



USAID
FROM THE AMERICAN PEOPLE



Maternal and Child Health Integrated Program

Year 4MCHIP ANNUAL RESULTS REPORT/4th Quarter Report

MADAGASCAR

FY12: October 1, 2011 – September 30, 2012

Submitted by: Jean Pierre Rakotovao
October 12, 2012

MCHIP- Madagascar Annual Report (Oct. 1, 2011-Sep. 30, 2012)

1. BULLETS OF MAJOR ACCOMPLISHMENTS

- MCHIP trained 242 members of professional association on MNH/Basic Emergency Obstetric and Newborn Care. MCHIP clinical trainers conducted intensive hands-on supervisory follow up workshops with over 90% of the newly trained providers to reinforce their new skills in MNH/Basic Emergency Obstetric and Newborn Care.
- MCHIP trained 319 Community Agents in providing care for women and newborns with complications before transfer to health facilities
- All (100%) of health care provider association members and community health workers in the three demonstration districts have been trained by MCHIP and are functional on MNH/Basic Emergency Obstetric and Newborn Care.
- MCHIP played an active role in revising and finalizing the maternal and neonatal health booklets- used by community agents and mothers--to include community-level management of newborn complications.To improve quality of care at the service provider level, MCHIP distributed job aids to health care providers affiliated with private associations. Gestograms and three posters concerning PPH management, newborn resuscitation, and the administration of magnesium sulphate for PPE/E were distributed.
- MCHIP succeeded in updating service provider registers to include MNCH indicators and labor and delivery data. A total of 146 health care providers were trained to use the new registers and 114 delivery registers and 115 consultation registers were distributed.
- Communities in the three districts worked with MCHIP coordinators to develop emergency referral plans applicable and feasible for their local context. A total of 22 preliminary plans were developed this year. The MCHIP team continues to help communities to finalize and implement these plans.
- MCHIP has exceeded the original objective by 190% for sharing technical information and lobbying through presentations and workshops with partners. As part of MCHIP's efforts in information-sharing, the Quality of Care survey results were disseminated largely this year. MCHIP has built awareness among key MNH stakeholders on the importance of assessing the quality of care, in addition to the accessibility of health services. MCHIP conducted a workshop at the Carlton Hotel on January 24th, 2012 with a total of 37 participants to formally disseminate QoC survey results, during which local stakeholders at different levels discussed how to address the identified gaps in health care service delivery and identified national strategic choices to meet all the key findings and recommendations of the study.

- MCHIP has made great progress in preparing for the misoprostol pilot project. 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. MCHIP succeeded in acquiring Ministry of Health and DAMM approval for the importation of misoprostol for the purposes of the PPH pilot study. A PPH technical advisory group has been formed and has met on several occasions. The Technical Director for MCHIP, Steve Hodgins, provided technical assistance and guidance in formulating the action plan for the project.
- MCHIP has made great advances in the preparation for the Chlorhexidine pilot project. This project will contribute to improving infant survival through the prevention of infections post-delivery. A Chlorhexidine technical advisory group has been formed and has met on several occasions. The Technical Director for MCHIP, Steve Hodgins, also provided technical assistance and guidance in formulating the action plan for the project.
- The MCHIP work plan activities for the next fiscal year have been finalized in collaboration with the HPN representatives at USAID/Madagascar. The MCHIP draft work plan and summary budget for FY13 (October 2012-September 2013) has been submitted for validation to both the mission in Madagascar and to USAID/Washington.

1. Narrative about Major Accomplishments

- **Partnerships at the national level with three other bilateral organizations have allowed MCHIP to achieve greater scale-up of MNCH interventions:** MCHIP/Madagascar has provided support and technical leadership in MNCH at the national level through partnerships, technical information sharing and national-level trainings. MCHIP has provided technical assistance and works closely with RTI, PSI, and MSM, who have scaled up MNCH interventions as a result of the partnership. With RTI, MCHIP works within the three districts to train NGOs and local associations working with Santenet2 as well as to train partner providers and community health workers. MCHIP's technical assistance with the latter two organizations (PSI and MSM) has focused on building the capacity of the members of their nation-wide health care provider networks. MCHIP has trained clinical trainers within each network, Blue Star (MSM) and Top Reseau (PSI) and has supported cascade trainings among the network providers.
- **MCHIP has shared best practices in MNCH through training of health care providers and community health workers:** MCHIP has trained a total of 579 people on MNCH best practices, which constitutes over 100% of the original annual objectives. Trainings have focused on building a pool of new trainers and on developing the capacity of health care providers and community health workers. A total of 18 new clinical trainers have been trained, 242 health care providers (doctors, nurses, midwives), and 319 new community health workers. An additional 41 existing clinical trainers who are members of professional associations, have received refresher trainings and technical support from the MCHIP project on MNCH/Basic Emergency Obstetric and Newborn Care. In the three district areas, all health care providers who are members of professional associations have been trained by MCHIP and are currently implementing MNCH best practices.
- **Supervision by 36 MCHIP Clinical Trainers has reinforced the capacity to apply best practices in MNCH issues among 544 MNH Training Participants:** MCHIP trainers have conducted follow-up supervision to ensure correct use of newly acquired skills among 544 health providers that MCHIP has trained on maternal and neonatal health during 5-day workshops. 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. Due to a variety of reasons beyond MCHIP's control, 10% of the total 697 MCHIP trained providers were unreachable for follow-up supervision. In many cases the providers had changed posts, were on strike or on vacation, or had retired.
- **Follow-up Supervision with all trained CHWs in the three districts has reinforced community-level capacity to deal appropriately with MNCH issues:** A total of 319 community health workers have been trained on MNCH within the three districts. The trainings consisted in 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. All community health workers have received at least one follow-up supervisory visit to assure their retention and application of newly acquired MNCH information.

- **MNCH issues have been brought to the forefront by MCHIP through technical Information sharing and Quality of Care survey results dissemination with partner providers, participation in the development of newly revised maternal and neonatal health booklets and participation in key technical groups and newsletters:** MCHIP held a national level workshop to officially share the Quality of Care survey results. This workshop was held on January 24th, 2012 at the Carlton Hotel and included the participation of 37 partners. In addition to this workshop, MCHIP has shared vital technical information regarding MNCH through additional presentations and workshops to an array of partners working in professional associations. During these presentations, the results of the Quality of Care survey have been disseminated as part of the topics covered. A total of 380 partners, representing 190% of the original annual objective, have attended these events, which have included working-group meetings in Fianarantsoa for the 25th anniversary of the Mid-wives association (135 participants), the celebration of World Day of Doctors with the CROM association (62 participants), and the annual meeting of the Association of midwives and nurses (100 participants). Through a series of meetings with partners, MCHIP contributed to the revision of the new health booklet which includes vital information, guidance and tracking of MNCH issues. The newly revised versions—one developed for mothers and another for children--- now contain essential guidance on community-level management of newborn complications. These booklets will be used by community health agents and mothers as a primary reference source for health issues. The booklet is being finalized by the Mahefa project and will soon be disseminated nationwide as well as throughout the three MCHIP districts and Mahefa’s districts. MCHIP has also actively participated in such key groups as the H4+ and contributed articles to the H4+newsletter as well as the CROM bulletin. Two technical working groups have been developed by MCHIP for PPH management and Chlorhexidine.
- **Quality of care by trained providers has been further supported by MCHIP through the development and distribution of four (4) job aids:** MCHIP developed three posters to serve as job aids for health care providers in their respective centers. The posters help providers to recall essential information with regard to PPH management, newborn resuscitation techniques, and the management of PPE/E with magnesium sulfate. A total of 1,687 posters were distributed: 1,315 at the national level and 372 among the three districts. In addition, 438 gestograms were distributed among trained providers within the three districts.
- **Better targeted data collection is now possible through newly updated medical registers that MCHIP has developed and disseminated:** In collaboration with professional association members and the DSMER, MCHIP has developed new registers for use by health care providers that include essential data collection on MNCH issues within consultations and labor and delivery. Registers now include key interventions that MCHIP targets in trainings, such as AMTSL and the use of magnesium sulphate to treat PE/E. MCHIP has introduced the registers through a short workshop with a total of 146 health care providers who have been trained by

MCHIP in the three districts on the new registers and are currently pre-testing them. A total of 114 delivery registers and 115 consultation registers were distributed.

- **Communities are better prepared for MNCH emergencies through MCHIP's technical support for the development of Emergency Referral Plans:** After considerable awareness building and training of the CDS, MCHIP helped communities in the three districts to develop 22 preliminary draft emergency referral plans adapted to their local context. There are five essential and necessary pillars that MCHIP helps each community include in their emergency referral plans: transport mechanism, identification of appropriate referral centers, a decision making entity, emergency funds, and system for client accompaniment. At this point, the community plans are still preliminary because they have only yet finalized two of the five pillars: transport mechanisms and referral center identification. The other three pillars are being addressed presently; the MCHIP team continues to help communities finalize and implement these plans through technical guidance, reinforcement of CDS capacities, assistance with collecting data on referrals, and sharing lessons learned among the districts. Communities have integrated such innovations as designating emergency call points with plaques, purchasing community-owned wagons for transport, putting up posters announcing the names of CSBs with emergency hours, and contributing to a communal fund.
- **AMTSL and appropriate uterotonic use are being championed by MCHIP:** MCHIP has advanced with preparations for a misoprostol pilot project that will emphasize training of providers in AMTSL (Active Management of Third Stage of Labor) using oxytocin as well as misoprostol for prevention of PPH. The project aims 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. MCHIP succeeded in acquiring Ministry of Health and DAMM approval for the importation of misoprostol for the purposes of the PPH pilot study. A PPH technical advisory group has been formed and has met on several occasions. The Technical Director for MCHIP, Steve Hodgins, provided technical assistance and guidance in formulating the action plan for the project. The pilot project will be implemented in the next fiscal year in Fenerive-Est. The recruitment for a project coordinator was started during this fiscal year and the candidate will be selected and begin work during the next year.
- **MCHIP has begun to lay the groundwork for applying Chlorhexidine as a best practice in neonatal care:** MCHIP has made great advances in the preparation for the Chlorhexidine pilot project which aims to contribute to improving infant survival through the prevention of infections post-delivery. A Chlorhexidine technical advisory group composed of the DSMER, MCHIP, PSI, and Mahefa, has been formed and has met on several occasions. The Technical Director for MCHIP, Steve Hodgins, also provided technical assistance and guidance in formulating the action plan for the project. This pilot project will commence during the next fiscal year and will be implemented in Mahabo/Menabe. MCHIP will partner with PSI and Mahefa to assure formative research and community agent mobilization respectively.

3. 4th Quarter Activities

- **PPH pilot project:** MCHIP developed and held multiple meetings with the PPH Technical Advisory Group in preparation for the PPH Pilot project in Fenerive-Est that will seek to integrate AMTSL and appropriate uterotonic use into labor and deliveries. The MOH, PSI, MSM and Mahefa are members of this MCHIP initiated technical working group. MCHIP technical director Steve Hodgins visited Madagascar in October and provided technical guidance for the pilot project. Training curriculum and tools are being prepared for launching the project in the next quarter. A project coordinator has been recruited and starts work in October 2012. She will be based in Fenerive-Est.
- **Chlorhexidine pilot project:** MCHIP has been preparing for the Chlorhexidine pilot project which aims to contribute to improving infant survival through the prevention of infections post-delivery. A Chlorhexidine technical advisory group composed of the DSMER, MCHIP, PSI, and Mahefa, has been formed and has met on several occasions. The Technical Director for MCHIP, Steve Hodgins, also provided technical assistance and guidance in formulating the action plan for the project during his visit in October 2012. The draft action plan outlines the collaboration among partners as well as considerations for the sustainability of the project. This pilot project will commence during the next fiscal year and will be implemented in Mahabo/Menabe.
- **Emergency Referral Plans:** Due to the prolonged health care provider strike, MCHIP was only able to start work on the emergency referral plans with health centers and their communities during this quarter. MCHIP has helped communities to develop 22 draft preliminary emergency plans and will continue to help them finalize and then implement these plans in the next quarter.
- **Updated registers:** Also delayed because of the health care provider strike, MCHIP was only able to introduce the newly updated registers for consultations and deliveries during this quarter. MCHIP has introduced the registers through a short workshop with a total of 146 health care providers who have been trained by MCHIP in the three districts on the new registers and are currently pre-testing them. A total of 114 delivery registers and 115 consultation registers were distributed.
- **Job aid distribution:** MCHIP developed three posters to serve as job aids for health care providers in their respective centers but the distribution of these posters and other job aids was delayed due to the provider strike. The posters help providers to recall essential information with regard to PPH management, newborn resuscitation techniques, and the management of PPE/E with magnesium sulfate. A total of 1,687 posters were distributed: 1,315 at the national level and 372 among the three districts. In addition, 438 gestograms were distributed among trained providers within the three districts.
- **Continued training and supervision on MNCH issues:** MCHIP continued to build capacity for providing vital MNCH care at the community level through training 29 new CHWs in Fenerive-

Est, providing follow-up supervision to 40 CHWs in Ambatondrazaka, and conducting practical follow-up supervisory workshops with 494 trained throughout the three districts.

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. MCHIP has been able to implement 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.
- **Misoprostol:** Although this introductory PPH prevention program was planned as an activity during last year's work-plan, several issues related to both John Hopkins IRB and in-country approvals have hindered progress on the implementation. A final research plan was finally approved by USAID, the Malagasy Ethics Committee and the IRB in July 2012. At the same time, in-country challenges also provoked delays in project development. MCHIP could not proceed without formalized validation and collaboration with the Ministry of Health on this project. An official approval letter was finally received from the Ministry of Health at the end of August 2012. Moving forward, this approval will be instrumental in helping MCHIP lobby and procure official approval from the DAMM for misoprostol importation, in conformity with the approved research protocol.
- **Health Care Provider Strike:** An additional challenge during this past year has been the long health care provider strike, lasting from April to August 2012. Not only did this mean that during that time period that it was difficult to find health care providers to work with, but these providers were also overburdened upon their return. This has an impact as well on CHWs, who are generally linked to health centers. The strike caused delays in developing emergency referral plans and updating the MNCH registers. MCHIP has taken measures to plan realistically with health care providers and CHWs and prioritize activities with them. MCHIP has taken advantage of each opportunity to interact with providers and CHWs to provide in-depth follow-up training and supervision.

5. Way Forward

- **PPH pilot project:** In the next quarter, the PPH project will commence implementation. Through collaboration with MSM, the misoprostol for the project should arrive in Madagascar

within the next month. The official launch of activities will occur in early November in Fenerive-Est. Trainings of providers and community health agents will be rolled out. MCHIP M and E advisor, Lyndsey Wilson-Williams, will provide technical assistance with finalizing data collection systems and processes for the project.

- **Chlorhexidine pilot project:** Preparations are in full force for implementing the chlorhexidine pilot project. Over the next quarter, MCHIP will work with partners to plan needed formative research as well as finalize the pilot protocol and receive required ethics board approvals. The pilot project will be conducted in the district of Mahabo/Menabe with strong collaboration from the Technical Advisory Group consisting of Mahefa, PSI, MOH, and MCHIP.
- **MNCH trainings and supervision:** MCHIP will continue to train and supervise health care providers and community health agents. MCHIP will continue to support and build the capacity of its pool of clinical trainers.
- **Dissemination of MCNH best practices:** MCHIP COP will attend the FIGO conference in Rome in October 2012 and present an abstract about MCHIP experiences with PPE/E in Madagascar. The MCHIP COP will also participate in the Tanzania MNCH International Conference in February 2013 and present an abstract on the lessons learned from MCHIP's intensified supervisory approach as well as participate in a panel discussion for MNCH issues with Mahefa/JSI.

6. ANNEXES

- Success Story: MCHIP Helps Doctors Treat Pregnant Women at Risk for High Blood Pressure Disorder

- Year 4 Performance Monitoring Plan (PMP)

- Report on the Emergency Referral Plan development

-Report on the update registers

-Data collected for quarter 4 2012

-Data collected for fiscal year 2011-2012

- 3 job aid posters

- 2 articles (CROM, H4+ newsletters)

ANNEX I: SUCCESS STORY

MCHIP Helps Doctors Treat Pregnant Women at Risk for High Blood Pressure Disorder

By Susan Moffson



Dr. Toky Raharimanana, at work at the Health Center in Mahambo commune in Fenerive Est, Madagascar, is among 700 health care providers who have received emergency obstetric skill training through USAID's MCHIP.

During a prenatal checkup late in her pregnancy, Holandrie Raharifara was dismayed to learn she had high blood pressure, a sign she may be at risk for a potentially life-threatening condition known as pre-eclampsia. The 33-year-old mother dutifully took the medicine prescribed to control her blood pressure — she lost her first child after a difficult pregnancy and wasn't going to take any chances this time. A month later, when Holandrie felt her first labor contractions, she headed straight for the Mahambo health center.

Dr. Toky Raharimanana, the physician on call, examined Holandrie, found her blood pressure to be high and prepared to refer her to the closest hospital. But the baby came quickly — Holandrie gave birth to a healthy boy and then, despite receiving active management of third stage of labor, began bleeding heavily. To control the bleeding, Dr. Toky gave her an injection of oxytocin, the recommended treatment, massaged Holandrie's uterus to help contract it and also squeezed the uterus between both hands (bi-manual compression of the uterus) as is recommended. The bleeding stopped, but the young mother wasn't out of danger yet.

As Dr. Toky prepared to send her patient to the nearest hospital, Holandrie complained of a severe headache and nausea. The doctor took Holandrie's blood pressure and it was higher than before. Suspecting severe pre-eclampsia because of her patient's history, Dr. Toky took immediate action and administered the proper

dosage of magnesium sulfate, the first-line drug to treat severe pre-eclampsia and eclampsia (PE/E), which are characterized by high blood pressure and protein in the urine and, in the case of eclampsia, convulsions. Dr. Toky is among the 700 health care providers who have learned how to use this lifesaving drug during a training on pregnancy-related complications and emergency obstetric and newborn care sponsored by the U.S. Agency for International Development's flagship global Maternal and Child Health Integrated Program (MCHIP). One of the leading causes of maternal death in Madagascar is eclampsia, and the MCHIP program targets it in their trainings.

As a result of Dr. Toky's timely intervention, Holandrie survived and is now tending to her baby boy, Nomena, and his 9-year-old sister. But the outcome could have been very different. In the past, Dr. Toky said she attended other trainings on pregnancy complications that covered too much material in a short period of time. It wasn't until this MCHIP training that she actually felt capable of using this drug. In 2009, as part of its work with the Clinton Global Initiative, Jhpiego made a five-year commitment to strengthen prevention of maternal deaths from pre-eclampsia/eclampsia. MCHIP, with funding from USAID and through the leadership of Jhpiego, has recently released the second-year Global Status Report surveying countries' progress in tackling this pregnancy-related condition as well as postpartum hemorrhage (PPH).

[The survey](#) objective was to identify successes in expanding PE/E and PPH prevention and management in national programs and to target gaps and challenges that still need to be addressed. The survey showed that, while important drugs are more available, doctors and midwives sometimes lack the skills to use them. In Madagascar, magnesium sulfate (MgSO₄) is on the national essential medicines list as a first-line anticonvulsant for severe PE/E. Midwives are authorized to diagnose severe PE/E and administer an initial (loading) dose of magnesium sulfate. But the drug is available less than 50 percent of the time at public facilities that offer maternity services, and stock-outs occur often, impeding providers' ability to treat the condition. When MgSO₄ isn't available, another drug, diazepam, is approved for use.

In MCHIP trainings, management of pre-eclampsia/eclampsia is an area of particular focus. Participants are checked on their ability to perform certain skills, including the administration of magnesium sulfate, explains Dr. Jean Pierre Rakotovoao, who leads MCHIP in Madagascar. Staff provides training participants with highly visual job aids, which depict the flasks, syringes and dosages of the drug to be used. "Participants must then demonstrate how to mix and administer the drug, so they quickly learn that it is easy to master," he adds. Perhaps more important, participants take these job aids back to their sites and display them so their colleagues can also acquire this new knowledge and skill.

Dr. Toky admitted that before the MCHIP training, she and her colleagues gave mothers suffering from pre-eclampsia another drug because they feared they would give the wrong dosage of MgSO₄. She said it was not uncommon to find unopened boxes of expired MgSO₄ in health centers. MCHIP's 2012 Global Status Report found that around the world, not all skilled attendants are authorized to use MgSO₄ for severe PE/E, and comments from providers showed that their confidence using this anti-convulsant, even when authorized, remains a challenge.

MCHIP's Dr. Rakotovoao has advocated for increased availability and use of magnesium sulfate in discussions with health care officials and providers. Among the key local champions is Dr. Pierana Gabriel Randaoharison, the Head of Service at the busy Regional Hospital in Mahajanga on the north-west coast of

Madagascar, and a professor at the nearby Faculty of Medicine. In the birthing rooms at his hospital, Dr. Randaoharison has displayed MCHIP job aids, which illustrate the correct dosages of magnesium sulfate, to help give providers the necessary confidence. “Some of the midwives at our hospital who attended the MCHIP training have very good skills now — they will help to convince others at the hospital,” he says.

MCHIP also recently obtained assurances from collaborating partner United Nations Population Fund that in October 2012 they will supply this lifesaving drug to sites where MCHIP has trained about 700 doctors and midwives on its use. Through these tireless advocacy efforts, MCHIP is empowering both midwives and doctors like Dr. Toky to treat women and newborns with severe, life-threatening complications — helping to reduce both maternal and newborn deaths in Madagascar.