



seed **madagascar**
sustainable environment, education & development



An 18-Month Report for

PROJECT VOTSIRA: PHASE IV

Improving maternal and child health outcomes across Fort Dauphin

February 2024

Summary

Context

Despite remarkable advances over the past two decades, Madagascar is far from achieving the United Nations Sustainable Development Goal targets for maternal and child mortality (SDG 3.1 and 3.2).¹ Every day, ten women die from complications related to pregnancy and childbirth, and over 100 children under five years old die from preventable childhood diseases such as acute respiratory infections, diarrhoea, and malnutrition.^{2,3} With over 60% of the population living more than 5 kilometres from a healthcare centre,⁴ and over 75% living below the international poverty line,⁵ the cost of treatment and transportation to healthcare centres is a considerable barrier to accessing life-saving healthcare services.⁶ As a result, only 46% of all births are attended by a skilled healthcare professional,² and informal health services, such as traditional healers, are often used to treat common childhood illnesses, which can be detrimental to maternal and child health.⁷

These challenges are amplified in the southeast Anosy region of Madagascar, where knowledge of maternal and child health is low, and health services are often understaffed and poorly equipped.⁸ SEED's 2019 research found that caregivers in Fort Dauphin are unlikely to seek professional care when their children suffer from acute respiratory infections due to a misunderstanding of illness severity.⁸ With only 25% of Malagasy children aged 12-23 months fully vaccinated by their first birthday, failing to seek professional care for acute respiratory infections and other common childhood diseases may be detrimental to child health and increase rates of under-five mortality across Madagascar.⁹

Project Overview

Project Votsira: Phase IV builds on learnings gained from previous project phases to effectively address poor maternal and child health in southeast Madagascar. Given the high mortality rate caused by treatable illnesses and a general lack of knowledge surrounding maternal and child health, SEED sought to address these challenges by improving the attitudes and knowledge of community members towards maternal and child healthcare (Outcome 1). In addition, SEED aimed to improve the capacity of healthcare providers to deliver maternal and child health education and services (Outcome 2) and increase collaboration amongst maternal and child health stakeholders at the regional and national level (Outcome 3) to enable systemic change.

Impact To Date

From June 2022 to May 2023, Project *Votsira* completed the delivery of the maternal and child health curriculum to 1,320 mothers, fathers, grandmothers, and mothers-to-be. Community health workers conducted 528 community-based education sessions and 2,631 household visits, providing a valuable opportunity for mothers and their families to ask more specific and personal questions in private. Community health workers also conducted 36 education sessions at the community health centres of *Ampasikabo* and *Ambinanibe*, educating an additional 542 community members on the importance of antenatal care. Following the delivery of the curriculum, approximately 65% of participants could identify the causes, symptoms, preventative measures, and treatment of common childhood illnesses and 94.7% of mothers reported that they did or would exclusively breastfeed their child until six months of age.

Furthermore, in March 2023, SEED collaborated with the local Ministry of Health to deliver an eight-day technical training workshop to 31 health centre staff and midwives on the SONU (Emergency Obstetric and Neonatal Care) technical training guidelines. The training was delivered to a high standard, with health centre staff and midwives indicating that they were pleased to receive the training. Lastly, SEED held a round table in May 2023, which brought together key actors in the maternal and child health sphere and facilitated discussions to improve the provision of maternal and child health services and inform future programming.

Project Progress of Year Two (June – December 2023)

Outcome One: Improved Attitudes and Knowledge of Community Members towards Maternal and Child Healthcare

Over the past six months, SEED has supported the delivery of the maternal and child health course to 244 mothers, 236 grandmothers, 230 fathers, and 230 mothers-to-be across Fort Dauphin. The four-month curriculum was delivered through 374 community-based education sessions. Covering the topics of malaria, acute respiratory infections, diarrhoea, child vaccinations, and HIV, course participants were taught how to identify the causes, symptoms, preventative measures, and treatment of common childhood illnesses.

Community health workers also conducted 3,960 household visits to reach participants who could not attend the education sessions and those with lower engagement in group discussions. This approach ensured all participants received the same knowledge and provided valuable opportunities to ask personal questions in a one-to-one format. The household visits were more successful than expected, with an additional 2,363 family members attending out of interest. As family members, particularly fathers and grandmothers, often have significant influence on whether women can access healthcare services, their support within the household is crucial. On the days when antenatal services were offered at the community health centres of *Ampasikabo* and *Ambinanibe*, SEED's community health workers held education sessions outside the health centre to provide community members (not enrolled in Project Votsira) with the opportunity to obtain maternal and child health knowledge. While initially intended to target pregnant women receiving antenatal care and mothers visiting for childhood vaccination programmes, the 51 education sessions were delivered to all patients visiting the health centre due to a high level of interest. As a result, approximately 633 community members were sensitised on the importance of antenatal care to improve the well-being of pregnant women and their babies, as well as other topics from the curriculum.

Table 1: Number of project participants engaged through the community-based education sessions

Topic from the Maternal and Child Health Curriculum	Mothers	Grandmothers	Fathers	Mothers-to-be	Total
Infant and Young Child Feeding, Antenatal Visits, Hospital Delivery, Colostrum	242	235	228	230	935
Malaria, Acute Respiratory Infection and Child Vaccinations	244	235	230	230	939
Diarrhoea and Self-Medication	244	236	229	229	938
Syphilis and HIV	233	226	224	226	909

Following the completion of Round One of the maternal and child health course, SEED conducted an endline assessment to measure the impact of Project Votsira. The results were positive and indicated that project participants had improved their knowledge and attitudes towards maternal and child healthcare. For example, 91.8% of participants correctly identified the causes, symptoms, and preventative measures of common childhood illnesses, surpassing the 75% target that was set. Knowledge of the causes of malaria (74.1%) and symptoms of acute respiratory infections (69.7%) were the lowest, indicating a need for more emphasis on these topics during the next curriculum round. Endline results also showed a 14.80% increase in the number of participants who reported that they did (or would) exclusively breastfeed their children until six months of age, and 100% of participants reported that they did (or would) give birth with a skilled birth attendant. Additionally, 57% of project participants reported that they did (or would) follow recommendations on antenatal visits, indicating a 2% increase from baseline. Despite the challenges in increasing participant understanding of the importance of antenatal visits, these results indicate a positive shift from baseline.



Community-based education sessions held with Grandmothers in Esokakay.

Outcome Two: Improved Capacity of Healthcare Providers to Deliver Maternal and Child Health Education and Services

In June, SEED held a top-up training for the 22 community health workers involved in Project Votsira. The training workshop focused on strengthening the capacity of community health workers to provide high-quality maternal and child health education and included practical exercises to enhance their confidence in managing group dynamics. The skills developed in this training, such as group facilitation, extended beyond the day-to-day responsibilities of a community health worker and enhanced the capacity of these workers to support and educate their communities more broadly.

To promote an ongoing learning environment, SEED's Project Coordinator facilitated monthly meetings with community health workers to review the curriculum content and discuss any challenges faced. The monthly meetings provide a space for community health workers to share their experiences, raise concerns, ask questions, and request additional support where necessary. A top-up training workshop was also held with community health workers in August 2023, further enhancing their confidence and capacity to deliver high-quality maternal and child health education and facilitate education sessions.

In early September, SEED collaborated with the local Ministry of Health to conduct follow-up visits to the 31 health centre staff and midwives who participated in the eight-day technical training workshop on the Emergency Obstetric and Neonatal Care (SONU) guidelines in March 2023 (Year One). The follow-up visits highlighted that health centre staff and midwives had successfully retained the knowledge and skills developed through the workshop, with all staff adhering able to explain the importance of emergency obstetric and neonatal care to patients, perform emergency resuscitation during childbirth, repair cervical tears, diagnose and manage bleeding at the end of pregnancy, and confidently perform manual child delivery, breech delivery, and obstetric vacuum extraction.




Training workshop with community health workers on the maternal and child health curriculum.


Outcome Three: Increasing Collaboration Amongst Maternal and Child Health Stakeholders at the Regional and National Levels


During this project period, SEED aims to increase collaboration with regional and national stakeholders to improve maternal and child health outcomes across Fort Dauphin. Learnings from these collaborations and interactions will help inform future maternal and child health programming.

In July, SEED’s Project Coordinator attended the official launch of Phase II of the Nutritional Results Improvement Project (PARN). This 10-year World Bank-funded project aims to address chronic malnutrition in children under five and has specific objectives that focuses on increasing maternal and child health interventions across Madagascar. SEED continues to work closely with the Ministry of Health to identify how Project Votsira can supplement the PARN initiative and strengthen the capacity of healthcare providers to deliver life-saving maternal and child health services, ultimately improving maternal and child health outcomes across Fort Dauphin. To enhance SEED’s working relationship with the local Ministry of Health, SEED’s Senior Community Liaison Officers also supported government healthcare staff in implementing a polio vaccination campaign for half a day in July.

Progress of Outputs















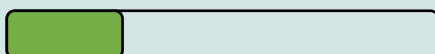
 Complete or in progress and on track

 In progress with slight challenges

 In progress with serious challenges

Output 1.1. Community members complete the educative focus group discussions, including follow-up household visits, on antenatal visits and delivery at hospital



Output 1.2 Community members complete the educative focus group discussions, including follow-up household visits, on acute respiratory infections and vaccination programmes	 Round 1 complete
Output 1.3 Community members complete the educative focus group discussions, including follow-up household visits, on Colostrum, breastfeeding, nutrition, and family planning	 Round 1 complete
Output 1.4 Community members complete the educative focus group discussions, including follow-up household visits, on malaria	 Round 1 complete
Output 1.5 Community members complete the educative focus group discussions, including follow-up household visits, on diarrhoea	 Round 1 complete
Output 1.6 Community members complete the educative focus group discussions, including follow-up household visits, on HIV and syphilis	 Round 1 complete
Output 1.7 Community health campaign successfully delivered in Fort Dauphin	 Scheduled for February 2024. There will now be only one large campaign instead of two small campaigns due to scheduling delays with the Ministry of Health
Output 2.1 Content and delivery technique curricula for community educative focus groups adapted and developed	 Curricula updated in Year 1
Output 2.2 Community Health Workers (ACs) have the capacity to deliver educative FGDs	 Top-up training will be delivered in February 2024
Output 2.3 Community Health Workers (ACs) have ongoing support to ensure high-quality delivery of educative community focus group discussions	 Monthly meetings will be held with community health workers from January to April 2024
Output 2.4 Relationships and partnerships with key stakeholders are established and maintained	 Completed in Year 1
Output 2.5 Curriculum for technical training on maternal and child health is developed for use at Community Health Centres	 Completed in Year 1
Output 2.6 Health Centre Staff and Midwives have improved capacity to complete technical maternal and child health procedures	 Completed in Year 1
Output 3.1 Complete a comprehensive map of regional and national stakeholders working on maternal and child health	 Completed in Year 1
Output 3.2 Engagement between key regional-level stakeholders	 Completed in Year 1
Output 3.3 Engagement between key national-level stakeholders	 Meetings with national-level stakeholders are scheduled for Q22024

Lessons and Opportunities

The participation of community health workers during monthly meetings has been a key contributor to the success of Project Votsira, with several community health workers utilising the meetings to voice their challenges. For example, in late July 2023, community health workers informed SEED's Project Coordinator that the first topic of the curriculum, which included infant and young child feeding and antenatal visits, had a lot of information to cover, and some community health workers were unable to deliver all the content during the community-based education sessions. As a result, SEED's Project Coordinator attended several community-based education sessions to provide tailored support. Additionally, any information not covered during the education sessions was delivered during household visits, ensuring all community members received the same knowledge on maternal and child health topics.

Community health workers also encountered challenges ensuring fathers' attendance at the community-based education sessions. During the monthly meetings, it was identified that most men in the community have casual work, and their availability to attend community-based education sessions frequently changed. Despite their eagerness to learn, these competing priorities were a barrier to obtaining crucial maternal and child health knowledge. To resolve this issue, community health workers agreed to have more flexibility when scheduling the education sessions with fathers to ensure their attendance remained consistent throughout the project. The ability of community health workers to discuss their challenges and co-create solutions demonstrates that feedback channels within Project Votsira are effective and contribute to the success of the project.

Since June 2023, the local Ministry of Health has focused on implementing a national polio vaccination campaign for children under 15 years of age. As a result, SEED has experienced delays in developing a maternal and child health campaign in collaboration with the local Ministry of Health. Due to these delays, SEED has decided to launch one large campaign instead of two small campaigns. Despite these delays, this activity is still on track, with the community health campaign scheduled to commence in March 2024.

Next Steps

Over the next six months, SEED will continue working with community health workers to deliver the second four-month round of the maternal and child health curriculum to a total of 933 mothers, fathers, grandmothers, and mothers-to-be. In preparation, SEED will provide 22 community health workers with top-up training, strengthening their capacity to facilitate community-based education sessions and deliver maternal and child health topics. SEED will also continue supporting community health workers through monthly meetings and the provision of supplementary visual aid materials to support participant learning. In March 2024, SEED will co-develop a community health campaign with the local Ministry of Health to sensitise the broader community about the maternal and child health services available at their local health centre. This follows a needs assessment that was conducted in December 2023, which identified topics such as childhood vaccinations, giving birth at the CSB, and iron supplementation for women as priorities for the campaign.

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