated villages without health care facilities who chose to give birth at home die when they suffer complications like postpartum hemorrhage, the leading cause of maternal death in Madagascar, whose high maternal mortality ratio is currently at 498 deaths per 100,000 live births.

When MCHIP Field Coordinator Benjamin, based in the district of Fenerive Est, remarked on the great teamwork between CHW Rozia and TBA Rahambana, Rahambana said "I can't work without Rozia now." Since the MCHIP

training, Rahambana always lets her know about upcoming births and that they will work together when there are problems, such as occurred with Monique. Rahambana explained, “it’s like having a midwife in the village with us.” This is a big complement because midwives are more skilled and enjoy higher professional status than TBAs, but their services are out of reach for the typical villager, who can often only afford to hire the TBA at a cost of about \$5 per birth.

Similarly, village women are often reluctant to give birth in a health facility with health agents who they don’t know or trust, and also due to the prohibitive cost, which can run more like \$20 per birth. A CHW since 2008 in the commune of Mahambo, Rozia discussed how hard it is to convince people to go for prenatal check-ups and especially to give birth in a facility. “It’s hard to change behavior- the people are poor- they don’t believe you until you have concrete results. But it is very satisfying when you save someone. We must keep trying.” Through MCHIP trainings, USAID is empowering women and CHW to make appropriate and sometimes life-saving decisions about pregnancy and childbirth, thus giving them access to and control over resources necessary to survive or to assure the survival of others.



CHW Rozia observes patient Monique and 2 week old baby girl Laryssa. Photo taken by MCHIP Field Coordinator Benjamin Fanomezantsoanahary.



Monique and baby Laryssa. Photo taken by MCHIP Field Coordinator Benjamin Fanomezantsoananahary.

Annex II: United Nations H4+ Newsletter articles on the QoC Study and Job Aids (in French)

Qualité de service pour la prévention et la prise en charge des complications survenant chez la mère et le nouveau – né dans les formations sanitaires à Madagascar

Amélioration de la disponibilité, la qualité et l'utilisation des SONU : Le programme de Santé Maternelle et Infantile (MCHIP) à Madagascar sur financement de l'Agence Américaine pour le Développement International (USAID) a mené une étude d'envergure nationale sur la qualité de service pour la prévention et la prise en charge des complications survenant chez la mère et le nouveau – né dans les formations sanitaires à Madagascar en 2011. Cette étude a été conçue pour compléter et élargir les évaluations antérieures de la qualité des soins maternels et néonataux ainsi que l'accès aux soins. **Effectivement, à Madagascar, le Ministère de la Santé Publique a mené plusieurs évaluation des SONU : la première en 2004 suivie par deux autres en 2009 avec l'appui financier respectif de la Banque Mondiale et de l'UNFPA. La première analysait les déterminants et les stratégies en matière de santé maternelle et néonatale, tandis que la seconde évaluait les besoins en SONU.**

La présente étude accordait une attention particulière à l'observation des prestataires durant les soins prénatals et les accouchements pour apprécier l'application d'interventions salutaires afin de prévenir ou prendre en charge les complications les plus courantes.

Les points saillants : Concernant la prévention des infections, 26% réalise la décontamination des équipements de protection personnelle avec une solution chlorée 0.5% malgré la disponibilité de cette solution dans la plupart des centres (86.1%). Pour l'éclampsie/pré-éclampsie, l'ensemble des formations sanitaires peuvent définir et diagnostiquer la PE/E, alors que 1/3 seulement est capable de décrire la PEC appropriée. Les agents de santé demandent rarement les ATCD comme les convulsions pendant la grossesse (7%), l'HTA gravidique (18%) chez les multipares lors des consultations prénatales. Pour la prévention des hémorragies du Post Partum (HPP), la pratique correcte des composantes de la GATPA était seulement observée dans 13% des cas. Et pour les soins au nouveau – né, un score moyen de 21% est retrouvé si on considère le scoring des éléments des soins essentiels au nouveau - né (SEN) selon l'USAID (N= 336). Le document complet de l'étude, se trouve sur le site www.jhpiego.org.





