



MCSP Madagascar Technical Brief

Postpartum Family Planning

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Introduction

In 2014, Madagascar engaged in the Campaign on Accelerated Reduction of Maternal Mortality (CARMMA) in Africa. It subsequently developed a 2015–2019 CARMMA Roadmap aimed at reducing the national maternal mortality ratio from 478 to 300 per 100,000 live births and newborn mortality from 26 to 16 per 1,000 live births.

Family planning (FP) is an important part of the Roadmap for Accelerating the Reduction of Maternal and Neonatal Mortality. FP plays an important role in reducing maternal and newborn mortality because the inter-reproductive interval that separates the birth of a child from the previous birth influences the child's health and that of his or her mother. Intervals of less than 24 months put the child and mother at increased risk of morbidity and mortality. Yet in Madagascar, about 35% of births take place less than 24 months after the previous birth, according to a Millennium Development Goals survey (2012–2014 National Survey Monitoring Millennium Development Goals Indicators). According to the same survey, unmet need for FP is 18% for married women, with a potential total FP demand of 54.6%.

In September 2015, Madagascar signed a commitment to the Family Planning 2020 (FP2020) global partnership that cements the political will to ensure the well-being of Malagasy families. The goals of this commitment are to increase contraceptive prevalence from 33% to 50% and reduce unmet FP needs from 18% to 9%.

MCSP Interventions And Approaches

In collaboration with other partners, MCSP supports the Ministry of Health in the implementation of the road map and FP2020 commitments. MCSP support is mainly focused on the introduction of postpartum FP (PPFP).

1. At the national level, MCSP has provided technical support to the Ministry of Health in the revision of reference documents and legislative texts. These reference documents include the integrated national FP and RH strategic plan; the National FP Costed Implementation Plan, the FP law aimed at increasing access to FP services with a focus on youth, the integration of PPFP and postabortion elements into the national FP training curriculum, and the RH Norms and Protocols. MCSP also supported the organization of national events, such as the national FP conference in 2016, which was attended by over 400 participants from all 22 regions of the country, and activities commemorating World Contraception Day.
2. Operationally, MCSP has supported the Malagasy health system by strengthening the technical capacity of health facilities to offer PPFP services via:
 - Development of training curricula and job aids

- PPFp training and supervision of health care providers at health facilities that already offer FP services and have a significant number of monthly deliveries
- Allocation of kits for the provision of services (implant and postpartum intrauterine device)

MCSP's objective of strengthening the capacity of 1,175 providers in PPFp counseling and services by the end of the project has utilized an innovative "blended training" approach that combines onsite and long-distance learning with supportive supervision via site visits and mobile mentoring. A competency-based approach is used during the training, with trainees performing exercises on anatomic models before practicing on clients. After each training, a start-up kit, including technical equipment for intrauterine device insertion and removal, and technical equipment for implant removal, was provided to each health center to enable trained health workers to immediately apply their newly gained skills. To improve demand generation, MCSP collaborated with bilateral projects working within target districts to integrate PPFp messages into existing communication materials.



Photo: MCSP/Andriatsarafara Raoliarisoa. Providers in training practicing the insertion of an intrauterine device on an anatomical model.

Results

Most strategic documents are currently validated, except the FP law, which is awaiting the ordinary session at the Senate level after being approved by the National Assembly.

MCSP supported capacity-building of health facilities in 16 regions by upgrading health worker skills and staffing technical equipment. The 16 regions are Atsimo-Andrefana, Atsinanana, Sava, Menabe, Anosy, Boeny, Diana, Vakinankaratra, Matsiatra Ambony, Ihorombe, Vatovavy-Fitovinany, Analamanga, Alaotra-Mangoro, Sofia, Melaky, and Analanjirofo.

With this support, the 16 regions have a pool of trainers in PPFp. During PY2 and PY3, 1,350 providers benefited from an upgrade in maternal and newborn skills and in PPFp counseling skills. Among them, 985 providers in 630 health facilities were trained in the provision of PPFp services (implants and postpartum intrauterine devices). Figure 1 provides a summary of PPFp training over the life of the MCSP project to date.

Figure 1. Number of people trained in postpartum family planning in PY3

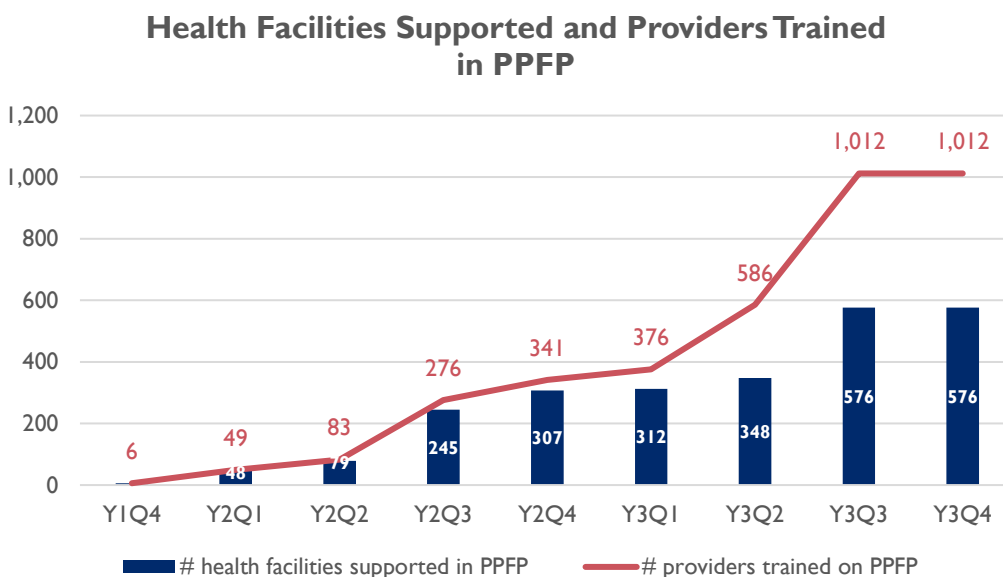
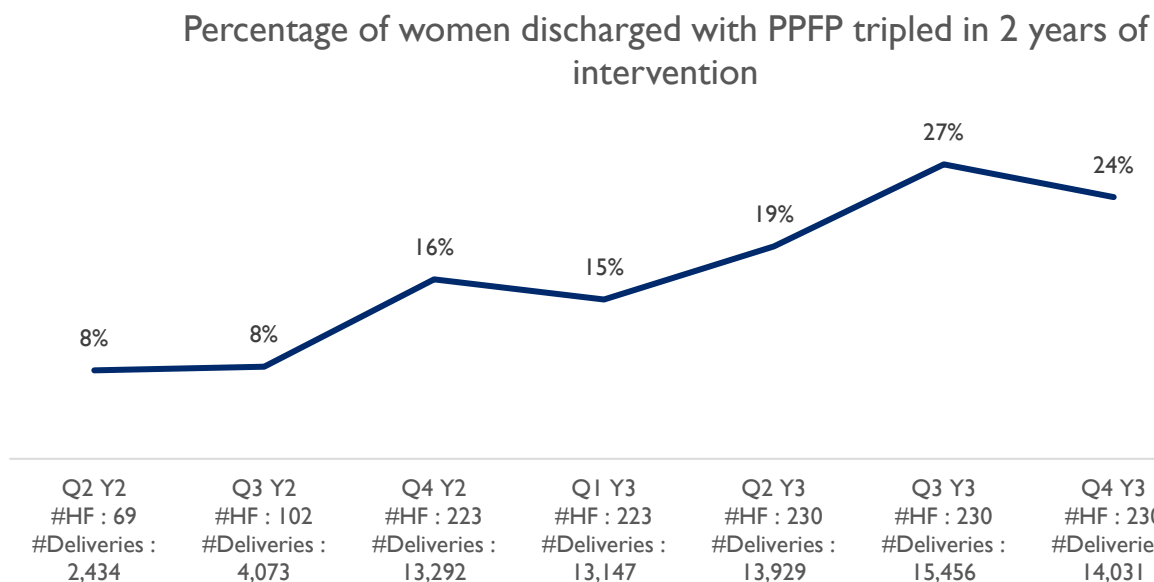


Figure 2. Number of women discharged after delivery with a modern family planning method at project-supported facilities in PY3



As a result of MCSP’s interventions, based on reports from 230 facilities, 14,031 women who delivered in US government-assisted service delivery points received PFP counseling. By Q4 of PY3, 24% of those women were discharged after delivery with a modern method of family planning (see Figure 2), a marked increase from 8% recorded in the second year of the project. The slight decrease in Q4 may be attributed to a stock-out in contraceptives due to delayed procurement at the national level. This indicator excludes the lactational amenorrhea method, for which counseling is also offered with encouragement to return for another FP method before ending exclusive breastfeeding, after 6 months or if menses returns.

Way Forward

To ensure respect for couples' rights and informed choice for postpartum contraception, PPFPP counseling should begin at the first contact with the woman during prenatal consultation and should be done continuously at each follow-up visit. Since antenatal care is a form of integration of multiple service offerings, it is more than relevant to help providers ensure quality of delivery, including the quality of counseling. In this context, the availability of adapted media communication is necessary. The MCSP project supported the Ministry of Health in the availability of tailored counseling cards, enabling providers to deliver timely and effective messages on PPFPP to women and improving the quality of counseling. In the coming months, MCSP intends to support continuous improvement in delivery quality and will reinforce its oversight support, including all aspects of FP and PPFPP delivery, such as logistics management and organization of services.

Conclusion

MCSP's PPFPP support in Madagascar has produced palpable results. Since immediate PPFPP is one of the new approaches, much more needs to be done to meet the goals of the Roadmap to Accelerate the Reduction of Maternal and Newborn Mortality and the FP2020 goals. This requires willingness for and ownership of the provider approach across the country. Since adoption of FP is based on informed choice of beneficiaries, strengthening counseling is very important, including the involvement of awareness and referral at the community level. MCSP will continue to support regional trainers in the improvement and ownership of approaches so that providers can receive ongoing support for the accomplishment of their tasks for the well-being of the family.

In Her Arms: A Newborn and a New Implant

Mamy understands the benefits of healthy pregnancy spacing but fears that adopting an FP method immediately after giving birth will affect breast milk and harm her baby. Nurses at Ambohidroa Hospital, supported by the United States Agency for International Development/MCSP, assured the new mother that her method of choice was safe.

Today, Mamy happily cares for her child without fear of an unplanned pregnancy. She joins another 10,000 women who started an FP method immediately after birth through MCSP in the last 2 years.



Photo: MCSP/Charles Wanga. Mamy is happy. She has a healthy son and can focus on her care without worrying about getting pregnant too soon.

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