



Community-Based Integrated Health Program (CBIHP)

Saving the Pair – Integrated Scale-up of Chlorhexidine and Misoprostol for Newborns and Mothers in Rural Madagascar

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Outline

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Madagascar

Indicators

Indian Ocean, South Hemisphere

592,000 square kilometers

22,000,000 total population (80% in rural areas)

22 regions, 119 districts, 1,695 communes,
17,000 *fokontany* (*sub-commune*)

Literacy rate (16% for men and 19% for
women)

Total Fertility Rate: 4.8

44% of total births attended by skilled health
providers

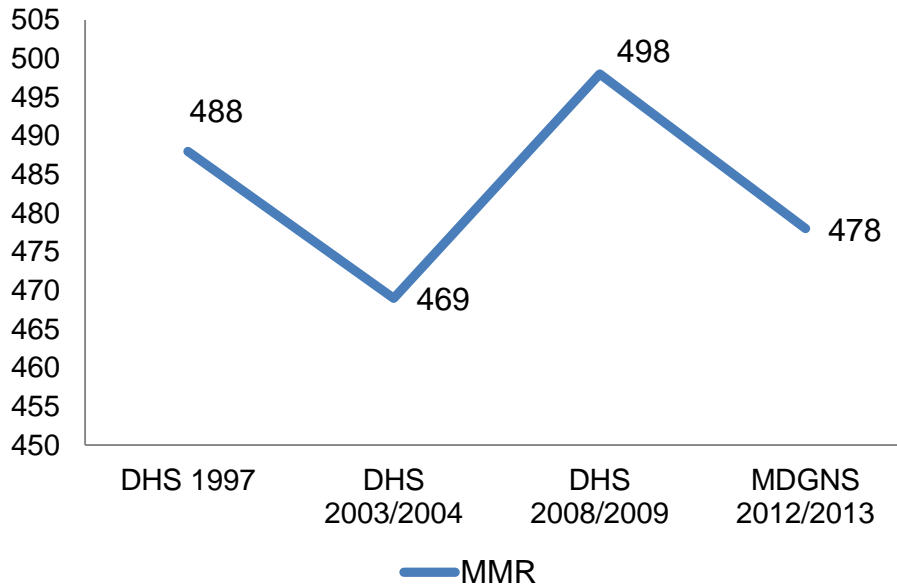
64% of women gave birth at home



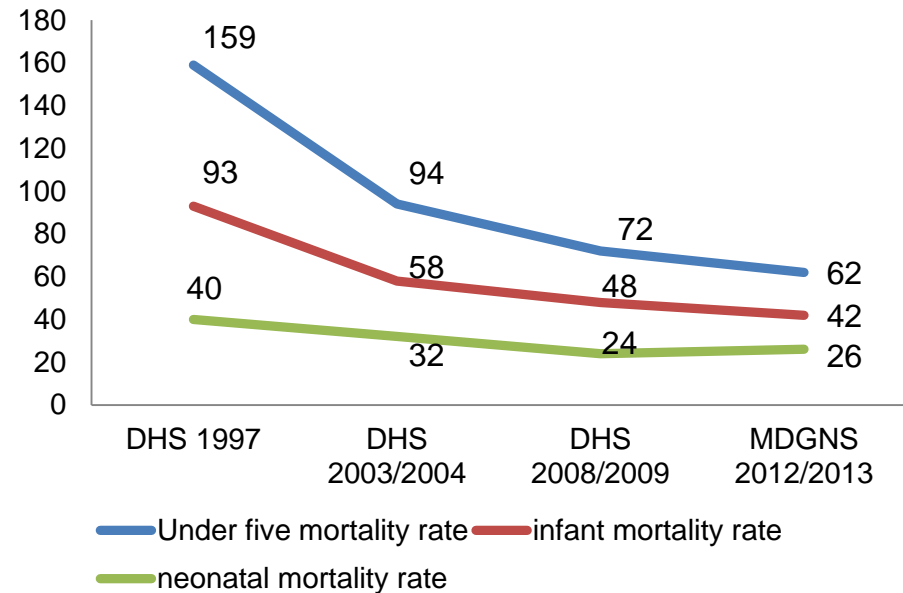
Sources: INSTAT, DHS, 2008/09
(most recent DHS)

1. Background: Maternal and neonatal mortality rate

**Maternal Mortality Ratio, per 100,000 LB
Madagascar, 1997-2012**



**Trends in CU5 mortality rate per 1,000
Live Births, Madagascar, 1997 - 2012**



High maternal mortality (20% attributed to hemorrhage).

Slow decline in neonatal mortality (26% die from infections).

Sources: DHS, MDG national follow-up survey

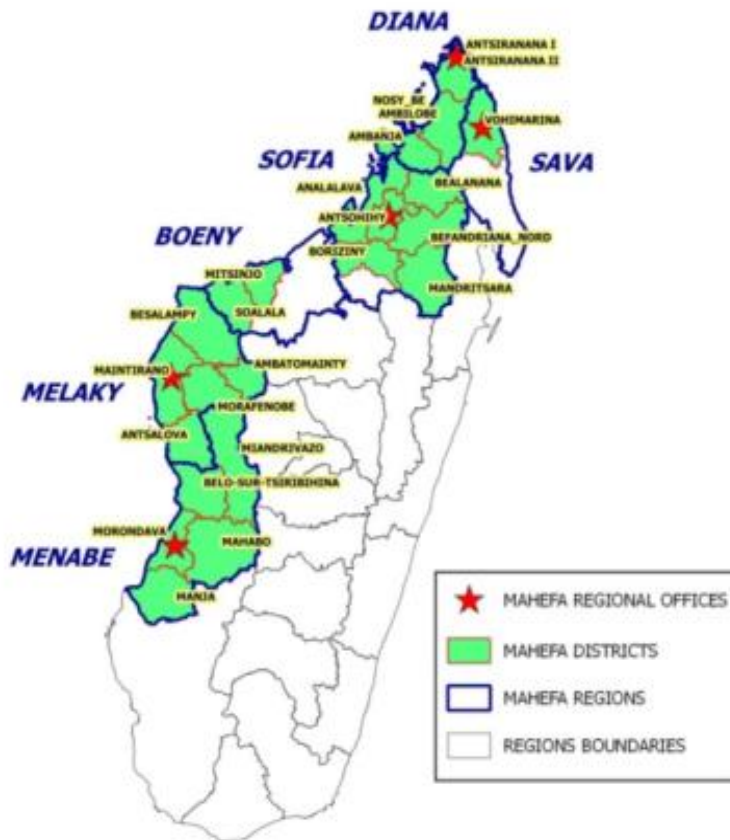
1. Background: Community-based integrated health program in remote Madagascar (MAHEFA)

Six north/northwest regions of Madagascar

Integrated health services through 6,080 community health volunteers:

- Maternal, newborn, and child health
- Family planning and reproductive health
- Water, sanitation, and hygiene
- Prevention and treatment of malaria
- Nutrition

Program reaches almost 4 million people (1/5 of total population in the regions).



2. Objective: Pilot of combined use of Miso and CHX

To pilot use of misoprostol and chlorhexidine by Community Health Volunteers for women delivering at home and in health facilities, and for their newborn.





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3. Methodology of the pilot

1. Learn from **successful experience in Nepal** (study tour by selected group of high-level technical team from Madagascar: government, donors and NGOs).
2. Establish the **Technical Working Group** on CHX and Miso (led by MOH).
3. Conduct **acceptability study and product testing**.
4. Implement **community-based service provision** (pilot) in two districts (CHX in one and combined Miso/CHX in the other).
5. **Field monitoring and assessment**.
6. **Scale-up** advocacy and study.

4. Key findings...

Mahabo District of Menabe region (since 2013: Pilot CHX)

- 23 government health providers and 254 community health volunteers (CHVs) trained.
- **8,400** chlorhexidine gel distributed of which **58% by CHVs** at home.
- **83%** newborns born (2,496/2,997) in health facility used **7.1% Chlorhexidine**.
- Increase in number of 4th ANC visit and of delivery at health facility (Pearson correlation = 0.000).

4. Key findings

Vohemar District of SAVA Region (since 2014: pilot combined Miso/CHX)

- 36 government health providers and 306 CHVs trained.
- **4,100** CHX gel distributed of which **79% by CHVs**.
- 99% newborns born (2,073/2,074) in health facility used appropriately 7.1% Chlorhexidine.
- **98%** of women who received misoprostol took it appropriately (n = 666)*.
- 77% of mother-newborn pairs used both misoprostol and CHX appropriately (n = 631)*.

Sources: JSI/CBIHP, quarterly reports, 2013 – 2015 - *postnatal visit reports, 2014

5. Policy implications

1. High level commitment to scale up CHX and Misoprostol at community level to accelerate the Reduction of Maternal and Neonatal Mortality to respectively to 300 per 100,000LB and to 17 per 1,000LB by 2019. (2014)
2. Annual increase of PPHP(18%) and NNIP by chlorhexidine (16%) coverage at home.(2014)
3. Integration of 7.1% Chlorhexidine Digluconate gel and misoprostol 200mcg for gynecological use in NLED (2014).
4. Elaboration of the national strategy plan for scale (2015).

5. Recommendations

In settings with high neonatal and maternal mortality, with a high percentage of home births and a network of functional community health volunteers, 7.1% CHX and misoprostol could be introduced simultaneously, using the same platform of MOH existing services and systems, to accelerate the reduction of neonatal and maternal deaths.

Thank you

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