

KARAKORY

(WHAT'S THE NEWS?)

From the Health, Population
and Nutrition Office

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INNOVATION



USAID
FROM THE AMERICAN PEOPLE

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Daniele Nyirandutiye
HPN Office Director

FROM THE HEALTH OFFICE DIRECTOR

INNOVATION is a core approach of the Health, Population and Nutrition office. For nearly 30 years, USAID Madagascar has partnered with the government of Madagascar through the Ministry of Health and Ministry of Water, Sanitation and Hygiene to pilot new approaches, test new theories of change and introduce new concepts to the Madagascar context. Through this partnership, many best practices have emerged that have been scaled-up nationally and internationally. This was most evident recently when the government of Madagascar, in collaboration with the Global Sanitation Fund, hosted a Global Learning Event that brought

together 15 countries across the globe to learn from Madagascar's successful implementation of the community-led total sanitation approach. In health, mobile outreach services are expanding access to critical family planning and reproductive health to women and adolescents from the poorest families.

In this edition of Karakory, the Ministry of Health shares its priorities in supporting the Campaign to Reduce Maternal and Child Deaths in Africa. The issue also highlights recent innovations in emergency transport for remote areas and community-based health insurance. The success of combining these two interventions is an example of how community-based financing mechanisms can contribute to the government's Universal Health Coverage plan. The government's pledge and tenacity in being at the cutting edge of development innovation is commendable. We are proud of what our partnership has yielded to date and look forward to continuing to develop innovative approaches in health and WASH.

A WORD FROM THE GOVERNMENT'S DIRECTORATE FOR FAMILY HEALTH

Under the leadership of the Ministry of Health (MOH), Madagascar is making progress towards accelerating the reduction of maternal and newborn mortality. These advances include:

- The completion of strategic documents, such as the *Plan de Développement du Secteur Santé*, *Plan Nationale de développement des Ressources Humaines*, *Politique nationale de santé communautaire* implementation guidelines, universal health coverage strategy, and the roadmap for accelerated reduction of maternal and newborn mortality
- Making international commitments to:
 - The campaign for accelerated reduction of maternal and newborn mortality in Africa (CARMMA) roadmap;
 - Family Planning 2020
 - Every Newborn Action Plan to End Preventable Deaths

Despite these efforts, much remains to be done to achieve the Sustainable Development Goals by 2030. To better coordinate the CARMMA roadmap implementation, the MOH recently developed an operational plan that includes the Every Newborn Action Plan. All actors involved with maternal, newborn and reproductive health have participated.

A coordination meeting of partners who work on sexual, reproductive, maternal, neonatal, and infant health recently took place. The progress of government and donor programs was discussed, activities for 2016 were presented and agreed upon, and partner contributions were determined. This meeting ensured complementarity and synergy of the various entities, to increase performances and quality of reproductive health services.



PHOTO: MAHEFA / USAID

Management Committee in Anivorano with IEC materials

MUTUALLY ASSURED: PROVIDING HEALTH INSURANCE THROUGH MUTUELLES

In very remote areas, barriers to access for health care can come in many forms. A lack of primary health care facilities is one challenge, but even if you can get to a clinic many people struggle to pay for medical care. In Madagascar, a large percentage of a families' total health care expenses come from out-of-pocket payments, so rural, poor households face serious financial risk due to health care costs.

To address this challenge, MAHEFA, which is USAID's Community-Based Integrated Health Program implemented by the JSI Research and Training Institute, introduced an innovative community health insurance scheme, or *mutuelle de santé*. The *mutuelles* help people pay for unexpected medical bills by pooling resources, sharing risk and extending coverage.

The *mutuelles* approach is integrated with other innovations to further reduce maternal, newborn and child mortality and morbidity. These other innovations include formally registering the *mutuelle* as an association at the district level, linking *mutuelles* with microfinance institutions, connecting *mutuelles* to emergency transportation systems (see *the related article below*), and linking *mutuelles* with local income-generating activities (IGAs) that help to finance the operations of the *mutuelles*.

In addition to money from IGAs, users also contribute to funding the *mutuelles*. After an initial registration fee of 3,000 – 5,000 ariary per household, members pay monthly fees between 200 – 1,000 ariary per person. Once participants receive their membership cards they do not pay any additional fees for care received at health facilities.

The *mutuelles de santé* are run by committees elected by the community. The MAHEFA Program eased the program in gradually to ensure that the *mutuelles de santé* and related programs were implemented thoughtfully and effectively in each community.

MUTUELLE AND ETS IN NUMBERS

- 33** communes have a *Mutuelle de santé* (11 have both a *Mutuelle de santé* and ETS)
- 236** management committee members trained
- 158** modes of emergency transport provided to 132 Fokontany
- 454** people trained for ETS services
- 18,300** registered *Mutuelle* members (of which 9,120 paid up to February 2016)
- 455** members used *Mutuelle* to access care
- 964** people used ETS to access care (66% were children under 5)



PHOTO: USAID

Erinesy with healthy child and his mother, Menabe Region

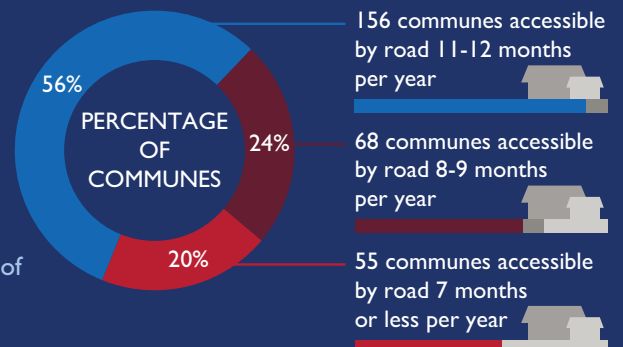
HOW CYCLE RICKSHAWS ARE SAVING LIVES

In inaccessible areas of Menabe region, the cost of a trip to the nearest medical clinic could be up to 40,000 ariary, the monthly budget for an average family in these areas. People were dying because they couldn't afford to make the trip. To remedy this, 43 emergency transport drivers were equipped with custom-made cycle rickshaws and trained by MAHEFA to maintain and repair their cycles, providing an emergency transportation service that is reducing neonatal and maternal deaths. The costs of the emergency transportation service are covered by local *mutuelle de santé* insurance plans.

Erinesy is one of those drivers and he operates a rickshaw in Marofototra, a town near Madagascar's famous Avenue of the Baobabs.

"Since my military service, my vocation is to serve people. I carried more than 80 people on my rickshaw; children, the elderly and pregnant women. None died. This job allows me to both save lives and be physically fit," he confides. Recently, he rushed a six-month-old child who was struggling to breathe to a primary health center more than 7 km from his village. In total, across six regions of Madagascar, people have been trained to provide this life-saving, pedal-powered service.

Read more about how emergency transport rickshaws [are improving health care access](#).



DATA-DRIVEN INNOVATION

HOW A FORWARD-THINKING MIDWIFE USED DATA TO ELIMINATE UMBILICAL INFECTIONS



PHOTO: USAID

Noëline Ramananjahary

Noëline Ramananjahary, a midwife at the Andranomeva primary health center in a rural community of northern Madagascar, used a Maternal and Neonatal Health (MNH) dashboard to drastically reduce the number of umbilical infections at her health center. This innovative approach was implemented by USAID's Maternal and Child Survival Program (MCSP) to support health facilities with data-based decision making. By institutionalizing a 48-hour observational period for all women who recently delivered, Noëline was able to strengthen the quality of services provided at her facility and used the dashboard to drop the infection rate from 40% to 0% in just two months.

Before the introduction of the dashboard the staff of the *centre de santé de base* (CSB) – or primary health facility – in Andranomeva did not pay much attention to the importance of monitoring the proportion of newborns with umbilical infections.

Through MNH training sessions implemented by MCSP, Noëline was able to strengthen her skills to provide care to mothers before and during childbirth, as well as newborns. This includes the prevention of umbilical infection, which is a frequent complication in rural areas like Andranomeva.

The effective use of data and MNH indicators to guide decision-making at primary health centers is an important topic during the second week of MCSP's MNH training. Eight quality indicators selected from the WHO and national indicators compose the dashboard at the CSB. Data is taken from existing registers and reports and is fed into a system using information technologies, composed of:

- A data collection system for indicators on a DataWinners platform, which are transmitted via SMS to a web-based system for calculation and interpretation
- A large poster mounted at every health facility which displays graphs of the monthly values of eight MNH quality indicators, with color-coded results that correspond to the score card of the Ministry of Health's Family Health Division

- A web application that allows the monitoring of dashboard data at the individual facility level and across all targeted health facilities

After the training she received on data-based decision making and the MNH dashboard in November 2015, Noëline began systematically transmitting her facility's data each month via SMS and receiving the color-coded results: green (within acceptable standard of performance), yellow (below acceptable standard of performance), or red (warning – low standard of performance).

In December 2015, to her great astonishment, the dashboard revealed a result of 40% for the indicator tracking the proportion of umbilical infections at her health center, which merited a red color code, indicating poor performance.

Recognizing the impact this indicator had on overall quality of newborn health services, Noëline immediately checked the management tools she was trained in to better assess the situation, and verify the number of cases of infection at the health center.

She led her team to reorganize the maternity ward's procedures to ensure that all women who deliver are monitored at the health center for at least 48 hours. As a result of Noëline's efforts, by January 2016 the number of infections had reduced by 15% and continued to drop, until they reached 0% in February 2016.

With visualization of health data through the dashboard, health facilities can quickly address challenges to the provision of quality health services and they can easily refer more complex issues to higher-level departments, if needed. The early successes of the introduction of the dashboard have generated interest from the local district health management team and the Sofia region's health management team. These groups will also soon be trained on the use of the web platform to allow them to monitor the performance of CSBs

“After seeing the proportion of umbilical infection at 40% in December 2015, with the red color, I decided to reorganize the [maternity ward] service to keep the mother and newborn for 48 hours after birth for more monitoring.”

- Noëline Ramananjahary

within their catchment areas, and to discuss solutions to improve the quality of health services. The MNH dashboard system was first implemented in four regions of Madagascar with plans to extend the initiative to all health facilities in the project's 15 targeted regions.

DSMR HIGGINBOTTOM VISITS MADAGASCAR

Deputy Secretary of State for Management and Resources (DSMR) Heather Higginbottom was in Madagascar from April 26 to April 28. She viewed two USAID health projects. The first was a Marie Stopes innovative mobile outreach clinic (pictured) that provides critical family planning and reproductive health services to women and adolescent girls. DSMR Higginbottom also visited a primary health facility where USAID's Maternal and Child Survival Program trains providers to improve their service quality in maternal and child care. The visit highlighted the high level of need for funding in Madagascar's health sector.



PHOTO: A.G. KLEI / USAID

STRATEGIC PLANNING WITH MINISTRY OF HEALTH AND PARTNERS

USAID Madagascar held a one-day retreat with the Ministry of Health (MOH) and implementing partners to inform strategic planning over the next fiscal year. During the retreat, the MOH shared its strategic priorities in Universal Health Coverage, Human Resources for Health, commodity supply chain, and community health. This event served as a platform for strategic dialogue to identify ways in which USAID can better support the MOH.



PHOTO: BRUNO RASAMOEL / USAID

THE MAHEFA PROGRAM

Farewell, Thank You, and What Comes Next

USAID's five-year Community-Based Integrated Health Program (CBIHP), known locally as **MAHEFA** and implemented by JSI Research & Training Institute, held a close-out ceremony on April 20th. The program trained and equipped 6,052 community health volunteers (CHVs) to provide selected health services and counseling, caring for 3.5 million people in six regions of the country: Menabe, Melaky, Boeny, Sofia, Diana, and Sava. MAHEFA made large contributions towards ending preventable maternal and child deaths. Some highlights of MAHEFA's achievements include:

- The integrated package of **community health services** became available for the first time in 3,023 Fokontany;

- Over 620,000 children under five were treated for malaria, diarrhea and pneumonia;
- Over 2.5 million children under five were referred by CHVs for services at primary health facilities (CSBs). **CHVs** provided services to 204,622 regular family planning users, 47% of whom were between 15-24 years old;
- The percentage of pregnant women going for ante-natal care visits at CSBs increased from 33% to 67% and the percentage of pregnant women receiving assisted delivery increased from 50% to 78%; and
- More than **86,000 improved latrines** were built enabling 65% of the population in MAHEFA regions to have access to improved drinking **water** sources.

USAID will soon be issuing an award for Community Capacity for Health, a



PHOTO: USAID

follow-on activity to MAHEFA. The project will continue **community-based** services in MAHEFA's regions and will also provide services in one additional region, Analinjorofo. The scope of Community Capacity for Health is larger than that of MAHEFA; the project will also provide support to health service planning, management, and governance in CSBs.

For more on the MAHEFA end of program conference and results, [view this video](#).

KEY DATES

June 9: National Malaria Day Celebration

August 1 – 5: Breast Feeding Week

August: Launch of Community Capacity for Health and Procurement and Supply Chain Management

August: Tenth National Polio Campaign - Date TBD

National FP Conference : Date TBD

October 17 – 21: Measles Vaccination Campaign

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