



**USAID**  
FROM THE AMERICAN PEOPLE



**Maternal and Child Health Integrated Program**

**USAID/MCHIP 1st QUARTER REPORT**

**MCHIP FY5 Quarter 1 Country Program Report**

**MADAGASCAR**

Q1, FY12-13: October 1, 2012 – December 31, 2012

Prepared by: Shannon McAfee, DCOP MCHIP Madagascar  
Submitted by: Jean Pierre Rakotovao, COP MCHIP Madagascar  
January 18, 2013

# MCHIP- Madagascar 1stQuarter Report (FY 2012-2013)

## 1. Introduction

The goal of USAID's Maternal and Child Health Integrated Program (MCHIP) is to assist in scaling up evidence-based, high-impact maternal, newborn and child health (MNCH) interventions and thereby to contribute to significant reductions in maternal and child mortality and progress toward Millennium Development Goals 4 and 5.

Madagascar's maternal mortality ratio (MMR) remains high at 498 per 100,000 live births, and it has not changed significantly since 1997. The infant mortality rate (IMR) has seen some improvements in the past decade, but since 2010 has remained at about 50 deaths per 1,000 live births. The current political crisis continues to exert pressure on the already weakened health status of the population, especially for the most vulnerable members of the population including women and infants. As part of USAID's expanded MCH programming to include a more significant focus on maternal and neonatal health (MNH), USAID/Madagascar began funding MCHIP at the beginning of Fiscal Year (FY) 2010.

## 2. MCHIP Program Objectives and Key Activities

Over the life of the MCHIP/Madagascar project, MCHIP aims to:

- Contribute to improving the quality of maternal and newborn care in Madagascar through improved strategies and implementation approaches;
- Demonstrate an effective scalable model of MNCH services, incorporating innovative technical interventions and implementation approaches;
- Address system factors that have an important bearing on the effectiveness of service delivery.

The program in the fiscal year 2012-2013 has four primary objectives as follows:

Objective 1: To provide support and technical leadership in MNCH

Objective 2: To contribute nationally relevant program learning on integrated health approaches to MNCH, based on demonstration activities in three districts

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

Objective 4: To introduce the best practice of chlorhexidine coverage to prevent neonatal infection through professional association members and community agents in the district of Mahabo/Menabe

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 members of health care professional associations. Also at the community level in the district of Fenerive Est, MCHIP is

pursuing Objective 3 by rolling out of Introductory PPH Prevention Program which aims to demonstrate that misoprostol is a programmatically 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). With regard to Objective 4, MCHIP is developing an introductory pilot project to introduce the use of chlorhexidine as a means of preventing neonatal infection at the community level. MCHIP has developed and leads a Technical Advisory Group for this initiative, composed of key partners who are supporting the project in design and implementation. MAHEFA/JSI will assist the project by working with community health agents and PSI is assisting through operations research related to the product as well as behavioral issues that will be important for BCC campaigns and tools.

### 3. Results for the Quarter

- *Officially launched field activities for the PPH project in Fenerive-Est.* 44 health professionals and 149 CAs have been trained. A shipment of 10,000 misoprostol tablets has been successfully procured with help from Marie Stopes Madagascar. These tablets were reconditioned into doses of 3 tablets in sealed plastic bags with pictorial informational sheets developed by MCHIP. The doses have been distributed to health professionals and CAs. IEC materials including sets of counseling cards for CAs and health professionals, as well as posters, have been developed and distributed.
- *Launched a strong collaboration with Faith Based Organizations during this quarter.* The COP of MCHIP conducted an informational and lobbying seminar with 137 doctors working with the Catholic Association “ECAR” in best practices in MNH. In addition, MOUs are being developed with three other FBOs including SAF/FJKM, SALFA, Santé Sud and ECAR.
- *Successfully provided technical support to 7 private health provider training institutions to improve their pre-service training by integrating the “enseignement efficace” (efficient pedagogy techniques).* A total of 16 master teachers working at these institutions received a 7-day training on this technique by MCHIP trainers and will receive supervision during the next quarter.
- *Established two important and operational technical advisory groups: Chlorhexidine and PPH prevention.* These TAG teams are helping to expand national-level information sharing on targeted evidence-based and globally-approved best practices. The TAG groups are composed of key MNCH partners who meet on a regular basis to assure the success of these two pilot projects as well as aiming for an eventual expansion of activities with greater national coverage.
- *Continued to support community efforts to develop emergency referral plans.* MCHIP has helped each community in the three intervention districts to develop a draft plan in a participatory fashion at the commune level. Next quarter, MCHIP coordinators will revisit each commune in the three districts to formalize the plans and assure that the plans are implemented.

- *Supervision of CAs on Community Level maternal and neonatal health in the 3 demonstration districts.* MCHIP has also increased the capacity of 248 trained 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 supervision of CHW training participants on community-level maternal and neonatal health in the three demonstration districts of Fenerive Est, Taolagnaro, and Ambatondrazaka.
- *Submission of the chlorhexidine project protocol.* During this quarter, MCHIP successfully collaborated with the TAG team to develop the details of the project design and to submit the project protocol to the Malagasy Ethics Board and the JHU/IRB. The approval for the protocol is expected to be received in the next quarter.

## 4. Narrative about Major Accomplishments

### Objective 1: Support and national leadership in MNCH

**Training and Supervision in targeted MNH skills and knowledge:** MCHIP has launched its collaboration with Faith Based Organizations during this quarter. The COP of MCHIP conducted an informational and lobbying seminar with 137 doctors working with the Catholic Association “ECAR” in best practices in MNH. MOUs are also being developed with other FBOs including SAF/FJKM, SALFA, ECAR and SanteSud. Trainings of their health professionals on MNCH are planned for the next quarter. In addition, the MCHIP field coordinators have continued to conduct meetings with groups of CDS in the three districts to mobilize efforts to implement emergency referral plans.

**Pre-Service Training assessment:** MCHIP has successfully lobbied 7 private health provider training institutions to adapt their pre-service training by integrating the “enseignement efficace” (improved pedagogy techniques). These institutions include the following: Ecole des infirmiers et des sages-femmes Saint François d’Assise Ankadifotsy ; Institut Supérieur des Paramédicaux Antananarivo (ISPARAMED) ; Institut de formation Rossignol ; Ecole Supérieur des Infirmiers de l’Hôpital Vaovao Mahafaly Mandritsara (ESIHVM) ; Université Adventiste ZUREICHER Antsirabe ; Sekoly Loteriana Fanomanana Mpitsabo Mpanampy (SEFAM) Antsirabe ; Institut de Formation Supérieur des Paramédicaux Atsinanana (IFSPA) Tamatave. To ensure that the pre-service programs are delivered in the most effective fashion, MCHIP trained faculty members in the “enseignement efficace”. At least two teachers from each institution, for a total of 16 teachers, have received a 7-day training on the improved teaching techniques by MCHIP trainers and will receive supervision during the next quarter. An initial assessment of teaching facilities and tools has been conducted by MCHIP at each of the institutions and recommendations are being formulated for rendering the environment more effective. Part of this assessment included a review of available tools and equipment at each institution. Based on this assessment, MCHIP will be equipping certain institutions with mannequins and other essential tools for their training laboratories during the next quarter. This will help faculty and students practice their newly acquired skills.

**Information sharing on key, evidence-based interventions:** The COP shared MCHIP successes with improving quality of care of prevention and management of pre-eclampsia and eclampsia and post-partum hemorrhage at the Conference of the International Federation of Obstetricians and

Gynecologists in October, 2012. MCHIP was selected to present its abstract at this internationally renowned conference. MCHIP/Madagascar was also represented by MCHIP/Washington Technical Advisor Eva Bazant at the ISQua Conference in Switzerland in October 2012. Ms. Bazant presented MCHIP/Madagascar successes in quality of care with an abstract on “Infection Prevention and Control in Labor and Delivery Wards in Madagascar”. On a national level, MCHIP has now operationalized two Technical Advisory Groups that meet on a regular basis: PPH and Chlorhexidine.

**Maternal and newborn health booklets for Health Agents (HA), CHW and women and health care provider registers:** In close collaboration with RTI’s Santenet2 and JSI’s MAHEFA, MCHIP assisted with the recent revisions related to the results of field pre-tests of the 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 health booklets are currently being printed and will be distributed during the next quarter. The registers developed by MCHIP to facilitate data uptake with regard to MNCH variables are currently in use throughout the three MCHIP districts as part of a pre-test approved by the MOH. The registers being pre-tested are improved by including data collection on key interventions that MCHIP targets in trainings, such as AMTSL, and the use of magnesium sulphate to treat PE/E.

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

**Supervision of CAs on Community Level maternal and neonatal health in the 3 demonstration districts:** MCHIP conducted follow-up supervision visits of 248 CHW out of the total 425 who were trained during the last fiscal year (119 in Fenerive-Est, 126 in Fort-Dauphin, 3 in Ambatondrazaka) on community- level maternal and neonatal health interventions to ensure that CHW are correctly using newly acquired skills. 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. The supervision is done through interactive sessions where participants are asked to demonstrate skills, share experiences and challenges to practicing their newly acquired skills and knowledge so that possible solutions may be discussed.

**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. With each commune, MCHIP coordinators work with members of the CDS to identify community needs related to the 5 pillars of the emergency plan development: an entity for decision-making, a transport mechanism, the existence of an available emergency fund, accompaniment, and appropriate referral center information. MCHIP has helped each community to develop a draft plan in a participatory fashion at the commune level. Next quarter, MCHIP coordinators will revisit each commune in the three districts to formalize the plans and assure that the plans are implemented.

**Following up on beneficiaries:** Absence by many members of professional health care provider associations from their post in December has hampered data collection efforts regarding beneficiaries served. During the next quarter, this information will be collected and shared with the next report. However, data from the first two months of the quarter are available and show progress towards reaching those who need help the most. Even without counting December, MCHIP has been able to reach 11% of the yearly objective for the number of newborns receiving post-partum visits by community agents in the 3 districts: 492 / 4,528. The number of women benefitting from community interventions for maternal and newborn complications in 3 districts has been recorded as 42 up through November out of an annual objective of 1150.

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

**Constitution and mobilization of a Technical Advisory Group (TAG) of highly motivated key partners:** During this quarter, MCHIP pulled together key partners working in MNCH to constitute a dynamic and committed advisory team with the aim of rolling out the MCHIP PPH project, and potentially expanding enhanced PPH coverage nationwide. The PPH TAG is currently composed of the following partners, with Jhpiego/MCHIP as the lead coordinator: Mahefa/JSI, PSI, UNFPA, MSM, DMESR of the MinSan. The TAG team participated in these discussions and validated the approach. Marie Stopes Madagascar (MSM) is partnering with MCHIP to procure and supply the misoprostol product to the project.

**Obtention of essential authorizations:** MCHIP obtained an authorization letter from the Minister of Public Health officially permitting MCHIP and the TAG to move forward with the PPH project. In addition, MCHIP has submitted the necessary paperwork to the DAMM and received official approval from the Direction de la Medecine Traditionelle (DMT) for the importation and clearing of customs of misoprostol for the pilot project. The customs clearing approval was complicated and took more time than expected: this caused a delay in the field roll-out by one month.

**Assurance of efficient coordination:** A PPH project coordinator and admin/finance assistant have been recruited and have begun working in the PPH intervention zone in Fenerive-Est. The team began work in the field by coordinating an in-depth census by the AC of all pregnant women in each fokontany in the 12 communes.

**Roll-out of trainings and supervision:** MCHIP finalized the training curricula and tools, IEC materials, supervisory guide and tools for health care professionals and CHWs. Initial trainings have been conducted with members of private health professional associations and community health workers. An orientation to the project was conducted in October to key leaders and partners in the district across 12 communes. In November, official roll-out of the project was launched when MCHIP trained a total of 191 people in PPH prevention and misoprostol distribution in December: 44 association members and 149 community agents. All participating members of professional health care associations and AC have signed consent forms to participate in the pilot project.

**Distribution of product and supporting tools:** At the end of the 1st quarter, the first allotment of misoprostol was procured by MSM and brought into the country. With the simple name Famonjy (Life Saving) as a label on the packaging with MCHIP developed product inserts (a pictorial brochure with simple Malagasy language), a starter stock of product and IEC materials (set of 4 counseling

cards, 2 posters) was distributed to health professionals through private associations: 76 doses distributed to health care professionals, 511 doses to AC. The number of doses has been determined with regard to the number of eligible pregnant women in the community. The doses will be distributed to women who are 32 weeks pregnant or more. Nearly 1,000 job aids were distributed to professional health care association members and CAs (580 counseling cards for CAs, 148 counseling cards for members of professional health care associations, 145 pregnancy calendars for CAs, 37 pregnancy calendars and 27 PPH prevention posters for members of professional health care associations.

**Supervision of trained health care professionals and ACs:** In December, the field team followed up with intensified supervision for the trained health professionals and CAs to reinforce and assure retention of skills. The team was able to supervise nearly all ACs (145/149) and more than half of the health care professionals (26/44).

#### **Objective 4: To introduce the best practice of chlorhexidine coverage to prevent neonatal infection through professional association members and community agents in the district of Mahabo/Menabe**

**Constitution and mobilization of a Technical Advisory Group (TAG) of highly motivated key partners:** During this quarter, MCHIP pulled together key partners working in MNCH to constitute a dynamic and committed advisory team with the aim of not only rolling out the MCHIP chlorhexidine project, but eventually to expand chlorhexidine coverage nationwide. The CHX TAG is currently composed of the following partners, with Jhpiego/MCHIP as the lead coordinator: Mahefa/JSI, PSI, UNFPA, UNICEF, MSM, DMESR of the MinSan. The MCHIP senior advisor from Washington, D.C., Steve Hodgins visited the project and helped to facilitate the project design and vision. The TAG team participated in these discussions and validated the approach which will consist in a strong partnership amongst MCHIP, Mahefa/JSI and PSI. While MCHIP will lead the overall project and the elements related to health care professionals, Mahefa/JSI will implement the community agent components and PSI will conduct formative research about the product as well as behavioral issues that will inform BCC campaign development. The TAG team has met multiple times during this quarter and will be continuing to do so during the next quarter on a monthly or even twice-a-month basis.

**Obtention of essential authorizations:** MCHIP, with support from the CHX TAG team, has finalized and submitted the pilot project protocol to the ethics board in Madagascar and the IRB at JHU. The approval is expected to be received during the next quarter.

**Commencement of formative research:** PSI has taken the lead, with support from MCHIP and the TAG team, to develop brand names and logos as well as a series of 3 pre-test protocols for these and behavioral issues. Results from 2 of these studies and the decision on brand name and logo will be shared during the next quarter.

## 5. Way Forward

The following perspectives are seen as priorities during the next quarter:

- Finalize MOUs with the FBOs and train members of their professional health care association and trainers.
- Continue to meet with the CHX TAG team to move the project forward; obtain necessary approvals from the JHU/IRB, Malagasy Ethics Board, and the Minister of Public Health; procure the product.
- Train another wave of CAs for the PPH project.
- Distribute FAMONJY (misoprostol) to pregnant women via CAs and health care professionals.
- Receive, package and distribute the second allotment of misoprostol donated by MSM (14,000 tablets).
- Provide refresher training to current MNCH trainers/supervisors.
- Train a second pool of trainers/supervisors in MNCH.
- Attend MOH monthly meetings.
- Review training program for midwives at private training institutes (Pre-service).

## 6. Annexes

- **ANNEX I : Success Story: “An ounce of prevention yields 3 kilos of joy”**
- **ANNEX II: International MCHIP Presentations: FIGO and ISQua**
- **ANNEX III: Financial Report**
- **ANNEX III: PPH tools (Famonjy)**
  - Annex 1 : Product instructions for Famonjy, format jpg
  - Annex 2 : Counseling Cards FAMONJY format jpg
  - Annex 3 : Tables for calculations of DMH format jpg
  - Annex 4 : Poster Famonjy format jpg
  - Annex 5 : Photos

## **Annex I: Success Story**

### **AN OUNCE OF PREVENTION YIELDS 3 KILOS OF JOY**

**MCHIP Madagascar Success Story**  
**by Shannon McAfee and Frederico Rakotomanga**



*Emilia, 3.35 kilos of joy*

Only a year earlier, Marie Rose RAVAVINIRINA would likely not have survived the delivery of her baby girl, Emilia. Marie Rose lives in the rural commune of Ambohitromby in the Andromba District (Ambatondrazaka region), a remote location with no public transportation that is situated over 65 km away from the nearest hospital. Her baby was in a breech position at the time of her labor, which meant that without surgical assistance, she and her baby could perish during the delivery.

Through USAID funding and MCHIP technical support, community members in Ambohitromby learned this past year about emergency referral systems. They developed a solid plan that ultimately saved Marie Rose's life. In place since September 2012, this plan contains the five essential pillars for emergency referrals: a decision-making entity, a transport mechanism, an available emergency fund, a designated person to accompany the person referred, and appropriate referral center information.

In addition to the emergency referral plan, Marie Rose benefitted from good solid prenatal health care visits with MCHIP trained health professionals. She was encouraged to attend her prenatal consultations by community health workers (CHWs) who were trained by MCHIP and Santenet2. These CHWs explained the benefits of adhering to the schedule of healthcare visits during pregnancy, and the risks of not seeking proper healthcare.

When Marie Rose went to her first prenatal consultation at 2 months of pregnancy, she learned from the health care professional about the importance of saving money for the birth and afterwards. She also learned more about the importance of attending each prenatal check-up. At her last visit in October 2012, the midwife discovered that her baby was in breech position, and that a caesarian section at the CHRR (Centre Hospitalier Régional de Référence) in Ambatondrazaka would be crucial in order to save the lives of both her and her baby.

With her savings in hand, she only had to borrow 15,000 ariary (\$7.50 USD) from the community emergency fund that was collected as part of the emergency plan. The community emergency fund is operated by the Women’s Association in Ambohitromby and is constituted through the participation of each of its members (of which Marie Rose is a member) and the earnings from their communally owned wells. Currently the emergency fund contains 120,000 ariary (\$600 USD).

The money that Marie Rose borrowed was to pay for the fuel for her transport—a small tractor with a trailer behind—that carried her on the 6 hour, 68 km voyage to the CHRR hospital for the caesarian. The community health committee (CDS) negotiated with the owner of the tractor to provide the transport for free within the emergency referral plan. The only cost to the person referred is for the fuel.

At 25 years old, Marie Rose already has three children named Stella, Donnah and Eva. With good planning, she was able to arrange for other family members to take care of the children while she made the trip to Ambatondrazaka.

On November 26, 2012 Emilia RAHARINANTENAINA was born at the CHRR in Ambatondrazaka. Emilia was a solid 3.35 kilograms at birth and both mother and baby are at home in good health today.



*Marie Rose poses in the tractor trailer that brought her to safety.*