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Maternal and Child Health Integrated Program

USAID/MCHIP 3rd QUARTER REPORT

MCHIP FY5 Quarter 3 Country Program Report

MADAGASCAR

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MCHIP- Madagascar 3rd 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 5 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 116 health care providers working with FBOs including SAF/FJKM, SALFA, Santé Sud and ECAR on MNCH 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.
- *Training of CAs on Community Level maternal and neonatal health in the 2 additional districts.* MCHIP has also increased the capacity of 310 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 of CHW participants on community-level maternal and neonatal health in the 2 additional districts of Moramanga and Amparafaravola.
- *Improvements in health in Fenerive Est and Ambatondrazaka as a result of MCHIP activities.* Of the 241 births registered at health centers, 8 newborns were revived. The 241 births all received basic essential care. 255 pregnant women received follow up by community health workers and 255 people were aware of the community emergency plans. In Ambatondrazaka, 148 postnatal consultations were recorded in the two days after birth, 588 of the 639 newborns in health centers received basic essential care. All of these

newborns began to breastfeed in the early hours of birth. 218 pregnant women and 171 women who delivered were supervised and followed up by community health workers. 115 community emergency plans and 168 individual emergency plans are implemented by community workers. 65 pregnant women who experienced bleeding were identified by community health workers. 41 newborns with pale complexions, a sign of anemia, were identified by community health workers.

- *Supervision of CAs on Community Level distribution of misoprostol for post partum hemorrhage.* During the last quarter, MCHIP conducted supervision of 193 ACs for the post partum hemorrhage study. 2,710 packets of misoprostol were distributed to ACs for the project, of which 1,270 packets were distributed to pregnant women who were more than 32 weeks gestation. Thus far in the program, 621 women have consumed misoprostol during the time of giving birth. 75 post partum interviews have been conducted for quality control. Among the 89% of women who received misoprostol from AC, 74% used it. Of the 74% who consumed the misoprostol, 66% of women are satisfied with the result.

4. Narrative about Major Accomplishments

Objective 1: Support and national leadership in MNCH

Training and Supervision in targeted MNH skills and knowledge: MCHIP trained 116 health professionals from SAF/FJKM, SALFA, ECAR and the private sector health provider association Sante Sud during a 5-day MNCH technical training, of which 38 were doctors, 26 were nurses and 52 were midwives. Essential newborn care, care for sick newborns, pre eclampsia and eclampsia and PPH were the main topics discussed during the training. Participants were able to practice on anatomical models and in a clinical setting. Participants in Mahajanga have already received post training follow up from June 19 to 21. For others, the monitoring will be scheduled for the first two months of the next quarter (July, August).

Pre-Service Training assessment and technical teaching improvement: MCHIP signed MOUs with 5 additional private midwifery training institutes including INFOSUP(Antananarivo), ESPM (Antananarivo), ISCAMEN (Morondava), ISISFA (Diego), ISMATEC (Antananarivo, Mahajanga). Training in “Enseignement efficace and SONU” is planned for the next quarter at the 5 additional private institutes.

In collaboration with our technical advisor Patricia Gomez, MCHIP trained 20 professional trainers working in 10 private midwife institutes on the topics of lab orientation and use of Mama Nathalie. 4 doctors, 5 nurses, 8 midwives and 3 financial administrators participated in the trainings from the institutes. (14 women and 4 men)

MCHIP also conducted a follow up visit for 2 institutes including ESISF (SFA Ecole des infirmiers et des sages-femmes - Saint François d’Assise Ankadifotsy) and ISPARAMED (Institut supérieur des Paramédicaux Antananarivo) to the theme of “enseignement efficace”.

Information sharing on key, evidence-based interventions: 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. The trainings will begin in August. The 2 documents to be used in this program are finished including the guide for monitoring and evaluation of the Chlorhexidine project and the training manual for health agent in CHX project.

Distribution of Job aids and posters: MCHIP distributed 348 posters to 116 providers working with FBOs and Sante Sud. The posters covered the following topics: PPH management, management of PE/E with magnesium sulfate, and action plan for newborn resuscitation. The 116 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 five districts (Fenerive Est, Ambatondrazaka, Tolagnaro, Amparafaravola and Moramanga)

Training and Supervision of CAs on Community Level maternal and neonatal health in the 2 recently added districts: MCHIP increased the capacity of 310 (260 women and 50 men) 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 of CHW participants on community-level maternal and neonatal health in the 2 additional districts of Moramanga and Amparafaravola. The project worked with technical guidance from ASOS and AZO during these formations. The next step will be to conduct supervisions of these AC trained. Before the CAs training, MCHIP trained 7 trainers on Community Level maternal and neonatal health during 2 day training.

Facilitating the operationalization of emergency referral plans: During this quarter, MCHIP coordinators continued to visit communes in the three districts to formalize plans 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: During the last quarter, MCHIP conducted supervision of 193 ACs for the post partum hemorrhage study.

Distribution of product: 2,710 packets of misoprostol were distributed to ACs for the project, of which 1,270 packets were distributed to pregnant women who were more than 32 weeks gestation. 621 women have taken misoprostol during the time of birth to date. 75 post partum interviews have been conducted for quality control. Among the 89% of women who received misoprostol from AC, 74% used it. Of the 74% who consumed the misoprostol, 66% of women are satisfied with the result.

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). Jhpiego will begin these trainings next quarter.



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 new ACs in the districts of Amparafaravola and Moramanga and 30 health care providers working as trainers in the 10 midwifery private training institutes 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

6. Annexes

- **ANNEX I : Success Story:**
- **ANNEX II: Financial Report**

Annex I: Success Story



In the photo above, Community Health Agent Melissa tells the story of her encounter with Joeline, and how misoprostol saved the woman's life.

MCHIP Madagascar Success Story

“Melissa provides critical care to a family searching for help”

by Raeliarisoa Andriatsarafara and Lillian Collins

Joeline, a 32-year-old woman from Antsinanana region in the commune of Andondabe, was visiting her family in Analanjirofo Region of Tamatave II District when she went into labor to deliver her third child. She hadn't known when to expect during the delivery, so had been in Analanjirofo, a region whose name translates to “the forest of cloves,” to help her family during the clove harvest. Following family tradition, she gave birth in her family's home without the assistance of a skilled provider. She delivered a healthy baby boy, but began to panic when she realized that the placenta was trapped inside of her.

It was 7:30 PM, and the winter sky was already dark when Joeline's family and community members, 15 in all, enacted an emergency plan to transport her to better care. She lay on a cloth stretcher, carried on the shoulders of four men who ran with her family through the village seeking help. First, they requested the help of a traditional medicine man in the village, who gave Joeline a tea to drink, then referred her to the village Matrone, a traditional birth attendant. When they requested help from the Matrone, she did not know how to make the placenta come out. She told the family to go to the local

hospital, or CSB. Following the Matrone's advice, Joeline was carried 12 kilometers along unlit roads to the closest CSB, in Mahambo Commune. When they arrived at the hospital, it was closed; no one was there. The midwife, the sole health practitioner responsible for that facility, was in another district that night.

The group decided to run to the next CSB in hopes that a doctor or midwife would be working. Along the way, a family member remembered that a Community Health Agent, Melissa, lived in Sahavary Fokontany, a small village along the route. The family member left the group to search for Melissa, hoping that she may be able to help. Luckily, Melissa was at home and when she heard about Joeline's complications she remembered what she had learned during trainings with MCHIP/JHPIEGO. Melissa knew that if a woman has a retained placenta, the drug misoprostol could be given within a few hours to help it to come out. Melissa grabbed her materials from MCHIP's Post-Partum Hemorrhage program, including 3 misoprostol tablets and some water.

Melissa and Joeline's family member ran and caught up with the group that was carrying Joeline. The four men set the stretcher down at the side of the road and Melissa assessed Joeline's condition. As she had been trained, Melissa palpated Joeline's abdomen to make sure there was not a second baby inside. She noted that it had been about two-and-a-half hours since Joeline had given birth, and misoprostol could still be administered to assist in delivering the placenta. Melissa quickly enrolled Joeline into the Post-Partum Hemorrhage program and obtained her consent to take misoprostol. Melissa then gave Joeline the 3 misoprostol tablets with some water.

The family was eager to get Joeline to a hospital, so the four men lifted the stretcher once more and prepared to continue running. Within moments, however, the misoprostol began to work. The retained placenta came out with contractions caused by misoprostol. Melissa remained at Joeline's side to make sure that she did not have further complications. Joeline recovered quickly, and soon her family took her home to rest with her newborn son. The next day Melissa completed the post-partum questionnaire assessing Joeline's use of misoprostol. The Community Health Agent visited Joeline two more times in the following weeks to assure that the mother and infant were healthy. Each time, Joeline's family thanked Melissa for her actions that night and for giving her the misoprostol, which they say saved Joeline's life.