

Introduction of two best practices in Madagascar: lessons learned about the implementation and analysis of the project

Jennifer Wesson¹, Tara Nutley²,
Serge Raharison³, Mackenzie Green¹,
Ny Lova Rabenja¹
November 18, 2009



¹Family Health International, ²MEASURE Evaluation,
³Madagascar Ministry of Health and Family Planning



Background and Interventions



Urgent need for family planning

- Madagascar's population is due to double by 2030
- Total fertility rate: 5.2 births per woman
- Prevalence of modern contraceptive use among married women: 18%
- Unmet need for contraception: 24%

Systematic screening

- One-page screening form listing essential services is used by providers to screen each client who comes to the facility for any service
- Population Council studies found that number of services per client visit increased in four countries

FICHE D'IDENTIFICATION DES BESOINS EN SANTE DES FEMMES AGEES DE 15 à 49 ANS

SSD :

Nom de la Formation Sanitaire :

Date de la visite :

Nom et prénoms :

Age de la cliente :

Motif de la visite :

Ensuite, demander également à la cliente si, en plus du motif principal de la visite, elle aimerait recevoir l'un des services suivants : (Encercler le numéro de code correspondant)

En fin de consultation, toujours noter le résultat de la visite: (Inscrire le numéro de code correspondant)

		Offert	Rendez-vous	Référence*
1	Consultation prénatale			
2	Vaccination antitétanique			
3	Consultation postnatale			
4	Planification familiale			
5	Dépistage et traitement des IST			
6	Conseil et test volontaire SIDA			
7	Vaccination de l'enfant			
8	Suivi de la croissance de l'enfant			

Pregnancy checklist

- Tool using six simple questions to determine if a woman is *not pregnant* and therefore able to initiate a contraceptive method
- Negative predictive value of 99%
- Research has shown that the checklist reduced the number of women denied contraceptives in absence of menses

Comment être raisonnablement sûr que la femme n'est pas enceinte

NON	1. Avez-vous eu un enfant au cours des 6 derniers mois, allaitez-vous exclusivement ou presque exclusivement et êtes-vous toujours en état d'aménorrhée ?	OUI
NON	2. Vous êtes-vous abstenue de rapports sexuels depuis vos dernières règles ?	OUI
NON	3. Avez-vous eu un enfant dans les 4 dernières semaines ?	OUI
NON	4. Vos dernières règles ont-elles commencé dans les 7 derniers jours ?	OUI
NON	5. Avez-vous fait une fausse couche ou eu un avortement dans les 7 derniers jours ?	OUI
NON	6. Utilisez-vous, de façon correcte et systématique, une méthode contraceptive fiable ?	OUI



USAID
FROM THE AMERICAN PEOPLE



Study objectives

- Document the process of implementing the BPP, identifying obstacles and facilitators to inform scale-up
- Examine changes in the utilization of the services included on the systematic screening form
- Examine changes in the number of new family planning clients served in the facilities, as a proxy for use of the pregnancy checklist
- Document client and provider experiences and attitudes about systematic screening and the pregnancy checklist

Intervention sites

- 3 districts: Antananarivo Atsimondrano, Moramanga, Ambositra
- 5 facilities per district: high and low-performing

Data source	Number
Completed systematic screening forms	7991
District supervisor interviews	6
Provider interviews	44
Client exit interviews	1332

Study results: systematic screening

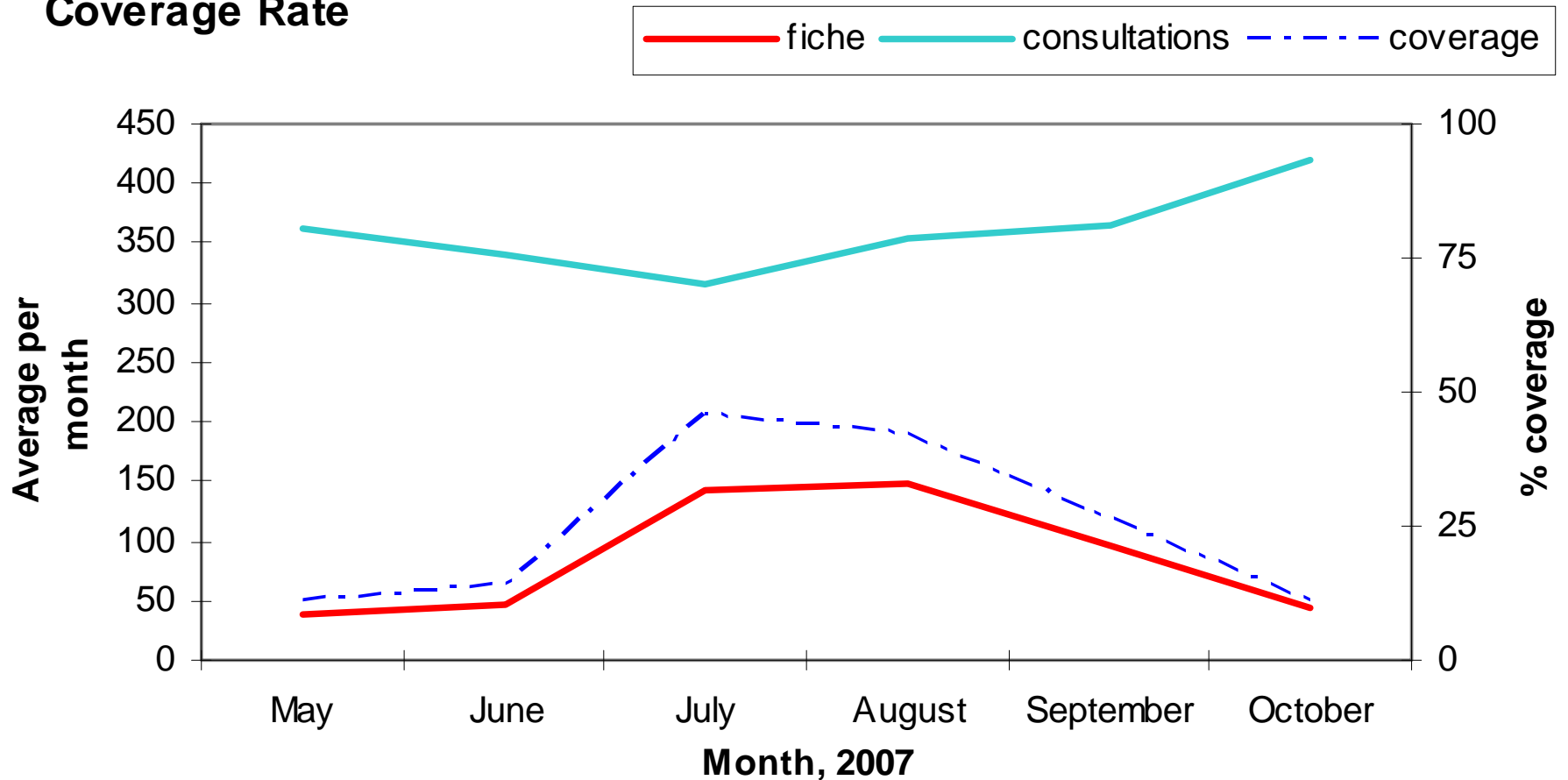


USAID
FROM THE AMERICAN PEOPLE



Provider compliance

Average Systematic Screening Forms, Consultations, and Coverage Rate



Services received per visit

Client reports on number of services received versus number of services per visit reported on systematic screening forms*

	Client Questionnaire	Completed Systematic Screening Forms
Total number of clients	1332	7991
Total services received	1169	15,454
Average services received per visit per client	0.88	1.93

Utilization of services (1)

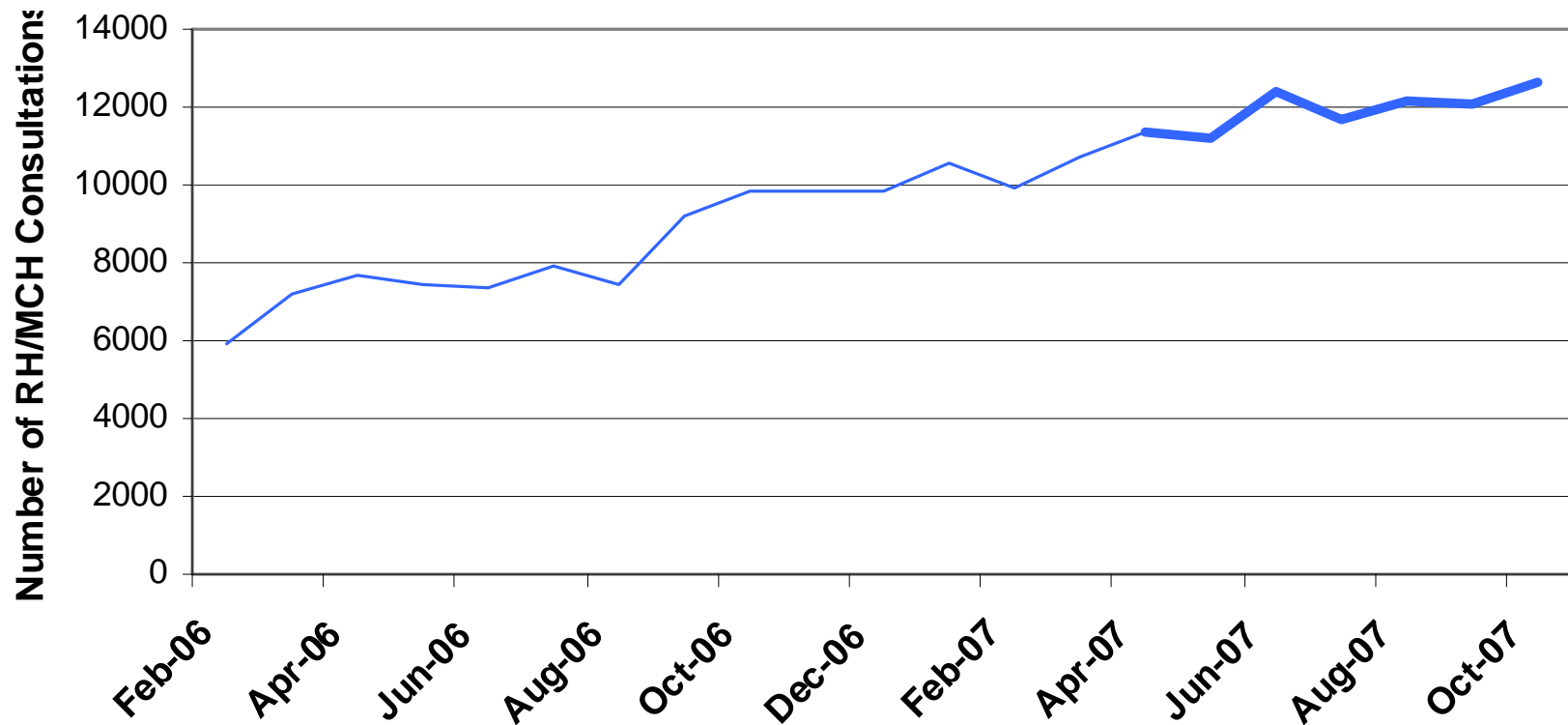
Change in number of consultations May-Oct 2006 to May-Oct 2007

	% change
New family planning users	8%
Total family planning visits	56%
Coverage of FP in catchment pop*	2%
Prenatal care visits*	9%
Pregnant women with at least two tetanus vaccine doses	23%
Infants receiving third DPT vaccine	6%

* Data only from primary health care facility service records

Utilization of services (2)

Number of Client Consultations for Key RH and MCH Services* per Month in 15 BPP Demonstration Sites:
February 2006 to October 2007



Client waiting time

	Minutes
Mean waiting time	51
Perception of wait time	%
Wait time was shorter	36
Wait time was longer	23
Wait time was the same	18

Client satisfaction

Providers talked to them about additional services	40%
Liked it when providers talked about other services	95%
Expressed interest in at least one other service	86%
Satisfied with service and attention received	85%
Said thought services were better than in the past	49%

- Clients' perceptions of systematic screening:
 - Got good advice from providers
 - Felt they were being well taken care of by providers

Study results: pregnancy checklist



Provider acceptance of checklist

Providers' use of the pregnancy checklist

	Providers (n=44) %
How often have you used the pregnancy checklist with clients?	
Very often	48
Sometimes	39
Never	14

Provider attitudes about checklist*

	Providers % (n=38)
How honest do you think clients are in responding to the questions in the pregnancy checklist?	
Very honest	50
Somewhat honest	47
Not honest at all	3
How confident are you that when the checklist identifies a woman as not pregnant, the woman is truly not pregnant?	
Very confident	55
Somewhat confident	39
Not confident at all	5

* Of those providers who ever used the pregnancy checklist



Reflections



USAID
FROM THE AMERICAN PEOPLE



Why no increase in service utilization?

- Multiple interventions happening at same time throughout Madagascar
- Provider compliance
 - Systematic screening
 - Pregnancy checklist
- Providers feel too busy and don't want to keep clients waiting (especially on immunization days)

Nevertheless, positive conclusions

- Sentiments about the intervention remained positive
 - Supervisors, providers and clients all expressed favorable opinions
 - Managers and providers thought that it helped them to do their work more effectively, and to achieve their targets.
 - Clients liked providers talking to them about additional services and felt that this indicated a good quality of care
- Many facilities re-organized their services to provide daily integrated services, rather than vertical services on specified days

Pre/post intervention analysis

- Seasonality important to consider
- Trends over time can be hidden by pre/post intervention comparisons
- Simple graph can enrich the analysis