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Acronyms

ACT	artemisinin-based combination therapy
AIM	Association Intercooperation Madagascar
ARH	adolescent reproductive health
ARI	acute respiratory infections
ASOS	*Action Socio-sanitaire Organisation Secours*
BCC	behavior change communication
BHC	basic health center
c-DMPA	community-based DMPA
CHW	community health worker
c-IMCI	community-based integrated management of childhood illnesses
CLQM	community-led quality management
CLTS	community-led total sanitation
c-HMIS	community health management information system
CRS	Catholic Relief Services
CSO	civil society organization
CSW	commercial sex worker
DMPA	Depot Medroxyprogesterone Acetate (Depro Provera)
DRV	Dinika sy Rindra ho an'ny Vehivavy
EMMR	environmental monitoring and mitigation report
FBO	faith-based organization
FP	family planning
FY	fiscal year
HNI	Human Network International
IEC	information, education, and communication
IFA	iron/folic acid
IPM	Pasteur Institute of Madagascar
IPT	intermittent preventive treatment
IT	information technology
KM	Kaominina Mendrika (Champion Commune)
LAM	lactational amenorrhea method
LFP	Learning for Performance
LLITN	long-lasting insecticide-treated net
M&E	monitoring and evaluation
MAR	monthly activity report
MARP	most-at-risk population
MCDI	Medical Care Development International
MCH	maternal and child health
MOH	Ministry of Health
MSM	men who have sex with men
NGO	nongovernmental organization
ODDIT	*Organisation Diocésaine pour le Développement de Toamasina*
ONE	obstetrical and neonatal emergency
PLeROC	*Plateforme des Leaders Religieux et Organisations Confessionnelles*
PMI	President's Malaria Initiative

PSI	Population Services International
RBM	Roll Back Malaria
RDT	rapid diagnostic test
RFA	request for application
RH	reproductive health
SALFA	Health Department with the Malagasy Lutheran Church
SDC	Social Development Committee
SMS	short messaging system
SO	strategic objective
SRH	sexual reproductive health
STI	sexually transmitted infection
ToT	training of trainers
UNFPA	United Nations Population Fund
USAID	U.S. Agency for International Development
USG	U.S. Government
VCT	voluntary counseling and testing
WASH	Water, Sanitation, and Hygiene
WATSAN	water and sanitation

Introduction

The 5-year U.S. Agency for International Development (USAID)/Santénet2 project, implemented by RTI International, is a major component of USAID/Madagascar's fourth phase of assistance to the health sector in Madagascar under Strategic Objective 5 (SO5), "Use of Selected Health Services and Products Increased, and Practices Improved." SO5 includes the following components:

- Improve child survival, maternal health, and nutrition;
- Reduce unintended pregnancy and improve healthy reproductive behavior;
- Prevent and control infectious diseases of major importance;
- Improve water and sanitation in target communes; and
- Reduce transmission and impact of HIV/AIDS.

During Year 2, USAID/Santénet2 scaled up Kaominina Mendrika (KM) salama activities to almost all 800 target communes (791). KM salama strengthens the community health system and the decision making capacity at the community level to lead to improved health status.

Also, during Year 2, USAID/Santénet2 successfully achieved program process and outcome targets. The Project has organized 1,685 training sessions to train 8,564 community health workers (CHWs) and 11,235 community leaders. Since its inception, the Project has trained a total of 10,610 CHWs. Community-based health services are provided in all 800 KM salama communes. As a result of community participation in identifying needs and providing responses, the Project has achieved substantial community-based service outcomes, described in paragraphs below.

Maternal and Child Health (MCH): Mother Health CHWs in 592 KM salama communes are providing MCH services to 350,360 pregnant women who must travel one hour or more to reach the nearest formal health facility. CHWs are using Project-developed job aids to identify pregnant women and refer them for early antenatal care. Through this service, 71,227 pregnant women were identified in KM salama communes and referred for antenatal care. During the same period, 252,046 women sought antenatal care in formal health facilities. Women who have the benefit of early antenatal care services increase their probability of receiving an assisted delivery with a skilled health provider.

Nutrition: Project-trained Child Health CHWs provided community-based growth monitoring services to 1,893,939 children under five years of age. Of the children who were weighed, 6% were in the red zone (severe malnutrition), 20% were in the yellow zone (moderate malnutrition), and 74% were in the green zone (no malnutrition). Community-based growth monitoring permitted CHWs to screen, identify, and refer malnourished children to nutrition centers—children who otherwise might have been overlooked by the health system. Indeed, under the national community nutrition program and at formal health facilities, the total number of children under five who were weighed was 2,191,873 for the same period.

Family Planning/Reproductive Health (FP/RH): Project-trained Mother Health CHWs provided community-based FP services to 81,134 women of reproductive age. This is estimated to be 5% of total users in Madagascar. (DHS IV 2008/2009 estimated that 2.2% of women use community-based distribution as a source for modern contraceptives.) USAID/Santénet2 has already doubled the share of community-based FP service in the nationwide source mix. In addition, Project-trained CHWs reached out to 60,553 pregnant women with community-based postpartum FP services.

Malaria Control: Project-trained Child Health CHWs have diagnosed and treated 127,375 children under five years of age: 56,516 were treated for simple malaria, 32,579 were treated for diarrhea, 35,128 were treated for pneumonia, and 3,152 were referred to a health facility. During the last twelve months, formal health facilities treated 362,492 simple malaria cases, 483,132 diarrhea cases, and 102,375 simple pneumonia cases.

HIV/AIDS: Project-trained peer education from most-at-risk population (MARP) associations reached 20,652 commercial sex workers (CSWs) and men having sex with men (MSM) through HIV/AIDS awareness-raising and prevention activities. During the past year, a total of 4,024 CSWs and MSM chose to use voluntary counseling and testing (VCT) as a result of these Project actions. During the same period, the total number of persons seeking VCT services in all of Madagascar was 96,811, out of which 6,987 were estimated to be CSWs and MSM.

Water and Sanitation: USAID/Santénet2 has initiated community-led total sanitation (CLTS) in 291 KM salama communes. 272 KM salama communes have commenced latrine construction. A total of 1,832 latrines were constructed in Year 2. This is more than 50% of the total latrines (3,621) built in Madagascar through the CLTS process during the same period by all development partners (e.g., other USAID implementing partners, UNICEF).

The prevailing national community health policy constitutes a framework through which USAID/Santénet2 scaled up its KM salama approach. However, not being able to work directly with national government stakeholders made the processes of defining approaches and scaling up more complex; we had to find substitute influencing strategies, and support for these strategies had to be accomplished through indirect channels. We have noted that resistance from the Ministry of Public Health's district and regional health management teams is on the increase with respect to providing support for and recognizing CHWs because these teams were not involved in CHW training and supervision (an unavoidable consequence of the current political climate and consequent impediments to the Project's ability to work directly with this important stakeholder).

The USAID/Santénet2 KM salama approach is ambitious when it comes to transforming attitudes about women and their participation in decision-making processes at the community level, as well as reducing the impact of systemic and cultural barriers to women's involvement. Our efforts helped to convert these attitudinal transformations into actual increased participation by women in the KM salama processes of assessment, planning, implementation, and monitoring. In parallel, KM salama constitutes a framework to promote

men's involvement in identifying and meeting community health needs. In all 800 KM salama communes, efforts are deployed to strengthen and solidify a women- and girls-centered focus to improving the health of communities. In addition, USAID/Santénet2's small grants program contributes to reducing the impact of gender- and gender-identity-based stigma on utilization of health services by CSWs and MSM, particularly with respect to sexually transmitted infections (STIs) and HIV/AIDS prevention, testing, and treatment.

This second annual report describes project activities carried out by RTI International and its partners between October 1, 2009, and September 30, 2010. The report describes achievement in the following areas:

- Community programs
- Strengthening community health systems
- Strategic results
- Administration and finance
- Monitoring and evaluation (M&E) (see ***Annex A***)
- Success stories (see ***Annex B***)
- Environmental Mitigation and Monitoring Report (EMMR) (see ***Annex C***)
- KM salama mapping per region and list of communes per grantee (see ***Annex D***)

Performance Review by Technical Components

COMPONENT 1: COMMUNITY PROGRAMS

The objectives of the Community Programs are to set up a framework for community participation and to build the capacity of community-level decision makers to assess needs, plan actions, and monitor the implementation of health interventions. These concepts underpin the KM salama approach in its goal to promote participatory community development. USAID/Santénet2 provided technical support to the 16 implementing partners with the goal of increasing community engagement in the KM salama process. It should be noted that the partners comprise 3 sub-contractors (CARE, Catholic Relief Services [CRS], and Medical Care Development International [MCDI]) and 13 sub-grantees, local nongovernmental organizations (NGOs) that together implement the KM salama approach in 800 communes—500 new communes and 300 former KM salama communes—distributed in 72 districts and 16 regions of Madagascar. The distribution of the communes implementing the KM salama approach per grantee and per region is provided in ***Annex D***.

The KM salama approach focused on improving conditions in the areas of MCH; RH/FP; malaria control; STI/HIV/AIDS; and water, hygiene, and sanitation (WASH). The activities in these various areas were implemented through CHWs and in coordination with the members of each commune's Social Development Committee (SDC).

USAID/Santénet2 awarded grants to implement the KM salama approach starting October 2009 for successful applicants under the Requests for Application (RFAs) #1 and #2, and in February 2010 for successful applicants under RFAs #3 and #4. Implementation of the approach in the 84 former KM salama communes in the regions of Ihorombe, Anosy (district of Betroka), and Atsimo Andrefana was started in May 2010.

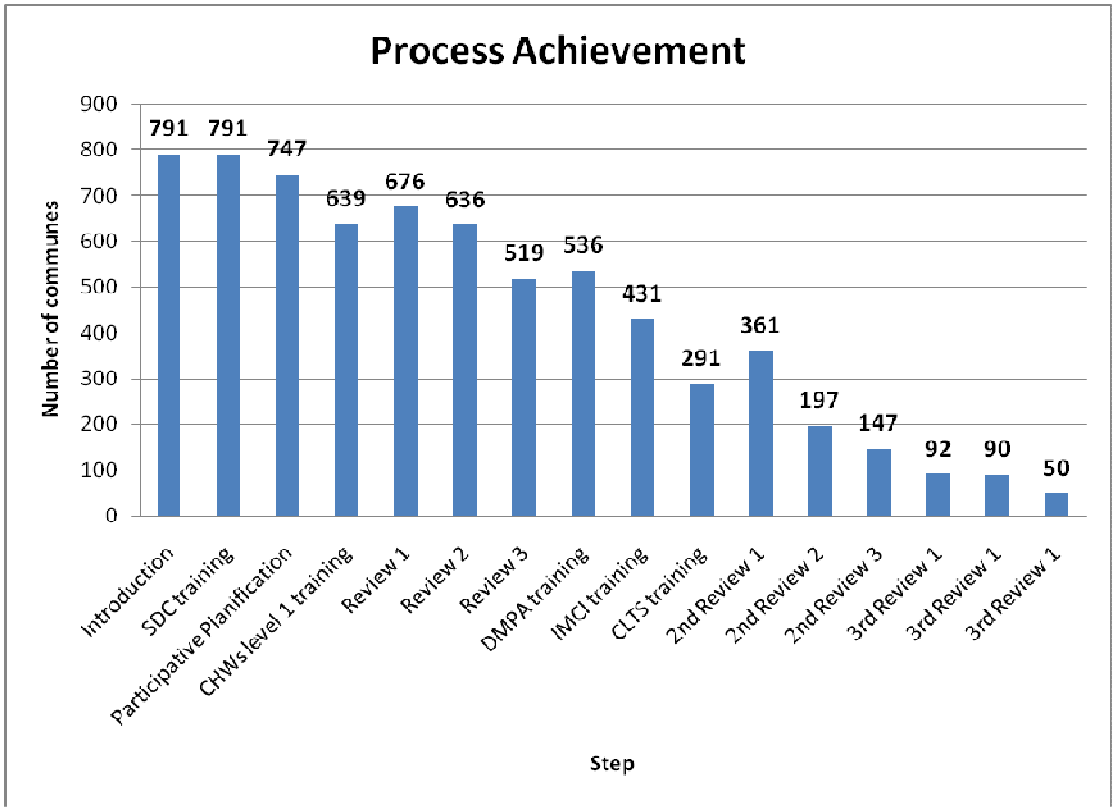
As of September 30, 2010, the Project has introduced the KM salama approach in 791communes, and out of those communes, the following has occurred:

- 791 communes have SDC members who received training on the process of engaging their community.
- 749 communes have developed a Community Action Plan, and 120 of those plans were developed in Year 1.
- 639 communes have operational Level 1 CHWs (in charge of maternal and child health), and 103 of those communes implemented this phase in Year 1.

- 536 communes have operational Level 2 Mother Health CHWs (providing community-based Depo Provera, in addition to other RH and FP services), and 223 of those communes implemented this phase in Year 1.
- 431 communes have Level 2 Child Health CHWs (providing case management for acute respiratory infections [ARIs], malaria, and diarrhea).
- 454 communes have youth leaders trained in youth RH.
- 291 communes have initiated CLTS.
- 458 communes have religious leaders trained on the KM salama approach and health messages.

Table 1 shows the progress of different KM salama achievements in the 791 communes.

Table 1: Process Achievement in KM Salama Communes



In the areas of information, education, and communication/behavior change communication (IEC/BCC), USAID/Santénet2 updated and duplicated 18 training, management, or communication tools to meet the needs for KM salama implementation. The project also developed and produced five new IEC tools for CHWs' needs, as well as a checklist for pregnant women, an integrated fact sheet on MCH, an invitation card for sexual reproductive health (SRH), an integrated pamphlet on SRH, and flyers on HIV/AIDS for MSM.

The Project developed a demand stimulation strategy through local radio stations. USAID/Santénet2 contracted with two service providers (selected from among five) to produce radio spots. Eleven radio spots, covering all health issues addressed by USAID/Santénet2, were produced. The radio spots have been translated into local dialects and aired by 10 local radio stations in their coverage area. The Project signed contracts with 21 local radio stations to broadcast IEC/BCC radio messages in 617 KM salama communes. Ten local radio stations are currently airing the radio spots following a schedule proposed by USAID/Santénet2. These radio stations reached a total of 5,456,549 women of reproductive age and men with IEC/BCC messages on MCH; nutrition; FP/RH; malaria prevention; HIV/AIDS prevention; and water, hygiene, and sanitation.

As part of the ongoing efforts to improve the KM salama approach, the actors involved in the approach implementation reviewed 13 innovations. These innovations will be assessed and documented on a regular basis during the next fiscal year (FY).

The new community healthcare finance (mutual) strategy under development addresses three challenges. The first challenge is to match actual health care demand and benefit packages proposed by mutuals. The second challenge is to adjust the cost of benefit packages according to beneficiaries' ability to pay. The third challenge is to expand benefit packages to inpatient hospital care. There is substantial demand for technical assistance on mutuals from KM salama communities. However, based on lessons learned from the past, we prioritized fine tuning the new strategy and developing guidelines.

Component 1: Intervention/ Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
Activity 1.1.1.1: **Select new grantees**	*Award 11 additional grants to implement the KM salama approach*	USAID/Santénet2 selected 10 NGOs to implement the KM salama approach. We selected one NGO out of these 10 to implement 2 clusters in the region of Ihorombe and Atsimo Andrefana under a contract.	Objective achieved 11 grants out of the 11 planned awarded
Activity 1.1.1.2: **Train grantees on technical and managerial implementation of the KM salama approach**	*Align and harmonize the technical and management approaches for consistent implementation of KM salama across all grantees* - *Organize orientation for 11 grantees' program managers and 11 grantees' administration and financial officers in KM salama implementation for RFAs #3 & #4* - *Train 115 grantees' technicians in the implementation of KM salama for RFAs #1, #2, #3, & #4*	USAID/Santénet2 trained 54 field technicians and supervisors on the approach under RFAs #1 & #2 on November 2009 and 58 under RFAs #3 & #4 in February 2010. The Project trained 24 technicians from MCDI (19 field technicians, 3 supervisors, and 2 administrative and financial officers) in late May–early June 2010. The Project trained 16 grantees' new field technicians under RFA #2 on the KM salama approach. The Project oriented 13 field technicians from CRS and 30 from CARE on the updated KM salama approach.	Objective largely exceeded USAID/Santénet2 trained 152 technicians; 39 field technicians and supervisors were trained in excess of the target number. Under RFA #2, we recruited new technicians who were not planned for under the terms of reference.
		USAID/Santénet2 trained 33 grantees' program managers and grantees' administration and financial directors under RFAs #3 & #4 on the approach on January 2010. They include the following: • 11 Executive Directors • 11 Project Managers • 11 Administrative and Financial Directors	Objective exceeded Santénet2 decided to integrate grantees' project managers in this training to allow all the NGOs' technical staff to have the same understanding of the approach. Thus, we exceeded our expected goal of 22 by an additional 11 grantees' staff.

Component 1: Intervention/ Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
		Santénet2's team provided support to 13 NGOs of RFAs #1, #2, #3, and #4 by reviewing their Annual Work Plans to be better suited to the approach's needs. Team members of Santénet2 (Focal Point) worked in close collaboration with the grantees on their quarterly work plan development—Quarterly Work Plan 1 and Quarterly Work Plan 2. This collaboration ensured that each NGO complied with the activities' implementation schedule and respected the various process steps.	Objective achieved
Activity 1.1.2.1: **Implement the KM salama approach in 500 new communes**	*Support KM salama implementing partners to implement USAID/Santénet2 work programs in 350 communes, starting in 2010*	350 new communes have introduced the KM salama approach.	Objective achieved
	Support participatory needs assessment and planning in each community	350 new communes have developed their community action plan	Objective achieved
	Train community actors and provide them with work tools	The Project provided training and work tools to Level 1 CHWs in 349 communes. (A list of KM salama tools is included under information for Activities 1.2.1.1 and 1.2.1.2.)	Objective not achieved 1 commune was not able to carry out the training of CHWs pursuant to the mayor's decision to halt the process, which he did not understand. The problem has now been resolved, and the process has resumed.

Component 1: Intervention/ Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
		The Project trained Level 1 CHWs in 114 communes in community-based integrated management of childhood illnesses (c-IMCI), enabling them to reach Level 2, and equipped them with work tools. The Project trained Level 1 CHWs in 114 communes in community-based Depro Provera (c-DPMA), enabling them to reach Level 2, and equipped them with work tools. (See Activities 1.2.1.1 and 1.2.1.2 for a list of tools.)	Objective achieved for this year
	Hold regular community reviews	313 communes conducted Review 1 (R1)—the monthly monitoring of the action plan's completion and analysis of CHW activity reports. 225 communes conducted their first district-level meeting to share and exchange experiences (Review 2 [R2]). 184 communes completed Review 3 (R3), which includes action plan review and CHW activity report analysis, but additionally entails CHW supervision by USAID/Santénet2. The second rounds of reviews were held in the following number of communes: • 2nd R1: 222 communes • 2nd R2: 155 communes • 2nd R3: 132 communes	Objective not achieved ▪ First R1: 350 − 313 = 37 communes. Review 1 should be held no earlier than 1 month after the training of CHWs. The training of the CHWs in these communes occurred very recently. ▪ First R2: 350 – 225 = 125 communes that have not yet held Review 2. ▪ First R3: 350 – 184 = 166 communes that have not yet held Review 3. (These reviews could not be held since the CHW training in these communes started very late.)

Component 1: Intervention/ Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
	Support KM salama implementing partners to implement USAID/Santénet2 work programs in 150 communes initiated in 2009 by CARE and CRS	30 communes initiated by CARE and CRS have developed their community action plans.	Objective achieved 120 KM salama had developed their action plans in 2009, and the 30 communes who did so in 2010 brings the total to 150.
		The Project trained Level 1 CHWs in 47 communes in RH/FP and nutrition and provided them with work tools. (See Activities 1.2.1.1 and 1.2.1.2 for a list of KM Salama tools.)	Objective achieved All the communes where CARE and CRS have initiated the activities in Year 2 have Level 1 CHWs.
		The Project trained CHWs in 150 communes in c-IMCI	Objective achieved
		The Project trained CHWs in 150 communes in c-DPMA	Objective achieved
	Hold regular community reviews	150 communes held their first R1 meeting—a monthly review of the action plan's implementation and the report of the CHWs' activities.	Objective achieved
		150 communes took part in R2—experience sharing.	Objective achieved
		150 communes completed their R3, including USAID/Santénet2 supervision for CHWs.	Objective achieved

Component 1: Intervention/ Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
		150 communes held their second R1. 150 communes took part in the second R2 (for experience sharing). 150 communes managed by CARE and CRS completed their second R3.	Objective achieved All the communes that were to hold their second round of reviews were able to keep up with the review schedule.
Activity 1.1.2.2: **Upgrade the 300 former KM communes to KM salama status**	*Reorganize and reinforce community management capacity of SDCs and increase the KM activity package, as previously implemented in 300 former KM communes, to upgrade them to KM salama status*	291 former KM communes introduced the KM salama approach and have set up their SDCs again.	Objective not achieved 300 − 291 = 9 communes that have not yet started to implement the approach. The 9 communes were part of the last two clusters awarded in May. The activities in these communes started in August 2010.
		291 communes strengthened the competencies of their SDC members.	Objective not achieved 300 − 291 = 9 communes that have not yet reached the stage of training the SDC members. The 9 communes are part of the two clusters that were awarded last.

Component 1: Intervention/ Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
		247 communes have identified their needs and established their action plan.	Objective not achieved 300 − 247 = 53 communes, including 1 commune from ASOS Sud (a problem with the Mayor) and 52 communes from MCDI that do not yet have their action plans because their activities only started in August 2010.
		The Project trained CHWs in 119 communes under RFA #2 in c-IMCI.	Objective achieved
		The Project trained CHWs in 127 communes under RFA #4 in RH/FP and nutrition (Level 1).	Objective not achieved RFA #4: 179 – 127 = 52 communes that are just starting to implement the KM salama approach.
		USAID/Santénet2 trained the CHWs of two communes in RH/FP and nutrition.	Objective achieved
		USAID/Santénet2 trained the Level 1 CHWs in two communes are in c-IMCI and c-DPMA.	Objective achieved

Component 1: Intervention/ Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
		Review 1: 216 communes organized their first monthly meetings for reviewing activities. Review 2: 194 communes organized their first monthly meeting for reviewing activities Review 3: 124 communes organized their first monthly meeting for reviewing activities The second round of reviews were held in the following number of communes: 70 communes for the second R1 16 communes for the second R2 2 communes for the second R3	Objective not achieved These reviews were not achieved during this year because of the delay in the CHW training Review 1: 300 – 216 = 84 communes that have not been implementing long enough to hold the reviews. Review 2: 300 − 194 = 106 communes not completing R2. Review 3: 300−124 = 176 communes not completing R3.
Activity 1.2.1.1: Improve KM salama tools ▪ ***Identify needs to improve, based on best practices guidelines and lessons learned*** ▪ ***Revise training curricula of community***	*Update KM salama tools used during Year 1*	The Project has updated tools on the basis of uses during Year 1: **SDC** • SDC technical note • SDC training curriculum **Level 1 CHWs** • Level 1 Mother Health CHWs' training curriculum (Fiofanana Reny) • Level 1 Mother Health CHWs' participant document (Torolalana Reny) • Level 1 Child Health CHWs' training curriculum (Fiofanana Zaza)	No gap Santénet2 has completed all documents requiring updating.

Component 1: Intervention/ Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
actors, management tools, and IEC/BCC tools		• Level 1 Child Health CHWs' participant document (Torolalana Zaza) Based on the needs of each program: **Level 1 Mother Health CHWs:** • Checklist for pregnant women • Integrated MCH job aid **WASH:** • Curriculum CLTS • Curriculum works contract management	
Activity 1.2.1.2: **Produce KM salama tools**	*Ensure timely production of a sufficient quantity of tools to meet KM salama implementation needs*	The Project produces tools used in the implementation of KM salama in adequate amounts to meet the needs of the activities' implementation. **SDC:** • SDC technical note: 10,000 • SDCs' training curriculum: 500 **Level 1 CHWs:** • Level 1 Mother Health CHWs' training curriculum (Fiofanana Reny): 500 • Level 1 Mother Health CHWs' participant document (Torolalana Reny): 2,000 • Level 1 Child Health CHWs' training curriculum (Fiofanana Zaza): 500 • Level 1 Child Health CHWs' participant document (Torolalana Zaza): 2,000 • Level 1 Mother Health CHWs' RH/FP individual form: 2,000 • Pregnancy checklist: 2,000	No Gap

Component 1: Intervention/ Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
		Level 2 CHWs: • c-DMPA trainers' guide: 200 • c-IMCI participant document: 2,000 • c-DMPA supervisor's documents: 250 • c-DMPA participants' guide: 5,000 **IEC/BCC tools:** • Green poster for Mother Health CHWs: 4,000 • Water, hygiene, and sanitation counseling card: 3,000 • FP methods basket: 3,000 • Platform of Religious Leaders and Faith Organizations (PLeROC) awareness-raising booklet: 4,000 • RH/FP job aid: 3,000 • c-DMPA job aid: 3,000 • Health record: 50,000 **Management tools** • Monthly activity report form: 4,000 • Awareness-raising registry: 3,500 • Product supply registry: 4,000 • Child registry: 2,000 • Maternal registry: 2,000 • Patient referral form: 3,500 • Integrated technical note: 3,500 • CHWs' certificate: 7,500 • Red and blue tracker files: 2,000	

Component 1: Intervention/ Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
		Materials/Equipment • Backpacks: 4,350 • Blouse: 4,350 • Armbands to measure upper arm circumference: 1,000 • Other small materials and consumables **Level 1 CHWs:** • Aok'izay ny fahantrana: 2 500 • Curriculum for Mother Health CHWs in RH/FP: 200 • Curriculum for Level 1 Child Health CHWs: 300 • Participant's document, Mother Health CHWs: 1,600 • Pregnancy checklist: 6,940 • Manome: 6,700 • Iron/folic acid (IFA) pocket: 233,500 • Trainer's booklet: 200 • RH/FP document: 1,000 • Participant's document Level 1 CHWs: 1,600 • Participant's document: 1,000 **Level 2 CHWs:** • Red tickler: 1,200 • Blue tickler: 1,200 • c-DPMA checklist: 2,500 • Participant's document in c-IMCI: 1,500 • Injectable drugs: 1,000	

Component 1: Intervention/ Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
		IEC/BCC tools: • Bulletin Ezaka: 25,000 • Job aid for FP: 2,794 • Job aid for DPMA: 1,500 • Job aid for rapid diagnostic test (RDT): 1,500 • Brochure for MSMs: 4,500 • Brochure for CLTS: 3,000 • Integrated fact sheet: 6,600 • Flyer for MARPS: 8,000 • Winnowing basket with FP methods: 5,550 **Management tools:** • Certificates: 6,800 • c-IMCI case management form: 50,000 • Referral form: 7,800 • Stock form: 200 • FP individual form: 3,350 • c-DPMA individual form: 2,800 • Referral slip: 2,000 • Supply register: 7,780 • Sensitization register: 5,600 • Obstetrical and neonatal emergencies (ONE) sensitization register: 130 • Mothers' register: 4,000 • Certificate: 6,800 • Children's register: 4,000 • Monthy Activity Report (MAR): 9,500 • Supervisor's booklet: 300	

Component 1: Intervention/ Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
		Small materials and consumables: • Alcohol 90: 3,500 (vials) • Bowl: 2,300 • Tarpaulin armbands: 2,500 • Nail brush: 4,800 • Bucket 12l: 2,300 • Standard blue cap: 2,800 • Absorbent cotton: 2,600 • Teaspoon: 2,500 • Spoon: 2,500 • Enameled cup: 4,600 • Soap: 6,000 • Towel: 5,000 • White apron: 2,395 **Various equipment:** • Back pack: 3,050 • Raincoat: 1,641 • Timer: 2,250 • Scale: 3,000	
Activity 1.2.1.3: **Distribute KM salama tools to implementing partners**	*Make tools available to 22 implementing partners according to their needs:* *KM salama supply system tools operationalized*	Based on the planning of quarterly activities, the grantees distributed the KM salama tools in the 791 communes where the approach has been introduced and the SDC members have been trained.	Objective achieved The Project provided the needed tools to 791 communes that have completed their SDC training.

Component 1: Intervention/ Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
	Availability of complete set of tools with community actors in 800 KM salama communes	In addition to the Level 1 CHWs in the 106 communes managed by CARE and CRS that were equipped with tools in 2009, the grantees distributed KM salama tools to the community workers in the following communes in 2010: - 533 communes that completed the training of Level 1 CHWs - 432 communes that completed the training of Level 2 Child Health CHWs - 461 communes that completed the training of Level 2 Mother Health CHWs	Objective not achieved 791 KM salama have tools available. Tools are sent once the commune is introduced to the KM salama approach.
Activity 1.3.1.1: **Document innovations, turn them into best practices, and scale them up**	*Use emerging best practices to raise KM salama performance and impact*	The commune of Andapafito held a meeting of actors (SDC and CHWs) for data collection at the commune level prior to the Review 2 at the district level; the Project recognizes this as a best practice that was not previously planned into the different steps of the KM salama process.	Objective achieved
	Establish a system for regular identification of KM salama implementation innovations	The Project established a system to identify innovations in the KM salama implementation process. It consists of - analyzing community action plans, - analyzing review reports, and - supervising CHWs.	Objective achieved The Project disseminates the innovations to community actors through the quarterly *Ezaka Bulletin*.

Component 1: Intervention/ Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
	Use project monitoring and evaluation (M&E) systems and data to identify innovations	The Project uses CHWs' monthly reports to measure their performance and to identify innovations.	Objective achieved
	Assess innovations to determine which are potential best practices	The routine use by the SDC of a review meeting prior to Reviews 2 is an innovation that has enriched the district-level information-sharing meeting between communes. Distributing individual identification badges for the CHWs constitutes an incentive and motivates these actors to carry out their activities.	Objective achieved Adopting these practices in all communes implementing the KM salama approach has improved the community's engagement.
	Document and disseminate information about best practices	The Project has adopted the process of a review meeting prior to the district-level information-sharing meeting and integrated this step into the documents designed for SDCs and their training.	Objective achieved
	Support scale-up and monitor implementation of best practices	The grantees are required to monitor if the commune-level SDC review meetings take place for communes that have reached the Review 2 phase.	Objective achieved Each grantee received regular data on the monthly completion of activities in the communes.
Activity 1.4.1.1: **Improve IEC/BCC tools**	*Use state-of-the-art communication tools to lead behavior change and to increase demand for and use of health services and products*	The Project designed and produced an awareness-raising booklet for civil society organizations (CSOs) and faith-based organizations (FBOs). The Project developed and produced a WASH counseling card.	Objective achieved

Component 1: Intervention/ Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
		In collaboration with Population Services International (PSI), USAID/Santénet2 modified the health card and PSI produced 300,000 copies. The Project developed new tools, based on the needs of each strategic result: **Level 1 Child Health CHWs:** • Packaging for IFA **Adolescent RH (ARH) (tools for young leaders):** • Invitation card • Integrated ARH brochure **STI/HIV/AIDS:** • Brochure to sensitize MSMs on STI/HIV and the use of condoms **WASH:** • CLTS brochure	
	Update IEC/BCC tools as needed	The Project updated documents for Level 1 Mother Health CHWs, based on needs: • Pregnancy checklist • Integrated MCH job aid • Mother–child health record	Objective achieved

Component 1: Intervention/ Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
Activity 1.4.2.1: ***Broadcast KM salama communication messages through local radio***	*Establish partnerships with 32 local radio stations to strengthen the efficiency and impact of KM salama proximity communication*	USAID/Santénet2 works in collaboration with 21 radio stations	Objective not achieved 32 – 21 = 11 With the 21 stations, the communes implementing the KM salama approach are covered at 77%. The contracts with other radios stations are underway.
	Identify, through a list of radio stations, local radio stations that can collaborate with USAID/ Santénet2	The Project signed contracts with 21 radio stations to air spots with health messages. The radio stations cover 15 regions, 56 districts out of the 72, and 617 communes implementing the KM salama approach. The radio stations are as follows: Radio Don Bosco — Radio Akon'ny Tsienimparihy Radio Lafa — Radio Sakatovo Radio Tea Longo — Radio Kaleta Amboasary Radio Cactus — Radio Relax Radio Ravo — Radio Vanille Sambava RNM Manakara — RNM/TVM Tamatave Radio Mamy FM — Radio Mampita RNM/TVM Antalaha — Radio Faly Radio Soatalily — Radio Feon'i Mania Radio Diocésienne — Radio Rakama RNM/TVM Fenerive Est	No gap

Component 1: Intervention/ Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
	Advocate commitments to air KM salama messages with local radio stations	The Project signed 21 contracts with radio stations whose cost for airing range from MGA500 to MGA3,000 (except for Radio Don Bosco, whose rate is MGA9,975, but it covers 166 KM salama communes).	No gap
	Make an inventory, assemble and update existing health-related audio messages	USAID/Santénet2 works in close collaboration with two communication firms to produce radio spots (after selecting from five firms who submitted a proposal under a call for bid). They produced 11 spots, with the contribution of programs at the Ministry of Health (MOH) who validated them. The 11 spots address the following topics: • KM salama • Gender and planning • ARI • Latrines • ARH • Artemisinin-based combination therapy (ACT) • Lactational amenorrhea method (LAM) • Pregnant woman's nutrition • Immunization • IFA • Four antenatal visits	Objective achieved
	Prepare media plans with local radio stations	With the contribution of the strategic result component, the Project established a communication plan specific to each radio station, taking into	Objective achieved

Component 1: Intervention/ Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
		account the activities implemented in the KM salama communes. • 1 spot on the KM salama approach was aired in 355 KM salama communes - 72 airings on Radio Don Bosco - 76 airings on radio Lafa - 76 airings on radio Mampita - 48 airings on radio Tia Longo - 44 airings on radio Sakatovo • 1 spot on ARI aired in 257 KM salama communes • 1 spot on immunization aired in 257 KM salama communes • 1 spot on LAM aired in 257 KM salama communes • 1 spot on maternal nutrition aired in 257 KM salama communes • 1 spot on IFA aired in 35 KM salama communes • 1 spot on the four antenatal visits aired in 35 KM salama communes • 1 spot on gender and planning aired in 35 KM salama communes The radio spots reached 5,456 individuals.	
	Monitor the airing of messages by the local radio stations	The Project has developed monitoring tools.	Objective achieved

Component 1: Intervention/ Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
Activity 1.5.1.1: **Mobilize FBOs and NGOs as technical assistance agents for health awareness raising and promotion**	*Ten grants awarded*	Santénet2 has selected nine grantees to implement the health awareness-raising approach to the population through churches, temples, mosques, and other places of worship.	Objective not achieved 10 − 9 = 1 One of the organizations had an internal representation problem and could not be selected for a grant.
	10 community organizations and NGOs receiving technical assistance and provided with IEC/BCC tools and management tools	The Project developed and produced a training curriculum and an awareness-raising booklet for religious leaders and CSOs. The Project distributed 4,000 mobilization booklets.	Objective achieved
	Build capacity of grantees by providing them with training and IEC tools	The Project trained 2,807 religious leaders in 539 communes and provided them with tools (i.e., booklet on maternal and child health).	Objective achieved
	Reach the members of the entity grantees in 420 communes	Santénet2 trained the religious leaders in 539 communes out of the 420 planned.	Objective exceeded The grantees managed to reach more communes than planned with the same amount of grant money.
	Put in place a monitoring mechanism and evaluate the efficiency of the technical assistance provided by grantees	The Project put a mechanism in place, consisting of organizing regular meetings with all PLeROC members.	Objective achieved

Component 1: Intervention/ Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
Activity 1.6.1.1: **Set up health mutual in 100 new KM salama communes**	*100 mutual health insurance schemes put in place*	USAID/Santénet2 has identified the communes' needs; out of the 125 community-level action plans that are available and were analyzed, 55 expressed a need for mutual health insurance schemes.	USAID/Santénet2 has not yet initiated the process to set up the mutual health insurance schemes because we are designing a new strategy, based on past experiences. However, implementing partners have held sensitization and information sessions on mutual health insurance at the community level.
Activity 1.6.1.2: **Revitalize existing health mutuals**	*164 mutual health insurance schemes revitalized in the region of Haute Matsiatra*	The Project assessed the performance and the functionality of the existing mutual health insurance schemes in Haute Matsiatra, and the assessment report will serve as the reference document for developing the new strategy for implementing mutual health insurance.	Objective not achieved The revitalization will be based on the strategy that USAID/Santénet2 is currently designing.
Activity 1.6.1.3 **Conduct assessment of the potential for health mutual networking in the Haute Matsiatra Region**			Activity not implemented The new strategy will define the future organization of mutual health insurance schemes.

COMPONENT 2: STRENGTHENING HEALTH SYSTEMS

USAID/Santénet2 works to strengthen community health systems by improving quality, the management of health facilities, the information system, and the health commodities supply.

The effective engagement of the communities in the management of their own health contributes to improving the general population's health status. USAID/Santénet2's activities to strengthen the community health systems fall within the framework of the national policy for community health. Our activities include management of quality under the KM salama approach. Working through implementing partners, the project supports the communities in identifying their needs and in implementing activities to improve quality. This is defined as social quality. Through these activities and approaches, the project aims at ensuring that the communities' commitment and engagement in improving their health become sustainable. In terms of service provision, the project strives to improve access to care for communities located far from facilities providing health services. This is defined as technical quality. CHWs promote health through preventive and curative services. To ensure technical quality, the project has established an ongoing monitoring and supervision system. In addition, to assess and monitor the effects of improvements in social quality and technical quality on health in the communes, the project developed the "Quality Index," which measures the performance of individual communes at a given point in time.

The ambition of USAID/Santénet2's training strategy is to effectively transfer health-related skills to CHWs. The training strategy is implemented in collaboration with designated trainers and implementing partners. In early FY 2010, the Project developed and refined training tools and approaches according to the Learning for Performance (LFP) approach. We then identified, trained, and dispatched trainers in the nongovernmental sectors to train community workers, including the CHWs. Later on, the trainers acted as supervisors, conducting regular supervisory and evaluation visits.

In FY 2010, USAID/Santénet2 focused its activities on the management information system for community health activities (c-HMIS), which consisted in setting up and operating a system for collecting and forwarding service delivery data and information from the communes implementing the KM salama approach. USAID/Santénet2 designed the Extranet system (a Web-based application) in the first semester to enable NGOs to enter, process, and forward data on their KM salama activities. USAID/Santénet2, in collaboration with Human Network International (HNI) also designed a fast-track system for forwarding service delivery data by short messaging system (SMS) to allow for data collection in real time. Implementing partners currently use these systems to forward data.

It is essential to ensure the permanent availability of health commodities in the communes implementing the KM salama approach if the CHWs' activities are to proceed smoothly. The

system for community supply of health commodities that was set up by USAID/Santénet2 is geared toward supplying CHWs with health commodities. In addition to the supply through the existing pipeline (from SALAMA, to the district wholesale pharmacies, to the community-managed pharmacies, to the CHWs), USAID/Santénet2 also established a social marketing community system, which starts at PSI, goes to the district-level supply point, to the commune-level supply points, to the CHWs. The functionality of the supply points under the social marketing supply chain is dependent on the community's engagement and the support of the social marketing program. With procedures defined for the operation of the supply system and roles clearly defined among the actors in the system, the health commodities were well managed (using management tools), and problems relating to the supply and the preparation of short- and long-term plans were solved. To assess the effectiveness of the system, USAID/Santénet2 conducted a logistics survey in the communes implementing the KM salama approach. The survey measured the availability of contraceptives and other health commodities among all actors involved in the system.

Component 2: Intervention/Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
Strategic focus 1. Community-Led Quality Management (CLQM)			
Intervention 1: Establish CLQM in the KM salama			
Activity 2.1.1.1: **Train KM salama implementing partners in CLQM**	*164 technicians from the implementing partners trained on social quality*	USAID/Santénet2 trained 152 technicians from the implementing partners on CLQM. USAID/Santénet2 held a central review with managers of 16 NGOs, and 19 regional meetings with technicians from the 16 NGOs.	Objective achieved (gap of 7%) In addition to the technicians, the Project trained some technical managers on social quality. There is not yet enough ownership of the promotion and management of social quality
Activity 2.1.1.2: **Implement CLQM in the KM salama**	*800 community-level action plans in the KM salama communes incorporating quality improvement activities*	The Project established two quality facilitators from the SDC in the KM salama communes. 744 community-level action plans are available.	Objective not achieved Social quality is not yet established in 56 KM salama communes due to delays from one implementing partner (MCDI). This gap will be filled in October 2010. The support technicians have started gradually transferring skills to the quality facilitators.
Intervention 2: Promote quality assurance in health services supply			
Activity 2.1.2.1: **Set up a system for monitoring and supervising CHWs**	*400 supervision visits performed*	USAID/Santénet2 performed 1,096 supervision visits in 564 KM salama communes The formative supervision occurs three months after the training. In all, the supervision visits were as follows: • 274 for Level I Child Health CHWs • 154 for Level 2 Child Health CHWs • 322 for Level 1 Mother Health CHWs • 346 for Level 2 Mother Health CHWs	Objective exceeded

Component 2: Intervention/Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
		The level of compliance with norms and standards for supervised CHWs is as follows: • Out of the 1,458 supervised Level I Child Health CHWs, 84% complied with norms and standards. • Out of the 715 supervised Level 2 Child Health CHWs, 88% complied with norms and standard. • Out of the 1,619 supervised Level 1 Mother Health CHWs, 80% complied with norms and standards. • Out of the 780 supervised Level 2 Mother Health CHWs, 97% complied with norms and standards	
Activity 2.1.2.2: **Implement the Quality Index tool**	*Quality Index tool finalized* *Report available on the level of quality of CHWs' healthcare services*	The Quality Index tool is available in all 800 KM salama communes. The Project assesses the communes' performance every 6 months.	Objective achieved In April 2010, the Project applied the Quality Index tool in 277 communes implementing the KM salama approach. In FY 2010, we applied the tool in all 800 KM salama communes.

Component 2: Intervention/Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
Strategic Focus 2. Standardize and decentralize project training			
Intervention 1: Integrate Learning for Performance (LFP) for all USAID/Santénet2 training			
Activity 2.2.1.1: **Incorporate LFP in all USAID/Santénet2 training tools**	*7 training tools incorporating LFP* • *Finalize the curriculum on works contract management* • *Finalize the curriculum on c-IMCI* • *Conduct a gender review of curriculum in April* • *Revise curriculum on works contract management* • *CLTS training strategy* • *Revise the orientation guide of supervisors*	USAID/Santét2 developed 7 training tools incorporating LFP: 1. Curriculum for Child Health CHWs (Nutrition) 2. Curriculum for Mother Health CHWs (RH/FP) 3. ARH curriculum 4. c-DPMA curriculum 5. c-IMCI curriculum 6. Supervisor's guide 7. Training of Trainers (ToT) curriculum	Objective achieved The Project revised 7 curricula according to LFP (Child Health CHWs, Mother Health CHWs, c-IMCI, c-DPMA, Gender, Supervisor, ToT)
Intervention 2: Implement and maintain standardized and high-quality training			
Activity 2.2.2.1: **Set up regional pools of qualified trainers**	*221 qualified trainers trained* • *Routinely supervise trainers and share information* • *Routinely analyze the training of CHWs and share information*	The Project completed 15 basic ToTs and 10 Level 2 ToTs. 410 trainers are now available, including the following: • 301 level 1 trainers, • 143 c-IMCI trainers, • 163 c-DPMA trainers, • 170 level 1 supervisors • 122 level 2 supervisors The Project completed 707 training sessions for CHWs (October 2009 to August 2010) and trained 10,610 CHWs.	Objective achieved The training's quality is reflected in the training reports. A system for monitoring trainers and supervisors should be put in place. It is necessary to establish a monitoring system to ensure quality of the trainings

Component 2: Intervention/Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
Strategic Focus 3. Monitoring and evaluation of KM salama activities			
Intervention 1: Ensure regular data collection to feed the c-HMIS and routine use of data for project monitoring			
Activity 2.3.1.1: **Ensure regular, high-quality data collection for the c-HMIS**	*16 KM salama implementing partners trained on the use of the c-HMIS tools*	The Project trained 16 partners on the use of the c-HMIS Extranet tools and the SMS-based data collection system.	Objective achieved The data collection tools work very well. The NGOs are collecting data on the KM salama steps (introduction, training of SDCs, participatory planning, training of CHWs) but tend to be delayed in preparing the review reports.
	One synthesis of the feedback and the reports provided to the 16 implementing partners (NGOs)	The Project provided one synthesis of the feedback and reports to the 16 implementing partners The Project performed timely analysis of the reports.	Objective achieved. (However, the meetings with the NGOs and regional partners that were initially planned for analyzing data had to be cancelled due to lack of data on indicators.)
	c-HMIS performance at more than 70%	Santénet2 produced 3,515 out of 7,780 CHW badges and implementing partners dispatched them. (The badges are a tool that allows the Project to identify working CHWs.) 78% of the intervention communes (i.e. 600 out of 766) sent their reports. 10% of the MARs received in 6 months were through Extranet/Hard.	Objective not achieved The Project estimated c-HMIS performance at 54% in late September 2010. This is because of the low MAR completion rate (10%).

Component 2: Intervention/Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
Strategic Focus 4. Community-based supply system for social marketing products			
Intervention 1: Scale up the community supply chain system			
Activity 2.4.1.1: **Progressively phase in the community supply system**	*7,000 CHWs equipped with start-up kits*	The number of CHWs equipped with start-up kits is distributed as follows: • 3,978 Level 1 Mother Health CHWs • 1,511 Level 2 Mother Health CHWs • 4,201 Level 1 Child Health CHWs • 2,613 Level 2 Child Health CHWs 649 KM salama communes have supply points.	Objective achieved 151 KM salama communes did not have a supply point, including 4 KM salama communes managed by MCDI where the introduction has not yet been done. Supply managers have not yet been identified in 147 KM salama communes.
Activity 2.4.1.2: **Monitor the performance of the community-based supply system**	*800 KM salama communes with a functional supply system*	336 KM salama communes out of 800 have a functional supply system.	Objective not achieved The functionality of the supply points is ever improving. The support of the social marketing component is critical.
Activity 2.4.1.3: **Assess the system's effectiveness**	*One logistic survey report*	Report available	Objective achieved

Component 2: Intervention/Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
Gender			
Strategic focus 5. Support gender mainstreaming into the project's activities			
Intervention 1: Coordinate training on gender for USAID/Santénet2's interveners			
Activity 2.5.1.1: **Empower representatives of local CSOs to provide support to gender mainstreaming**	*Develop training tools for local Dinika sy Rindra Ho an'ny Vehivavy (DRV): (1) training guide for local DRV in gender and gender mainstreaming in the KM salama approach, (2) training guide for local DRV on gender and sexuality*	USAID/Santénet2 finalized the following guides, which are now available: (1) Training guide for local DRV in gender and gender mainstreaming in the KM salama approach, and (2) training guide for local DRV on gender and sexuality.	Objective achieved The Project suggests updating the following documents to incorporate gender mainstreaming: "Promoter's guide to establishing mutual health insurance schemes in Madagascar," "SDC's training curricula," "Training curricula of CHWs in charge of maternal or child health," and "CHW's sensitization booklet."
	Orient 605 local DRV on the KM salama approach and their roles and responsibilities in mainstreaming gender in the approach. Reinforce their skills in the area of gender mainstreaming	USAID/Santénet2 provided orientation on the KM salama approach to 576 members of DRV associations (104 men and 472 women) living in 576 communes of 56 districts, at the rate of 1 representative per commune, and built their skills in gender mainstreaming into the KM salama approach through 45 workshops with the active participation of the DRV at the district level.	Objective achieved Local DRV have collected data in 78 communes.

COMPONENT 3: ACHIEVING STRATEGIC RESULTS

USAID/Santénet2 furthered the objectives of the five programs—MCH/nutrition, RH/FP, STI/HIV/AIDS control, malaria control, and WASH—through capacity building and coaching for the community-based actors in the communes implementing the KM salama approach.

In Project Year 2, USAID/Santénet2 scaled up and expanded the range of community-based services through the following actions:

- In Year 2, USAID/Santénet2 has piloted initiatives in 14 selected KM salama communes to test the effectiveness of CHWs in improving uptake and adherence to intermittent preventive therapy (IPT) and IFA protocols by pregnant women. Results were promising, and we observed a substantial increase in uptake and adherence to IPT and IFA protocols among pregnant women in target KM salama communes (an increase of 50%, out of which 2/3 is attributable to CHWs' work). CHWs played a critical role by actively searching for pregnant women in their communities. Once they identified pregnant women, CHWs provided counseling on safe motherhood and referred pregnant women to community basic health clinics (BHCs) for antenatal care. CHWs continued to follow up with women on subsequent antenatal care visits to BHCs. CHWs were also provided monthly IFA pills to distribute (the first month's dose is provided by the BHC). We have partnered with UNICEF and implemented a progressive scale-up of community-based distribution of IFA through the CHWs in an additional 88 KM salama communes.
- In Project Year 2, USAID/Santénet2 initiated an approach to mobilize the community on ONEs. The objective of the initiative was to strengthen community actors' capacity to recognize danger signs among pregnant women, women giving birth, and newborns and to organize the medical evacuation—in other words, to act on first and second delays (recognition of the problem and decision to evacuate) regarding obstetric and neonatal complications. The approach was piloted in 11 communes implementing the KM salama approach in Boeny region.
- USAID/Santénet2 set up a community-based referral system and worked with Marie Stopes International to set up mobile teams to provide better access to long-term permanent FP methods.
- The Project set up networks of young leaders to promote ARH in the communes implementing the KM salama approach.
- The Project incorporated the use of RDTs for malaria management in the training of Level 2 Child Health CHWs.
- USAID/Santénet2 awarded grants to 12 MARP associations and 9 religious entities.
- USAID/Santénet2 built the communes' capacity to sustainably manage water infrastructures by conducting activities of water infrastructures construction management under contracts to three subcontractors.
- The Project implemented the CLTS approach as a strategy to generate collective behavioral change in the area of sanitation in the communes implementing the KM salama approach.

The outputs and outcomes over the year are as follows, per program area:

- MCH growth monitoring and promotion: The Project trained 4,163 Child Health CHWs. Each of them monitored an average of 70 children, out of which 5.7% were referred to health facilities. Cumulatively, the Project has trained 5,434 Child Health CHWs since the Project started.
- RH/FP: There are 5,244 Level 1 Mother Health CHWs and 1,555 Level 2 Mother Health CHWs established in communes implementing the KM salama approach. Each of them serves an average of 27 regular FP users. In terms of young leaders, the Project trained 649 in ARH in 265 communes implementing the KM salama approach. In total, 81,134 women of reproductive age in KM salama communes receive community-based FP services. In addition, 60,553 women are using postpartum FP services.
- Malaria control: The Project trained 2,696 Level 2 Child Health CHWs in c-IMCI. Out of these, 2,008 were trained to use RDTs. Project-trained Child Health CHWs have diagnosed and treated 127,375 children under five years of age: 56,516 were treated for simple malaria, 32,579 were treated for diarrhea, 35,128 were treated for pneumonia, and 3,152 were referred to a health facility.
- STI/HIV/AIDS control: 12 MARP associations benefited from capacity-building as part of the effort to increase the use of services and products (such as condoms) among MARPs. Project-trained peer education from MARP associations reached 20,652 CSWs and MSM through HIV/AIDS awareness-raising and prevention activities. A total of 4,024 CSWs and MSM chose to use VCT as a result of these Project actions.
- WASH: 291 communes implementing the KM salama approach benefited from training on the CLTS approach. In terms of training, the Project initiated the approach in 1,477 villages and trained 527 community members on water management. The Project provided training on the three key WASH messages to 4,163 CHWs and capacity-building on sustainable water infrastructures management to 113 communes. 272 KM salama communes have commenced latrine construction. A total of 1,832 latrines were constructed in Year 2.

The achievements are detailed in the following table.

Component 3: Intervention/Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
Strategic Focus 1. Maternal and Child Health			
Intervention 1: ***Coordinate and communicate on MCH-nutrition community-based activities with the other development partners***			
Activity 3.1.1.1: **Participate in technical coordination forums on MCH/Nutrition**	*By the end of 2010, 3 meetings are held for coordinating and sharing information on MCH/nutrition activities with other development partners*	USAID/Santénet2 held 6 meetings, including the following: 1. a coordination meeting on the health card 2. a coordination meeting on IMCI 3. a coordination meeting with partners in Boeny 4. two coordination meetings with the central team of MOH, the Directorate of Maternal Health and the Directorate of Child Health (infant and young child feeding, women's nutrition), and partners working in the field of nutrition	Objective achieved

Component 3: Intervention/Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
Intervention 2: *Scale up quality community-based MCH nutrition services*			
Activity 3.1.2.1: **Train Level 1 Child Health CHWs**	*4,000 Child Health CHWs trained in 800 communes*	The Project trained 4,163 CHWs, who are providing services at the community level related to child health and nutrition, ensuring sensitization, screening, case management, and referral. On average, each CHW ensured growth monitoring and promotion as well as malnutrition screening to 70 children, of whom 5% were referred to basic health centers (BHCs) for malnutrition.	Objective achieved 1,260 + 2,903 = 4,163 CHWs
	4,000 Child Health CHWs equipped with start-up kits and other equipment	The Project equipped 4,163 CHWs with 41,630 vials of Sur'Eau. 1,260 CHWs did not receive long-lasting insecticide-treated nets (LLITNs) in the first semester because, under the new strategy, they will be involved in LLITN distribution during the free mass distribution campaign.	Objective achieved The number of products distributed is in line with the number of CHWs trained. The CHWs were not given LLITNs because it has become preferred to proceed with a mass distribution rather than routine distribution.

Component 3: Intervention/Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
Monitor and supervise CHWs' performance	*180 CHWs supervised*	The Project supervised 1,458 CHWs (38% of the CHWs trained). The training strategy provides for supervision of the CHWs every 3 months to build their skills and improve their performance.	Objective exceeded 1,458 − 180 = 1,278 Santénet2 initially planned that those CHWs rated "C" would be prioritized for supervision, but we changed the strategy to include all CHWs in supervision plans.
Activity 3.1.2.2: **Conduct a pilot study on community mobilization on obstetric and neonatal emergencies (ONEs)**	*By the end of 2010, effective approaches are identified for influencing on the decision to evacuate ONEs to health facilities* *15 family solidarity funds are set up or revitalized*	When the communes held their planned introductory and information meetings (11 out of 11), all of them planned to have community-based ONE interventions. The Project trained 97 CHWs in community-based ONE in 11 KM salama communes. 10 *fokontanys* out of 58 have a solidarity fund incorporating ONE.	Objective exceeded 97 − 80 = 17 The Project trained 17 additional CHWs because there was a need for additional CHWs in large and hard-to-access *fokontanys*—3 CHWs were selected in the KM salama communes instead of the 2 planned. Gap in terms of the solidarity fund: 20 − 15 = 5 funds that are not yet documented (reporting rate = 73%). Negotiation and sensitization took more time than planned in some *fokontanys*.

Component 3: Intervention/Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
	Regularly collect and analyze data from the CHWs and health facilities through the MARs of BHCs and CHWs as well as the stubs of referral forms	CHWs referred 6 cases of ONE out of 24 recorded at BHCs (25%). Activities started in April 2010. Referrals to the BHCs increased by 20% in the sites with community-based ONE. An upward trend in the antenatal care coverage rate in the KM salama communes with community-based ONE (13%) as well as KM salama communes in general (9%).	Objective achieved
		The Project provided orientation and supervision to 19 trainers integrating KM salama community-based ONE/IFA.	
		The Project trained 89 SDCs on community-based ONE.	
	44 fokontanys set a community-run evacuation system for ONEs	The communities set up 42 health evacuation systems in 58 *fokontanys,* including 3 governed by by-laws, and 39 informal (consisting of the possibility to borrow a cart or a canoe belonging to the *fokontany).*	Objective exceeded (We did, however, note a gap in the formalization of the systems and their improvement.)

Component 3: Intervention/Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
	Monitor and supervise CHWs' performance	The Project supervised 102 CHWs. (The supervisions were held during the ONE study, an operational research on communities' response to Obstetrical and Neonatal Emergency.)	
Activity 3.1.2.3: **Conduct a study on the impact of price and maternal health CHW outreach activities on the use of IFA by pregnant women**	*By the end of 2010, the best practices to increase IFA intake among pregnant women are identified through a study conducted in 14 communes implementing the KM salama approach*	The Project trained 230 CHWs in 14 KM salama communes. The Project incorporated IFA-intermittent preventive treatment (IPT) in the training curriculum of Child Health or Maternal Health CHWs. The Project integrated community-based distribution of IFA in 88 KM salama communes in partnership with UNICEF. The Project conducted an IFA study in these 14 KM salama communes that enabled them to define the strategy for scaling up community-based IFA. CHWs could distribute IFA to pregnant women if they are supervised and if there is a link with a health center for training, supervision, reporting, and supply	Objective achieved

Component 3: Intervention/Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
		The Project supervised activities of 187 CHWs relating to IFA.	Objective not achieved 221 − 187 = 34 Maternal or Child Health CHWs that the Project did not supervise. The gap is due to bad weather, which prevented access to the communes.
		The Project performed analysis of monitoring and supervision data and provided feedback to support technicians. Santénet2 held 3 monthly coordination meetings with CARE and CRS at the central level and 3 in Toamasina and Fianarantsoa.	
		The Project disseminated results of the IFA report among a restricted pool of partners (CARE, CRS, UNFPA, UNICEF, MOH). The Project finalized the report.	

Component 3: Intervention/Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
Activity 3.1.2.4: **Integrate the new community-based IFA best practice into KM salama and initiate scale up in KM salama communes**	*By the end of 2010, 600 CHWs provide services at the community level to increase IFA coverage among pregnant women in the fokontanys located at more than 5km from BHCs in the KM salama communes*	The Project integrated IFA in 88 KM salama communes in partnership with UNICEF. The Project implemented the IFA strategy in 110 KM salama communes and trained 1,310 CHWs.	Objective exceeded 1,310 − 600 = 710 The Project trained an additional 710 Maternal or Child Health CHWs. The surplus resulted from the collaboration with UNICEF; the number of communes reached increased, as well as the number of CHWs trained. Challenge: find partnership to make IFA available to CHWs.
Strategic Focus. Expanding community-based RH/FP services			
Intervention I: Ensure contraceptive security at the community level			
Activity 3.2.1.1: **Train Level 1 Mother Health CHWs**	*Make community-based RH/FP services available in remote fokontanys located more than 5 km from health facilities by establishing 4,000 CHWs in charge of RH/FP, including post-partum FP by 2010*	The Project trained 5,244 Level 1 Mother Health CHWs. The Project trained 233 CHWs in FP counseling and rumor management in 50 KM salama communes. Marie Stopes Madagascar provided long-term permanent method contraception to 50 KM salama communes.	Objective exceeded by 31%. The Project initially estimated that 6 Mother Health CHWs would be needed per commune, but the reality on the ground showed that there are hamlets located at more than 5 km from the *fokontanys* that should be served. The average number of CHWs per commune is 7.
	Equip 4,000 CHWs with start-up kits	The Project equipped 5,244 CHWs with start-up kits.	Objective exceeded by 31.1% (See explanation above.)

Component 3: Intervention/Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
	At least 10,000 postpartum women reached	The Project reached 60,553 postpartum women with FP services. (Noted: CHWs have difficulties reporting on LAM.)	Objective exceeded The number of trained CHWs offering these services is 31% higher than original estimates. Moreover, Child Health CHWs also take part in awareness-raising activities for postpartum women.
	400 CHWs supervised	The Project supervised 1,619 CHWs in 319 KM salama communes.	Objective exceeded. Originally, the Project intended to only supervise CHWs with "C-level" ratings; however, now all CHWs from all categories receive supervision.
Activity 3.2.1.2: **Train Level 2 Mother Health CHWs**	*Establish 2,000 Level 2 Mother Health CHWs in remote fokontanys*	The Project trained 1,555 CHWs in c-DMPA.	The objectives were set taking into account the cumulative number of CHWs, which accounts for the gap noted.
	Equip 2,000 CHWs with IEC tools, management tools, visibility materials as well as start-up kits	The Project equipped 1,555 CHWs.	See explanation above.
	400 CHWs supervised	The Project supervised 780 CHWs in 264 KM salama communes.	Objective exceeded. This includes reporting on all supervisions (first, second, or third).

Component 3: Intervention/Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
Intervention 2: Implement peer education approaches to promote adolescent reproductive health (ARH)			
Activity 3.2.2.1: **Train peer educators among youth groups**	*100 young leaders established in 50 KM salama communes*	USAID/Santénet2 trained 649 young leaders in 264 KM salama communes. Sexual health issues among young people appear as one of the priorities in the communes' participatory plans; this means that this issue is a pressing need for the communities.	Objective largely exceeded USAID/Santénet2 responded to expressed needs in the communes' participatory plans.
	ARH tools produced	USAID/Santénet2 produced and distributed 5,000 ARH IEC/BCC materials.	Objective achieved.
Strategic Focus 3: Expanding community-based malaria prevention and control services			
Intervention 1: Coordination and communication with other development partners on community-based malaria prevention and control activities			
Activity 3.3.1.1: **Participate in technical coordination forums on malaria prevention and control**	*Ensure coordination and information sharing with the development partners on the project's malaria prevention and control activities through the 12 regular meetings of the Roll Back Malaria (RBM) partnership*	USAID/Santénet2 attended 12 regular meetings. USAID/Santénet2 attended 8 sub-component meetings.	Objective achieved The Project did not miss any regular meetings, and attended two more sub-component meetings than the original six (eight total). Two meetings were organized related to Affordable Medicine Facility–malaria implementation and the National Strategy Application issue.

Component 3: Intervention/Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
Other technical coordination forums on malaria prevention and control with other partners	*Hold 12 meetings with ASOS CENTRALE on RFA #2's implementation as focal point* *Attend meetings with other development partners on community-based malaria prevention and control services*	USAID/Santénet2 held 6 monthly coordination meetings at the central level. After a shift in responsibility, the other 6 monthly meetings were held at the regional level. USAID/Santénet2 attended 10 meetings: one for fever surveillance sentinel site with Pasteur Institute of Madagascar (IPM) and nine coordinating meetings with partners (KM salama communes, UNICEF, NGOs, MOH, Land O'Lakes). USAID/Santénet2 attended 2 workshops on epidemic surveillance with IPM and on tools harmonization with the RBM committee. Other meetings: 1 round table on gynecologic cancer; 1 meeting on the President's Malaria Initiative (PMI) mission debriefing; 5 meetings on the work plan, data quality assurance, and project performance reviews.	Objective achieved

Component 3: Intervention/Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
Intervention 2: Scale up community-based malaria case management services			
Activity 3.3.2.1: **Train Level 2 Child Health CHWs**	*Train 2,844 Level 2 Child Health CHWs in 474 KM salama communes*	USAID/Santénet2 trained 2,696 Level 2 Child Health CHWs in 422 KM salama communes	Objective not achieved 52 KM salama communes were not covered, and 148 Level 2 Child Health CHWs were not trained. The Project readjusted the quarterly work plan, but it was necessary to postpone training because of various reasons: local supervisors not available, insufficient number of trainers, financial issues resulting in training delays.
	Equip 2,844 Level 2 Child Health CHWs with start-up kits	USAID/Santénet2 equipped 2,696 Level 2 Child Health CHWs with start-up kits in 422 KM salama communes.	Objective not achieved Gap: 148 CHWs not equipped. This is due to readjustments in the semester work plan and reasons listed above.
	158 monitorings and supervisions realized	USAID/Santénet2 supervised 551 CHWs and conducted 236 supervision visits in 236 KM salama communes.	Objective not achieved The initial plan was to prioritize Child Health CHWs rated “C” in monitoring and supervision. This changed during implementation, and all CHWs, regardless of their ratings, were included. An update is planned for the upcoming years.

Component 3: Intervention/Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
Activity 3.3.2.2: **Phase in use of RDTs at the community level**	*Develop phase-in plan*	USAID/Santénet2 developed and scaled up a phase-in plan.	Objective achieved
	Train 1,098 Level 2 CHWs in 183 KM salama communes	USAID/Santénet2 covered 319 KM salama communes and trained 2,0008 CHWs on the use of RDTs.	Objective largely exceeded pursuant to the readjustment of the NGOs' semester work plans
	Equip 1,098 Level 2 Child Health CHWs with a start-up kit in 183 KM salama communes	USAID/Santénet2 equipped 2,008 Level 2 Child Health CHWs with start-up kits in 319 KM salama communes.	Objective largely exceeded (See explanation above.)
	Conduct 64 monitoring and supervision visits	USAID/Santénet2 supervised 713 Level 2 Child Health CHWs and conducted 424 monitoring and supervision visits in 424 KM salama communes.	Objective exceeded The initial plan was to prioritize Child Health CHWs rated "C" in monitoring and supervision. This changed during implementation, and all CHWs, regardless of their ratings, were included. An update is planned for the upcoming years.
Activity 3.3.2.3: **Integrate into the IFA study a component to examine the effect of community-based services on the uptake of**	*Train 84 Level 1 Mother Health CHWs on the IPT strategy in 14 KM salama communes and scale up the strategy to 50 KM salama communes*	USAID/Santénet2 trained 1,310 CHWs.	Objective exceeded The excess number results from collaboration with UNICEF, with the integration of their intervention areas with ours.

Component 3: Intervention/Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
Intermittent Preventive Treatment (IPT)	*The IPT strategy introduced in 14 KM salama communes*	USAID/Santénet2 covered 112 KM salama communes.	Objective exceeded The Project exceeded the target number of KM salama communes largely resulting from collaboration with UNICEF; the number of their intervention communes is added to ours.
	Equip 84 Level 2 Mother Health CHWs with management tools	USAID/Santénet2 equipped 1,310 CHWs with start-up kits in 110 KM salama communes.	Objective exceeded. The excess number results from collaboration with UNICEF, with the integration of their intervention areas with ours.
	Conduct 14 monitoring and supervision visits	187 Mother Health or Child Health CHWs supervised during 12 monitoring and supervision visits in 12 KM salama communes	Objective not achieved. Gap due to bad weather that made two communes inaccessible.
	Collect data on the study conducted	The Project collected and analyzed data and shared study results.	Objective achieved
Other activities	*Contribute to the assessment of applications under RFA #4* *Support IPM in setting up fever surveillance sentinel sites*	USAID/Santénet2 monitored proposals under RFA #4. The Project monitored deliverables (6 issues of Epiveille produced).	(These were unplanned activities.)

Component 3: Intervention/Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
Strategic focus 4. STI/HIV/AIDS			
Intervention I: Promote STI/HIV/AIDS prevention actions among most-at-risk populations (MARPs)			
Activity 3.4.1.1: **Build the capacity of MARP associations to implement prevention activities among their members**	*Have 15 sustainable local structures with the technical capacities required to implement STI/HIV/AIDS prevention activities and to promote access to health services among high-risk groups in five sites (Antananarivo, Toamasina, Toliara, Fianarantsoa, Fort-Dauphin)*	13 associations out of 15 now implement STI/HIV/AIDS prevention activities. They met the selection criteria. The Project sensitized 20,652 CSWs and MSMs on STI/HIV/AIDS prevention and on fighting stigma. The Project distributed 461,767 male condoms. The Project distributed 1,720 female condoms. The Project produced 4,500 IEC tools for MSMs. The Project distributed 900 IEC tools. The Project trained 180 animators out of the 750 planned. 4,105 CSWs or MSMs are using health services (screening, STI care). The Project signed three collaboration agreements, including two facilitating CSWs' and MSMs' access to health services and one for access to condoms	Objective exceeded The Project reached 20,652 CSWs or MSMs with prevention activities instead of 15,000. Due to the lack of baseline data on the MARPs, the target number of CSWs and MSMs to be sensitized was underestimated. On average, each association has 15 animators instead of 25 as initially planned.

Component 3: Intervention/Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
		The Project conducted 11 guided tours of health services.	
Activity 3.4.1.2: **Conduct a study of factors impeding demand for and access to health services by MARPs**	*Identify appropriate strategies to increase demand and to facilitate access to health services among MARPs*	Final version of the study is available.	Objective achieved
Intervention 2: Promote gender-based approach to STI/HIV/AIDS prevention in KM salama communes			
Activity 3.4.2.1: **Facilitate discussions on gender, power, and sexual health among SDC members**	*Improve community leaders' understanding of and sensitiveness to gender issues in 100 KM salama communes*	The Project held at least 100 group talks on understanding gender issues. The Project trained 1,500 SDC members on gender and sexuality issues The Project sensitized 30,000 individuals on gender and sexuality issues.	Objective achieved

Component 3: Intervention/Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
Intervention 3: Promote STIs/HIV/AIDS prevention in the KM salama			
Activity 3.4.3.1:	*Increase the population's capacity to protect themselves from STI/HIV/AIDS*	The Project sensitized 360,753 church group members.	Objective exceeded This was due to synergy among implementation actors in the communes
Strategic Focus 5. Water, Hygiene, and Sanitation			
Intervention I: Behavior change to promote the use of latrines			
Activity 3.5.1.1: **Implement the CLTS approach in self-selected KM salama communes**	*200 communes trained on facilitating behavioral change using the CLTS approach*	The Project trained 288 communes trained the CLTS approach.	Objective exceeded This was due to a new training strategy initiated by USAID/Santénet2 during semester 2.
	The CLTS approach applied in 2,000 villages	527 villages implemented the CLTS approach, with a reporting rate of 30%.	Objective not achieved The CLTS approach should be initiated by community actors in the villages around a training site. Most of the villages are hard to access, and the number of those implementing the approach is lower than planned.
	10,000 inhabitants use improved latrines	9,115 inhabitants use latrines, with a reporting rate of 30%.	Objective not achieved The number of latrines built by the communities in the regions of Boeny and the South (South-East, South-West, and deep South) is lower than planned

Component 3: Intervention/Activity	Annual Objectives	Annual Achievements (October 2009–September 2010)	Gap analysis (expected vs. annual results)
Activity 3.5.2.1: **Train community members on management of safe water systems**	*720 SDC members benefit from capacity-building on the management of sustainable water infrastructures*	695 members of the communities trained	Objective not achieved. We initially planned to have 10 members per commune, but this was revised to 5.
	72 communes benefit from capacity-building on the management of sustainable water infrastructures	113 communes benefited from capacity-building on the management of sustainable water infrastructures.	Objective achieved The communes are grouped for the training.
Activity 3.5.3.1: **Promote the use of small doable actions and alternative water purification methods among households**	*1,500 CHWs trained and monitored*	The Project trained 3,000 CHWs on the three key hygiene practices.	Objective exceeded for the training of CHWs. The Project will monitor these CHWs starting this year
	1,188 CHWs tested on the key WASH practices	The Project monitored and supervised 1,260 CHWs. There is a need to develop a set of tools for supervisors and ensure their availability.	Objective achieved

Finance & Administration

We achieved several significant accomplishments during FY 2010. There has been growth in the size of our team as well as improved information technology (IT) services and financial reporting. We also awarded additional grants and subcontracts. Furthermore, we provided meaningful capacity building to our grantees through procurement, installation, and training in new accounting software and via high quality external audits.

Human Resources/Personnel

New recruitment/new positions

We recruited and filled the following positions during FY 2010:

- Human Resources Specialist: We upgraded this position to align the skills and experience with RTI standards to allow more autonomy and decision making in the field. The former staff person tasked with personnel functions has moved to a new position in the finance and administration department, assisting with transaction processing and payment tasks.
- Technical Coordinator: The new position meets the need for day-to-day supervision of regional office staff and general trouble-shooting and problem solving related to achieving technical results.
- Two Regional Coordinators: These coordinators work out of the Antananarivo office, providing oversight to grantee and sub-contractor communes in the northwest and highland zones.
- Program Specialist/Supervisor: The position supervises 3 program specialists.
- Communication Specialist and Knowledge Manager: The current position became vacant, and a well-qualified replacement was recruited and hired.
- IEC/BCC Manager: This position provides overall management of IEC/BCC materials—design, production, and distribution.
- Grants Compliance Specialist: With the award of 18 large grants and numerous small fixed obligation grants, we experienced an increase in work related to the management and oversight burden as well as time required for capacity-building services for grantees. This position supports the Grants Manager, including tasks related to the review of expenditure reports and the review/approval of monthly advances to grantees.
- Regional Office Program Assistants in Tamatave and Fianarantsoa regional offices: The additional staff persons (one per two offices) assist program staff in planning and preparing training/workshop events and finance staff in reviewing and clearing training/workshop advances.
- Receptionist: The previous receptionist was promoted to a support role for the grants management team.

Information Technology (IT)

Extranet design completed and launched

The Extranet is custom-designed database software that receives and accumulates programmatic and financial data for purposes of supporting management decision making. The Extranet receives data input remotely by grantees, subcontractors, and Santénet2 staff. The database contains data regarding programmatic indicators and therefore may be used to demonstrate and track trends in health-related data and outcomes/results.

The Extranet was launched in FY 2010 and we completed users' training/data input processing. The current challenge that we expect to address in FY 2011 is greater compliance by our partners with data input deadlines.

Server installation in each of the four regional offices

A computer server was installed in each of the four regional offices to support better communications and data processing.

IT support to grantees

A section below describes the implementation of CIEL Accounting Software for each grantee. The IT specialist at Santénet2 provided technical support to many of our grantees in hardware evaluation, repair, and loading and testing of the new accounting software on grantee computers.

Equipment Procurement on behalf of Grantees/Support for Implementation

The Project completed a detailed assessment of equipment needs of each grantee relative to the required activities, reporting, trainings, and travel to communes. As a result, critical unmet needs were met through bulk procurement of equipment, including desktop and laptop computers, printers, photocopiers, office furniture, LCD projectors, bicycles, and motorcycles. Some grantees also required improved internet access to meet data reporting needs (i.e., Extranet and email communications). Most of the equipment, excluding the motorcycles, had been delivered by September 30, 2010. The motorcycles required an official waiver. Delivery is expected in November.

Elaboration of Local Standard Operating Policies and Procedures

The Project has established and, in some cases, improved standard operating policies and procedures during FY 2010. We developed these policies and procedures to support rapid and meaningful impact of the project, control and best use of project assets, and compliance with USAID and RTI policies and procedures. The procedures include, as appropriate, customized applications at regional offices. The policies and procedures were elaborated and recorded in an *Operations Manual*, which is available in both French and English. The *Operations*

Manual includes a listing and examples of each administrative and financial form used by the project.

Finance and Accounting

Installation and use of updated accounting software—QuickBooks

RTI completed a worldwide accounting software conversion during FY 2010, resulting in a standard application and use of QuickBooks accounting software on most of its projects under implementation outside the U.S. The new design supports efficient and timely monthly submission of financial data as well as an account code structure that allows Santénet2 to track costs by funding source and activity code. Furthermore, the software supports monthly budget versus actual costs reporting and analysis. A separate comprehensive QuickBooks manual, customized to match Santénet2's use of the software, has been developed in both English and French.

Growth in monthly expenditures and an increased "burn rate"

The level of activities and expenditures increased significantly in FY 2010 with a steady increase in burn rate throughout the year. Given the lag of subcontractor billings, grantee expenditure reporting (1 month), and outstanding training/workshop advances, the total accrued (unbilled) expense at September 30 is estimated to be approximately $800,000. Total expense for FY 2010, on an accrual basis, will be between $8 million and $9 million.

Grants Award and Management, and Technical Assistance for Grantees

Grants awarded

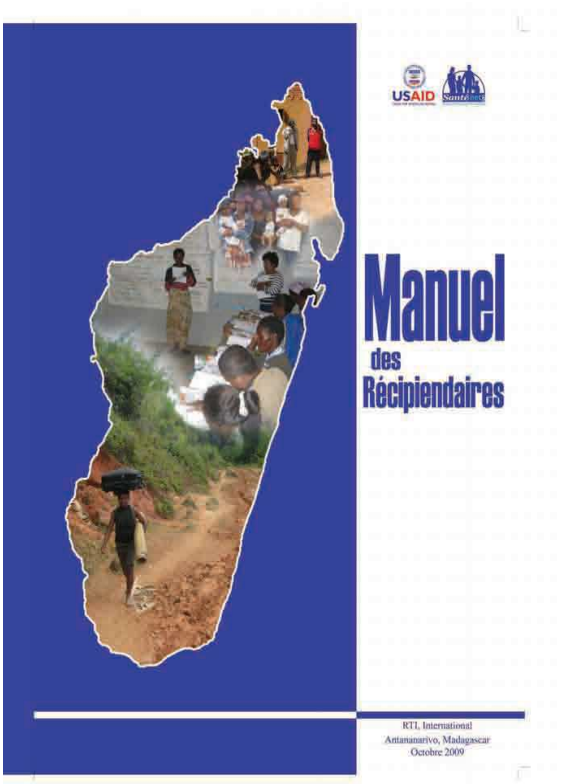
A total of 18 multi-year grants to 13 organizations were under implementation during FY 2010. Nine awards under grant rounds one and two began on October 1, 2009, and nine additional awards began on January 15, 2010. With these awards, we have nearly reached the original budgeted grant award total. 21 additional small fixed obligation grants of a 9-month duration were also awarded (MARPs and PLeROC).

Development, printing, and distribution of a grantee manual

In October 2009, Santénet2 distributed copies of a grantee policies and procedure manual to all grantees receiving awards in grant rounds one and two. The goal of the manual is to clearly communicate Santénet2's expectations regarding implementation, reporting, compliance, and best practices. The manual is in French (an English version is available) and includes the following major sections:

1. *Grant Agreement Terms and Conditions*: Describes in detail and in clear and simple language the meaning/accepted interpretation of all the terms of the grant agreement. Provides additional guidance on understanding expectations and reporting.

2. *Description of USAID/Santénet2 procedures*: Discusses and explains the most important policies and procedures, including the following: budgeting, requesting funds advances, proper documentation (receipts and vouchers), using accounting software, financial reviews, procurement procedures, travel, training, per diem rates, USAID branding/marking requirements, use of time sheets, and external audits.
3. *Technical and program information*: Provides an overview.
4. *Appendix*: Includes forms and instructions, including due dates.
5. *Explanation of the most pertinent USAID Mandatory Standard Provisions.*



The Grantee Manual has been very helpful in supporting grantee compliance and reporting.

<u>CIEL Compta (accounting) software</u>

The Project offered all grantees free accounting software and installation and training to encourage good financial reporting and overall capacity enhancement of the financial systems of the grantees. All grantees except one accepted, and we organized two 3-day trainings to help grantees plan for implementation and use of the new software. The IT specialist at Santénet2 assisted with software implementation and networking, and a consultant was hired to prepare training materials and a manual, as well as to conduct the trainings. The Project provided follow-up, consisting of technical assistance by the trainer at the grantees' offices, to ensure the success of the installation. Each grantee received a customized comprehensive manual in the use of the software at their organization. Grantees have been encouraged to adopt a single accounting software solution for all of the projects, and the manual included information to allow grantees to take this next step.

<u>Monitoring visits and Santénet2 financial training at workshops</u>

The finance and administration director, grants manager, and grants specialist visited each grantee for purposes of improving financial management, reporting, and understanding of compliance issues. At an all-partner workshop in April, the finance and administration directors from each grantee participated in several training sessions, focusing on topics such

as improving cash flow, use of the accounting software, and the benefits of high quality external audits.

External audits of grantees

A number of professional external audit firms were contacted and bids were requested for audits of grantees. The primary purpose of these audits is related to technical assistance. Though these are typical annual external audits, the scope of work emphasizes the review of the organization's compliance with Malagasy law, compliance with donors' terms and conditions, adequacy of internal controls, and any other recommendations related to efficient running of the organization. In this way, the auditor's Management Letter or Letter of Recommendations is extremely valuable feedback in terms of enhanced capacity and growth of the organization. It is with this goal in mind that grantees have been encouraged to adopt annual, organization-wide, high quality external audits to meet this internationally recognized standard best practice. The external audit is primarily for the benefit of the organization's management, and it also indicates to donors that the organization is taking its fiduciary responsibility seriously.

In some cases, grantees are receiving Global Funds and funding from other donors. Though some of these donors require separate donor-specific audits, the grantees are encouraged to satisfy as many donors as possible with a single organization-wide annual external audit. Grantees are also recommended to share the annual audit costs among as many donors as possible, consistent with any other shared fixed cost that would typically be part of an indirect cost pool.

As most grantees received Santénet2 funding for a partial year in FY 2010 (October–September) because of the grant start dates, most first year audits will not take place until February or March 2011. Grantees' fiscal years are the calendar year (January–December), so most will be requested to have their first audit for the period January 2010–December 2010. The exceptions to this are the two grantees PENSER and NY Tanintsika. For PENSER, we noted some weaknesses in their internal controls from prior audit reports, and we worked with PENSER and the audit firm Ernst and Young to carry out a limited financial review. The result was a list of recommendations and feedback that PENSER may use to strengthen their internal controls and reporting. We received assurance that necessary improvements would be implemented that would reduce risk.

For NY Tanintsika, they recognized that they could benefit sooner by contracting for an external audit for the year ending December 2009. The audit would review their current systems and procedures and provide important feedback at least four to six months earlier than waiting for the end of 2010. This is beneficial to USAID/Santénet2, because the earlier the weaknesses are identified, the earlier improved controls would be put in place, and all donors would benefit from the reduced risk and improved financial reporting. One of their other donors (the French Embassy) agreed to share the audit cost. Ernst and Young produced a robust report with numerous recommendations. Santénet2 staff participated with staff from NY Tanintsika and Ernst and Young's external audit team in a 4-hour read through and

discussion of the draft report. There is no question that NY Tanintsika received extremely valuable technical assistance from this exercise. The staff and director were very thankful for the services provided by Ernst and Young and the guidance and encouragement from Santénet2.

Existing Subcontracts and New Subcontracts Awarded

The level of spending of U.S.-based and local long-term subcontractors increased in FY 2010, and in general, burn rates for subcontractors are on track, relative to the total budget and duration of their subcontracts.

New subcontracts

Three water and sanitation subcontracts were awarded to local organizations/companies in early FY 2010 to support implementation of water/sanitation related activities.

The newest long-term subcontracts awarded were to MCDI for KM salama activities in the southwestern part of the country and to IPM for malaria surveillance. With these two subcontracts, it should be noted that total subcontracts awarded will be in excess of $6.5 million, which exceeds our expected budget for subcontracts of $6 million in the final 5-year best-and-final-offer budget. The additional $500,000 will need to be removed from other parts of the budget (primarily program activities implemented by RTI) to stay within the total contract ceiling.

Smaller, short-duration contracts completed during FY 2010 include elaboration of the Extranet data system (subcontractor: I-VISION) and using SMS text messages for data collection trainer reporting, and personnel location reporting/security of personnel (subcontractor: HNI).

Annex A: Monitoring & Evaluation

N°	Indicator Title	Baseline	2010		2011		2012		2013	
			Target	Achieve-ments	Target	Achieve-ments	Target	Achieve-ments	Target	Achieve-ments
FP/RH										
1	Couple Years of protection (CYP)	10,000	10,000	58,600	65,000		75,000		110,000	
2	Number of regular users (RU) of modern contraceptive methods	NA	54,000	50,063	72,000		73,500		75,000	
3	Number of service delivery points (CHWs) reporting stock outs of DMPA	NA	TBD	400	1,000		500		500	
4	Number of people trained in FP/RH	0	3,600	8,084	8,084		8.084		8,084	
MCH										
5	Number of children less than 12 months of age who received DPT3 (referred by CHWs)	0	17,000	20,937	22,000		26,000		27,000	
6	Number of cases of child diarrhea treated by CHWs	2,763	130,711	32,579	38,000		43,000		48,906	

N°	Indicator Title	Baseline	2010		2011		2012		2013	
			Target	Achieve-ments	Target	Achieve-ments	Target	Achieve-ments	Target	Achieve-ments
7	Number of antenatal care (ANC) visits by skilled providers	NA	30,000	56,003	60,000		75,000		100,000	
8	Number of cases of child pneumonia treated with antibiotics by CHWs	0	1,970	35,128	39,000		44,000		48,906	
9	Number of children screened and/or referred for malnutrition by Child Health CHWs.	NA	216,000	222,688	975,000		1,000,000		1,030,000	
10	Number of people covered by USG-supported health financing arrangements	225,000	200,000	52,340	400,000		600,000		750,000	
11	Number of newborns receiving essential newborn care	0	120,000	160,984	164,000		170,000		175,000	
12	Number of people trained in child health and nutrition through USG-supported health area programs	NA	3,600	5,434	5,434		5,434		5,434	
13	Number of people trained in maternal and newborn health	0	3,600	4,469	4,800		4,800		4,800	

N°	Indicator Title	Baseline	2010		2011		2012		2013	
			Target	Achieve-ments	Target	Achieve-ments	Target	Achieve-ments	Target	Achieve-ments
NUTRITION										
14	Number of children reached by USG-supported nutrition programs	NA	188,366	240,000	450,000		600,000		750,000	
MALARIA										
15	Number of children under 5 years of age with fever who received treatment with ACT within 24 hours from onset of fever	0	1,700	7,212	7,400		7,600		7,800	
16	Number of people trained in malaria treatment or prevention	NA	6,116	10,610	10,610		10,610		10,610	
WATSAN										
17	Number of people reached by water and sanitation programs	23,842	501,476	537,270	724,000		1,070,000		1,072,000	
18	Number of people in target areas with access to improved sanitation as a result of USG assistance	0	12,000	7,733	24,000		48,000		96,000	
19	Number of Water Resource Development plans under implementation	0	40	40	72		150		200	

N°	Indicator Title	Baseline	2010		2011		2012		2013	
			Target	Achieve-ments	Target	Achieve-ments	Target	Achieve-ments	Target	Achieve-ments
HIV/AIDS										
20	Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	219,878	340,500	584,849	666,500		892,500		918,000	
21	Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	0	6,300	7,188	7,500		8,000		8,500	
CROSS CUTTING INDICATORS										
22	Number of local organizations provided with technical assistance for health-related institutional capacity building	NA	37	37	37		37		37	
23	Number of communes with functional health committees in USG-supported areas	0	755	791	800		800		800	

N°	Indicator Title	Baseline	2010		2011		2012		2013	
			Target	Achieve-ments	Target	Achieve-ments	Target	Achieve-ments	Target	Achieve-ments
24	Number of functional (trained, equipped, & supervised) CHWs	NA	3,000	7,500	10,000		10,000		10,000	
25	Performance of the community-based Health Management Information System (c-HMIS)	NA	70%	54%	70%		>70%		>70%	
26	Number of communes in the project's intervention zone having a SDC that has identified, planned, and implemented actions to improve quality in a participatory way	NA	600	744	800		800		800	
27	Number of USG-assisted service delivery points (CHWs) implementing quality assurance/quality improvement (QA/QI) approaches	NA	2,100	3,077	10,000		10,000		10,000	

Annex B: Success Stories

Follow up of Désiré's activities in Beangaka, Saranambana

© USAID/Santénet2

Désiré is a very active CHW, serving the very remote fokontany of Beangaka.

The commune of Saranambana, 53 km from the District of Fénérive-Est, has 16 *fokontany* and one *Centre de Santé de Base* (CSB2, health clinic), serving a population of 40,000. The health clinic is typical of Madagascar: one paramedic serves the entire population. During 2010, the clinic provided services to 2,018 pregnant women (antenatal care), more than three times the number from 2009 (647 women sought antenatal care); treated 23 simple pneumonia cases; and treated 322 simple malaria cases. The Beangaka *fokontany* is the most remote of all 16 *fokontany*, located 103 km (a 3-day walk without a road) from the CSB in Saranambana.

Désiré and Venance were selected by their Beangaka community to become Mother and Child Health community health workers (CHWs). It is estimated that 5,000 people, including 1,200 women of reproductive age, 1,000 children under five, and 200 children 0-11 months, are living in the village of Beangaka. Désiré and Venance are meeting their *fokontany*'s maternal and child health (MCH) needs. Their awareness-raising activities are transforming those needs into demand. Community leaders have decided to provide more support to the CHWs. As a consequence, the community built a hut where Désiré and Venance provide their health services to the community.

This "success story," the third about Beangaka, describes the community-based services provided by Désiré in his remote community.

During April and June 2010, Désiré screened 183 children under five for growth monitoring, using baby scales provided by USAID/Santénet2 (implemented by RTI International). 148 children were in the green zone (i.e., not showing a nutrition problem), 31 children were affected by moderate malnutrition, and 4 were affected by severe malnutrition (which he referred to the commune health clinic center). Most of the children in the village suffer from fever or diarrhea. Désiré diagnosed and treated 11 cases of diarrhea, using a combination of oral rehydration salt and zinc tablets. He used rapid diagnostic tests on 11 fever cases to verify malaria positivity, and he treated all positive cases with administration of Artemisinine Combination-based Therapy (ACT).

Désiré conducted behavior change and communication (BCC) activities in his community. He talked with 10 men and 24 women about the symptoms of simple fever, diarrhea, and simple pneumonia.

He also conducted awareness-raising activities with parents on child health and nutrition through home visits and group discussions in market places. In April and June, he had interpersonal communication with 55 women and 28 men about the advantages of exclusive breastfeeding, nutritional complementary feeding from sixth months of age, other essential actions on nutrition, and food security. Additionally, he reached 183 women and 61 men through group discussions on the advantages of vitamin A supplementation and the use of iron/folic acid by pregnant women.

During these awareness-raising activities, Désiré always tries to encourage women, as well as men, to take more responsibility together. The Kaominina Mendrika (KM) salama process also encourages the gender-based approach to reach youth, a marginalized group.

Désiré could not attend all monthly review meetings, due to the 6-day round trip (walking) to reach the commune center. (Community leaders now assist him in connecting with the commune center, especially with respect to re-supplying drugs and health commodities.) However, despite some of the hardships of participating in the Santénet2 program, he is committed to offering quality, community-based health services.

Success Story: Nutrition

Community-Based Nutrition Activities Save Lives

Emelie Raharivololona (53 years old) has been involved with the Kaominina Mendrika (KM) salama process since July 2009. This married woman is a very active Child Health community health worker (CHW) in the commune of Ankerana.

Credit: USAID/Santénet2

Like all USAID/Santénet2-trained CHWs, Emelie is offering community-based services on child growth monitoring and essential actions on nutrition in her KM salama commune.

Since being trained by the USAID/Santénet2 Project, Emelie has demonstrated increasing performance quality in her activities. During the period of January to September 2010, she reached 1,194 children under five years old with growth-monitoring activities—a monthly average of 133 children. She detected malnutrition (severe and moderate) in 11% of these children and referred them to a health center. Emelie's activities are not limited to growth monitoring and promotion. She also provides counseling on essential actions in nutrition; identifies and refers children who have not completed their immunizations; and provides community case management of simple fever, cough, and diarrhea cases.

In Madagascar, 5,434 USAID/Santénet2-trained Child Health CHWs are providing community-based services in 769 KM salama communes. On average, one Child Health CHW works with 70 children per month. Also as a monthly average, each CHW identifies two children with severe malnutrition and refers them to the health center. In total, Project-trained CHWs weighed 1,893,839 children under five in remote villages of 769 KM salama communes during fiscal year 2010—this is 50% of children under five in the Project target areas. As a result of this effective community-based service, CHWs identified 53,711 children with severe malnutrition, 188,613 children with moderate malnutrition, and 704,150 with no nutritional problems. The Project is helping communities to detect nutritional problems in their children, many of which would not have been detected and treated otherwise. Indeed, at the formal health facility level, malnutrition is detected in only 6% of children, while USAID/Santénet2-initiated community-based services in KM salama communes detect malnutrition among 16% of children under five.

Beyond her work with children, Emelie also provides community-based services for pregnant women in her community. Her activities consist of essential actions in nutrition, counseling women on the use of iron/folic acid (IFA) during pregnancy, and referring pregnant women to basic health facilities to seek safe motherhood care.

From October 2009 to September 2010, she distributed IFA pills to 86 pregnant women (all the pregnant women in her community). All of these women were referred to a health clinic for early antenatal care and delivered their babies with skilled birth attendants.

As USAID/Santénet2 expects from all their trained CHWs, Emelie Raharivololona takes her volunteering activities seriously. To round out her approach, Emelie conducts awareness-raising activities for water and sanitation through home visits and group discussions. In all her activities, she uses a gender-based approach. In 2010, Emelie reached 661 individuals (272 women and 389 men) with home visits and 528 people (264 women and 264 men) with group discussions.

Emelie's story illustrates some of USAID/Santeénet2's best practices regarding Project-trained CHWs. After two years of implementation activities, USAID/Santénet2 has scaled up the KM salama approach to 800 communes, covering more than 5,515 *fokontany* that are situated more than 5 kilometers from clinic health centers. This represents 1,893,839 children under five and 473,460 pregnant women who are eligible for health promotion activities.

The complete package of services consists of support for maternal breastfeeding; complementary food for healthy and sick children; nutrition for pregnant and breastfeeding women; and very importantly, the fight against iron, vitamin A, and iodine deficiencies.

The USAID/Santénet2-trained CHWs' nutrition activities also contribute to behavior change at the community level. Their essential actions for nutrition have much to do with maternal and child health promotion (mostly affecting the reduction of child malnutrition). CHWs are trained to screen children under five at the community level so that the children have access to adequate treatment. And for women, trained CHWs spread the adoption of best practices to improve their health status as well.

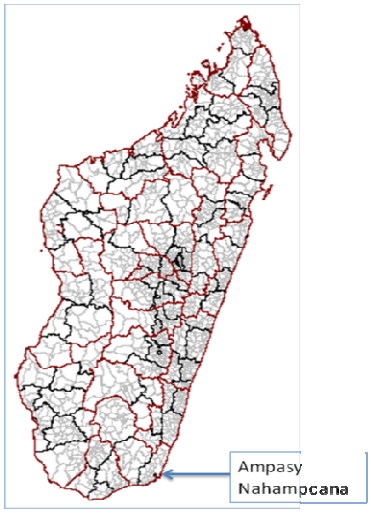
Success story: Malaria

The district of Tolagnaro recently experienced a malaria outbreak (January–March 2010). A total of 27 casualties occurred among children under 5 years old. Most of the casualties (18 out 27) were in the Ampasy Nahampoana commune. Half of the casualties were in *fokontany* located 5 km or more from the formal health facility.

Soja Robert trained to become a Child Health CHW in Enato, a KM salama village (starting in April 2010). He helped prepare the fokontany for a malaria outbreak that happened in the Fort-Dauphin district.

In response to this tragedy, Ampasy Nahampoana community leaders (CDS) requested training from the USAID/Santénet2 project (implemented by RTI International). Marie Louise and Soja Robert were among the community members chosen to be trained as community health workers (CHWs). In April 2010, they attended a 5-day training on community-based integrated management of childhood illnesses (c-IMCI) (i.e., malaria, pneumonia, and diarrhea), organized by USAID/Santénet2.

The Kaominina Mendrika (KM) salama program data indicates that Soja Robert provided community-based services to 98 patients (children under five) between April and July 2010. Soja treated 10 cases of diarrhea, 14 cases of pneumonia, and 75 cases of malaria in this period. In other words, Soja provided community-based services to 1 out of 3 children under five in his community. In terms of fever management activity, Soja has successfully treated 95% of his cases. Thanks to the village CHW, the population of Enato is now able to control a fever epidemic rapidly. Over the last 4 months, no fever outbreak was observed in Enato.



Soja receives monthly feedback from the health clinic provider as well as quarterly supervision from KM salama supervisors. During a supervisory visit in June, he received a rating of 90/100, or A+. He is efficiently using job aids and behavior change communication and information and education communication (BCC/IEC) tools provided by USAID/Santénet2. He showed excellent safety compliance while using the rapid diagnostic test (RDT). He collected the required amount of blood and accurately read the test results. There is a very high (almost universal) positive test rate that is confirmed malaria. In the rare case of a negative test result, Soja refers the patient to the health clinic (he referred 9 children during this period). When his sharp box (an approved place to safely dispose of used tests and blood collection needles) is 2/3 full, he replaces it at the health clinic.

The community health system developed under the KM salama program provides a reliable supply chain system for Soja. He can re-supply either from the social marketing community re-supply point or from the public health facility.

To date, Ampasy Nahampoana CDS are very satisfied with Soja Robert's and Marie Louise's performance and efforts. Both have contributed to stopping casualties due to fever in the village, and since April, no casualties have been reported. The community acknowledges their competencies, and they receive open backing from CDS.

The effectiveness and quality of Soja's community-based services are the results of community ownership and engagement, rigorous training, routine supervision, a reliable supply chain, and an effective health management information system.

All USAID/Santénet2-trained CHWs are offering community-based health services to communes located more than 5 km from commune clinic health centers. To date, 2,387 CHWs are providing c-IMCI services. They all are receiving adequate support and resources from their respective communities.

Success story: MCH/FP

Célestine Razanabao, a friendly community health worker

Célestine Razanabao (52) is actively contributing to the development of her community, Ialamarina, situated in the district of Fianarantsoa II. Despite her grey hair, she is a very active Community Health Worker (CHW), trained by USAID/Santénet2 through the Kaominina Mendrika (KM) salama program.

© USAID/Santénet2

Célestine Razanabao is one of the CHWs trained by USAID/Santénet2 in the 766 existing KM salama communes. As a very experienced CHW, she was chosen by her community to provide integrated maternal and child health services and family planning counseling and services to women of reproductive age.

Célestine is among 2,387 CHWs providing integrated maternal and child health (MCH) services (there are more than 10,610 project-trained CHWs currently providing community-based health services in 800 KM salama communes). She was trained as a Mother Health CHW in 2009. Her high performance in providing information, education, and communication services to women of reproductive age, referring pregnant women to health facilities, and providing family planning (FP) counseling and services was recognized by the community and the Santénet2 program. She was selected for Child Health training in 2010. She acquired new skills on essential actions in nutrition; child preventive care; newborn care; and community-level case management of malaria, pneumonia, and diarrhea.

Célestine's performance was highlighted in her monthly activity report (MAR), a document that all USAID/Santénet2-trained CHWs use to monitor their field activity and their functionality.

Célestine's MAR (April 2010) indicates that she treated 28 children suffering from pneumonia, 5 for simple fever, and 5 for diarrhea. She also provides community-based FP services (including injectable contraceptives) to 83 regular users. These numbers highlight Célestine's outstanding performance when compared to the USAID/Santénet2 KM salama average of services offered by CHWs. Indeed, on average, each USAID/Santénet2-trained Mother Health CHW provides FP services to 19 regular users, and each Child Health CHW treats 6 pneumonia cases, 11 fever cases, and 6 diarrhea cases on a monthly basis.

Along with her community-based services and counseling activities, Célestine serves as an assistant to the chief of the Ialamarina clinic (CSB, *centre de santé de base*), as he is the only medical staff to serve the entire commune. Every Monday, market day, the CSB doctor calls on Célestine to help him during this day devoted to MCH services. She assists the doctor during vaccinations by filling in children's health record books. She also contributes to FP services provision (injectable contraception in particular).

Célestine Razanabao sees benefits from her CHW activities. She is proud to contribute to the maintenance of the community's and her own health. Her CHW efforts engender recognition,

respect, credibility, and opportunities to learn and train. She also mentions some financial benefits generated by the mark-up on health product sales. Income generated by community-based drug distribution helped her to meet her child's monthly school fee (2,300 MGA, or approximately $1/month).

Beyond the benefits mentioned above, Célestine's voluntary CHW work stems mainly from her desire to serve her community by promoting better health practices and providing preventive and curative outreach services. She encourages other Child and Mother Health CHWs to engage actively in the KM salama process through USAID/ Santénet2 (implemented by RTI International).

Success story: STI/HIV/AIDS

Increase of health service access among men having sex with men (MSM)

Rasoaherimanjaka and Rosalinda[1] are Men having Sex with Men (MSM). They used to hang out at night in Anosy and Andravoahangy, two popular areas in Antananarivo (the capital city of Madagascar, with 2 million inhabitants).

© Ezaka association

During an awareness-raising activity, the Ezaka association members hang out at night to reach the MSM at their work place. The peer educators' association mobilizes the MSM with information, education, and communication/behavior change communication tools, to be aware of their rights and the importance of access to health facilities. Promoting condom use is an activity Ezaka usually conducts at night.

They used to be ashamed and afraid to seek help or advice because of their homosexuality. But today, they are more self confident and they do not hesitate to seek health services in public facilities when needed.

This change in the life of Rasoaherimanjaka and Rosalinda is due partly to the awareness-raising efforts of the Ezaka association (a network of MSM in Antananarivo).

These efforts are financed by USAID/Santénet2 through a small fixed obligation grants (FOGs) program. Twelve local associations[2] that work with most-at-risk populations (MARPs) benefited from technical and financial support to conduct sexually transmitted infection (STI)/HIV/AIDS prevention and promotion activities. Ezaka is one of the associations whose peer educators have conducted information sessions on rights to health services access.

Before Ezaka started its activities in February 2010, few homosexuals knew their rights. According to Balou Rasoanaivo, president of Ezaka association, many MSM did not use condoms. Their demand and access to STI/HIV/AIDS-related services remained very low. Furthermore, many MSM suffered from stigmatization, violence, and abuse at their work place. This situation increased their vulnerability to STI/HIV/AIDS.

The small grants program permitted these grassroots organizations to inform and empower their members with respect to human rights and risks associated with STI/HIV/AIDS.

In July 2010, Rasoaherimanjaka and Rosalinda were among 65 MSM who chose to seek voluntary counseling and testing (VCT) for HIV/AIDS. This is compared to only 13 who

[1] Pseudonyms used by MSM sex workers

[2] These MARP associations are: Fihamy, Fanamby, and Manavotena (Toliara); Fanantenana and Tanora Manan-jo (Taolagnaro); Vonona Mifanasoa, Mifanasoa II, and Tanora Tia Hivoatra (Fianarantsoa); Iray Vatsy, Iray Aina, and Todika (Toamasina); and Ezaka and Association des Femmes Samaritaines (Antananarivo).

sought VCT in March (prior to the start of the program). Rosalinda says that she was accompanied by a peer educator to the VCT center.

The Ezaka association's strategy is focused on promoting human rights in the fight against AIDS and encouraging VCT. In the five months that Ezaka has been implemented, the Ezaka association was able to convince 234 MSM to seek VCT services. The data available in the national program for the fight against AIDS states that of the 1,110 MARPs, including MSM, who were screened over the last semester in Antananarivo, Ezaka's effort accounted for 20% of the overall success.

During the same 5-month period, Ezaka was able to reach out to 1,453 MSM sex workers out of the 3,000 estimated to exist in the capital (Data: Ezaka)—almost half of the target population. 15 peer educators have been mobilized by the association to work in the areas where MSM work at night. The association aims to reach all 3,000 MSM before the end of the USAID/Santénet2 grants program (November 2010).

Distribution of condoms and increasing demand for health services are more facets of the positive work being done with MARPs. In the same 5-month period, the USAID/Santénet2 project has been able to distribute 20,000 condoms to MSM. Ezaka also reports a steady increase of the use of health services among MSM.

USAID/Santénet2 (implemented by RTI, International) provided 11 small FOGs to grassroots associations in five different cities of Madagascar. These grants aim to raise awareness and stimulate demand for VCT among MARPs, and to empower target populations by communicating about their rights. During five months of implementation, the small grants programs permitted grassroots associations to reach out to 16,000 MARPs, distribute 400,000 condoms, and successfully refer 3,700 persons to use VCT services.

It is clear that focusing on rights as opposed to assistance, accompanying MARPs to health facilities for their first visit, and reaching out to them in their environment are factors of success.

Success story: WATSAN

Toilet use becomes community daily habit

Located in the rainy forest, the Sahanavo *fokontany* (district of Marolambo) now provides a cleaner environment. This is due partly to community involvement in the Kaominina Mendrika (KM) salama process, which empowers people to adopt new healthy behaviors.

©USAID/Santénet2

Before *the community engaged in the KM salama process, open defecation was a common practice for the Sahanavo population.*

The commune Social Development Committee decided to implement community-led total sanitation (CLTS) in all 22 *fokontany* and to promote use of water purification techniques to provide potable water.

Sahanavo *fokontany* (2,982 inhabitants) is a typical example of the power of positive change in a community. In general, community members did not pay attention to cleanliness and hygiene before the KM salama program was implemented. None of the 634 households had access to latrines. According to traditional belief, latrine use is bad behavior. Therefore, open defecation was a common practice for the whole village. Schools, the health center, and even the church did not have any toilets. Diarrhea was common among children, affecting 387 children under five (12 percent of children in the community). This high incidence of diarrhea is also explained by the lack of potable water sources at households. Indeed, the population of Sahanavo can only access surface water from the Sahanavo River.

The community leaders decided to address their community's water and sanitation (WATSAN) challenges as part of the social quality objectives set by the community (part of the KM salama process).

Starting in March 2010, the commune of Ambohimilanja engaged in the KM salama program. The whole commune, including the community of Sahanavo, demonstrated active involvement to improve their hygiene and sanitation situation. In June 2010, community leaders, led by the chief of the Sahanavo *fokontany*, joined efforts through a health committee and have provided creative solutions to improve hygiene and sanitation for their village.

After *the implementation of CLTS, the commune Social Development Committee convinced people to build latrines made with local materials.*

Their big challenge was to address sanitation problems by raising awareness and mobilizing the whole community to be engaged in the CLTS process. In the

space of a few months, villagers built 26 new latrines made with local materials. These latrines were located in dwellings, the school, the health center, and the church. Community health workers' (CHWs') activities reinforce the households' habits to use a toilet, to wash their hands, and to improve sanitation. The health committee also cleaned the village and the roads, the health center, the church, and schools to improve the environment. The *fokontany* installed 11 garbage pits for households to throw away wastes. These changes were made within four months—after nearly half a century of unhealthy behavior!

The KM salama process promotes not only health access at a community-based level, but it empowers people to make decisions and initiatives to improve their environment.

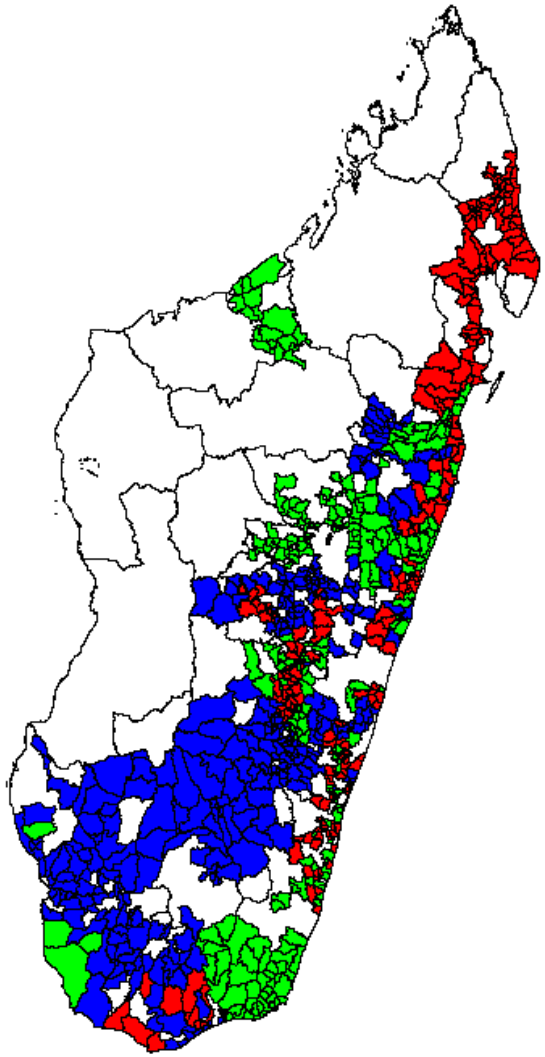
For water and sanitation, USAID/Santénet2 (implemented by RTI International) offers a package of technical assistance to promote hand washing, latrine use, and potable water use.

Annex C: Environmental Mitigation and Monitoring Report

Activity	Mitigation Measures	Monitoring Indicators	Monitoring and Reporting Frequency	Party(ies) Responsible	Results FY10 October 2009– September 2010
Management and disposal of hazardous medical waste related to immunization, vaccines, and administering of Depo Provera (DMPA) (syringes/sharps, gloves, drug vials, bottles, gauzes, sachets) and rapid diagnostic tests (RDTs) (sharps, gloves, sachets)	USAID/Santénet2 will implement management of medical waste based on the Madagascar National Medical Waste Management Policy and USAID's Environmental Guidelines for Small-Scale Activities in Africa, Chapters 8 and 15.	During Year 1 of Santénet2, implemented by RTI International, USAID/ Santénet2 will train 2,000 Level 2 Mother Health CHWs and 3,000 Level 2 Child Health CHWs on community-based service delivery of DMPA and integrated management of childhood illness (IMCI).	KM salama monthly review reports and supervision reports constitute the information basis to assess effectiveness of mitigation measures.	USAID/Santénet2, CARE, Catholic Relief Services (CRS), Population Services International (PSI), Association Inter-cooperationMadagascar (AIM), Ainga Association, Action Socio-sanitaire Organisation Secours (ASOS) Central, Ny Tanintsika, Association Zetra, ASOS Sud, Organisation Diocésaine pour le Développement de Toamasina (ODDIT), SALFA (health department with the Malagasy Lutheran Church)	USAID/Santénet2 trained 2,370 Level 2 Mother Health CHWs on community-based service delivery of DMPA. (USAID/Santénet2 provided each CHW with a sharp box and procedures under the Reference Manual for Immunization Program Managers for Safety Injections and Waste Disposal, in particular for using sharp boxes.) USAID/Santénet2 trained 2,696 Level 2 Child Health CHWs on community-based IMCI, focusing on the use of RDT and waste management.

Activity	Mitigation Measures	Monitoring Indicators	Monitoring and Reporting Frequency	Party(ies) Responsible	Results FY10 October 2009– September 2010
	USAID/Santénet2 provided CHWs with training and equipment related to management of waste and safety of injections. Trainings include risk assessment, injection safety, medical waste management, and awareness-raising among CHWs. USAID/Santénet2 provides each CHW with one sharp box at the end of the training and instructs them on how to dispose of sharp boxes and how to replenish their supply of sharp boxes.		Project semi-annual and annual reports include information on mitigation measures put in place. KM salama implementing partners report quarterly on CHWs' training and supervision activities. This information is used to feed the project's semi-annual and annual reports on mitigation measures.		USAID/Santénet2 distributed 5,448 sharp boxes to CHWs (DMPA). USAID/Santénet2 distributed 2,448 sharp boxes to CHWs (IMCI).

Annex D: KM Salama Mapping per Region and List of Communes per Grantee

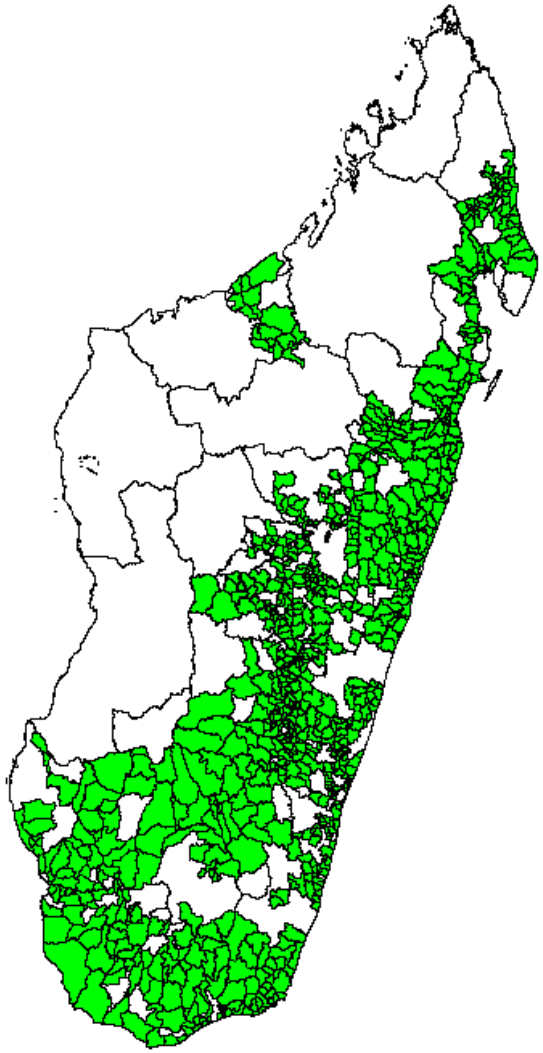


RTI Santénet2—Phases of KM salama implementation

Phase 1 KM salama communes (January 2009 onward)

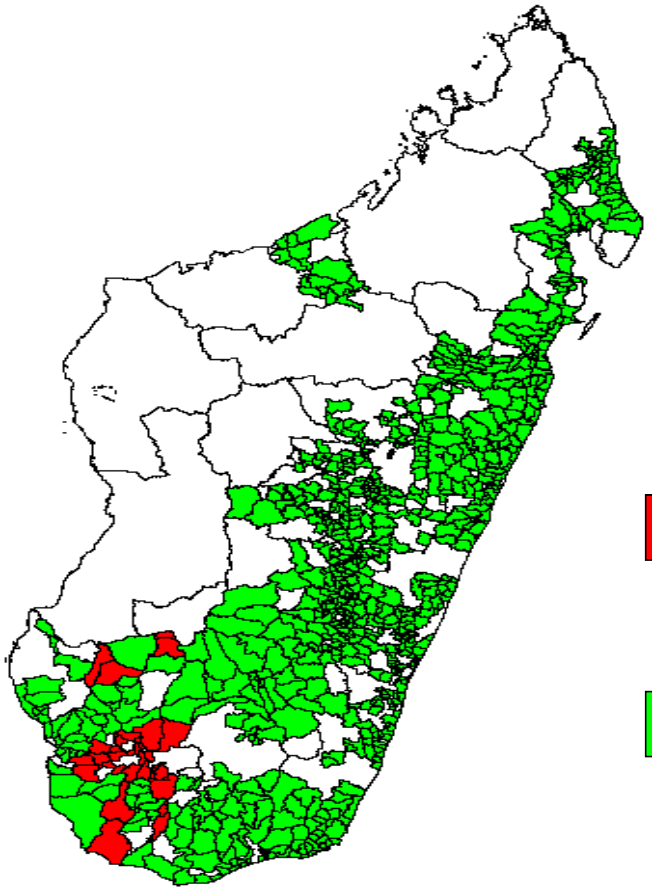
Phase 2 KM salama communes (November 2009 onward)

Phase 3 KM salama communes (February 2010 onward)



800 KM salama communes with community-based health services

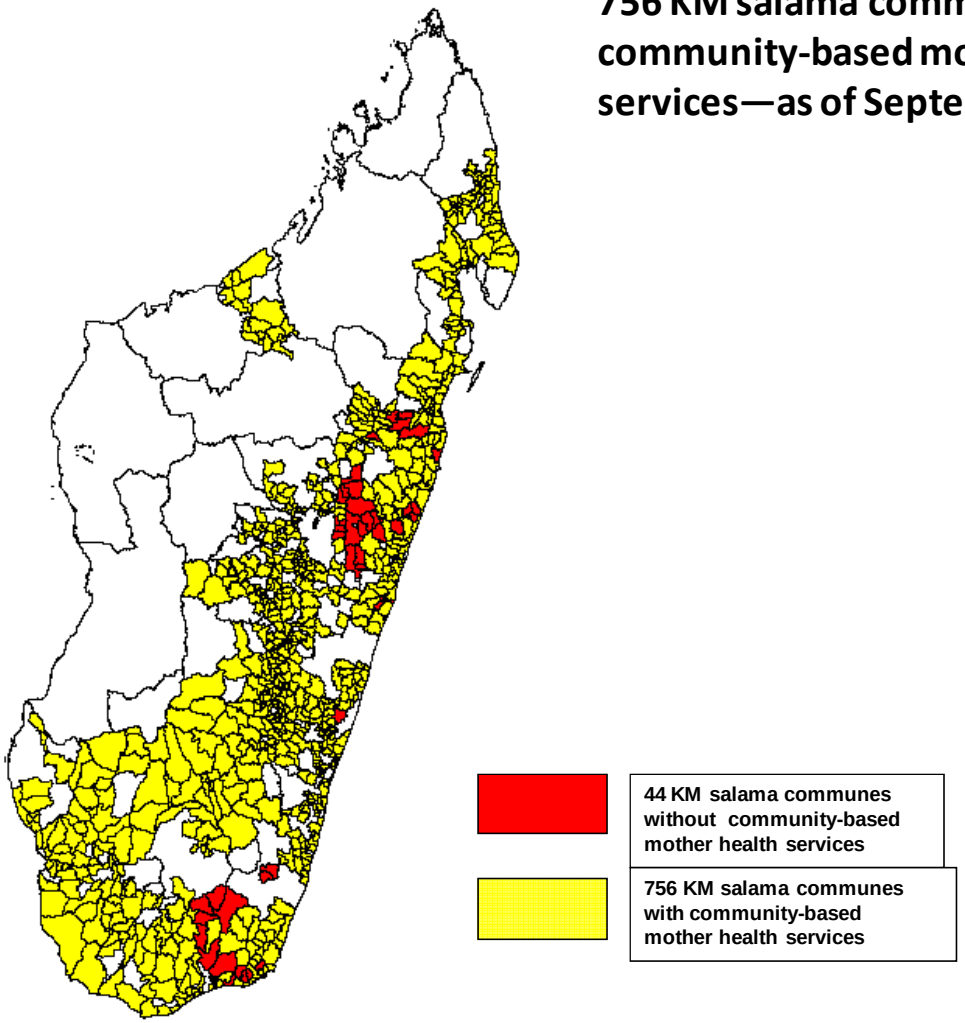
769 KM salama communes with community-based child health services— as of September 30, 2010

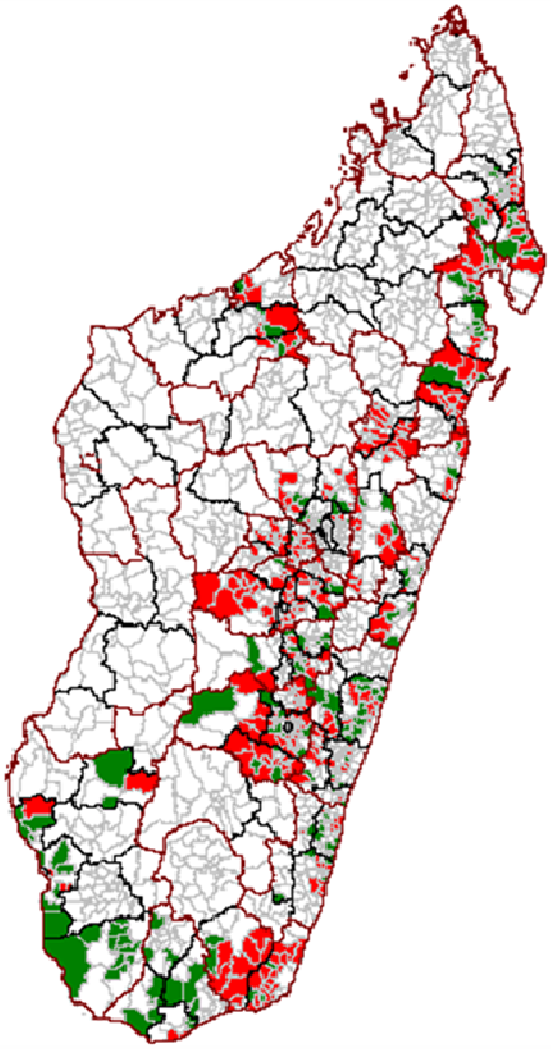


31 KM salama communes without community-based child health services

769 KM salama communes with community-based child health services

756 KM salama communes with community-based mother health services—as of September 30, 2010





Mapping of child growth monitoring by 3,890 Child Health CHWs:

-Total children monitored a year: 933,600

-Red zone = 6%

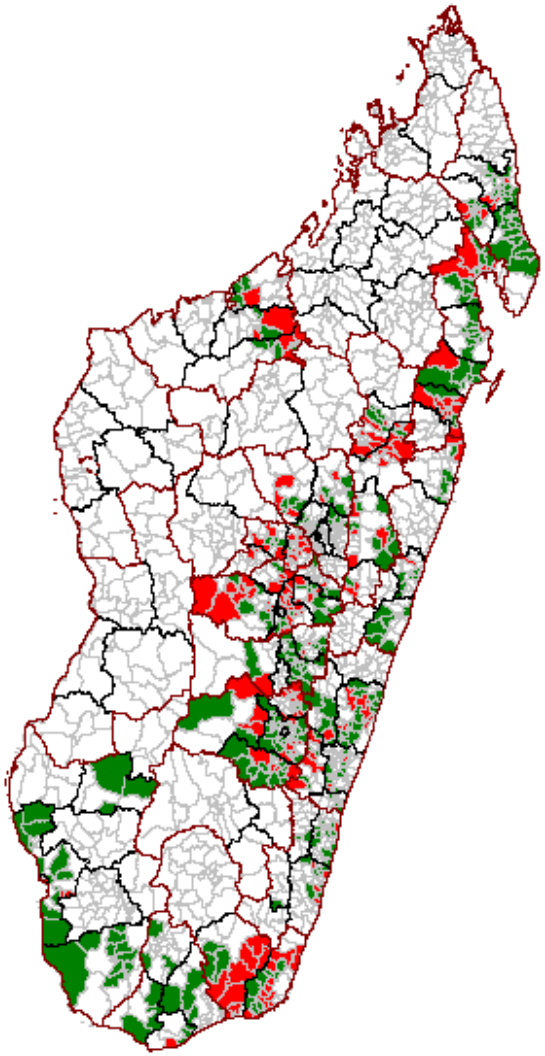
-Yellow zone– 20%

-Green zone– 74%

Average growth monitoring rate in 800 KMS (Child Health CHWs): 34%

Less than 33%

More than 33%



KM Salama mapping
572 KM salama communes according to the contraceptive rate (from 3,922 Mother Health CHWs)

Average 800 KMS : 7%

More than 5%

Less than 5%

CHWs average profile (n = 6896)

	CHW	**Population (More than 15 years)**
MEN	44%	48%
WOMEN	56%	52%
AVERAGE EDUCATION LEVEL (Number of schooling years)	7	3 (rural pop)
ALONE	20%	36% (rural pop)
IN COUPLE	80%	64% (rural pop)
AVERAGE NUMBER OF CHILDREN	5	5 (rural pop)
AVERAGE AGE	40	35
NEW	**28 %**	

Source : USAID/Santénet2 Database, september 2010

Distribution of KM salama communes by implementing Partner and Région

	Grantee	Grants	Région																Total	
			Alaotra Mangoro	Amoron'i Mania	Analamanga	Analanjirofo	Androy	Anosy	Atsimo Andrefana	Atsimo Atsinanana	Atsinanana	Boeny	Haute Matsiatra	Ihorombe	Itasy	Sava	Vakinankaratra	Vatovavy Fitovinany	par lot	par grantee
1	Accès Zon'Olombelona	RFA#3	29																29	29
2	AIM	RFA#1			30										20				50	50
3	ASOS Central 1	RFA#1																19	19	45
4	ASOS Central 2	RFA#2	26																26	
5	ASOS Sud 1	RFA#2						42	4										46	73
6	ASOS Sud 2	RFA#3					27												27	
7	CARE					38					16					46			100	100
8	CRS			17			11			22	15		12				15	33	125	125
9	TBD	RFA#4						8	52					24					84	84
10	MSIS	RFA#4									4						30		34	34
11	Ny Ainga 1	RFA#1								17									17	45
12	Ny Ainga 2	RFA#4																28	28	
13	Ny Tanintsika 1	RFA#1		26															26	46
14	Ny Tanintsika 2	RFA#3											20						20	
15	ODDIT 1	RFA#2				13					18								31	47
16	ODDIT 2	RFA#3									16								16	
17	ODEFI	RFA#4		1									32						33	33
18	PENSER	RFA#3															27		27	27
19	SAGE	RFA#3							25										25	25
20	Salfa	RFA#2								2			13					1	16	16
21	Zetra	RFA#1										18							18	18
23	SN2				3														3	3
	Total		55	44	33	51	38	50	81	41	69	18	77	24	20	46	72	81	800	800