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**MCHIP** Maternal and Child Health Integrated Program

## **Year 6 MCHIP QUARTERLY RESULTS REPORT/1<sup>ST</sup> Quarter Report**

### **MADAGASCAR**

FY14: October 1, 2013 – Dec 31, 2013

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## MCHIP- Madagascar Quarterly Report (Oct. 1, 2013-Dec. 31, 2013)

### Results for the Quarter

#### **1 Objective 1: Introduce uterotonic use to prevent PPH at the community level in the district Vohémar**

During the last fiscal year, MCHIP worked in the district of Fénérive Est to implement a pilot project using Misoprostol as a uterotonic in efforts to decrease maternal death due to post partum hemorrhage at the community level. Misoprostol has been shown to be effectively distributed by community health workers through the MCHIP project. MCHIP will implement a similar pilot program in the district of Vohémar during this program year to build upon its successes in Fénérive Est.

**Ethics committee and MOH approvals for the introductory PPH prevention program in Vohémar district:** MCHIP has already obtained a letter from the ethics committee to authorize the implementation of the PPH Prevention Program in Vohémar district and has received a letter of approval from the Ministry of Health as well.

**Starting activity in the district of Vohémar:** To begin activity in Vohémar, MCHIP has already performed some activities including the revision of the training curricula package in PPH for community agents, the revision of the Community Health Agent (CA) supervision guide in PPH, revision of data collection tools, tool development for collecting information on lessons learned and success stories, tools and manuals reproduced, and IEC materials created: a set of 4 counseling cards, pregnancy calendars and PPH prevention posters. MCHIP will work with other implementing partners to deliver a PPH program that is closely aligned with a Chlorhexidine (CHX) program which delivers CHX to women for use on the umbilical cord stump of newborns for a reduction in sepsis.

**Assurance of efficient coordination:** A PPH project coordinator and admin/finance assistant have begun working in the PPH intervention zone in Vohémar. The team began work in the field by coordinating an in-depth census by the CAs of all pregnant women in each fokontany in the 19 communes. Data in Vohémar is already collected and those data concern: statistics on health facilities, and health agents, data on maternal and newborn health, completed information on CAs, and geographic and accessibility data for communities and health centers.

**Integrating with stakeholders in Vohémar district:** The MCHIP field coordinator made courtesy visits to administrative and health authorities in the district of Vohémar including the Chief of District, the Mayor of the municipality and an attorney for the Ministry of Health. He also met with the Mahefa project in Vohémar to coordinate USAID activities. He attended a meeting which had been organized by the SDSP (Service de district de santé publique) to develop the quarterly health planning in the district. USAID/MCHIP activities at the community level are being integrated into the community as discussed in the quarterly health planning PTA 2013-2014 in the Vohémar District.

**Next steps:**

- Reinforce the technical capacity of local trainers to enhance the technical skills of the current team of trainers / supervisors in the area of PPH prevention during two days in Vohémar.
- Conduct a training for 146 CA in the district of Vohémar in PPH prevention through the use of a uterotonic (misoprostol, or Famonjy as it is called locally) distribution and data collection by sms.
- Conduct a monthly supervision with 146 CA trained in a 2-day workshop to ensure that they are correctly using newly acquired skills (data collection, distribution and monitoring of Famonjy, establishing schedules with the pregnant women for visits by a CA)
- Implement a quality control survey among women who give birth and took Famonjy (verification of the sensitization of pregnant women made by CAs on PPH Prevention)
- Collect data and write a technical report including lessons learned and success stories

## **2 Objective 2: Increase uterotonic coverage to prevent PPH at the community level in the district of Fénérive Est**

During the last fiscal year, MCHIP implemented a community-based distribution of misoprostol project in the district of Fénérive Est. During the six months of project implementation, MCHIP trained community health agents on post partum hemorrhage prevention and management. The CAs delivered the information and the misoprostol to women in the community for their use during pregnancy. During the present fiscal year, MCHIP will continue to prevent PPH with the use of misoprostol and increase uterotonic coverage in the community in Fénérive Est. The project will use the same tools and process from the last fiscal year including the tracking of CAs and their distribution of misoprostol to pregnant women at or after 32 weeks gestation, sensitization of women on safe delivery and PPH and postpartum interview follow ups with women in the program.

### **The results achieved and indicators used during this quarter are presented below:**

- Number of pregnant women who received a home visit from a CA : 235
- Number of pregnant women given misoprostol during a home visit from a CA: 173
- Number of women who ingested Misoprostol for PPH prevention at the community level : 135
- Number of CAs who are supervised with MCHIP participation : 151
- Number of CA trained in data collection : 151

**Workshop to disseminate partial results of the preliminary program of the PPH Program in Fénérive Est:** the workshop took place in the Colbert Hotel in Antananarivo on October 09, 2013. 31 participants working in maternal and newborn health were present. The main goal of the workshop was to inform all of NGOs and other interested parties involved in reproductive health of this approach for the prevention of postpartum hemorrhage by increasing the coverage of the use of misoprostol to improve maternal health. The workshop also served as a forum to discuss the preliminary results of the pilot program implemented by MCHIP.

MCHIP has demonstrated that the programmatic approach for PPH prevention using misoprostol is a good practice worth scaling up for the survival of the mother and it is easy to implement by integrating it into existing services. Increasing uterotonic coverage during Active Management of the Third Stage of Labor at the health center and self administration of misoprostol by pregnant women at the community level is feasible and well accepted.

After the workshop, participants gave recommendations for project implementation such as: deepen the collaboration with traditional birth attendants, work in another district to see the specificities and responses of other groups, study the conditions of scale up intervention in Madagascar and discuss malagasy packaging for misoprostol.

**Activity preparation at the central level:** To improve the results in Fénérive Est, MCHIP has performed the following activities: revised the CA supervision guide in PPH, revised data collection tools, developed a phone database containing in depth information, developed tools for collecting information on lessons learned and success stories, reproduced tools, manuals, IEC materials including a set of 4 counseling cards, pregnancy calendars and PPH prevention posters.

**Conduct supervision of CAs:** In theory, CAs are supervised by the medical chief at a local hospital. Monthly supervisions are necessary, however, in order to ensure that CAs are confident and able to provide quality sensitization about misoprostol. MCHIP trainers have conducted follow-up supervision of 151 community health workers (120 women and 31 Men) of the 169 total trained in PPH prevention and misoprostol distribution. During the 2 day workshop, supervisory activities included ensuring that they are correctly using newly acquired skills, provision of Famonjy and management tools by the CA, encouragement and support of CAs with regard to sending reports via SMS, accuracy of collecting data by paper based methods, tracking of misoprostol distribution, establishment of schedules for CA visits with pregnant women and discussions about problems, suggestions and recommendations

**Quality control interview:** A quality control survey was taken among women who gave birth and ingested misoprostol. The goal of the survey is to check with pregnant women to see if the CA gave her comprehensive information about misoprostol, to better understand the quality of the CA's work and to learn about how the women felt after taking misoprostol. 63 women who gave birth and 28 pregnant women were interviewed, all of whom were residents in 8 communes.

**Next steps:**

- Conduct a monthly supervision with all of CA trained to ensure data collection
- Collect all expired misoprostol that CAs have not yet given to pregnant women
- Prepare final program reports and results dissemination in Fénérive Est district
- Workshop dissemination in Fénérive Est to show the program result with the stakeholder and to ensure sustainability of the project.
- Collect data and write a technical report including lessons learned and success stories.

**3 Continuation of pre-service activities**

During this fiscal year, MCHIP is completing work on one activity for the previous fiscal year.

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

**Distribute posters and job-aids to selected private midwifery training institutions:** MCHIP has worked with 13 private midwifery training institutions to ensure that the pre-service programs are delivered in the most effective fashion. MCHIP has already trained faculty members in the “enseignement efficace” or “effective teaching” and has guided the revisions of the training curriculum and program for private midwifery training institutes.

To continue this effort to provide support and technical leadership in MNCH at the national level, materials and equipment for the simulation labs will be distributed to the private training institutions for their use. MCHIP will supply each institution with a pregnancy wheel, neonatal resuscitation materials including a penguin and a mask, sany baby, and three types of posters that cover the following topics: PPH management, management of PE/E with magnesium sulfate and action plans for newborn resuscitation. MCHIP also given a medical kit including pine cupboards with 2 doors, towel, hat, towel, cup, delivery kit (stainless steel box, foam scissors right, halstead forceps, dissecting forceps SG, AG dissecting forceps, scissors foam curved Mayo needle holder, retractor Farabeuf, Pinard stethoscope, diagnostic lamp, Bean, tape, Towel) and 2 vacuum delivery devices.

## **MCHIP Madagascar Success Story**

### **Saving the Life of a Mother**

By Raoeliasoa Andriatsarafara and Fanja Ralairifenina

Njara Noeline was just 30 years old when she experienced bleeding for two weeks following the birth of her second child. Living in the fokontany of Antsiranambato in the commune of Ampasimbe Manasatrana and pregnant with her third child, she was afraid that having the same experience again may end in her death.

Community health agent (CA) Clairette noticed Njara and her pregnancy in the market one day and together, they set up a meeting to discuss best practices and care. In November of 2012, Clairette had been trained by USAID's Maternal and Child Health Integrated Project (MCHIP) to use misoprostol (or Famonjy as it is called locally) for the prevention of postpartum hemorrhage, particularly for women who deliver at home. At that time, MCHIP had recently begun a pilot program to introduce misoprostol to women through community health agents. Clairette Tesaka was eager to use the knowledge she had gained as a result of the training to educate Njara about the risks of bleeding during childbirth and how they can be prevented.

On the 19<sup>th</sup> of September, 2013, Njara told Clairette that she was seven months pregnant during their initial meeting. Because Njara met the program criteria in terms of age and gestation (32 weeks or more), Clairette informed Njara about the MCHIP miso program. Clairette began by reminding Njara of the importance of giving birth in a facility so that in the event of complications, a skilled health provider would be on hand to provide life saving interventions. Njara then learned about the danger signs to look out for in childbirth, the tenants of essential newborn care and the importance of having misoprostol on hand in the case of postpartum bleeding in the event that a woman is not able to give birth at a health facility. Using the information she learned during her training with MCHIP, Clairette explained that misoprostol can be used to prevent or reduce blood loss after childbirth, helping a woman maintain her strength and subsequently safely deliver the placenta.

Remembering her previous experience with blood loss post childbirth, Njara was enthusiastic to take part in the MCHIP program. After providing informed consent, she received three misoprostol tablets to have on hand in the case of an emergency where she could not make it to a health facility. She put the misoprostol in a safe place where she would not lose it.

On a crisp night in October, Njara went into labor and with the help of a matron, she gave birth to a healthy boy and named him Jean Francky. Knowing that Njara had not yet delivered the placenta, the matron palpated her belly to make sure that there was not a second baby. After the palpation, Njara remembered to take her misoprostol tablets with a full glass of water. Soon after she took the medicine, she delivered the placenta. Using a napkin to monitor blood loss, Njara determined that she had not lost a lot of blood. The following day, the small amount of bleeding had fully stopped.



*AC Tesaka Clairette with baby Jean Francky and his parents (Njara far right)*

Njara was very happy that she was able to have misoprostol on hand for her pregnancy. She felt relief to know that it was there in the case of an emergency. She told Clairette that she wants to make sure that she has misoprostol for her next pregnancy and also recommend to her friends and family that they make the medicine available to themselves before childbirth. Though the MCHIP project currently supplies misoprostol for free to pregnant women, Njara said she would purchase it for up to 6,000 MGA (about \$3 USD).

According to Clariette, the MCHIP PPH project has achieved the following positive results:

- Encourages matrons to educate women on postpartum hemorrhage and the necessity of having misoprostol on hand during pregnancy
- Strengthens cooperation between community health workers and midwives
- Increases trust by the community and pregnant women in CAs
- Reinforces a CA as a leader in their fokontany



*Njara, her husband and Herinarivo Jean Francky*