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**Maternal and Child Health Integrated Program**

## **Year 4 MCHIP ANNUAL RESULTS REPORT/4<sup>th</sup> Quarter Report**

### **MADAGASCAR**

FY13: October 1, 2012 – September 30, 2013

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# MCHIP- Madagascar Annual Report (Oct. 1, 2012-Sep. 30, 2013)

## Introduction

During quarter 2 of this year, MCHIP/Madagascar was asked by USAID/Madagascar to discontinue its work with professional associations given the possibility that some members of the associations are public-sector providers. MCHIP submitted an amended work plan to update activities in alignment with the new restrictions. As such, from March through the end of the fiscal year, MCHIP focused on religious groups and other private providers. Before the restriction, MCHIP took full advantage of professional association meetings conducted by FSF, SOMAPED and Catholic Association "ECAR" to spread messages and build awareness on key MNH topics by conducting 6 presentations during this year.

### **Objective 1: To provide support and technical leadership in MNCH at the national level**

#### **Activity 1.1 Promote quality MNCH services**

MCHIP continues to support the work of its group of MNCH experts, who are leaders in their respective fields of midwifery, gynecology, obstetrics, and pediatrics, to introduce and support the adoption of innovative best practices in maternal and child health.

A total of 532 participants representing 205% of the original annual objective, have attended MCHIP technical advocacy presentations regarding MNCH, which have included working-group meetings during the 5th SOMAPED congress in Mahajanga, the celebration of World Midwives Day with the FSF association (200 participants), the annual meeting of the Association of Catholic Doctors (100 participants), religious nursing sessions (130 participants), the orientation day for the stakeholders involved with the PPH program and during the 40<sup>th</sup> anniversary celebration of Jhpiego.

In addition, the MCHIP field coordinators have continued to conduct meetings with groups of Health Development Committees (CDS) in the Ambatondrazaka, Tolagnaro and Fenerive Est to mobilize efforts to implement emergency referral plans.

- Number of attendees of MCHIP technical information sharing presentations: 532
- Number of focused training packages on key MNCH interventions developed for or adapted to Madagascar : 5
  1. Training package in PPH for health agents
  2. Training package in PPH for community agents
  3. Training package on effective teaching skills for teachers at private training institutes
  4. Training package to reinforce the technical capacity of trainers for health agents in MNH
  5. Training package (2 days) for private training institute tutors on the use of skills labs (includes a module on respectful maternity care)

#### **Register**

MCHIP conducted operational research on the birth register and the register for postpartum and postnatal consultation. The research contributes to improving the availability of data on maternal and neonatal health in particular those relating to obstetric and neonatal complications. The two different registers were updated by MCHIP and key stakeholders. MCHIP was approved to pre-test the revised

maternity registers in the three demonstration districts and subsequently produced a report to present the results of testing the new updated registers with health care providers trained in MNH in the three demonstration districts. Overall, the health agents who participated in the test are favorable to the proposed changes, provided that their comments and suggestions are taken into account. During project year 6, MCHIP will work to convince officials at the national level using the results of the tests in the three districts. The national level will also be encouraged to consider incorporating all other data collection tools from other programs to avoid unnecessary extra work for providers, which is often a source of reluctance to use new tools.

MCHIP involved key maternal health stakeholders through technical advisory group meetings at the national level. These groups met periodically through all phases of the introductory PPH prevention program and the CHX introduction program.

- Technical group meetings with partners (PSI, Mahefa) in CHX on the topics: communication, monitoring and evaluation, training
- Work with PSI on formative research regarding CHX: brand name pretest (AroFoitra), logo, packaging, instructions on how to use 7.1 % Chlorhexidine for the care of the umbilical cord of the newborn and communication strategy
- Work with JSI / Mahefa on curriculum development for training health agents and community health workers in newborn infection prevention using CHX

### **Activity 1.2 Training and supervision in targeted MNCH skills**

During Program Year 5, MCHIP launched its collaboration with Faith Based Organizations and MOUs were developed with four FBOs including SAF/FJKM, SALFA, ECAR and Santé Sud. MCHIP trained their health professionals during this project year.

- Number of cooperating agencies and donors scaling up high impact interventions with technical assistance from MCHIP : 5 (SAF / FJKM, SALFA, ECAR Santé, Santé Sud, Mahefa/JSI)
- Number of people trained in maternal and newborn health: 154 health agents (54 doctors, 73 midwives and 27 nurses) (121 women, 33 men)

MCHIP trainers have conducted two supervisions with 27 clinical trainers of 83 health providers (of the 154 total trained). MCHIP also provided training in maternal and neonatal health in a 2-day training workshop to ensure that providers were correctly using newly acquired skills. To strengthen the clinical component of these trainings, planned supervisory activities included visits whenever possible to busy maternity centers where trainees could put their knowledge and skills into practice with a larger number of patients, instead of using the trainee health centers where the case loads are low.

### **Activity 1.3 Reinforce technical competency of the current pool of MCHIP MNCH trainers/supervisors**

MCHIP worked to reinforce the technical capacity of its trainers as well as to teach them how to be effective trainers during this project year. MCHIP's technical team of MNCH trainers facilitated a supplementary training workshop to enhance demonstration and coaching skills and assist trainers in planning the schedule and content for post-training follow-up visits to trainees.

MCHIP also reinforced the technical capacity of 12 trainers to enhance the technical skills of the current team of trainers / supervisors in MNH during two days in Antananarivo. Participants include six doctors and six midwives. (10 women and 2 men)

#### **Activity 1.4 Create a second pool of MCHIP MNCH trainers/supervisors**

In collaboration with Malagasy private health associations Salfa, SAF FJKM, ECAR Santé, and Santé Sud, MCHIP has selected 15 additional trainers to participate in a training of trainers (ToT) to improve targeted MNCH skills. These trainers will in turn conduct cascade MNCH trainings throughout Madagascar for association members.

During 5 days, 15 trainers participated in a TOT conducted by MCHIP. Participants included 13 doctors and 2 midwives. (6 women and 9 men)

#### **Activity 1.5 Distribute posters and job-aids to selected maternity centers**

Nearly 1,862 job aids were distributed to professional health care association members and CAs. MCHIP distributed 3 types of posters to all of providers working with FBOs and trained in MNH. The posters cover the following topics: PPH management, management of PE/E with magnesium sulfate and action plans for newborn resuscitation. The 154 providers also received two job aids: a pregnancy wheel and a reference manual for the management of complications during pregnancy, labor and delivery.

169 CAs and 44 professional health care association members trained in PPH received IEC materials: a set of 4 counseling cards and pregnancy calendars. 27 PPH prevention posters were given to health care professionals.

- Number of job aids that MCHIP developed or contributed to distributed for community-related and health center: 1862

MCHIP supply each of 154 providers working with FBOs and trained in MNH with some basic equipment neonatal resuscitation materials including a penguin and a mask.

#### **Activity 1.6 Distribute maternal and newborn health booklets for CAs and women**

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 ACs- to include guidance on community level recognition and referral of maternal and newborn complications. MCHIP is currently waiting for documents which were finalized by the MAHEFA project; as soon as they are received, MCHIP will print out and distribute the health booklets.

#### **Activity 1.7 Revise training curriculum at training institutions**

Effective teaching:

An initial assessment of the teaching facilities and tools was conducted by MCHIP at each of the institutions. Recommendations are currently being formulated to improve the institutions and help the teachers become more effective in their teaching methods.

To ensure that the pre-service programs are delivered in the most effective fashion, MCHIP trained faculty members in the “enseignement efficace” or “effective teaching”. At least two teachers from each of the 13 institutions, for a total of 37 teachers, have received a 7-day training on the improved teaching techniques by MCHIP trainers.

- Number of people trained in “enseignement efficace”: 37 (16 participants from the 7 institutes 12 – 21 December 2013, 21 participants from the additional 6 institutes 15 – 23 July 2013)
- Formative supervision in “enseignement efficace” for teachers in 3 of the private institutes.

#### Revised Midwifery program curriculum:

In the amended work plan, MCHIP expanded this activity by working with an additional 5 private midwifery training institutions.

- Number of private training institutions that have adopted/incorporated revised MNH curriculum and program (according to the International Confederation of Midwives (ICM)) into pre-service training: 13.

The names of the training institutions include: Ecole Supérieure des infirmiers et des sages-femmes François d’Assise Ankadifotsy, ISPARAMED Institut supérieur des Paramédicaux Antananarivo, IFSPR Rossignol, Ecole Supérieur des Infirmiers de l’Hopital Vaovao Mahafaly Mandritsara, Université Adventiste ZUREICHER Antsirabe, Sekoly Loteriana Fanomanana Mpitsabo Mpanampy SEFAM Antsirabe, Institut de Formation Supérieur des Paramédicaux Atsinanana, INFOSUP, ISCAMEN Institut Supérieur Catholique de Morondava, ISMATEC, ESPM, Institut Supérieur des Infirmiers et des Sages-femmes d’Antsiranana and INSPAM Institut Supérieur d’Etude Paramédicale Ambatolampy).

Revisions of the training program for midwife private training institutes included: review and updating of the mission and philosophy of training content, midwifery standards updated, training curriculum reviewed for content for each of the years (1st, 2nd and 3<sup>rd</sup>) to make sure that it aligned with the core competencies recommended by the ICM International Council of Midwives. MCHIP also reviewed the private midwifery training centers with a goal to build the capacity of the center to provide a conducive environment for quality learning of the midwife profession.

With senior MNH technical advisor Patricia Gomez, MCHIP conducted a two day workshop on the theme of “Using simulation labs in basic education for providers to learn competencies in basic emergency maternal obstetric and neonatal care (BEmONC)”. 20 participants from 13 private training institutions participated in the workshop.

- Number of faculty members at private training institutions who have received training on incorporating revised MNH curriculums into pre-service training: 35 (15 participants in revised curriculum 28 January - 01 February 2013, 20 participants in orientation simulation labs during 07 - 08 May 2013)

All materials and equipment for the simulation labs have been purchased and are ready to be distributed to the private training institutions for their use.

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

During program year 6, MCHIP worked with the structures put in place by the USAID bilateral Santenet2 to achieve the following results:

Achievement FY13:

- Number of newborns receiving post-partum visits by community agents: 1450. Number of pregnant women reached by CA home visits: 4254
- Number of women referred by CA to health facilities through MCHIP intervention : 143
- Number of women given birth followed by community agents: 1491
- Number of newborns with danger signs accompanied by community agents in the health center : 65

**Activity 2.1 Supervise and monitor trained CAs on community-level maternal and newborn health interventions**

MCHIP trainers, along with MCHIP Field Coordinators, conducted a 1-day follow-up visit during which there are interactive sessions so that participants could share experiences, successes and any challenges to practicing their newly acquired skills and knowledge. The CAs were also asked to demonstrate recently taught skills so that trainers may reinforce their competencies and understanding of training topics.

During FY13, MCHIP has trained a total of 758 CAs to recognize and adequately respond to MNCH issues. MCHIP also conducted follow-up supervision visits with 860 CAs.

**Activity 2.2 Compile and facilitate adoption of best practices for community - level management of maternal and newborn complications**

In the 3 demonstration districts, MCHIP Field Coordinators have been assessing the capacity of the existing emergency referral systems in place at the community level to provide 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, people to accompany the sick and appropriate referral center information. MCHIP has helped each community to develop a participatory draft plan at the commune level. MCHIP has helped 11 communities in Fort-Dauphin and 6 in Fenerive-Est to finalize their plans.

**Activity 2.3 Train and supervise additional CAs in 2 new districts**

At the beginning of this year, MCHIP plans to train 25 new CAs on MNCH. And in the amended work plan, MCHIP expanded AC training and supervision activities to 2 new districts, adding an additional 300

CAs. The new districts are adjacent to existing districts where we could rapidly begin activities: Amparafaravola, and Moramanga. These new districts were selected because they are near our current districts, easily accessible, and we have already trained providers in those areas who will be able to adequately supervise the newly trained CA.

- Number of CA trained in MNH by MCHIP : **333** (260 women, 50 men) (district Ambatondrazaka 23, Amparafaravola 164 and Moramanga 146)

Training content includes how to prevent the spread of disease through hand washing, how to recognize danger signs for women who have just given birth and for newborns, the actions to take when complications arise, especially related to facilitating referral and transport to health facility, and manual extraction of breast milk when the baby is not properly suckling. In addition, MCHIP trained CAs on how to perform simple procedures to assist mothers and babies when appropriate. Some examples include external massage/bimanual compression of the uterus; how to place women in a lateral position in the event of convulsions related to PE/E; and standard fever reduction techniques while awaiting transport to a health facility.

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

#### **Activity 3.1 Train association members in PPH prevention and management**

In a 3-day workshop, MCHIP will provide training/refresher courses for association members that include a review of the correct use of AMTSL as well as management of PPH, the importance of a continuous supply and correct storage of oxytocin in their facilities, and information on the procedures of the project. They will also learn to use misoprostol for AMTSL as an alternative to oxytocin when oxytocin is not available.

- Number of members of private associations trained in PPH prevention and misoprostol distribution: 44

MCHIP trainers have conducted a one supervision of 41 members of private association (of the 44 total trained) so 93% realization.

- Number of members of private association which received supervision in PPH : 41

#### **Activity 3.2 Education about safe delivery and PPH prevention by association members providing ANC and by CAs during home visits**

During ANC visits, women and their families were educated on the importance of giving birth in a facility where PPH prevention and other evidence-based best practices can be administered by association members (who are doctors, nurses, or midwives), as well as about how to use misoprostol to prevent PPH should they be unable to reach a health facility to deliver. Additionally, MCHIP's district Community Maternal and Newborn Health trainers updated/trained CAs to identify pregnant women in their catchment areas and provide education to them and their families during home visits. CAs were taught to raise awareness about the importance of a facility delivery, risks of PPH, danger signs, birth

preparedness/complication readiness, the use of misoprostol for PPH prevention, and essential newborn care. All materials were used during training and patient education sessions were developed specifically for the project in collaboration with appropriate partners.

- Number of CAs trained in PPH prevention and misoprostol distribution: 169

MCHIP trainers conducted a supervision of CA (of the 169 total trained) so 98% realization.

- Number of CHW which received at least 3 supervisions in PPH : 166

### **Activity 3.3 Distribution of misoprostol at or after 32 weeks gestation by association members at ANC visits or by CAs during home visits along with appropriate information/counseling about its use**

To reach pregnant women at the community level, 169 CAs in the district were trained to track pregnant women in their catchment area and provide counseling on BP/CR (including one-on-one education for women and their families to create awareness about the importance of a facility delivery and the risks of PPH). The CA was also trained to identify eligible women (aged 15 years or older, at least 32 weeks pregnant, no known allergy to prostaglandins, and no previous cesarean section) and to include them in the program after obtaining signature of informed consent. CAs visited the enrolled women at home after 32 weeks of pregnancy to provide Misoprostol as well as counseling on correct use for self-administration after birth (storage, mode of administration, number of pills to take and correct timing) and the potential side effects of the drug and how to manage them in case the women were unable to deliver at the health facility or with a trained provider.

- Number of women who ingested Misoprostol for PPH prevention at the community level in Fénerive Est district: 1,094
- Number of women who ingested Misoprostol for PPH prevention at the health facilities in Fénerive Est district: 30

2,386 pregnant women were identified at the community level, and warned about the dangers of PPH. 1,124 received misoprostol.

### **Activity 3.4 Documentation and sharing**

Throughout program implementation, information was collected to document progress and results with the goal of sharing best practices and advocating for scale-up if appropriate. MCHIP developed a preliminary report and presented and disseminated it at a key stakeholders meeting, attended by collaborating partners, and UN organizations, among others in 09 October 2013. 31 participants who are involved in reproductive health work were informed about the MCHIP project for the prevention of postpartum hemorrhage by increasing uterotonic coverage to improve maternal health.

### **Way forward**

During Program Year 6, MCHIP will continue to implement the PPH program in Fenerive Est and, having received approval from the MOH, will conduct the same PPH program in the district Vohemar.

## Success Story

### **Implementing Emergency Plans to Save 2 Lives**

By Raymond Rakotomanga and Fanja Ralaiarifenina

Ambatoharanana is a small village about 10 km from Beforona, a commune where there is a basic health center (CSB). Beforona is situated on the national road 2, about 60 Km from Moramanga where one can find the Moramanga regional reference hospital in the region of Alaotra Mangoro. Ambatoharanana is difficult to access and cannot be entered by car. In order to access, one must go there on foot.

Rasoloharisoa Jeanna Perette is 16 years old and quite small in stature, standing a bit less than 1.5m. She lives in the village of Ambatoharanana and is pregnant with her first child. During her pregnancy, Perette visited the midwife at the basic health center in Beforona for prenatal consultations. She is nearing her time for delivery and anticipates giving birth at home, aided by the matrone (traditional birth attendant) of her village and her family. One day, Perette began to feel sick and started complaining of a persistent headache and fever. Unfortunately, her husband was away looking for work in order to support his pregnant wife.

Beniaina Richard also lives in Ambatoharanana and is a community health worker trained in maternal and neonatal health by USAID's Maternal and Child Health Integrated Program (MCHIP). Perette was among the woman that Richard visited during the month of August 2013.

One misty night, Richard was alerted by Perette's family that she was very sick and needed medical attention. After a quick evaluation using the knowledge he gained from his training with MCHIP, Richard advised Perette's family that she was dangerously ill and showing danger signs. He counseled the family to get her to a hospital as soon as possible to receive care. The family was distraught and opted to stay in the village to have Perette treated by a midwife because the husband was absent and the family had very little income at home. Richard, however, convinced the family that traveling to the nearest health center was in the best interest of the Perette.

Engaging the family, Richard worked with them to organize the emergency transport of the pregnant woman to the basic health center of Beforona. While the family was preparing « Filanjana », a form of transport whereby someone is carried by pieces of cloth tied to sticks, Richard telephoned the facility to warn them of Perette's impending arrival and her dangerous fever. The convoy then left Ambatoharanana to walk the 19 hours in light rain. The rain served to keep Perette cool as her fever raged on. After 21 hours, the group arrived in Beforona and Perette was put into the care of the midwife.

Unfortunately, despite the care that Perette received, her health was not improving and she began to have seizures to the surprise of everyone. In a panic, the midwife advised that the family move Perette to the referral hospital in Moramanga. For the second time that night, Richard helped the family implement transport to the referral hospital. Asking around, Richard was able to find a rental car to take Perette from Beforona to Moramanga. Again, Richard called ahead to alert the hospital that the pregnant woman was on her way.

Upon arrival, the staff was ready and prepared to administer care to Perette. Fortunately, the treatments worked quickly; Perette's temperature began to return to normal and her seizures disappeared. The next morning, Perette gave birth to a little girl named 'Hary' following a caesarean section operation at the Maternity Hospital in Moramanga. Both the mother and baby survived and the whole family was very happy.

During that heroic night, Richard used the tools and knowledge that he gained from his trainings with MCHIP to enact an emergency plan that would save 2 lives. Not only did Richard use his technical knowledge, but he also provided logistical and emotional support for the family, encouraging them to visit a health center even when they were a bit scared to do so. His management of the emergency referral and transport system allowed the providers at the facilities to prepare and decipher which medical treatment to use with Perette.

But the scenario could have been completely different if the family had chosen to stay in the village and entrust the care of Perette and her baby to the hands of traditional birth attendant. What would the traditional birth attendant done in the case of uncontrollable fever? In the case of seizures? Given Perette's small size and her inability to deliver vaginally, how would the traditional birth attendant been able to provide care?

Perette and her baby, who is now two months and a few days, are both in good health. The family thanks Community Health Worker Richard for his help and for his training that he received through MCHIP.

### **La réalisation d'un Plan d'urgence en cascade pour sauver 2 vies.**

By Raymond Rakotomanga and Fanja Ralaiarifenina

Ambatoharanana est un petit village situé à environ 10 Km de Beforona, la commune où il y a un centre de santé de base. Beforona se situe sur la route nationale 2, distant de 60 Km de Moramanga où se trouve le Centre Hospitalier Régional de Référence de Moramanga dans la région d'Alaotra Mangoro. Ambatoharanana est difficile d'accès, il n'y a pas de route pour les voitures. Pour y accéder, il faut marcher à pied.

Rasoloharisoa Jeanne Perette a 16 ans et est de petite taille, un peu moins de 1,50 m. Elle vit dans le village d'Ambatoharanana. Elle est enceinte de son premier enfant, grossesse précoce. Elle est sur le point d'accoucher et prévoit de le faire à domicile, avec la matrone de son village, près de sa famille. Perette était déjà allée voir la Sage-Femme du CSB2 de Beforona pour les Consultations prénatales. La jeune femme enceinte est malade et se plaignait toute la journée de mal de tête et d'une fièvre qui ne s'arrêtaient pas. Perette présente des séries de graves complications imprévues juste quelques heures avant d'accoucher. Le mari de Perette est absent, car il est allé chercher du travail loin du village pour gagner de l'argent en vue de faire face à l'accouchement de sa femme.

Beniaina Richard vit également à Ambatoharanana ; il est l'Agent communautaire AC formé en Santé Maternelle et Néonatale par MCHIP en Mai 2013 et qui travaille au sein du Fokontany. ; Perette figure parmi les femmes enceintes du village que l'AC a visitées durant le mois d'Août 2013.

Le 23/06/2013, à la tombée de la nuit, l'AC Beniaina Richard, alerté par la famille sur la demande de la jeune femme enceinte malade, est venue la voir chez elle, car elle se plaignait toute la journée de mal de tête et d'une fièvre qui ne s'arrêtaient pas. L'AC évalua la situation très rapidement et expliqua les faits observés à la famille en confirmant que la jeune femme enceinte présentait des mauvais signes de danger et qu'elle et son bébé courent de graves risques s'ils ne reçoivent pas les soins adéquats et urgents au centre de santé le plus proche dans les meilleurs délais possibles. La famille affolée, hésita et voulut rester se faire soigner par la matrone au village comme il a été prévu, et d'autant plus que le mari est absent, et surtout parce que la famille ne disposait que très peu d'argent à la maison. Heureusement, l'agent communautaire, Beniaina Richard réussit à convaincre tout le monde, et la famille se décida finalement à suivre les recommandations de l'AC.

Beniaina Richard s'engagea alors à aider la famille pour l'organisation de l'évacuation en urgence de la jeune femme enceinte dans le CSB2 de Beforona. Ainsi, pendant que la famille préparait le « Filanjana » avec quelques grands gaillards du village, Beniaina Richard appela au téléphone le CSB2 de Beforona, pour les avertir que Perette viendra au CSB2 à cause d'une grosse fièvre irréductible. Le convoi quitta Ambatoharanana vers 19 heures dans la nuit, sous une pluie fine. L'AC nous racontait que cette pluie fine tombait bien, car il n'avait pas besoin de mettre du linge mouillé d'eau froide, comme il se doit dans de pareil cas, sur le front brûlant de la femme. Arrivée au CSB2 de Beforona vers 21 heures, Perette a été tout de suite prise en charge par la Sage-femme de garde et reçut les soins nécessaires.

Mais malheureusement et malgré les soins reçus, l'état de santé de Perette ne s'améliore guère et semble s'empirer davantage avec l'apparition de convulsions qui surprennent tout le monde. Dans la panique générale, la Sage-femme prit sans tarder la décision de référer Perette au CHRR de Moramanga. Beniaina Richard, comprenant que la famille était complètement démoralisée, nous rapportait encore qu'il était de son devoir d'aider encore la famille à mettre en œuvre, pour la seconde fois, le plan d'urgence, sans perdre du temps pour rejoindre le CHRR de Moramanga. Une voiture de location a été vite trouvée pour transporter la jeune femme de Beforona à Moramanga.

Admise au Service de Maternité de l'hôpital après une heure de route environ, Perette a bénéficié aussitôt des soins appropriés par le personnel de garde. Les traitements administrés semblaient montrer leur efficacité, car la température est enfin revenue à la normale et les crises convulsives ont disparu. Vers le petit matin du 24 Juin, Perette accouchait d'une petite fille prénommé "Hary", à la suite d'une opération césarienne, à la Maternité de Moramanga. La mère et son bébé sont sauvés ; toute la famille était enfin délivrée.

En fait, au cours d'une nuit, l'AC a utilisé à bon escient, par deux fois, le Plan d'urgence appris lors de la formation, à peine deux mois plus tôt, mais parfaitement maîtrisé aujourd'hui. Il faut reconnaître que les actions de l'AC Beniaina Richard, résultant des connaissances techniques acquises lors de la formation en Santé Maternelle et Néonatale, ainsi que de sa bonne réactivité, sa capacité de persuasion, étaient décisives pour orienter la famille à faire le bon choix qui a permis de sauver Perette et son bébé, grâce aux soins indispensables dispensés à temps par le personnel de santé au CSB2 de Beforona et au CHRR de Moramanga.



Photo en haut à gauche.

*Beniaina Richard, AC formé en Santé Maternelle et Néonatale par MCHIP en Mai 2013, travaille dans le Fokontany d'Ambatoharanana et collabore souvent avec le personnel de santé du CSB2 de Beforona.*

Photo en haut à droite.

*Perette et son bébé, aujourd'hui âgée de 2 mois 1/2 et toutes deux en bonne santé, sont les témoins vivants de la mise en œuvre du Plan d'urgence, déclenché par Beniaina Richard en Juin 2013, à la suite de graves complications apparues à domicile, en fin de grossesse.*

Mais le scénario aurait été totalement différent si la famille avait choisi de rester au village et confier le sort de Perette et de son bébé aux mains de la matrone. Perette et son enfant auraient-ils autant de chance s'ils se sont contentés des soins traditionnels de la matrone? Que ferait la matrone devant la fièvre incontrôlable? Devant les crises convulsives? Comment aurait-elle fait pour l'accouchement par voie basse avec le problème de la petite taille de Perette?

Nous avons pris connaissance du cas de Perette, au moment de la vérification du Rapport mensuel de Beniaina Richard, au cours de la séance du Suivi formatif des AC le 28/08/2013 à Beforona. Nous avons pu rencontrer à Moramanga Perette et son bébé, qui a maintenant deux mois et quelques jours; toutes les deux en bonne santé. Mais le mari est toujours absent, à la recherche de travail et pour gagner de l'argent afin de rembourser les dettes contractées durant l'hospitalisation de Perette à Moramanga.