USAID/MCHIP 2nd QUARTER REPORT

MCHIP FY5 Quarter 2 Country Program Report

MADAGASCAR

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MCHIP- Madagascar 2nd Quarter 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 and curriculum development for private sector pre-service training institutes; 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 private and faith-based healthcare professional associations. Also at the community level in the district of Fenerive Est, MCHIP

is pursuing Objective 3 by rolling out an 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). MCHIP has assembled a working group to plan and coordinate PPH prevention activities. 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.

At the end of February 2013, MCHIP/Madagascar received notice from the USAID mission in Madagascar that certain project activities would need to be redesigned in order to better align with current USG restrictions on public sector interaction. After a series of discussions with USAID, a strategy for reorienting certain project activities was agreed upon. The project will no longer train and work with professional associations which include any members that are involved in the public sector. Instead, MCHIP will work with FBOs, private franchised network members (Blue Star, Top Reseau) and the organization Sante Sud (of which the members are exclusively private sector). In addition, MCHIP funds will only provide leadership and support to the chlorhexidine project in Mahabo. Reoriented funds will allow for an additional intervention site for PPH prevention to be added in Ambatondrazaka and pre-service training support (for private institutions) to be increased. In annex, please find the document outlining the approved strategy for the reorientation (approval received on March 22nd).

3. Results for the Quarter

- *Moved forward in strong collaboration with Faith Based Organizations during this quarter.* MCHIP trained 46 health care providers working with FBOs including SAF/FJKM, SALFA, Santé Sud and ECAR on MNCH and trained 15 trainers in these same organizations to roll out trainings in MNCH. Working through these organizations allows MCHIP/Madagascar to continue to influence community health in a holistic manner, through engagement and capacity building of providers, AC and community-led associations, while avoiding interactions with the public sector as per the USG restrictions.

- *Supervision of CAs on Community Level maternal and neonatal health in the 3 demonstration districts.* MCHIP has also increased the capacity of 275 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.

- *Approval of the chlorhexidine project protocol*. During this quarter, MCHIP successfully received approval from the Malagasy Ethics Board and the JHU/IRB for the chlorhexidine project. All formative research has been conducted which will lay the path for successful integration of the use of chlorhexidine at the community level.

- *Reoriented activities with professional associations.* With guidance from USAID, MCHIP/Madagascar reoriented its strategy to align with current US government restrictions. Instead of working through private associations of health care providers in which certain members may also be affiliated with the public sector, MCHIP will work exclusively with FBOs and the private provider association Sante Sud for all health care professional interactions. In addition, reoriented funds will serve to: increase coverage of misoprostol for PPH in a new district, widen the scope and coverage of MCHIP support for pre-service private sector training of midwives, and increase MNCH activities in two new districts (Amaparafaravola and Moramanga).

4. Narrative about Major Accomplishments

Objective 1: Support and national leadership in MNCH

Training and Supervision in targeted MNH skills and knowledge: MOUs were finalized with FBOs including SAF/FJKM, SALFA, ECAR and the private sector health provider association Sante Sud. MCHIP trained 46 health professionals from the aforementioned associations during a 5-day MNCH technical training, of which 30 are doctors and 16 are midwives. MCHIP also built the capacity of the pool of consultant trainers in MNCH. MCHIP held a refresher training for 12 members of MCHIP's pool of consultant trainers. MCHIP also conducted training of an additional pool of 15 trainers across 4 private and FBO associations (SAF/FJKM, SALFA, ECAR and Sante Sud): 13 doctors and 2 midwifes.

Pre-Service Training assessment and technical teaching improvement: Following the assessments and trainings in improved pedagogic skills conducted during last quarter, the MCHIP technical team revised the curriculum to be in conformity with the standards and norms set forth by the International Confederation of Midwives (ICM).. In addition, the MNCH curriculum for private training institutions was revised and updated this quarter. This curriculum has been rolled into the programs at the following private training institutions: 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. At least two teachers from each institution, for a total of 15 teachers, have received training on the revised MNCH curriculum by MCHIP trainers and will receive supervision during the next quarter. During this training, several important outputs were achieved: all participants trained on the curriculum for midwives for the 1st-3rd years, a new midwife profile was developed, and a common vision for pedagogy was reinforced.

Information sharing on key, evidence-based interventions:

With the encouragement of USAID, MCHIP COP made a presentation to share a project overview and results to the MOH and health partners during the February monthly MOH meeting. Please refer to the annex for a copy of the presentation. The Chlorhexidine Technical Working Group, led by MCHIP, met two times during this quarter to discuss BCC, M and E, Trainings of AC, and potential additional funding sources. The TWG, through a partnership with PSI and PATH, was able to

leverage current activities to procure non-USG funding for the training and supervision of public sector providers in Mahabo on chlorhexidine by Jhpiego.

In addition, in February, Jhpiego held a MNCH conference to share and exchange information and lessons learned on innovations in Madagascar and worldwide. Jhpiego's Vice President of Innovations and Medical Director, Dr. Harshad Sanghvi, traveled to Madagascar from Baltimore and was the keynote speaker for the conference. Nearly 100 partners working in health (NGOs, MOH, private sector, health provider associations, USAID, UN and donor community) attended the event which started off with an "Innovations Marketplace" (several stands highlighting innovations and lessons learned from Madagascar and across the world—participants walked freely from stand to stand to exchange and discuss), followed by a presentation by Jhpiego's Vice President. Jhpiego also hosted a "working lunch" event to discuss MNCH challenges in Madagascar with presentation by Dr. Sanghvi and the participation of the MOH, USAID, UNICEF, and Merck/MSD. These events succeeded in sharing valuable information, fostering a productive exchange, and generating excitement and enthusiasm for applying innovations to Madagascar's MNCH context.[1] Please see Dr. Sanghvi's presentation in annex.

Distribution of Job aids and posters:

MCHIP distributed 3 posters to 19 providers working with FBOs and Sante Sud. The posters cover the following topics: PPH management, management of PE/E with magnesium sulfate, and action plan for newborn resuscitation. The same 19 providers also received two job aids: a gestogram and a reference manual for the management of complications during pregnancy, labor and delivery. Next quarter more job aids and posters will be distributed to the 220 providers MCHIP will be training.

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

Training and Supervision of CAs on Community Level maternal and neonatal health in the 3 demonstration districts: MCHIP conducted follow-up supervision visits of 275 CHW (115 in Fenerive-Est, 80 in Fort-Dauphin, and 80 in Ambatondrazaka) out of the total previously trained 448 CHWs 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. MCHIP trained 23 new AC working with ECAR during this quarter.

Facilitating the operationalization of emergency referral plans: In the 3 demonstration districts, MCHIP Field Coordinators have assessed the existing emergency referral systems in place at the

[1] These events were sponsored by Jhpiego and did not involve MCHIP funds but do figure within the MCHIP scope of work.

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. This quarter MCHIP has helped 11 communities in Fort-Dauphin and 6 in Fenerive-Est to finalize their plans in a participatory fashion at the commune level. Next quarter, MCHIP coordinators will continue to visit communes in the three districts to formalize plans in other communes and assure that the plans are implemented.

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

Trainings and supervision: As per the USAID guidance and project reorientation, MCHIP did not conduct any trainings or supervision of the health care providers. However, 22 AC were trained and equipped with appropriate job aids (counseling cards, pregnancy calendars). Nearly all of these AC received in-depth supervision during this quarter (15:22). An additional 182 previously trained ACs received in-depth supervision.

Commitment to the project: During this quarter, 164 ACs and 379 pregnant women have signed informed consent documents indicating their commitment and understanding of the project. In addition, MCHIP conducted a trimester review meeting with district level decision makers across 12 communes and 211 fokontanys wherein they reaffirmed their commitment and support to the project.

Distribution of product: A total of 237 women who are 32 weeks pregnant or more, received the Famonjy misoprostol product from ACs, along with detailed and comprehensive education regarding how to use the product correctly and safely. Of those 237 women, 170 took the product at the time of their delivery during this quarter. MCHIP also received and packaged the second allotment of misoprostol donated by MSM (14,000 tablets).

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

Leadership of the Technical Working Group (TWG) of highly motivated key partners: 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 TAG team has met multiple times during this quarter. With restrictions on technical assistance to the public sector, MCHIP will be unable to conduct trainings and supervision of health care providers as planned within the original study design. However, the TWG has leveraged its good work and mobilized a non-USG

funding source for that particular component of the study (PSI has contracted with PATH and will subcontract to Jhpiego for the provider training/supervision).

Completion of formative research: Results from the formative research that PSI conducted with support from MCHIP and the TWG were disseminated to the entire TWG this quarter. Based on the results of the research, MCHIP and partners have essential information to inform training of health workers, communication campaigns, and the branding of the chlorhexidine product. The research identified the name and logo of Arofoitra to be widely accepted and appreciated. The research also indicated cord care behaviors, attitudes and practices, as well as a preference for the product in gel form and a willingness to pay for the product. Please see in attachment the reports on branding/marking and the PowerPoint presentations from the results of the formative research.

5. Way Forward

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

- Continue to distribute FAMONJY (misoprostol) to pregnant women via ACs and support ACs to appropriately counsel and follow-up with these pregnant women.
- Increase the coverage of essential MNCH services and counseling through the training of 300 new ACs in the districts of Amparafaravola and Moramanga and 220 health care providers working across the country as members of FBOs and the private sector organization Sante Sud.
- Continue to facilitate community development of emergency referral plans in all project districts.
- Improve the training program for midwives at private training institutes (Pre-service) through supervision and training of faculty in 4 regions: Analamanga, Atsinanana, Vakinankaratra, Sofia.
- Distribute the newly finalized health booklets in all project districts.
- Expand MCHIP's support to 7 new training institutions for midwives and train faculty in these institutions on EmONC, MNH, and improved pedagogy skills
- Increase the reach of the life-saving use of misoprostol for PPH prevention through extension of the project to the district of Ambatondrazaka.

6. Annexes

- **ANNEX I : Success Story: “”**
- **ANNEX II: MCHIP presentation to MOH Reproductive Health monthly meeting**
- **ANNEX III: Chlorhexidine PPT presentation (PSI) and Chlorhexidine Branding plan**
- **ANNEX III: Quarterly Workplan**
- **ANNEX IV: Financial Report**

Annex I: Success Story

Claudia, aged 21 years, cuddles with her healthy baby girl Prisca,
during a post-partum follow-up visit by Community Health Worker Tesaka Clairette

MCHIP Madagascar Success Story

"Tesaka Clairette goes the extra mile (and boat ride) to save lives"

by Shannon McAfee, Raoeliarisoa Andriatsarafara and Jean-Pierre Rakotovao

Claudia---21 years old and living in the rural district of Fenerive-Est, a small town called Antseranambato fokontany in the Amapasibe Manantsatrana commune-- was nervous about having her first child. Women in her community die from complications in labor and delivery often. Community health agent, Tesaka Clairette, put her mind at ease.

Tesaka Clairette was trained on life-saving MNCH skills and counseling in November 2012 by MCHIP's technical team. She also received intensified supervision by the team to hone her skills and knowledge. A large component of the training and support she received was on the use of misoprostol for post-partum hemorrhage prevention. Her rural district is part of a pilot project to demonstrate how misoprostol can be used successfully at the community level.

To visit Claudia's home, Tesaka Clairette walks about 3 miles then takes a pirogue across swampy waterways, and then walks just under one more mile. Tesaka Clairette has made this trek to Claudia's home four times: first, as part of her census of all pregnant and eligible women to participate in the misoprostol project; second, at Claudia's 6 month mark to discuss the risks of post-partum hemorrhage and to see if Claudia would like to participate in the project; the third time, was during Claudia's 8 month of pregnancy to provide her with misoprostol and counseling for how to use it. Her fourth visit was a follow-up after Claudia's delivery.

Claudia received the packet of 3 misoprostol tablets in locally designed packaging with the name of "Famonjy", which translated means "To save". She followed Tesaka Clairette's instructions to keep the product safe and ready for her delivery. When Claudia went into labor, she was at her sister's house which is slightly closer to the public sector health center, but nonetheless she preferred to go to a traditional birth attendant for the delivery. She brought her packet of Famonjy with her and correctly took the pills right after her baby was delivered and before the placenta came out.

Claudia is delighted to have a beautiful and healthy baby girl named Princia. She thanks Clairette for all her guidance and support and says that she will tell others to use Famonjy and will use it again for her second delivery – "because it saved my life"!