



# USAID | MADAGASCAR

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## USAID/Santénet2 SEMI-ANNUAL REPORT No.4



October 2010–March 2011

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The present report has been submitted to the approval of the United States Agency for International Development (USAID) and was prepared by RTI International.



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October 1, 2010–March 31, 2011

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# Acronyms

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

<b>ONE</b>	obstetrical and neonatal emergency
<b>PLeROC</b>	<i>Plateforme des Leaders Religieux et Organisations Confessionnelles</i>
<b>PMI</b>	President's Malaria Initiative
<b>PSI</b>	Population Services International
<b>RBM</b>	Roll Back Malaria
<b>RDT</b>	rapid diagnostic test
<b>RFA</b>	request for application
<b>RH</b>	reproductive health
<b>SAGE</b>	Support service for the management of environment
<b>SALFA</b>	Health Department with the Malagasy Lutheran Church
<b>SDC</b>	Social Development Committee
<b>SMS</b>	short messaging system
<b>SO</b>	strategic objective
<b>SRH</b>	sexual reproductive health
<b>STI</b>	sexually transmitted infection
<b>ToT</b>	training of trainers
<b>UNFPA</b>	United Nations Population Fund
<b>USAID</b>	U.S. Agency for International Development
<b>USG</b>	U.S. Government
<b>VCT</b>	voluntary counseling and testing
<b>WASH</b>	Water, Sanitation, and Hygiene
<b>WATSAN</b>	water and sanitation

# Executive Summary

This fourth semi-annual report describes Project activities carried out by RTI International and its partners between October 1, 2010, and March 31, 2011.

## Component I: Community Programs

During the first half of Project Year 3, USAID/Santénet2 continued expanding the implementation of innovative community activities including the following:

- In the area of information, education, and communication (IEC)/behavior change communication (BCC), 5 tools were updated to ensure community health worker (CHW) training.
- The Project collaborated with 21 community radio stations to reinforce awareness-raising activities. A total of 2,630 spots were aired in 675 communes.

The Project awarded nine grants to member entities of faith-based organizations (FBOs) to conduct awareness-raising activities. 2,926 places of worship were covered by these entities in 584 communes where 1,139 religious leaders are working. RTI/Santénet2's demand stimulation strategy is built around three pillars, to which FBOs contribute importantly: (1) interpersonal communication (community actors are the vector—CHWs and Social Development Committee [SDC] members), (2) worship places (messages provided by religious leaders during religious ceremonies), and (3) local radio broadcasts. The fixed obligation grant (FOG) program with FBOs is one of three pillars of the demand stimulation strategy designed and implemented by the project. Health prevention and promotion messages conveyed by religious leaders are complementing messages communicated by CHWs and SDC members and local radio broadcasts. Table I summarizes messages communicated by all three vectors and shows those program areas where FBOs and CHWs complement each other.

**Table I.** RTI/Santénet2 information, education, and communication/behavior change communication (IEC/BCC) strategy: messages and communication vectors

Message types/vectors	CHWs/SDC	FBO/PLeROC	Local radio broadcasts
MCH/Nutrition	X	X	X
Child health	X	X	X
HIV	X	X	
FP/RH/ARH	X	X	X
WATSAN/Environment	X	X	X

PLeROC—*Plateforme des Leaders Religieux et Organisations Confessionnelles*

MCH—maternal and child health

FP/RH/ARH—family planning/reproductive health/adolescent reproductive health

WATSAN—water and sanitation

- In the area of health mutuals, the Project has designed a new strategy and new tools to implement mutual health insurance schemes in Semester 2.

## Component 2: Strengthening Health Systems

During this semester, the objective of this component was to strengthen the delivery and availability of high-quality health services at the community level in remote areas.

During the first six months of fiscal year (FY) 2011, all 800 Kaominina Mendrika (KM) salama communes have implemented community mobilization activities. A new approach of social quality was developed. This new social quality approach was implemented in 56 KM salama communes, where 43 field technicians, 42 local supervisors, and 168 Social Development Committee (SDC) members were trained.

During this semester, RTI/Santénet<sup>2</sup> conducted 1,146 Mother Health CHW supervision visits (out of 1,200 planned) and 995 Child Health CHW supervision visits (out of 1,200 planned).

The supervision visits covered 736 KM salama communes, and a total of 4,188 Mother Health CHWs and 4,320 Child Health CHWs were supervised. 863 CHWs in 64 communes did not participate in a supervisory session for the following reasons:

- 52 communes—Project implementation partner Medical Care Development International (MCDI) fell behind on their CHW training schedule. These trainings were completed at the end of the semester; therefore, CHWs from these communes will be eligible for participation in supervisory sessions in the second semester.
- 12 communes—Supervision sessions were not conducted in these KM salama communes in the Androy region due to security concerns.

And additional 808 CHWs did not participate in a supervisory session for a variety of reasons, including conflict between training and supervision schedules (some CHWs were eligible and attended Level 2 training during a time when they would have been supervised), adverse weather conditions that affected supervision schedules in several KM salama communes, and personal reasons.

To monitor the communes' performance, the Project applied the Quality Index for a third round in 748 communes to measure the CHWs' availability and competency level, and to assess the organization of health services and their use.

The Project continues to work with 300 independent trainers to carry out 464 training sessions involving 5,124 CHWs during this semester, including 2,882 Mother Health CHWs and 2,791 Child Health CHWs.

For the community Health Management Information System (c-HMIS), the Extranet and short messaging service (SMS) systems are used by all implementing partners. Overall, the c-HMIS performance is progressing, from 31% during FY 2010 to 44% as of March 2011. The

criterion of completeness improved. From 8% in October 2010 to 30% in March 2011, while the criteria of promptness and reliability stand respectively at 62% and 35%.

The community supply chain has still major challenges. Up to now, 649 supply points are functional out of the 800 identified at the community level. During design of the CHW product supply system, RTI/Santénet2 anticipated the need for complementary systems to be in place, to guard against stock-outs in other systems and to provide beneficiaries with a greater range of product choices. In KM salama communes where the social marketing supply chain was not operating as planned, CHWs obtained product re-supplies from the basic health centers (*centres de santé de base* [CSBs]), and thus were able to continue providing services.

Efforts to improve the functioning of the social marketing supply chain are ongoing. RTI/Santénet2 is working closely with Population Services International (PSI), a project partner, sharing service use data (to be used as proxy for product demand), refining distribution processes (through assessment of community supply points [CSPs] and training), and assisting PSI in using supply chain monitoring tools. Table 2 illustrates the two complementary supply chain channels available to CHWs. Table 3 presents the range of products available through each system, by CHW category and level. Together, these tables show how all product types are available through both channels and actors involved in product distribution.

**Table 2.** KM salama CHW supply chain routes

Level	Generic products	Social marketing products
Central	Salama	PSI
District	PhaGéDis	Supply point at the district level
Commune	PhaGéCom/CSB	Supply point at the commune level
Community	CHW	CHW

**Table 3.** Products available to CHWs (and supply source)

CHW category	Generic products	Social marketing products
Mother Health 1 CHW	Cycle beads, ovrette, condom, spermicide, Lofemenal	Cycle beads, Sûr'Eau, Pilplan
Mother Health 2 CHW	All products of Level 1 + iron/folic acid (IFA), Depo Provera	All products of Level 1 + Confiance, safety box
Child Health 1 CHW	IFA	Sûr'Eau
Child Health 2 CHW	All products of Level 1 + Cotrim, IFA, SRO, zinc,	All products of Level 1 + ViaSUR, ACTipal, rapid diagnostic test (RDT),

	paracétamol	safety box, gloves
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## Component 3: Strategic Results

During this semester, the objective of this component was to ensure community-based service at the community level in remote areas.

### **Mother and child health (MCH) and nutrition**

As of March 31, 2011, the project trained a total of 5,221 Child Health CHWs, who are providing community-based services in nutrition and growth monitoring in remote communities. Of the 712,421 children under five years visited by CHWs during this reporting period, 28,049 of them were affected with severe malnutrition (described as the “red zone”).

### **Reproductive health and family planning (RH/FP)**

A total of 4,945 Level I Maternal Health CHWs are providing basic FP services in remote communities. 4,419 of them are providing injectable contraceptives. Of a total of 75,807 regular users (RUs) in FP, which is an average of 15 RUs per CHW, 6 of them per CHW were served with injectable DPMA (Depo Provera).

### **Malaria control**

USAID/Santénet2 has trained 4,413 Level 2 Child Health CHWs for community case management of malaria, diarrhea, and acute respiratory infections (ARI). These CHWs provided community-based services to 39,594 children under five years with malaria symptoms, 29,649 children under five years with diarrhea symptoms, and 20,944 children under five years with ARI symptoms.

### **Sexually transmitted infections (STIs) and HIV/AIDS**

Fifteen (15) most-at-risk population (MARP) associations in six major towns received a grant to carry out awareness-raising and prevention activities. The MARP associations’ activities resulted in awareness-raising for 5,404 commercial sex workers (CSWs) and men who have sex with men (MSM), distribution of 49,473 condoms, and establishing 29 collaborative agreements with health facilities. The agreements are between health facilities and MARP organizations; these agreements constitute the basis for invitation vouchers provided by MARP organizations and used by MARPs to access health services at CSBs. RTI/Santénet2’s role is twofold: (1) provide tailored technical assistance to build technical capacity among MARP organizations to address the challenge of low utilization of voluntary counseling, testing, and treatment of sexually transmitted infections (STIs) and HIV by MARPs; and (2) through FOGs, build MARP organizations’ institutional capacity to strengthen themselves as more sustainable organizations that will then have a stronger voice in MARP advocacy and strengthen their ability to receive more diverse funding.

### **Water, Sanitation, and Hygiene (WASH)**

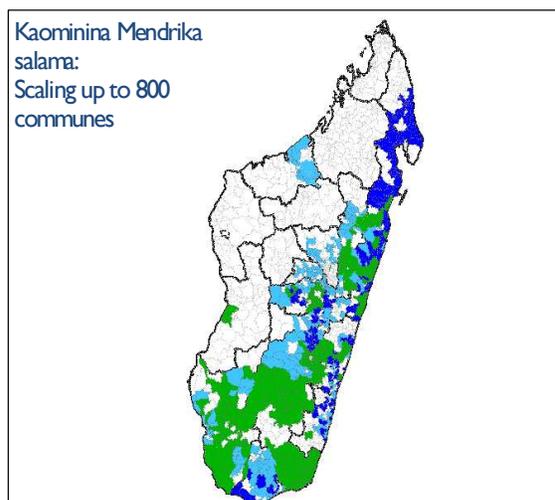
During this half year, USAID/Santénet2 continued to implement activities on community-led total sanitation (CLTS) and management of WASH facilities. 375 SDC members benefited

from capacity building on CLTS, and 198 members were trained in WASH facilities management. KM salama communes built 2,857 latrines. For the new semester, RTI/Santénet2 will be placing greater emphasis on working on water supply and hygiene aspects through water, sanitation, and hygiene (WASH) subcontractors, CHWs, and SDCs.

# Introduction

The 5-year U.S. Agency for International Development (USAID)/Santénet2 program is a major component of USAID'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
- Reduce transmission and impact of HIV/AIDS



USAID/Santénet2 strengthens the community health system and its capacity at the community level. While building on approaches and lessons from previous USAID/Madagascar health sector investments and working alongside the social marketing program and other actors in the health sector, the USAID/Santénet2 program implements activities to expand demand for and use of health services more broadly and deeply into communities. The final goal is to provide quality, pro-poor health services. USAID/Santénet2 targets 800 communes to achieve Kaominina Mendrika salama (KM salama)—or "champion commune"—status.

This fourth semi-annual report describes Project activities carried out by RTI International and its partners between October 1, 2010, and March 31, 2011. The report describes achievement in the following areas:

- Community programs
- Strengthening community health systems
- Strategic results
- Coordination
- Monitoring and evaluation (M&E)
- Communication strategy
- Administration and finance

During Semester I of Year 3, USAID/Santénet2 achieved expected results in scaling up community-based services in all 800 communes and 9,241 *fokontany* (villages), covering 10 million inhabitants.

Currently, 5,221 Project-trained Child Health community health workers (CHWs) and

4,945 Mother Health CHWs are offering proximity services to remote villages located more than a 1-hour walk from the nearest basic health center (*centre de santé de base* [CSB]). During this period, Project-trained CHWs have ensured growth monitoring of 712,421 children under five years of age. Among those children, 155,442 were diagnosed with moderate (18%) or severe (4%) malnutrition. During this semester, USAID/Santénet2-trained CHWs have diagnosed and treated (or referred to a health facility) 20,944 acute respiratory infection (ARI) cases, 29,649 diarrhea cases, and 39,594 malaria cases among children under five years of age. The pilot iron/folic acid (IFA) supplementation activity reached 17,076 pregnant women. These women received IFA supplements on a monthly basis during their pregnancies from Project-trained CHWs. Additionally, 75,807 women of reproductive age in remote *fokontany* received family planning (FP) services from USAID/Santénet2-trained CHWs.

During the reporting period, the Project M&E indicator performances could be classified in four categories:

The first category includes indicators that exceed their target. There are 11 indicators in this category: community-based FP service delivery; community-level skill building (in FP and reproductive health [RH], maternal and newborn health, and HIV/AIDS prevention); essential newborn care at the community level; community-based service delivery related to malaria, ARI, and diarrhea; community-based service delivery related to growth monitoring; and population access to improved sanitation and implementation of water resource development and management plans by communities. The high performance for these indicators during the semester can be explained by the quality of training, systematic post-training supervision, and the quality of field work achieved by implementing partners.

The second category includes indicators that are expected to achieve targets (should the Project keep the current momentum) by the end of the fiscal year. There are 8 indicators in this category related to skill building in child health and nutrition; awareness-raising activities (in the nutrition program and water, sanitation, and hygiene [WASH]); functionality of CHWs and their community-level quality referral as well as community-based service delivery related to malaria control; and performance of the community health information system. Trained CHWs provide community-based information and services that tie into this health information system. We expect to meet and eventually exceed annual targets for these indicators by the end of this fiscal year.

The third category includes indicators that achieved less than half of the annual target. There are three indicators in this category related to skill building in malaria treatment or prevention, referral in immunizations, and social quality.

- Skill building in malaria treatment—Targets for skill building in malaria treatment and prevention were set under the assumption that a contract ceiling increase would permit CHW cross-training. RTI/Santénet2 would eagerly conduct this cross-training should funds become available.

- Social quality—During the reporting period for this report, RTI/Santénet2 was in the process of fine-tuning and testing tools based on lessons learned and adapting them to include health governance and accountability components. These revisions significantly strengthen the tools and their utility to community actors. We are on target to scale up use of these tools in the current semester.

During the first semester, USAID/Santénet2 trained Mother or Child Health CHWs on additional integrated services (promotion of the four prenatal visits, delivery in a monitored setting, newborn care, IFA supplementation for pregnant women, intermittent preventive treatment of malaria for pregnant women, nutrition, and child growth monitoring). These activities will help to achieve these indicators by the end of the fiscal year.

The fourth category includes indicators that have substantially under-performed when compared to their targets. There are 3 indicators in this category related to reference of antenatal care visits, awareness-raising in HIV/AIDS prevention, and community healthcare financing.

- Antenatal care and immunizations—CHWs actually encounter more people for these services than are recorded because they record only those people referred to the CSB for services who are actually confirmed as having attended the CSB. CHWs do not record those referrals that they are not able to confirm as having visited the CSB. There is a data recording limitation, and the solution rests at the CSB system level. To resolve this challenge, the project needs to be able to work directly with the health system to design tools that would provide routine information from the CSB back to the CHW about the outcomes of CHW referrals. However, given the U.S. Government instructions against working directly with the Government of Madagascar, we have not been able to engage with the Ministry of Health to develop this type of tool for use at CSBs.
- Awareness-raising for HIV/AIDS—Under-achievement in this area was principally a consequence of delays in the process for renewing FBO grants. During this delay, FBOs did not submit reports because their activities, although continuing, were not supported by the project. All the missing information will be recorded in the current semester.
- Community healthcare financing—Implementation of our mutuelle strategy was delayed because of the departure of the project staff member chiefly responsible for implementing this activity. A new health financing expert was onboarded in June, and activities have now resumed.

USAID/Santénet2 has drafted a strategy and the tools (Malagasy version) needed for setting up mutual health insurance schemes. The implementation will start in Semester 2.

The next section of this report describes achievements during this semester by technical component. The section after that describes administration and finance during the reporting period, and then progress of M&E indicators (where applicable). The last section before the annexes is the Environmental Monitoring and Mitigation report.

# Performance Review by Technical Component

## Component I: Community Programs

The Community Programs component is aimed at establishing a framework for community participation and at building the capacities of decision-makers at the community level to assess community health needs, plan actions, and monitor the implementation of health interventions. These concepts are at the center of the KM salama approach for participatory community development. USAID/Santénet2 provided technical assistance to implementing partners as part of the effort to increase community commitment. The implementing partners include three sub-contractors (CARE, Catholic Relief Services [CRS], and Medical Care Development International [MCDI]) and 13 sub-grantees (local nongovernmental organizations [NGOs]), which between them implement the KM salama approach in 800 communes in 72 districts of 16 regions in Madagascar.

One of the component's focus areas is to provide CHWs with the various tools and materials (information, education, and communication [IEC] and management tools; equipment; and materials) they need to conduct their community-level health management activities. Concurrently, to ensure coverage with KM salama activities through the CHWs, the Project worked with radio stations to air health messages as a health services demand generation strategy. During Semester I of fiscal year (FY) 2011, 21 community radio stations aired 2,630 spots in a total of 675 communes implementing the KM salama approach. A total of 8,904,121 people are living in the catchment areas where the messages were aired. Demand generation activities are further reinforced with the activities of the platform of religious entities (PLeROC), with nine of its member entities benefiting from grants to carry out awareness-raising in 2,926 places of worship and to train 1,139 new religious leaders. Currently, starting in February 2011, the nine entities had trained 521 religious leaders. The PLeROC entities operate in 584 communes implementing the KM salama approach, thus adding 48 new communes to those they worked in during FY 2010.

RTI/Santénet2 provided technical and financial assistance to FBOs to contribute to an improved health status for communities in KM salama communes.

- Approach—FBOs communicate IEC/BCC messages at churches, temples, mosques, and traditional worship places. Project support for these activities aims to (1) build capacity among religious leaders to communicate on health topics and (2) increase demand for health services in KM salama communes. To support these FBO activities, training guidelines for religious leaders were developed. The project conducted training sessions for religious leaders on IEC/BCC methods and how to monitor and follow up on awareness-raising activities, as well as how to encourage participation of religious leaders in SDCs.

- Content— FBOs deliver the same health messages as other actors in KM salama communes. They are provided with an adapted version of the IEC/BCC materials developed by the project, tailored for the context of each religion and belief system.
- Technical quality monitoring. The essential element of this system is the monthly activity report submitted to the project by each participating FBO. An RTI/Santénet2 program manager verifies completeness, timeliness, and accuracy of data contained in these reports. The RTI/Santénet2 manager meets quarterly with each FBO to review progress, achievements, and challenges, and to define next steps. Each FBO central-level project manager ensures internal supervision and quality monitoring.

USAID/Santénet2 developed a new strategy for the implementation of mutual health insurance schemes and is designing the tools to implement that strategy. These are presented in the component's gap analysis table. The new strategy will be implemented starting in Semester 2. The project intends to initiate mutuelles in 50 KM salama communes, an achievable goal. First, this number is needed to create a critical mass of information and lessons learned to inform rollout to a larger number of communes. Second, this is achievable because these communes will be grouped in four districts and managed at that level. Furthermore, each of the 50 communes selected have declared strong interest and commitment in supporting establishment of a scheme for their community. Indeed, this strategy will strengthen the validity of the lessons we learn from this implementation phase.

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr-Sep 2011)
<b>Strategic Focus I. Implementation of the KM salama approach in 800 communes</b>					
<b>Intervention I. Strengthen community involvement</b>					
<b>Activity 2.1.1.1.1</b> <b>Monitor</b> <b>community</b> <b>commitment</b>	Assess the commitment of the 800 communes	Assess the commitment of the 800 communes	The assessment of the communities' commitment is based on a review of their action plans. The evaluation of 378 communes showed the following results:  - 148 communes improved their CSB installations through constructing safe water systems, latrines, garbage pits, pools, drainage canals, and sanitation systems.  - Communities participated in building 209 health huts to be used by CHWs in 209 fokontany.	Activity on track to achieve annual objective	Monitor community commitment in 413 KM salama communes
	Document community commitment	Document community commitment			Achievements on documentations are reported in communication strategy <b>Annex B</b>

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr-Sep 2011)
<b>Strategic Focus 2. Production of KM salama tools</b>					
<b>Intervention I. Ensure the availability of KM salama tools</b>					
<b>Activity 2.1.2.1.1</b> <b>Produce KM salama tools</b>	Update and distribute 8 tools to implementing partners: <ol style="list-style-type: none"> <li>1. Training curriculum on mutual insurance schemes</li> <li>2. Job aid on mutual health insurance</li> <li>3. Participant’s document on mutual health insurance</li> <li>4. Youth’s guide to using condoms</li> <li>5. Review guide highlighting the Project’s most important programmatic points</li> <li>6. Manual on the different types of latrines</li> <li>7. Manual on the design of slabs</li> <li>8. Self-supply manual</li> </ol>	Update and dispatch 8 tools to implementing partners	The Project designed/ updated 5 tools based on needs identified: <ul style="list-style-type: none"> <li>- Training curriculum for mutual health insurance groups (draft)</li> <li>- Job aid on mutual health insurance (draft)</li> <li>- Participant’s document on mutual health insurance (draft)</li> <li>- Self-supply manual</li> <li>- Community obstetrical and neonatal emergency (c-ONE) referral form</li> </ul>	Achieved The contents of the 3 remaining tools (Youth’s guide to using condoms, manual on the design of slabs, manual on the different types of latrines) are already integrated in the other guides used for training community actors: <ul style="list-style-type: none"> <li>- The adolescent reproductive health (ARH) brochure provides information on the use of condoms for youth.</li> <li>- The CLTS brochure provides information on building latrines.</li> </ul>	No tool will be updated or designed during the second semester.

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr-Sep 2011)
<b>Activity 2.1.2.1.2</b> <i>Dispatch the KM salama tools to the grantees</i>	Ensure that tools are available to the 16 partner NGOs based on the plans received	Make tools available to NGOs that meet the needs under the activities planned	USAID/Santénet2 sent 457 parcels of tools to NGOs that they need for training CHWs in 464 communes. The list and the amount of tools sent to NGOs are provided in <b>Annex A</b> .	Objective achieved All the trainings planned were equipped with adequate tools.	Meet the needs for tools under the activities planned for FY 2011's second semester
<b>Strategic Focus 3. Implementation of a behavior change communication (BCC) strategy involving the faith-based organizations (FBOs) and the media located in the communes implementing the KM salama approach</b>					
<b>Intervention 1. Expand PLeROC's activities to other communes</b>					
<b>Activity 2.1.3.1.1</b> <i>Scale up PLeROC's activities</i>	Assess the performance of member organizations during year 2009–2010	Assess the activities of the 9 PLeROC member organizations	The Project conducted an assessment on the activities completed by the 9 PLeROC member organizations over a period of 9 months in FY 2010: - 500,000 individuals were sensitized (300,000 were planned). - 93% of the activities included in the action plans are completed.  The PLeROC members' results are satisfactory	Objective achieved	Activity completed
	6 entities expand their activities to additional communes (communes that did not receive	6 entities completed 50% of the orientation activities in the additional communes	9 PLeROC member entities benefited from USAID/Santénet2's grant and technical assistance in	Objective achieved $9 - 6 = 3$ Among FY 2010	Continue the orientation of 618 new religious leaders

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr-Sep 2011)
	intervention in FY 2010) See <b>Annex E</b> for a map of PLeROC intervention communes.		IEC/BCC, advocacy, and training for the continuation of activities in 539 communes where PLeROC implemented activities during FY 2010 and the expansion of their activities to 48 additional communes, (giving a total in 587 KM salama communes for FY 2011 to date).  521 religious leaders were trained since February 2011 out of the 1,139 expected for FY 2011, which is 45.7%.	beneficiaries, the Project intends to award grants to 6 entities. Pursuant to a satisfactory assessment of the PLeROC member entities' results, USAID/ Santénet2 decided to continue the collaboration with the same 9 entities as last year.  At the end of Semester I, the PLeROC member entities had completed 2 months of activities.	Monitor activities in the 584 communes
<b>Intervention 2. Use local media in implementing the IEC/BCC strategy</b>					
<b>Activity 2.1.3.2.1</b> <b>Support CHWs'</b> <b>and religious</b> <b>leaders'</b> <b>awareness-raising</b> <b>activities with</b> <b>radio spots</b>	800 KM salama communes covered by the airing of health messages	Cover 800 KM salama communes with radio spots	675 KM salama communes covered with health messages aired	Objective not achieved Achievement at 84% 800 – 675 = 125 KM salama communes not covered  The remaining 125 KM salama communes could not be covered due the lack of radio station proximity in some communes. On the eastern coast of Madagascar	Cover communes that are not yet covered  - Identify new radio stations that can cover the remaining 125 communes - Sign contracts - Prepare the broadcasting program

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr-Sep 2011)
				(Maroantsetra, Mananara Nord), the local radio stations broke down pursuant to a cyclone and cannot broadcast yet. In some areas (Vatomandry, Mahanoro, Antanambao Manampotsy), the existing local radio stations cover only a small number of communes (3 to 5), which makes the cost-to-coverage ratio very high.	
	Collaborate with 19 partner radio stations to broadcast health spots	Collaborate with 19 partner radio stations to broadcast health spots	The Project signed 21 contracts with radios from different coverage zones to reach the communities living in the KM salama communes. See <b>Annex F</b> for the type and number of messages aired. <ul style="list-style-type: none"> <li>- Radio Don Bosco</li> <li>- Radio Diocèsienne du Boina</li> <li>- Radio Ny Antsika (Antalaha)</li> <li>- Radio Feon'i Mania</li> <li>- Radio Pangalane</li> <li>- Akon'ny Tsienimparihy</li> <li>- Radio Mampita</li> <li>- Radio RAKAMA</li> <li>- Radio Cactus</li> <li>- Radio Vorokodohodo</li> </ul>	Objective achieved USAID/Santénet2 had to establish contracts with two radio stations in excess of objectives to ensure better coverage in the intervention communes	Continue airing radio messages in KM salama communes

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr-Sep 2011)
			<ul style="list-style-type: none"> <li>- Radio Kaleta Amboasary</li> <li>- Radio Josvah</li> <li>- Radio Lafa</li> <li>- Radio Mandroso</li> <li>- Akon'anananjirofo</li> <li>- Feon'i Maromaniry</li> <li>- Radio Sakatovo</li> <li>- Radio Tea Longo</li> <li>- Radio Soa Talily</li> <li>- Feon'ny Linta</li> <li>- Radio AVEC</li> </ul>		
	10 new radio spots produced and aired	10 new radio spots produced and aired	No new radio spots produced this semester	Objective not achieved	10 new radio spots will be produced and aired in Semester 2.
	Have 7,600 airings of health spots on local radio stations	Have 3,800 airings of health spots on local radio stations	<p>2,630 airings were done through 21 local radio stations.</p> <p><u>Other result related to the activity:</u></p> <p>“Mystery” listeners who are members of the local DRV (a national partner for Project nutrition actions) monitor the airing of spots on local radio stations. This allows for verifying the invoices submitted by the radio stations. This collaboration started in March 2011.</p>	<p>Objective not achieved</p> <p>Achievement at 69%</p> <p>3,800 – 2,630 = 1,170</p> <p>The difference comes from the fact that not all communes are covered.</p>	Have 4,970 airings of health spots

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr-Sep 2011)
<b>Activity 2</b> <i>Produce radio reports and radio/video programs to back the proximity communication activities conducted by the CHWs</i>	Train 42 local radio stations' staff on the KM salama approach		Activity not initially planned during this semester		Train 42 local radio stations' staff on the KM salama approach
	42 radio programs produced and aired on the KM salama activities		Activity not initially planned during this semester		Produce and air 42 radio programs on the KM salama activities
<b>Strategic Focus 4. Scaling up of community-based funding mechanisms</b>					
<b><i>Intervention 1. Scale up the mutual health insurance schemes in the communes implementing the KM salama approach</i></b>					
<b>Activity 2.1.4.1.1</b> <i>Implement the strategy for scaling up mutual health insurance schemes in 50 communes implementing the KM salama approach</i>	50 mutual health insurance schemes initiating the process of setting up	Develop the new strategies for setting up mutual health insurances and the related tools	The Project developed a draft strategy for setting up mutual health insurance schemes, including a district component for wrapping in district hospital services. The Project also developed the tools needed for setting up the mutual health insurance schemes (Malagasy version) ▪ MANAGEMENT OF MEMBERS - Document of Statutes	Objective achieved	Support the setting up of 50 mutual health insurance schemes following the new strategy

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr-Sep 2011)
			<ul style="list-style-type: none"> <li>- Members scope of work</li> <li>- Collect book of contributions</li> <li>- Members card</li> <li>- Members register</li> <li>- Minute register</li> <li>- Equipment and stock management form</li> <li>▪ FOLLOW UP FORM</li> <li>▪ AWARENESS-RAISING TOOL               <ul style="list-style-type: none"> <li>- Leaflets</li> <li>- Awareness-raising manual</li> </ul> </li> <li>▪ FINANCIAL MANAGEMENT               <ul style="list-style-type: none"> <li>- Cash journal</li> <li>- Bank journal</li> <li>- Budget planning</li> <li>- Budget</li> <li>- Petty cash voucher</li> <li>- Profit and loss account</li> </ul> </li> <li>▪ SERVICES MANAGEMENT               <ul style="list-style-type: none"> <li>- Services register</li> <li>- Member medical check-up notebook</li> <li>- Guarantee letter</li> <li>- Health services certificate</li> </ul> </li> <li>▪ invoicing</li> <li>▪ Trainers Syllabus</li> <li>▪ Participant Document</li> <li>▪ Glossary of common terms:</li> </ul>		

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr-Sep 2011)
			Malagasy-French and French- Malagasy		
	Monitoring plan established	Have a monitoring plan and an implementation plan for the mutual health insurance schemes	Activity not yet initiated	The monitoring will be done after the mutual health insurance schemes are set up	Develop a monitoring plan for the mutual health insurance schemes
	Membership rate above 50%				The membership rate will be assessed after the mutual insurance schemes are set up

## Component 2: Strengthening Community Health Systems

Among its cross-cutting functions, this component ensures the setting up and strengthening of community health systems' performance as applied to health services' quality, training community actors, community health management information systems (HMIS), and the community supply chain system.

Over the past semester, the concept of community mobilization evolved toward social quality. This includes community-identified needs and responses (identified through the Social Development Committees [SDCs]) and also social accountability for SDC members. All 800 KM salama communes have implemented community mobilization activities

CHWs should continue to receive supportive supervision at least each quarter. In fact, CHW support and supervision is being intensified during the process of including other stakeholders in these activities. Essentially, frequency of CHW supervision is shifting to a monthly basis. Per the project strategy from the very beginning of RTI/Santénet2, CHW supervision is now moving to a system that increasingly involves local stakeholders such as CSBs, allowing RTI/Santénet2 to engage its exit strategy. This will entail RTI/Santénet2 reducing its supervision to once each six months in those communes where CHWs are functioning well and are well supported and supervised by CSBs. This allows RTI/Santénet2 to shift more attention to those communes with continuing needs for a higher level of support and supervision. In well-functioning communes, CHWs are expected to continuously receive strong monitoring and support, on a more intensive, monthly basis, through CSBs and KM salama implementing partners.

Also during this semester, to monitor the communes' performance, the Quality Index was applied for a third round, measuring the availability and level of competency of CHWs and assessing the organization of health services and their use in 748 communes. 52 KM salama communes were not included in the targeted communes. They are planned for the second semester.

The Quality Index is a tool that was developed by RTI/Santénet2 for monitoring the results and effects of the investments made in the community-level health service delivery. The communes' qualitative performance is measured by the Quality Index, and the measurements allow for identifying communes that encounter special problems and therefore require closer supervision. The Quality Index is a tool used to measure the communes' performance in three areas: (1) availability of CHWs and their level of skill, (2) the organization of CHW services, and (3) the use of CHW health services.

The results of Quality Index applications were used to provide feedback to implementing partners. Implementing partners in turn focus more attention to communes that score lower on the Quality Index and/or communes that do not show a positive change in their Quality Index score over time.

In Years 1 and 2, USAID/Santénet2 has developed a comprehensive community health management and information system (c-HMIS) to help collect, transmit, analyze, and diffuse timely, complete, and reliable data. A whole range of community-level data collection tools/forms were designed and are

used by CHWs, SDCs, youth leaders, and religious leaders. The information is compiled during monthly KM salama review meetings. KM salama implementing partners play a critical role in transmitting data through two electronic systems (Extranet, the comprehensive Web-based database, and SMS-based fast track data transmission database). The c-HMIS is designed to generate regular, accurate, and complete data on the activities and results under the KM salama approach. During Year 3, the efforts of the Project will aim to consolidate c-HMIS performance. The major objective is to ensure that KM salama implementing partners are in complete compliance with c-HMIS standard operating procedures.

Currently, although an extensive data collection system exists within the KM salama communes, the system exhibits challenges concerning data quality and timeliness, which means its potential as a management tool is not being fully realized. The CHW monthly activity reports are collected regularly by implementing partners. However, the latter have difficulties in entering timely data into the Project database. Given this situation, USAID/Santénet2 continues to support the communes and implementing partners in strengthening their knowledge in using the tools; this support will continue for approximately 6 months. Following that, for a period of 24 months, the Project will provide targeted support to communes and implementing partners to ensure that improvements are made in the collection, transmission, analysis, and use of health data so that verifiable progress is made toward achieving Project objectives. In all these efforts, the emphasis is on ensuring the accuracy (quality) and timeliness of data. USAID/Santénet2 is also working to provide weekly feedback to implementing partners in c-HMIS performance.

An important aspect of the support provided to the implementing partners is adjusting and strengthening their roles and responsibilities vis-à-vis the community actors (i.e., CHWs). During the first semester of FY 2011, significant progress was made in improving accuracy and timeliness of data reporting. The Project will work over the second semester of FY 2011 to ensure an appropriate articulation and complementarities of roles and responsibilities between implementing partners and CHWs in reporting program data.

Related to improving the efficiency of the KM salama c-HMIS in terms of the quality and timeliness of data, while ensuring this data is more widely used for management purposes, there is also a need to strengthen the monitoring provided by implementing partners and local supervisors. Currently, CHWs are required each month to complete and submit monthly activity reports to the CSB. The implementing partner field technician collects each CHW's monthly activity report and verifies accuracy of the information. USAID/Santénet2 recognizes the importance of this streamlining and harmonizing work, and continues to support the effort. As part of this effort, the Project provides regular feedback (weekly, monthly, and quarterly) to implementing partners with respect to accuracy, completeness, and timeliness of c-HMIS reporting.

The improvement in the community supply point purchase order (green receipt form) collection pipeline allows the supply point manager to monitor the functioning of CSPs, with 649 CSPs out of 800 identifying their managers and 385 invoices/delivery slips collected. Unfortunately, the social marketing program is failing to collect and transmit the purchase orders to USAID/Santénet2 in a timely manner.

For some products (such as RDTs, ACTs, and PillPan), the quantity available in the social marketing supply chain is not sufficient to meet the needs of the population served. Moreover, for products that are in the supply chain, the distribution system is failing to get the products to where they are needed in a timely and regular fashion.

Impacts have fortunately been mitigated by directing the CHWs to the alternate public-sector supply chain system to fill product needs resulting from instances where the social marketing system is not able to meet their needs.

RTI/Santénet2 is working with PSI, a project partner, sharing service use data (to be used as proxy for product demand), refining distribution processes (through assessment of CSPs and training), and assisting PSI in using supply chain monitoring tools.

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr-Sep 2011)
<b>Strategic Focus 1. Strengthening of social quality and technical quality in the communes implementing the KM salama approach</b>					
<b><i>Intervention 1. Strengthen the communities' commitment to respond to health needs</i></b>					
<b>Activity 2.2.1.1.1 Train 2 members in each KM salama SDC to facilitate the quality improvement process</b>	1,000 SDC members trained on community satisfaction	500 SDC members trained on community satisfaction	168 SDC members trained on community satisfaction	Objective not achieved Achievement at 30%  The gap is due to a strategic shift which consisted in integrating the community in the assessment of the quality of services as part of promoting local governance and gender. This new approach was introduced in 56 KM salama communes.  During FY 2010, all the SDC members in the 800 KM salama communes were trained on the techniques to facilitate the quality improvement process. Their training focused on analyzing community satisfaction this year.	Train 832 SDC members on community satisfaction
<b>Activity 2.1.1.1.2 Support technicians from implementing partner organizations in promoting social quality as part of</b>	204 technicians from implementing partner organizations trained on social quality promotion	102 technicians from implementing partner organizations trained on social quality promotion	43 technicians trained on the new approach for social quality promotion  Other result related to the activity: 42 local supervisors oriented.	Objective not achieved Achievement at 42%: Only the technicians in the 56 KMs where the new approach is implemented were trained. (It should be noted that during FY 2010, all the NGOs' technicians were trained on social quality)	Train 161 technicians from implementing partner organizations on social quality promotion

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr-Sep 2011)
<i>implementing the KM salama approach</i>					
	One community action plan per KM salama commune, including quality improvement activities	400 action plans incorporate activities for improving the quality of services	387 action plans incorporate activities for improving the quality of services	Objective not achieved (gap 8%) Achievement at 92% Previously the SDCs had been trained on participatory planning; the SDCs were mobilized this semester on incorporating socio-organizational activities in the action plans. The activities included in the action plans focus on sanitation.	Support 413 KMs communes to develop action plan and to conduct quality improvement activities
<b>Intervention 2. Promote quality assurance in healthcare services provision</b>					
<b>Activity 2.2.1.2.1 Use the “Quality Index” tool</b>	02 applications of the Quality Index completed	1 application of the Quality Index completed in 800 KM salama	1 application of the Quality Index completed in 748 KM salama	Objective not achieved (gap 6%) Achievement at 94% The Quality Index was not be used in the 52 KMs in which the data required are not yet available	Finalize the first application in the remaining 52 KMs Conduct the second application in the 800 KMs
	Report on the communes’ level of performance	800 reports on the communes’ level of performance available	748 reports on the communes’ level of performance available	Objective not achieved (gap 6%) Explanation as for the indicator above	Objective as for the indicator above
<b>Activity 2.2.1.2.2 Establish a quality assurance system for the monitoring</b>	2,400 supervisions performed	1,200 supervisions performed	375 supervisions performed	Objective not achieved (gap 69%) Achievement at 31% 825 supervision visits were	Pursuant to the strategic shift, supervision will be done every 6

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr-Sep 2011)
<i>and supervision of CHWs</i>				postponed pursuant to a strategic shift which consisted of involving local supervisors	months, with 800 supervisions done.
<b>Strategic focus 2. Standardization and decentralization of the Project's trainings</b>					
<b><i>Intervention 1. Maintain standardized trainings</i></b>					
<b>Activity 2.2.2.1.1 Maintain a pool of high-performing trainers</b>	300 qualified trainers trained (to train CHWs)	300 qualified trainers contribute to the training of community actors	300 trainers facilitated 464 training sessions during the semester to train CHWs Other result related to the activity: 2 training-of-trainer sessions for 20 c-IMCI trainers and 17 DMPA trainers	Objective achieved	The 300 trainers will conduct the training planned in the second semester
	20 coordination meetings for trainers and NGO technicians held	10 coordination meetings for trainers and technicians held	13 coordination meetings held. Training coordination meetings are a quality assurance best practice used by RTI/Santénet2. The meetings permit quality assessment and planning for upcoming trainings.	Objective exceeded (gap +30%) 3 additional coordination meetings during the semester In Toamasina, the trainers were distributed in 4 meetings.	No coordination meetings planned for the second semester because we have completed most of the training sessions.
	600 training sessions held by qualified trainers	300 training sessions held	279 training sessions held	Objective not achieved (gap 7%) Achievement at 93%	321 training sessions to be conducted

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr-Sep 2011)
				The 21 missing training sessions were not planned for by the NGOs.	The training sessions will depend on trainings planned for in the NGOs' quarterly work plans (QWPs) (Quarters 3 and 4).
	160 supervisions of trainers and supervisors	80 supervisions of trainers and supervisors conducted	The Project has assessed the quality of 263 of the 279 sessions conducted. In a more participatory way than simple site visits, a tripartite mechanism was used, each component of which was used to cross-validate the findings of the other two components. The three sources of information were (1) training reports prepared by the training session director, (2) trainer self assessments, and (3) implementing partner training reports.	Objective achieved	

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr-Sep 2011)
<b>Strategic Focus 3. Building a culture of data for decision-making</b>					
<b>Intervention 1. Ensure data collection under the CHMIS and the use of data for monitoring the Project</b>					
<b>Activity 2.2.3.1.1 Strengthen the system for regularly collecting quality data under the C-HMIS</b>	Data needed by the Project available	Data needed by the Project available	Data needed by the Project available on a monthly basis  <u>Other results related to the activity:</u> <ul style="list-style-type: none"> <li>• Grantee NGOs routinely submit weekly status report through SMS since 12/14/2010</li> <li>• c-HMIS performance at 44%</li> </ul>	Objective achieved because data are available  Activity fully completed for this period	Data needed by the Project available
<b>Intervention 2. Ensure Project-level monitoring</b>					
<b>Activity 2.2.3.1.2 : Prepare the routine M&amp;E reports</b>	Data on the PMP indicators updated	Data on the PMP indicators updated for the first semester of the FY	The information on the PMP indicators is updated.	Activity completed for this period	Update PMP data for the annual report
<b>Strategic Focus 4. Community supply system for health commodities</b>					
<b>Intervention 1. Monitor the functionality of CSPs</b>					
<b>Activity 2.2.4.1.1 : Strengthen the community supply mechanism</b>	Develop a job aid for the actors of the supply system	Job aid developed	First draft available  The draft was shared with technicians at the central level (PSI and USAID/Santénet2) for feedback	Waiting for feedback from the technicians	Finalize the job aid and make it available to the actors of the supply system

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr-Sep 2011)
	Collect management tools, namely the CSPs' invoices/delivery slips at the social marketing supply chain system	800 invoices/delivery slips collected from CSPs every quarter	385 invoices/delivery slips collected from CSPs	Objective not achieved (gap 48%) Achievement at 52% 415 invoices/delivery slips remaining This is due of to the lack of understanding of the invoice collection pipeline among CSP/DSP managers.	1,215 invoices/delivery slips collected from CSPs every quarter
<b>Intervention 2. Assess the effectiveness of the community-based service delivery system</b>					
<b>Activity 2.2.4.2.1 :</b> <b>Conduct a survey on the performance of the communes implementing the KM salama approach</b>	Conduct a study based on a representative sample of communes implementing the approach  Use the study's findings to finalize the system for establishing the approach	A review of reports available completed	The study is planned under Semester 2		Conduct a study based on a representative sample of communes implementing the approach  Use the study's findings to finalize the system for establishing the approach

## Component 3: Achieving Strategic Result

The activities carried out under this component during Semester I were aimed at ensuring coverage of the intervention communes with integrated services at the community level in five areas—maternal and child health (MCH)/nutrition; RH/FP; sexually transmitted infections (STI)/HIV/AIDS control; malaria control; and WASH— through the work of CHWs, partnerships, youth leader training, grants, and work with SDC members.

Integrated services for MCH are now available in the 800 KM salama communes.

- 5,221 Child Health CHWs are offering community-based services in nutrition and growth monitoring. 4,413 of them are managing cases of ARI, diarrhea, and malaria. (Child Health Level 2 CHWs are trained for this.) For malaria management, it has become the standard to use rapid diagnostic tests (RDTs) for confirming uncomplicated malaria cases. To this end, the Project designed a training curriculum and a job aid and tools which refer to malaria management. During this period, 1,088 CHWs were trained on RDT use. In addition, 3,181 Child Health Level 2 CHWs of 346 KM salama communes were also updated on the use of artemisinin-based combination therapy (ACT) combo, the new presentation of ACTs at the community level.

In parallel, 4,945 Mother Health CHWs are providing FP methods, including pills, condoms, the lactating and amenorrhea method (LAM), and cycle beads. 4,419 Mother Health CHWs are providing injectable contraceptives.

- 5,100 Mother and Child Health CHWs monitor pregnant women's health to ensure low-risk motherhood. Services provided to pregnant women include early detection of pregnancy, follow-up of antenatal care effectiveness, referral to health centers, and orientation to a health center for delivery. A unique health booklet for mother and child, developed by the Ministry of Health and adapted by USAID/Santénet2, is a tool for CHW awareness-raising activities and a tool to monitor pregnant women's and children's health.

In addition, all the CHWs were equipped with the unique health booklets for mother and child. A total of 350,000 health booklets were distributed to CHWs in all 800 KM salama communes. Only pregnant women are provided a copy of this booklet, which is designed to be used as a tool for IEC and tracking services provided to the infant after birth. For FY11, an estimated 400,000 booklets will be needed to meet the needs in KM salama communes.

- Since the beginning of the Project, 4,320 Child Health CHWs (83% of all Child Health CHWs) and 4,188 Mother Health CHWs (85% of the total) were supervised during this reporting period. The results of CHW screening and activities are as follows:

- Of the 1,547,837 children under five visited by a CHW during this reporting period (which is an average of 296 children per CHW), 68,034 were affected with severe malnutrition (described as the “red zone”), which is an average of 13 children in the red zone per CHW. (1,547,837 is the number of children visited during the semester, not the total number of individual children served.)
- For community-based integrated management of childhood illnesses (c-IMCI) activities, each CHW managed 12 simple cases of ARI, 14 diarrhea cases, and 22 malaria cases, with 2 RDTs used per CHW.
- Mother Health CHWs served a total of 75,807 regular users (RUs) in FP, which is an average of 15 RUs per CHW, and an average of 6 of the 15 were served with injectable DPMA (Depro Provera).
- CHWs monitored a total of 30,814 pregnant women, an average of 6 per CHW.

An operations research on mobilizing communities to respond to obstetrical emergencies was completed and showed that it is feasible to establish a community-based health evacuation system. An increase in referrals of complicated cases from the community level to CSBs was observed, along with improved use of health services for safer motherhood. The study also highlighted potential future focuses for interventions, namely building CHWs’ capacity to sensitize communities on danger signs in pregnant women and newborns and strengthening the SDCs’ ability to apply the social quality approach to obstetric and neonatal emergency (ONE). The dissemination meeting will happen in July 2011, and USAID will be invited.

The Project held thematic and programmatic meetings to coordinate services implementation at the community level for RH/FP, MCH, and c-IMCI.

The Project also engaged in partnerships to expand its reach, namely with (1) UNICEF to distribute IFA to pregnant women through CHWs in 88 KM salama communes and to distribute multi-micronutrients for pregnant women through CHWs in nineteen 19 KM salama communes in three districts; (2) Marie Stopes Madagascar for the referral of long-term permanent contraceptive measures (LTPM) users; and (3) Action Socio-sanitaire Organisation Secours/Projet Multisectoriel pour la Prévention du Sida 2 (ASOS/PMPS2) for a Project to work with the key population most exposed to risks of HIV infection.

As part of the component’s activities in STI/HIV prevention, the following occurred:

- Youth leaders were provided with capacity building and leadership in adolescent reproductive health (ARH). Since the beginning of Project, we have trained 1,051 youth leaders in 599 KM salama communes.
- Among the 1,051 young leaders trained in 599 KM salama communes, 156 young leaders of 12 communes were trained on the ARH program under the partnership with the project ASOS/PMPS2. As a result, 42,205 young people were reached through awareness-raising activities on STI/HIV and prevention. 53,521 condoms

were distributed to young people. Also as a result, 1,727 young people were screened with an HIV test in those 12 KM salama communes.

- Fifteen (15) MARPs associations in six major towns received a grant to carry out sensitization and prevention activities. This allowed for sensitizing 5,404 commercial sex workers (CSWs) and men who have sex with men (MSM), distributing 49,473 condoms, and establishing 29 collaborative agreements with health facilities (regarding non-discrimination in their dealings with these groups as patients). In addition, 60 guided tours in health facilities for CSWs and MSM were conducted as part of the grants program, leading 1,385 CSWs and MSM to seek healthcare and 1,304 to seek HIV screening.

For WASH, the activities focused on community-led total sanitation (CLTS) and on the management of WASH facilities and works.

- 375 SDC members benefited from capacity-building on CLTS to enable them to scale up the approach.
- KM salama communes have built 2,857 latrines, used by 56,000 people.
- Two partners, FIKRIFAMA and APMM, trained 198 SDC members in 138 KM salama communes on the management of WASH facilities and works.
- Ninety (90) technical committees (called structures) in charge of WASH have a development plan for this sector.

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr–Sep 2011)
<b>Strategic Focus I. Improvement of MCH-Nutrition</b>					
<b>Intervention I. Coordinate and communicate on MCH/nutrition community-based activities with the other development partners</b>					
<b>Activity 2. 3.1.1.1</b> <i>Take part in coordination forums grouping technical and financial partners working in the area of MCH-Nutrition</i>		2 meetings held	3 meetings held: - 1 exchange and coordination meeting with the task force on nutrition, infant and young child feeding, and maternal nutrition and with partners working on nutrition. During the meetings, USAID/ Santénet2 shared its achievements in 2010 and its annual work plan (AWP) for 2011. - 1 exchange and coordination meeting with partners from the different departments at the Ministry of Public Health; the mid-term achievements of USAID/Santénet2 were presented. - 1 exchange and coordination meeting with the regional directorate of public health in Boeny, with the District Health Service (DHS) of Marovoay and the DHS of Mahajanga 2; the mid-term achievements of USAID/Santénet2 and the draft findings of the c-ONE study were presented.	Objective achieved	Organize one coordination meeting with partners at the different levels to monitor activities

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr–Sep 2011)
<b>Intervention 2. Scale up quality community-based services in the area of MCH-Nutrition</b>					
<b>Activity 2.3.1.2.1</b> <b>Complete the operations research on the topic of community mobilization for obstetric and neonatal emergencies (ONE)</b>	Study report available	Study report available	Study report available The study is complete and the report is available, with all the recommendations and best practices.	Objective achieved The challenge is to monitor the supervision of the integration of c-ONE activities into KM salama communes	Activity completed Share all recommendations and best practices for scaling up
	One dissemination meeting held	Dissemination meeting held	The meeting to disseminate the study findings was not held. The report is being validated by partners.	Objective not achieved Partners not available due to the meetings to prepare the Mother CHW, among other reasons. The partners wish to hold the dissemination meeting on April 18–25, 2011	One dissemination meeting held The dissemination of the operations research study will be done in the last week of July 2011.
	CHWs' curriculum, job aids, and management tools updated	CHWs' curriculum, job aids, and management tools updated	The Project updated CHWs' curriculum, integrating c-ONE; this is available and used for training.	Objective achieved	Activity completed

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr–Sep 2011)
<b>Activity 2.3.1.2.2 (11) Provide integrated, community-based services in the area of MCH</b>	1,000 CHWs in charge of maternal or child health trained on integrated services (promotion of the 4 prenatal visits, delivery in a monitored setting, newborn care, IFA supplementation for pregnant women, intermittent preventive treatment of malaria for pregnant women, nutrition, child growth promotion)	500 CHWs in charge of maternal or child health trained on integrated services related to taking charge of pregnant women/newborn care	The Project trained 3,790 CHWs and equipped them with tools.  For the supply of integrated services through CHWs, USAID/Santénet2 partnered with UNICEF for a mass distribution of multi-micronutrients for pregnant or lactating women in 19 communes in 3 DHS of the region of Analamanga from February to April 2011. AIM was KM salama's partner NGO involved in this activity.	Annual objective exceeded The Project trained 2,790 CHWs in excess of the objective, thanks to a change in strategy consisting of taking advantage of any opportunity to train and update CHWs on the integrated package; an expansion of the Mother and Child Health community-based services package to include IFA supplementation and community-based IPT promotion and referral; and awareness-raising and community mobilization in obstetrics and neonatal complications.	Activity completed
	400 CHWs in charge of maternal or child health supervised	200 CHWs in charge of maternal or child health supervised	942 CHWs benefited from integrated supervision.	Objective exceeded 942 Mother and Child Health CHWs were supervised during this period, including CHWs trained to take charge of pregnant women care.	Activity completed

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr–Sep 2011)
<b>Strategic Focus 2. Scaling up the community-based services in the areas of RH/FP, ARH, and Safe Motherhood</b>					
<b><i>Intervention 1. Strengthen contraceptive security at community level</i></b>					
<b>Activity 2.3-2.1.1 Train Level 2 Mother Health CHWs</b>	2,700 CHWs in charge of maternal health trained on Depocom in 260 KM salama communes	1,350 CHWs trained in Depocom in 130 KM salama communes	1,449 Mother Health CHWs trained in 207 KM salama communes	Objective exceeded (gap 7%) The Project trained 99 Mother Health CHWs above the target objective. These additional Mother Health CHWs were trained to ensure full coverage of the <i>fokontanys</i> located at more than 5km from health facilities.	Train 212 Level 2 Mother Health CHWs to ensure full coverage of communes
<b><i>Intervention 2. Coordinate and communicate on RH/FP community-based activities with development partners</i></b>					
<b>Activity 2.3-2.2.1 Share achievements and challenges of community-based RH/FP services implemented under the KM salama approach with national-level technical coordination meeting</b>	1 national coordination meeting held	1 national coordination meeting held	The national coordination meeting was held at Hotel Carlton, on December 13–15, 2010	Objective achieved	Activity completed

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr–Sep 2011)
<b>Activity 2.3-2.2.2. Promote the supply of LTPM services in the KM salama communes</b>	A training plan for KM salama communes for the year produced	Training for Mother Health CHWs in KM salama communes available to be used for training coordination	The training was available for the two semesters.  CHWs referred 660 RUs expressing the need for LTPM.	Objective achieved	Activity completed
<b>Intervention 3. Scale up the young leader approaches to promote ARH</b>					
<b>Activity 2.3-2.3.1 Train and support young leaders to provide young adults in KM salama communes with gender- sensitive and gender- appropriate RH/FP and ARH services</b>	300 youth leaders trained (and 3,000 young people sensitized)	300 youth leaders trained	402 youth leaders trained	Annual objective exceeded  The annual objective is 300 youth leaders trained. We have trained 402, including 156 youth leaders trained by ASOS/ PMPS2. The needs as identified by the communes were more than planned.	Activity completed
<b>Strategic Focus 3. Scaling up the community-based malaria prevention and control services</b>					
<b>Intervention 1. Support the regular coordination meeting of the RBM partnership</b>					
<b>Activity 2.3.3.1.1 Take part in technical coordination forums on malaria prevention and control</b>	12 regular meetings held	6 regular meetings held	6 regular meetings held	Objective achieved  Meetings were held pursuant to the different harmonization and decisions to be made for more efficiency	Take part in the next 6 regular meetings

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr–Sep 2011)
	Annual activity report disseminated		Not applicable to this semester	The report will be disseminated to Roll Back Malaria (RBM) partners in October 2011, the activities being coordinated in partnership with the national level.	Project's annual activity report disseminated
<b>Activity 2.3.3.1.2</b> <i>Coordinate implementation of c-IMCI activities with development partners</i>	4 meetings held	2 meetings held	9 meetings held	Objective exceeded 7 meetings were held in excess of the objective: they were organized as part of harmonizing the intervention zones of each implementing entity, and mapping as well as harmonization of the various tools used (training materials, management tools).	Activity completed Given the scale of the activity at the national level (implementation of National Strategy Applications), potential participation in coordination meetings
<b>Activity 2.3.3.1.3</b> <i>Support the extension of fever surveillance sentinel sites</i>	12 L'Epi Veille bulletins (monthly bulletins of information from surveillance networks) edited and received	6 L'Epi Veille bulletins edited and received	6 L'Epi Veille bulletins edited and received	Objective achieved	6 L'Epi Veille bulletins edited
<b>Activity 2.3.3.1.4</b> <i>Provide resources to IPM (Pasteur Institute of Madagascar) to</i>	1 new contract signed	1 new contract signed Initiation of activities Beginning of the study	Contract not signed	Source not eligible for funding	

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr–Sep 2011)
<i>monitor impact of community case management services</i>					
<b>Activity 2.3.3.1.5</b> <i>Conduct a survey to assess the use of rapid diagnostic tests (RDTs) at the community level</i>	Protocol developed	Protocol developed	Draft protocol available	Objective achieved	Finalize the survey protocol Finalize data collection tools Validate table of activities Recruit and train surveyors Conduct the survey
	Survey results available and disseminated		Not applicable: the survey has not yet been conducted.		Dissemination of results in FY 2012
<b>Activity 2.3.3.1.6</b> <i>Ensure that fokontany have CHWs ensuring community case management of malaria</i>	2,298 CHWs trained in 383 KM salama communes 2,298 CHWs equipped with start-up kits	1,149 CHWs trained in 191 KM salama communes 1,149 CHW equipped with start-up kits	1,157 CHWs trained in 191 KM salama communes 1,157 CHW equipped with start-up kits	Objective exceeded by 8 CHWs The catch-up effort and the fact that the activities are at their full pace now accounts for this high achievement. (8 CHWs in excess of the target are equipped with start-up kits.)	1,345 CHWs to be trained in 88 KM salama 1,345 CHWs to be equipped with start-up kits

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr–Sep 2011)
<b>Intervention 2. Scale up the strategy to strengthen intermittent preventive treatment (IPT) adherence coupled with community-based IFA</b>					
<b>Activity 2.3.3.2.1</b> <i>Scale up the promotion of IFA and IPT by CHWs in the communes implementing the KM salama approach</i>	2,500 CHWs updated	1,250 CHWs updated	3,790 CHWs updated	Annual objective exceeded 1,290 CHWs were updated. This high result comes from collaboration with UNICEF and maximum use of opportunities pursuant to the reorientation provided to implementing entities' technical managers.	Activity achieved
<b>Activity 2.3.3.2.2</b> <i>Conduct an assessment of the effectiveness, sustainability, and quality of services provided by CHWs in the KM salama communes</i>	Assessment completed	Assessment protocols available: 1) Survey on the use of RDTs 2) Survey on the effectiveness of CHWs	Assessment protocol developed: sampling available for the survey on the use of RDTs		Conduct the survey on the use of RDTs  Conduct the assessment of the CHWs' effectiveness
<b>Other activities</b>			The Project participated in a preparatory workshop on impact evaluation as regards malaria control under the President's Malaria Initiative (PMI) funding.  The Project participated in a workshop to prepare the plan		

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr–Sep 2011)
			<p>for strengthening malaria control M&amp;E.</p> <p>The Project participated in a workshop for preparing the assessment of the national malaria program, organized by World Health Organization (WHO).</p> <p>The Project participated in 5 coordination meetings (with managers of fever sentinel sites [health facility and district level]), grantees, the Ministry of Public Health, PMI, National Malaria Control Program, and PSI.</p> <p>USAID/Santénet2 contributed to the development of a plan to strengthen malaria control M&amp;E.</p> <p>The Project provided technical support to two other components on topics to be developed.</p> <p>The Project held potential partnership meetings (Land' O Lakes, Sanofi Aventis, MCDI).</p>		

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr–Sep 2011)
<b>Strategic Focus 4. STI/HIV/AIDS</b>					
<b>Intervention I. Promote STI/HIV/AIDS prevention activities among MARPs</b>					
<b>Activity 2.3-4.1.1 Strengthen the capacities of MARPs’ associations to implement STI/HIV/AIDS prevention activities</b>	Expanding the collaboration with 20 MARP associations	Collaboration with 13 MARP associations	15 mini-grants were signed.	The 15 contracts were signed in the first week of February 2011 for 15 MARP associations.	Strengthen capacities of 5 MARPs associations
	500 animators trained	24 animators trained	24 animators from 2 new associations are trained on communication	Objective achieved	476 animators to be trained
	60 trainings held	Training completed for the 2 new associations	Training completed for the 2 new associations	Objective achieved Training completed for the 2 new associations in Antsirabe (PLAJEVAK and FIVEMIA) The peer educators of 13 other associations have been operational since FY 2010, and it is planned to build their skills starting in May.	58 training to be conducted for peer educators of the 13 associations as organized by the associations themselves

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr–Sep 2011)
	10,000 IEC tools distributed	2,500 IEC tools distributed	The Project distributed 2,000 CSW brochures and 600 MSM brochures.	Objective achieved	7,400 tools distributed
	20,000 individuals sensitized	5,000 individuals sensitized	The Project sensitized 5,404 CSWs and MSMs on STI/HIV/AIDS prevention and on fighting stigma.	Objective exceeded (gap 8%)	14,596 CSWs and MSMs sensitized
			<p>The Project distributed 49,473 male condoms and 0 female condoms.</p> <p>The Project conducted 60 guided tours of health facilities.</p> <p>1,385 CSWs sought services in the health facilities, including 1,304 who went through HIV screening.</p> <p>382 MSMs had a physical exam, including 350 who went through HIV screening.</p>	<p>The semester objectives for condom distribution and for CSWs and MSMs using health services were not quantified.</p> <p>According to associations, there is a stock-out of female condoms.</p>	

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr–Sep 2011)
<b>Intervention 2. Promote a gender approach in STI/HIV/AIDS prevention activities in the communes implementing the KM salama approach</b>					
<b>Activity 2.3-4.2.1 Facilitate participatory discussions on gender and sexuality among SDC members and among youth</b>	1,600 facilitators among DRV members in 800 KM salama communes are trained on leading participatory discussions on gender and sexuality	800 facilitators of group talks are trained	The Project trained 0 facilitators.	Objective not achieved During FY 2010, 94 trainers in 94 communes were trained. The proposed strategy consists of equipping support technicians with tools to conduct training.	1,600 DRV facilitators trained/equipped with tools
	At least 800 participatory discussions held	400 group talk sessions held	104 group talk sessions held (31 sessions among SDC members and 73 during KM salama meetings)	Objective not achieved The data were collected from 57 reports out of 85 ( a completeness rate of 67%) available from DRV	696 participatory discussions held
<b>WATER—SANITATION—HYGIENE (WASH)</b>					
<b>Strategic Focus 5. Establish the WASH strategy in the communes implementing the KM salama approach</b>					
<b>Intervention 1. Promote collective changes in behaviors related to sanitation and use of latrines</b>					
<b>Activity 2.3-5.1.1 Scale up the CLTS approach in remaining 100 communes implementing the KM salama approach</b>	Build the capacities of at least 750 SDC members to act as CLTS facilitators	375 SDC members trained	613 SDC members trained	Objective exceeded $613 - 375 = 238$ members trained in excess of the objective set for Semester 1. Grantees prioritized CLTS activities in their plans for Quarter 1.	137 SDC members to be trained during Semester 2

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr–Sep 2011)
	1,750 latrines built	875 latrines built	2,875 latrines built during the semester. Not all latrines constructed meet the joint monitoring plan (JMP) definition of an improved latrine (washable, solid, stable, without flies and odor) because most are constructed using local materials, though all latrines are helping communities achieve open-air defecation free status.	Objective exceeded $2,875 - 1,750 = 1,107$ latrines built in excess of the annual objectives set. The annual objective has been exceeded because the initiation in the field was highly effective and community members quickly developed ownership of the CLTS approach.	Activity completed Have the SDC members continue the monitoring of achievements in other communes/villages already initiated in CLTS
	10,000 individuals using latrines	5,000 individuals using latrines	56,000 individuals use latrines after the initiation in the communes and villages.	Objective exceeded $56,000 - 10,000 = 36,000$ individuals in excess of the annual objective	Activity completed Have the SDC members continue the monitoring of achievements in other communes/ <i>fokontany</i> /villages already initiated in CLTS
<b>Intervention 2. Promote access to WASH infrastructures</b>					
<b>Activity 2.3-5.2.1</b> <b>Scale up the training of community members in the management of their WASH infrastructures</b>	Empower the members of the structures in charge of WASH to act as managers of infrastructures: 400 individuals trained on infrastructure management	200 individuals trained on infrastructure management	The subcontractors under RFP#2 trained 198 individuals on infrastructure management	Objective not achieved (gap 1%) $200 - 198 = 2$ individuals not trained against the objective for the semester	202 individuals trained in Semester 2

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr–Sep 2011)
	150 structures having a development plan	75 structures having a development plan for WASH	90 structures have a development plan for WASH.	Objective exceeded 90 – 75 = 15 structures in charge of WASH in excess of the objective for the semester prepared their WASH development plan.	Follow up with the preparation of the development plan for WASH for the 60 remaining structures
	1,000 individuals monitored after their training on WASH resources management	500 individuals monitored after their training on WASH resources management	108 individuals monitored after their training on WASH resources management	Objective not achieved 500 – 108 = 382 individuals not monitored The monitoring phase is done after the training of all the “structures” in charge of WASH. Therefore, most of the monitoring activities will be done during Semester 2.	Monitor the 892 individuals trained to identify needs for continuing support in implementing their WASH plans. The ultimate outcome is improved and timely implementation of their WASH plans. This also results in better information on results achieved.
	200 infrastructures operational to ensure the population’s access to WASH	100 infrastructures operational to ensure the population’s access to WASH	Monitoring of activities has not yet been initiated.	Objective not achieved The assessment of the activities conducted by the communities is done during the monitoring by sub-contractors. This phase will be initiated during Semester 2. The Project designed a	Make 200 infrastructures operational to ensure the population’s access to WASH. Monitor community initiative pertaining to the construction

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr–Sep 2011)
				capacity-building monitoring tool to collect information on past and existing WASH infrastructure investment, rehabilitation, and maintenance efforts. It is essentially a tool to assess available WASH infrastructure and their functionality.	and/or rehabilitation of infrastructures designed for ensuring the population's access to WASH
	100,000 individuals having access to safe water or public latrines or waste management systems	50,000 individuals having access to safe water or public latrines or waste management systems	Monitoring of activities has not yet been initiated. The data collecting process is ongoing, and we do not anticipate a challenge in completing collection of this information. Information is collected by WASH subcontractors and KM salama implementing partners.	Objective not achieved The assessment of the activities conducted by the communities is done during the monitoring by sub-contractors. This phase will be initiated during Semester 2.	100,000 individuals having access to safe water or public latrines or waste management systems. Information regarding access to safe water and latrines will be presented in the annual report.
<b>Activity 2.3-5.2.2</b> <b>Work in coordination with other partners in infrastructures management and infrastructure-building management to</b>	100 “structures” in charge of WASH having development plans	50 “structures” in charge of WASH having development plans for water	90 “structures” have their development plan for WASH	90 – 50 = 40 The objective was exceeded because the RFP#2 contractors conducted more activities than planned.	10 “structures” in charge of WASH having development plans Monitor the activities of the 90 “structures” that already have a development plan.

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr–Sep 2011)
<i>provide support to the communes in improving their infrastructures</i>					WASH subcontractors conduct the monitoring and follow-up visits and report them to the project WASH Manager.
	100,000 individuals having access to safe water or public latrines or waste management systems		(see Activity 2.3-5.2.1)		
<b>Activity 2.3-5.2.3</b> <i>Work in coordination with other partners to train the communities on building or maintaining low-cost wells.</i>	Make operational 200 small WASH infrastructures by building the capacities of structures in charge of WASH	100 small WASH infrastructures operational	(see Activity 2.3-5.2.1)		
<b>Intervention 3. Promote behavior change at the individual and household levels</b>					
<b>Activity 2.3.5.3.1</b> <i>Establish WASH-friendly CHWs in 800 KM salama communes</i>	Qualify 2,400 CHWs as WASH-friendly	1,200 WASH-friendly CHWs established	The Project trained 4,413 Level 2 CHWs on WASH activities. The Project developed a draft of tools for qualifying CHWs.	The qualification of CHWs as WASH-friendly is planned for Semester 2	Qualify 2,400 CHWs as WASH-friendly
	50,000 individuals reached understand WASH activities	25,000 individuals reached understand WASH activities	260,414 people sensitized on and understand WASH activities	Annual objective exceeded The goal is to reach as	Activity completed Monitor sensitization

Strategic Focus/ Intervention/ Activity	Annual Objectives	Semi-annual Objectives	Semi-annual Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual half-year results)	Goals for Second Half of FY 2011 (Apr–Sep 2011)
				many individuals as possible with WASH messages.	activities done by CHWs
	50,000 individuals with access to water or practicing hand washing with soap or using latrines according to WASH standards	25,000 individuals having access to latrines	56,000 individuals using latrines	Objective exceeded The draft of the tools to be used for this activity were completed, but the activity itself was not implemented due to the handing over between the new WASH manager and the former one.	Activity completed Continue monitoring the number of people using latrines and practicing hand washing in other communes/ <i>fokontany</i> /villages introduced to CLTS

# Coordination

USAID/Santénet2 is working with 16 KM salama implementing partners through 21 grant agreements or subcontracts. The implementing partners are providing technical assistance to 800 KM salama communes. A set of standard activities are implemented and standard tasks accomplished by implementing partners. The Project is striving to ensure standard quality of services provided to communities and complete compliance with USAID/Santénet2 procedures and guidelines. To assess implementing partners' performance and identify gaps, USAID/Santénet2 has refined the partners performance assessment tool developed first in August 2010. The update was conducted in February. The tool was used to measure implementing partners' performance for the October 1–December 31, 2010, and January–March 2011 periods. The updated performance evaluation tool is conducted within the cadre of activities 2.4.1.3.1 and 2.4.2.1.1. These activities have been achieved; the tool will be administered for Quarters 3 and 4 of the FY 2011 work plan period.

One major activity of the Coordination Component Team (composed of regional staff and a Regional Operations Manager) during Semester I of FY 2010 was to hold a semester review, December 13–15, 2010. This meeting was prepared with the members of the consortium to conduct an assessment of achievements, to identify the new challenges in regards to strengthening NGOs, and to build on the Project's achievement to date while ensuring quality and working towards sustainability.

**Table I.** Distribution of grant agreements and subcontract, by NGO

	NGO	RFA 1	RAF 2	RFA 3	RFA 4	Sub-Contract
1	CARE					X
2	CRS					X
3	MCDI					X
4	Zetra	X				
5	AIM	X				
6	Ny Tanintsika	X		X		
7	AINGA	X			X	
8	ASOS Central	X	X			
9	ODDIT		X	X		
10	ASOS Sud		X	X		
11	SALFA		X			
12	PENSER			X		
13	SAGE			X		
14	Accès Zon'Olombelona			X		
15	ODEFI				X	
16	MSIS				X	

Coordination/ Intervention/ Activity	Annual Objective	Half-year Objectives	Half-year Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual semester results)	Objective for Semester 2 (Apr–Sep 2011)
<b>Strategic Focus1. Strengthening the result-based management system</b>					
<b>Intervention 1. Strengthen the harmonization of the planning process (AWP, QWP, etc.) at implementing level</b>					
<b>Activity 2.4-1.1.1 Validate the AWP and the quarterly work plans (QWPs) of the implementing partners</b>	17 AWPs received and validated according to the procedures established	17 AWPs received and validated according to the procedures established	21 AWPs received and validated according to the procedures established The number of AWPs received and validated was increased to 21 because there are 5 lots in RFA#1; 4 in RFA#2; 6 in RFA#3; 4 in RFA#4; and CARE and CRS.	There is no gap. 21 AWPs were submitted, one for each grant agreement or subcontract. The initial target of 17 AWPs was erroneous. Please see Table 1 for distribution of grant agreements and subcontracts by NGO.	21 AWPs for FY 2012 received and validated according to procedures established
	17 x 4 QWPs received and validated according to procedures established	17 x 2 QWPs received and validated according to procedures established	21 x 2 QWPs received and validated according to the procedures established The number of QWPs received and validated was increased to 21 because there are 5 lots in RFA#1; 4 in RFA#2; 6 in RFA#3; 4 in RFA#4; and CARE and CRS.	5 x 2 QWPs above the target because AINGA, ASOS central, ASOS south, Ny Tanintsika, and ODDIT all have 2 lots in different RFAs.	21 x 2 QWPs received and validated according to procedures established
<b>Activity 2.4-1.1.2 Communicate the validated AWP and QWPs to the implementing partners to allow them to develop the dashboards they will use for monitoring at their levels</b>	17 x 4 QWPs handed to the NGOs and regional offices	17 x 2 QWPs handed to the NGOs and regional offices	21 x 24 QWPs handed to the NGOs and regional offices The number of QWPs received and validated was increased to 21 because there are 5 lots in RFA#1; 4 in RFA#2; 6 in RFA#3; 4 in RFA#4; and CARE and CRS.	No gap	21 x 2 QWPs handed to the NGOs and regional offices

Coordination/ Intervention/ Activity	Annual Objective	Half-year Objectives	Half-year Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual semester results)	Objective for Semester 2 (Apr–Sep 2011)
	17 dashboards prepared	17 dashboards prepared	21 dashboards prepared  The number of dashboards was increased to 21 because there are 5 lots in RFA#1; 4 in RFA#2; 6 in RFA#3; 4 in RFA#4; and CARE and CRS.	No gap	Dashboards prepared during Semester 1 monitored for completeness in Semester 2
<b>Intervention 2. Strengthen the monitoring of planned activities' implementation</b>					
<b>Activity 2.4-1.2.1 Monitor activities according to the validated plans</b>	NGOs' weekly activity reports received and analyzed in terms of promptness, completeness, and reliability at USAID/Santénet2's central and regional offices	572 weekly activity reports received and analyzed in terms of promptness, completeness, and reliability at USAID/Santénet2's central and regional offices	USAID/Santénet2's central and regional offices received 507 weekly activity reports and analyzed them in terms of promptness, completeness, and reliability.	572 – 507 = gap of 65  40 reports are not available because some NGOs were on leave in late December 2010 and January 2011 and did not have any activity.  NGOs were not able to submit 25 reports.	572 weekly activity reports
	Monthly coordination meeting reports available	121 monthly coordination meeting reports available	75 monthly coordination meeting reports available	121 – 75 = gap of 46  46 coordination meetings were not held for some NGOs for the following reasons:  <u>October 2010:</u> Santénet2 held its retreat in Mahajanga.  <u>December 2010:</u> the semester review was held in Tana. The review	122 coordination reports expected

Coordination/ Intervention/ Activity	Annual Objective	Half-year Objectives	Half-year Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual semester results)	Objective for Semester 2 (Apr–Sep 2011)
				workshop meeting was a substitute for the coordination meeting planned for December 2010.  <u>January 2011</u> : Most NGOs were on annual leave.	
	Data sent by NGOs available in the SMS database	Data sent by NGOs available in the SMS database	Data sent by NGOs available in the SMS database at a completeness rate of 35%	Gap in reporting. All NGOs are working to address this major challenge.	Increase the completeness rate to 90%
	Data sent by NGOs available on the Extranet	Data sent by NGOs available on the Extranet	Data sent by NGOs available on the Extranet at a completeness rate of 20%	Gap in reporting. All NGOs are working to address this major challenge.	Increase the completeness rate to 90%  There is a need to closely monitor the NGOs.
<b>Activity 2.4-1.2.2</b> <b>Weekly update of each implementing partner dashboard</b>	Monthly updates of the implementing partners' summary tables of plans and achievements	6 monthly updates of the implementing partners' summary tables of plans and achievements	Each NGO submitted weekly achievement reports. We have consolidated reports by month for all NGOs for the entire semester.	The consolidated monthly achievements are produced on the basis of information provided by the weekly achievement reports sent by each NGO.	6 monthly updates of the implementing partners' summary tables of plans and achievements

Coordination/ Intervention/ Activity	Annual Objective	Half-year Objectives	Half-year Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual semester results)	Objective for Semester 2 (Apr–Sep 2011)
<b>Intervention 3. Conduct a quarterly analysis of gaps against the Project's AWP</b>					
<b>Activity 2.4-1.3.1</b> <i>Conduct a session to analyze gaps in the implementation by each implementing partner on a quarterly basis</i>	4 gap analysis reports available	2 gap analysis reports available	0 gap analysis reports are available.	Objective achieved Update of NGO evaluation tool was produced and administered to all 16 implementing partners for both quarters of FY 2011's first semester.	NGO performance evaluation conducted for Quarter 3 and Quarter 4
<b>Activity 2.4-1.3.2</b> <i>Prepare the QWPs, taking into account the gaps identified</i>	4 QWPs prepared, based on the analysis done	2 QWPs prepared, based on the analysis done	2 QWPs prepared, based on the analysis done	No gap The catch-up plans are integrated in the NGOs' QWPs.	2 QWPs prepared based on the analysis done
<b>Strategic Focus 2. Monitoring the performance of implementing partners in implementing their KM salama grant agreements</b>					
<b>Intervention 1. Ensure the timeliness, the completeness, and the reliability of deliverables expected from the implementing partners</b>					
<b>Activity 2.4-2.1.1</b> <i>Maintain permanent contact with the implementing partners through dynamic tools to ensure rapid action and problem solving</i>	One wrap-up form including the NGOs' strengths and weaknesses in implementation will be forwarded to the NGOs on a monthly basis	One wrap-up form including the NGOs' strengths and weaknesses in implementation will be forwarded to the NGOs on a monthly basis	The Project shared one evaluation per NGO, summarizing monthly achievements and other information, with the NGOs during monthly coordination meetings.	Objective achieved Update of NGO evaluation tool produced and administered to all 16 implementing partners for both quarters of the FY 2011 first semester.	NGO performance evaluation conducted for Quarter 3 and Quarter 4

Coordination/ Intervention/ Activity	Annual Objective	Half-year Objectives	Half-year Achievements: Sep 2010–Mar 2011	Gap Analysis (expected vs. actual semester results)	Objective for Semester 2 (Apr–Sep 2011)
<b>Strategic Focus 3. Strengthen and expand strategic partnerships</b>					
<b><i>Intervention 1. Organize workshops or sessions for review, orientation, coordination, and dissemination of the KM salama achievements, best practices, and lessons learned</i></b>					
<b>Activity 2.4-3.1.1</b> <i>Hold retreat for USAID/Santénet2's team</i>	Retreat reports available	Retreat reports available	Retreat reports available	No gap The retreat for USAID/Santénet2's team was held in Mahajanga, October 4–7, 2010.	Activity completed
<b>Activity 2.4-3.1.2</b> <i>Hold a program's strategic review meeting in each region</i>	Workshop reports available	Workshop reports available	Coordination meeting reports	No gap	Coordination reports available
<b>Activity 2.4-3.1.3</b> <i>Hold two semester review workshops at the national level</i>	Workshop report available	1 workshop report available	1 workshop report is available.	No gap The workshop was held at Hotel Panorama, December 13–15, 2010.	Hold one semester review report for the national level
<b><i>Intervention 2. Strengthen the collaboration links with existing strategic partners and identify new partners to strengthen the KM salama approach</i></b>					
<b>Activity 2.4-3.2.1</b> <i>Strengthen collaboration with USAID/Madagascar's partners</i>	Reports from the decision-making meetings available		Participation in MCHIP Planning activity Participation in USAID/RIG FP Audit	No gap	

<b>Coordination/ Intervention/ Activity</b>	<b>Annual Objective</b>	<b>Half-year Objectives</b>	<b>Half-year Achievements: Sep 2010–Mar 2011</b>	<b>Gap Analysis (expected vs. actual semester results)</b>	<b>Objective for Semester 2 (Apr–Sep 2011)</b>
<i>Activity 2.4-3.2.2 Develop a partnership with private operators and strategic partners</i>	Collaboration agreements signed with partners	3 collaboration agreements signed with partners	3 collaboration agreements prepared with partners with partners (Tough Stuff, UNICEF, Marie Stopes International)	All agreements will be signed in Semester 2.	Agreement signed

# Administration and Finance

## Personnel

A summary of the following changes took place in personnel/staffing during this period:

- The IEC/BCC Materials manager left and was replaced by a more effective position design titled “Demand Generation Manager.”
- The WASH Manager left for a COP role on a new project, and his duties have been assumed by the Institutional Capacity Building Manager.
- The Community Health Financing Specialist position became open due to the departure of the incumbent and will be filled.
- The Senior Technical Director position became open due to the departure of the incumbent. The position may be restructured depending on the most efficient design for the remainder of the contract. RTI/Santénet2 has reviewed project needs and upgraded the Senior Technical Director position to a Deputy COP. We are currently in the process of recruitment. Recruitment will be completed and onboarding will be in process in July 2011. The COP is ensuring roles and responsibilities in the interim.
- The Program Specialist position became open due to the departure of the incumbent. The supervision of the 3 Program Assistants has shifted to the Director of F&A.
- Two janitors were hired in regional offices.

<b>Hiring of new staff</b>			
Date	Name	Title	Location
Feb 7, 2011	Mialy Noroarisanjy	Demand Generation Manager	Antananarivo
Feb 10, 2011	Onisoa Rakotomavo	Janitor	Ft Dauphin
Feb 10, 2011	Brigitte Rahantanirina	Janitor	Fianarantsoa

<b>Departure of staff</b>			
Date	Name	Title	Location
Nov 3, 2010	Malalotiana Andriamahefa	IEC/BCC Manager	Antananarivo
Nov 15, 2010	Rivo Noelson	WASH Manager	Antananarivo
Dec 31, 2010	Tianamalala Rabarihoela	Community Health Financing	Antananarivo
Dec 31, 2010	Sahondra Rafamatanantsoa	Program Specialist	Antananarivo
Feb 18, 2011	Solomon Razafindratandra	Technical Director	Antananarivo

## **Financial and cost control**

Costs invoiced for the 6-month period ending March 31, 2011, totaled approximately \$4.2 million, and cumulative life-of-contract costs-to-date with accruals are approximately \$17 million.

## **Procurement**

The most significant procurements during the semi-annual period related to enabling grantees to implement and report more effectively were as follows:

- 34 new motorcycles and spare kits were delivered to grantees in December. In addition to the motorcycles, recommended policies and procedures for safe use and examples of logbooks were provided.
- 18 new desktop computers were delivered to grantees to support timely technical and financial reporting.

In terms of other procurements (non-grantee related), vehicle spare parts were imported at substantial savings relative to local costs. This allows routine maintenance to be done at garages other than the Materauto dealership. Materauto does not honor the value-added tax (VAT) exemption; therefore, any repair work performed requires VAT payment.

Procuring IEC materials and outfitting CHWs with necessary supplies is ongoing.

The RTI Santénet2 Property Officer conducts monthly “cycle inventories” of equipment to maintain accuracy of the RTI headquarter-based property inventory database.

## **Grant awards**

Two fixed obligation type small grants program awards were made to the following groups:

- MARPs
- PLeROC (religious groups)

### **Santénet2 MARPs and PLeROC grants awarded— January 2011**

**MARPs start date: February 1, 2011; end date:  
30 September 30, 2011; duration: 8 months**

## **Finance and administration technical assistance and capacity building of grantees**

Grantees receive ongoing feedback and recommendations via the monthly review of their financial reports and quarterly review of budgets related to updated work plans.

In addition, grantees have received the following targeted technical assistance:

- Increased budget monitoring capability by assistance to input of the FY 2011 monthly budgets into the CIEL accounting software. This allows for analysis of monthly and cumulative budget versus actual reporting. Analysis of variances leads to improved planning and correction of accounting errors.
- December partners meeting: presentation and question and answer session regarding annual external audits with presentations by USAID/Santénet2 staff and the external audit firm Ernst & Young.
- December partners meeting: planning for elaboration and/or improvements in grantees' written Policies and Procedures/Operations manuals.
- December partners meeting: improving accuracy and completeness of budgets and financial planning.

### **External audits of grantees—strengthening grantee capacity through the adoption of organization-wide annual external audits**

Grantees have been encouraged to consider annual good quality external audits as an important part of an annual “check-up” on organizational health. The overall goal is not only to support compliance but also to increase awareness of best practices related to optimum operations on the financial side of their business. A particular emphasis has been placed on the external auditor-issued “Management Letter,” which contains valuable feedback on opportunities for strengthening financial management and compliance.

In 2010, the grantees NY Tanintsika and PENSER received either full audits or limited reviews of their 2009 activities, with a focus on strengthening the financial, compliance, and reporting aspects of their operations.

In 2011, all grantees will receive external audits of their 2010 activities by Ernst & Young. Where possible, the audits have been structured to be organization-wide so that a full review will result in the most complete audit report with greatest impact in terms of potential organizational strengthening.

The audit reports and recommendations may be referred to and mined for purposes of improved policies and procedures and capacity building. USAID/Santénet2 will provide technical assistance to grantees who want to elaborate higher quality policies and procedures manuals.

# Monitoring and Evaluation—FY 2011

N°	Indicator	Baseline	Achievements 2010	Objective 2011	Achievements Semester I in FY11 (Oct 2010–Mar 2011)	Observations and Gap Analysis
<b>INDICATORS OVER ACHIEVED</b>						
2	Number of regular users (RU) of modern contraceptive methods (RU of CHWs)	NA	50,063	72,000	75,807	Annual objective exceeded
11	Number of newborns receiving essential newborn care	0	160,984	164,000	224,089	Annual objective exceeded Achievement at 137%
13	Number of people trained in maternal and newborn health	0	4,469	4,800	5,100	Achievement at 106% Change in strategy consisting of taking advantage of all opportunities to train and update CHWs on the integrated package
18	Number of people in target areas with access to improved sanitation	0	7,733	24,000	56,000	Achievement at 233% The population has developed awareness as regards the use of latrines pursuant to the initiation of CLTS. The data reported concern the use of latrines, whether improved or not.

N°	Indicator	Baseline	Achievements 2010	Objective 2011	Achievements Semester I in FY11 (Oct 2010–Mar 2011)	Observations and Gap Analysis
19	Number of water resource development and management plans implemented	0	40	72	90	Achievement at 125% 18 structures in excess of the number planned were developed and implemented their water resource development plan.
21	Number of people trained on the promotion of STI/HIV/AIDs prevention through behaviors other than abstinence, be faithful, condoms (A, B, and C)	0	7,188	7,500	13,304 Young leaders: 1,051 CHWs: 10,166 PLEROc: 2,087	Achievement at 177% Additional CHWs were trained to ensure full coverage of <i>fokontanys</i> located at more than 5km from health facilities.
22	Number of Local organizations provided with technical assistance to build their capacity to implement health programs	0	37	37	39	Achievement at 105% 2 new MARPs Associations
6	Number of diarrhea cases among children under 5 treated by CHWs	2,763	32,579	38,000	29,649	Semester objective exceeded Achievement at 78%
8	Number of pneumonia cases among children under 6 treated with antibiotics by CHWs	0	35,128	39,000	29,944	Semester objective exceeded Achievement at 77%
9	Number of children monitored or referred to CSBs by CHWs for malnutrition	NA	222,688	975,000	712,421	Semester objective exceeded Achievement at 73%
4	Number of people trained in family planning/reproductive health (RH/FP)	0	8,084	8,084	8,084 CHWs: 4,945 ARH: 1,051 PLEROc: 2,087	Annual objective exceeded Achievement at 102% (gap 2%) The number of young leaders trained exceeded the objective
<b>INDICATORS EXPECTED TO ACHIEVE TARGET</b>						
12	Number of people trained in child health and nutrition	NA	5,434	5,434	5,221	Achievement at 96%

<b>N°</b>	<b>Indicator</b>	<b>Baseline</b>	<b>Achievements 2010</b>	<b>Objective 2011</b>	<b>Achievements Semester I in FY11 (Oct 2010–Mar 2011)</b>	<b>Observations and Gap Analysis</b>
<b>14</b>	Number of children reached by nutrition programs	NA	240,000	450,000	436,463	Achievement at 97%
<b>17</b>	Number of people reached by WASH programs	23,842	537,270	724,000	599,903	Achievement at 83%

N°	Indicator	Baseline	Achievements 2010	Objective 2011	Achievements Semester I in FY11 (Oct 2010–Mar 2011)	Observations and Gap Analysis
23	Number of communes with functional SDCs	0	791	800	800	All 800 SDCs continued to identify and meet community needs and implement community response.
24	Number of functional (trained, equipped, and supervised) CHWs	NA	7,500	10,000	8,759	Achievement at 88%
27	Number of service providers implementing quality improvement approaches	NA	3,077	10,000	8,579	Achievement at 88%
15	Number of children under 5 years of age with fever who received treatment with ACT within 24 hours from onset of fever	0	56,516	58,098	39,594	Achievement at 68%
25	Performance of the c-HMIS	NA	54%	70%	44%	<p>Achievement at 63%</p> <p>The c-HMIS' performance was 31% in FY 2010. The target for FY 2011 is 70%. The achievement for this semester is 44%. There is a gap of 26 that were to be achieved in semester 2 of FY 2011. In FY 2011's first semester, we progressed by 13 points compared to FY 2010. The reasons for this performance are:</p> <p>i. Lower reliability of data: an analysis of data reliability showed a decrease in FY 2011's first semester, from 55% in March 2010 to 35 in February 2011 (one year on). Analysis of supervision</p>

N°	Indicator	Baseline	Achievements 2010	Objective 2011	Achievements Semester I in FY11 (Oct 2010–Mar 2011)	Observations and Gap Analysis
						<p>data showed a problem for filling management tools by the CHW</p> <ul style="list-style-type: none"> <li>ii. Completeness has increased, from 8% in FY 2010 to 30% in March 2011.</li> <li>iii. Promptness is at 62%. This indicator increased by 2 points compared to FY 2010</li> </ul> <ul style="list-style-type: none"> <li>• The remaining 26 points are to be achieved in Semester 2 by: <ul style="list-style-type: none"> <li>i. Intensifying reminders and initiatives on forwarding data through EXTRANET and SMS.</li> <li>ii. Improving the supervision skills of support technicians and local supervisors to increase the CHWs knowledge and check the quality of data.</li> </ul> </li> </ul>
<b>INDICATORS THAT ACHIEVED LESS THAN HALF OF ANNUAL TARGET</b>						
5	Number of children less than 12 months of age who received DPT3 (Referred by CHWs)	0	20,937	22,000	8,709	<p>Achievement to March 31, 2011, at 40%</p> <p>Reporting on referral activities is a problem for CHWs:</p> <ul style="list-style-type: none"> <li>- They do not record their referrals in their registers.</li> <li>- They do not fill out their referral forms.</li> </ul>

N°	Indicator	Baseline	Achievements 2010	Objective 2011	Achievements Semester I in FY11 (Oct 2010–Mar 2011)	Observations and Gap Analysis
16	Number of people trained in malaria treatment or prevention	NA	10,610	10,610	4,413	Achievement at 42%
26	Number of communes in the Project's intervention zone having an SDC that has identified, planned, and implemented actions to improve quality in a participatory way	NA	744	800	387	Achievement at 48%
<b>INDICATORS THAT HAVE SUBSTANTIALLY UNDER-ACHIEVED</b>						
7	Number of antenatal visits performed by CHWs (cases referred by CHWs)	NA	56,003	60,000	6,885	Achievement to March 31, 2011, at 11% Reporting referral activities is a problem for CHWs: - They do not record their referrals in their registers. - They do not fill their referral forms.
10	Number of people covered by health financing arrangements	225,000	52,340	400,000	0	New implementation strategy being developed
20	Number of people reached with community sensitization on the promotion of STI/HIV/AIDs prevention through behaviors other than A, B and C	219,878	584,849	666,500	133,674 CHWs: 126,770 ARH: 1,500 MARPs: 5,404	Achievement at 20% Signature of the contract for the extension of the PLeROC member entities' contract in February 2011
<b>INDICATORS NOT REPORTED FOR THIS REPORTING PERIOD</b>						
1	Couple years of protection (CYP)	10,000	58,600	65,000	Non applicable	
3	Number of service providers reporting stock-outs of Depo Provera	NA	400	1,000	Non applicable	Survey to be conducted in Semester 2

# Environmental Mitigation and Monitoring Report— SARI—FY 2011

Activity	Mitigation Measures	Monitoring Indicators	Monitoring and Reporting Frequency	Party(ies) Responsible	Results October 2010– March 2011
<p><b>Management and disposal of hazardous medical waste related to immunization, vaccines, and administering of DMPA (syringes/sharps, gloves, drug vials, bottles, gauzes, sachets) and RDT (sharps, gloves, sachets)</b></p>	<p>Management of medical waste will be implemented based on the Madagascar National Medical Waste Management Policy and USAID’s Environmental Guidelines for Small-Scale Activities in Africa, Chapters 8 and 15.</p>	<p>During Year 3 of USAID/Santénet2, 2,500 Level 2 CHWs in charge of maternal health and 1,000 Level 2 CHWs in charge of child health will be trained respectively in community-based DMPA and CIMCI.</p>	<p>The monthly review and supervision reports will provide the information for assessing the effectiveness of mitigation measures.</p>	<p>USAID/Santénet2 and its implementing partners</p>	<p>-1,449 Level 2 Maternal Health CHWs trained on community-based service delivery of DMPA. (Level 2 Mother Health CHWs receive two sharp boxes each, per the national policy, while Level 2 Child Health CHWs receive one sharp box each. CHWs are instructed to bring their boxes to the CSB when they are two-thirds full and to seek an empty sharp box from either the CSB or the CSP.</p> <p>-1,157 Level 2 Child Health CHWs were trained on community-based IMCI focusing on the use of RDTs and waste management</p>
	<p>CHWs will be trained and equipped to ensure proper management of waste and safety of injections. The training will cover risk evaluation, safety of injections, and medical waste management and will raise awareness among CHWs. Each CHW will receive two sharp boxes at</p>		<p>The Project’s semester and annual reports will address the issue of mitigation measures set up.</p> <p>The implementing partners organize monthly reviews in each commune to monitor the</p>		<p>The Project distributed 2,828 safety boxes to Mother Health CHWs (DMPA).</p> <p>The Project distributed 1,519 safety boxes to Child Health CHWs (c-IMCI).</p>

Activity	Mitigation Measures	Monitoring Indicators	Monitoring and Reporting Frequency	Party(ies) Responsible	Results October 2010– March 2011
	the end of the training as well as clear instructions on the disposal and resupply of sharp boxes.		practices and achievements of community actors. The community agents trained by the Project benefit from regular supervision (for instance, to assess their practices against standards and practices promoted during the training).		
	CHWs will follow the procedures included in the “Reference Manual for Immunization Program Managers on the Injection Safety Issues and Waste Disposal,” especially regarding the use of sharp boxes.	1,600 supervision visits will be conducted in the communes to assess CHWs’ compliance with environmental standards in the disposal of equipment and materials related to community-based provision of DMPA (syringes, needles, gloves, drug vials, bottles, gauze, plastic pockets). In addition, it will be checked whether CSBs comply with procedures for the disposal of waste, especially sharp boxes.			During this first semester, 375 supervisions were conducted to supervise 568 CHWs trained in community-based DPMA and IMCI on how to get rid of DMPA tools (syringes, drug vials, needles, gloves, gauze, bottles, sachets),

# Annex A: List and amounts of tools sent to NGOs

Category	Tool	Amount sent
SDC	SDC training guide	32
SDC	SDC fact sheet	119
CLTS	FTTF brochure	86
CLTS	Support technician's FTTF monitoring	85
CLTS	FTTF monitoring	5,152
CLTS	Facilitation of cleaning	48
CLTS	Results of the initiation of CLTS	57
DEPOCOM	DEPOCOM trainers' booklet (mother)	65
DEPOCOM	Community-level supervisor's guide	24
DEPOCOM	CHWs' document	2,320
DEPOCOM	Drugs to be injected for FP	2,267
DEPOCOM	Diary	98
DEPOCOM	FP individual form	2,362
DEPOCOM	MANOME	4,058
DEPOCOM	DEPOCOM checklist	2,275
DEPOCOM	Data collection form for CHWs	2,215
DEPOCOM	Calendar	2,158
DEPOCOM	Training assessment format	4,202
DEPOCOM	Practical training validation form	2,215
DEPOCOM	DEPOCOM Job aid	1,938
DEPOCOM	Pre/post-test form	4,294
WASH	Invitation card	2,372
Equipment	Alcohol	2,171
Equipment	Cotton swabs	2,977
Equipment	Towel (big size)	413
Equipment	Nail brush	3,320
Equipment	Back pack	14
Equipment	Apron	585
Equipment	Raincoat	17
Equipment	Winnowing basket with FP methods	584
Equipment	Navy blue cap	1,981
Equipment	Honeycomb weave towel	285
Equipment	Soap	4,292
Equipment	Basin	1,647
Equipment	Beaker 250ml	1,886

Category	Tool	Amount sent
Equipment	Beaker 1l	5,732
Equipment	Teaspoon	1,600
Equipment	Spoon	1,755
Equipment	Pail 12 l	1,680
Equipment	Upper arm measuring tape	3,454
Equipment	Scale	488
Equipment	Back pack (FHI)	102
Equipment	Raincoat (FHI)	87
Equipment	Safety box	149
Infrastructure management	Guide	50
Infrastructure management	Training curriculum	35
Infrastructure management	Malagasy version of the Code of Water	45
Infrastructure management	Folder with dividing pages	4
Infrastructure management	Water and sanitation (laws and regulations)	14
MARPS	SWs' brochure	8,710
MARPS	MSM' brochure	4,400
Nutrition	Booklet of CHWs in charge of child health	564
Nutrition	Child training curriculum	31
Nutrition	Table of signs observed	639
Nutrition	Pre/post-test forms	1,144
Nutrition	Multi Micro Nutriment pills	3,595
Management tool	Sensitization register	842
Management tool	Referral form	2,023
Management tool	Supply register	868
Management tool	Monthly report form	3,216
Management tool	Individual CHWs form	1,094
Management tool	Mothers' register	1,249
Management tool	Children's register	818
Management tool	Performance monitoring form	60
Management tool	Invoice/ deliver slips	24
Management tool	Purchase order (CSP)	24
Management tool	CSP stock card	10
C-IMCI	Participant's guide	2,135
C-IMCI	C-IMCI training of trainers' program	57
C-IMCI	Pre-report form	2,025
C-IMCI	Pneumonia management technical form	2,140
C-IMCI	Pre/post-test form	4,358

Category	Tool	Amount sent
C-IMCI	Trainee CHW's Individual monitoring form	712
C-IMCI	Case management form	153,196
C-IMCI	Referral form	4
C-IMCI	Guide for grouped monitoring of CHWs	735
C-IMCI	RDT use curriculum	2,092
C-IMCI	RDT job aid	1,599
PLEROC	PLeROC's brochure	1,366
RH/FP	Guide on general health for CHWs in charge of maternal health	603
RH/FP	Training curriculum for CHWs in charge of maternal health	49
RH/FP	Pregnancy checklist	683
RH/FP	Sticker	128
RH/FP	Pre/post-test	1,196
RH/FP	Monthly pre-report form for FP	619
RH/FP	Individual FP form	935
RH/FP	Blue poster	883
RH/FP	Green poster	2,932
RH/FP	Red tickler	467
RH/FP	Blue tickler	221
RH/FP	FP job aid	865
RH/FP	Red tickler for CHWs (FHI)	4
RH/FP	Blue tickler for CHWs (FHI)	28
Cross-cutting	Health card	266,872
Cross-cutting	CHWs' certificate	5,632
Cross-cutting	Integrated fact sheet	1,098
Cross-cutting	Maternal and child health fact sheet	4,920
Cross-cutting	Sensitization form for pregnant women	4,671
C-ONE	Referral register	124

# Annex B: Communication Strategy

During the first semester of FY 2011, USAID/Santénet2 implemented its communication strategy. The communication strategy was divided into internal and external communication.

## Internal communication:

- Thirteen (13) senior staff meeting agendas were prepared.
- The Project conducted information sharing every week to all USAID/Santénet2 staff. 25 staff meeting minutes are available with Santénet2 internal files.

## External Communication:

- The Project produced 1 edition of the quarterly *Ezaka Mendrika* bulletin (**Annex D**) in Malagasy and English to share the progress status of activities with community actors (CHWs and SDCs) and USAID.
- The Project documented 6 success stories, which were included in FY 2010 USAID/Santénet2 contractual documents shared with USAID.
- USAID/Santénet2 shared guidelines to identify and document success stories at the community level with implementing partners. During the semester, 25 stories evidencing community commitment were documented:
  - 9 cases illustrating community commitment to improve WASH infrastructures
  - 6 cases illustrating community commitment to enhance community supply chain system
  - 3 actions illustrating community engagement through building community health sites
  - 7 community actions as examples of social accountability
- Five (5) meeting minutes were prepared during bi-weekly meetings with USAID.
- The Project shared 6 monthly bullets with USAID during the last semester. These bullets give an overview of the activities planned by the different components and programs each month and are submitted to USAID on the third week of each next month.
- The Project shared success stories with RTI. One poster of USAID/Santénet2 STI/HIV/AIDS activities reflecting the Project's achievement was shared with the RTI home office during World AIDS Day 2010.

-The Project reported information on FY 2010 USAID/Santénet2 achievements as part of USAID's past performance review effort.

USAID/Santénet2 submitted the FY 2010 Annual Report in October 2010.

-The Project shares information about the Project progress (through e-mails, newsletters, information notes, and joint meetings) with all members of the consortium when the opportunity arises.

-Two USAID field trips were organized to the KM salama in Toamasina and Mahajanga to share the results of implementation activities. Additionally, the Project organized two joint field trips with PSI to enable FP auditors to go into the field. Another joint trip was organized in the Sava region. Three trip reports on these trips were prepared, filed, and shared with USAID. One trip is still ongoing.

# Annex C: Success Stories

## STI/HIV/AIDS: Empowering sex workers to claim their rights

Lova Ramamonjisoa, 25 years old, has been in the sex trade for five years. When she started in this trade, she knew nothing about signs of sexually transmitted infections (STIs), nor did she use condoms with her clients or attend health centers.

She paid dearly this lack of information as she got infected with an STI but did not seek treatment for many months. Things changed for her when she met Ninie Rakotovao, a peer educator from the Women's Samaritan Associations (AFSA): she learned to understand her risks and thus the need to use condoms and to get screened along with getting informed on her rights as regards health in general.

"Ninie has been very helpful," she says. "I always use condoms now and I attend the health clinic for routine check-up every month and for STI screening every three months." Lova feels she is welcome at the health clinic, which encourages her to attend.

Ninie Rakotovao, 48 years old, has been serving as a peer educator in the association AFSA for nine years and works in Fenoarivo, a rural commune 10 kilometers from the town of Antananarivo. AFSA is one of the 15/17 organizations that received a grant from the project USAID/Santénet2 to carry out sensitization activities. The association has been working for ten years to improve sex workers' social conditions, including their sexual health. It currently operates in districts peripheral to Antananarivo, the capital city, through twenty-eight (28) peer educators.

Their approach involves meeting sex workers in their work places. This has enabled the association to meet an increasing number of sex workers. In January and February 2011, it reached 40 sex workers and succeeded in leading them in a guided tour of health facilities in the vicinity of Fenoarivo. This resulted in 70 routine medical check-ups and 60 screenings for STIs. As for Ninie, she used to meet only two sex workers per month in the past; she is currently providing support to 20 of them.

The HIV epidemic in Madagascar is concentrated among groups with high risk behaviors. Among sex workers, the prevalence is estimated at 1.36%. Though this group has fairly good knowledge of STIs and HIV/AIDS, this has not led to much change in their behaviors. Because they are marginalized, sex workers do not have adequate access to information, including information on their fundamental rights, which accounts for them being marginalized by the health system and thus being further exposed to risks in terms of their sexual health.

Through technical and financial support, USAID/Santénet2 builds the capacities of 15 sex workers and men having sex with men associations to implement STI/HIV/AIDS control activities. The associations include Afsa, Ezaka, Mifanasoa, Vonona Mifanasoa, Tanora Te Hivoatra, Tanjona Miray, Todika, Ivia, Manavotena, Fihamy, Fanamby, Tanora Mananjo, Fananteana, Fivemia, and Plajehvak.

The associations' activities—to promote human rights and to sensitize and familiarize their target groups with the health systems through guided tours of health facilities—have reached 25,056 sex workers and men having sex with men to date. This has resulted in the distribution of 512,960 condoms, the routine use of health facilities by the target groups, and 29 agreements signed with health centers.



©USAID/Santénet2: Ninie meets Lova for her counseling

Sex workers and men having sex with men are open to messages conveyed by their peers. The effort to combat stigma is yielding results as the sex workers and men having sex with men develop self-confidence and self-esteem, which translates into increased use of health services.

## Community initiatives: New WASH facilities for the population of Manombo

The 13,692 inhabitants of Manombo, a rural commune in the district of Toliara II, did not have hygiene-related facilities in the past. They used to bathe in the sea or draw water from river Manombo or from the four wells that serve the entire commune when they needed to wash.

Under the Kaominina Mendrika (KM) salama approach, promoted by the project USAID/Santénet2, the community engages in a participatory planning process, namely through the Social Development Committee (SDC) or Health Committees (COSAN) which groups community health workers, local leaders, and representatives of the

commune. Since this approach was implemented in the commune (starting in March 2010) with the technical assistance of the NGO SAGE (Service d'Appui à la gestion de l'environnement), USAID/Santénet2's partner in the district, the community is making it one of its concerns to be in charge of its own health. The community was encouraged to identify its needs in terms of health and hygiene improvements as part of participatory governance applied to health.

The COSAN members sensitized the communities on keeping hygiene in nineteen fokontanys (villages). "This is part of our activities to fight the lack of cleanness and hygiene, especially on the square of Manombo south," stresses Doriane, a member of the SDC/COSASN at the commune.

During the review at the commune level in July 2010, one of the processes promoted under the KM salama approach to encourage the community to express its needs, the people in Manombo South decided to include the construction of bathrooms in its community action plan. "This initiative comes first as an effort to restore the tourist reputation of Manombo. Cleanliness is important when you want to attract tourists," stresses Altosphere, the deputy mayor.

Through sensitization and information, the commune succeeded in mobilizing the community to build 13 bathrooms as an immediate result of the meeting in July 2010. As it pursued its effort, 21 additional bathrooms were built as of March 2011.

The community's efforts will not stop there. The SDC/COSAN members plan to build 70 additional bathrooms by the end of the year to cover all the *fokontanys* in the commune of Manambo and thus attend to the needs of all households. This will be done in full collaboration with the community itself.

The impacts of this initiative are very visible: as the population learned to use the new hygiene facilities, the commune, and especially the beach where people used to wash, has become cleaner.

Improving access to water, sanitation, and hygiene facilities and changing the population's behavior are among the key objectives of the KM salama approach. Working with the municipal authorities, especially with the SDCs, and with community health agents, the approach mobilizes the entire community to this end.



## Social Quality and Accountability and c-IMCI

Promoting community commitment and social accountability are among the objectives of the Kaomina Mendrika salama (KM) approach. Concretely speaking, this translates into prioritizing the establishment of an environment that enables the provision of services by community health workers (CHWs) among their communities.

The efforts of the *fokontany* of Tsararano in the rural commune of Tsiately in the district of Vangaindrano are a good illustration of what can be achieved through this type of community commitment. The *fokontany* has 1,094 inhabitants, including 220 children under five years old, and is served by two CHWs trained by USAID/Santénet2. Zakison is one of them.

Zakison was trained on integrated management of childhood illnesses at the community level (c-IMCI) in February 2010. After the training, he started working in the community by receiving people in his own home as well as through home visits. The community rapidly came to appreciate his services, and more and more parents approached him when their children were sick.

After some time, the community thought Zakison should have a place where he could treat sick children and decided to build a “community health site.” Each household was to contribute MGA 2,000 to build a hut. In October 2010, Zakison started providing his services in the community site. Since then, he has been managing 85 children per month (or 3 per day, 22 per week), contrasted with only 22 per month before the community site’s opening.

The community site is always open, allowing children to receive care without any delay. The site is located near Zakison’s house so he can work any time, even on weekends. With this service close to them, families avoid the actual costs associated with going to the basic health centers for every case of illness, as well as the cost of losing a work day. However, Zakison always refers serious or complicated cases to the health center.



© Ainga: Women are encouraged to seek health services with Zakison.

zone. At the USAID/Santénet2 project scale (i.e., 800 communes implementing the KM salama approach), 352 health huts have been built by the communities.



© Ainga: Zakison in front of his working site

The inhabitants of Tsararano are proud of their new site: it provides them with permanent access to health care and commodities. Zakison, for his part, is very happy to be able to support his community and benefit from their recognition. On top of this, he earns a profit of MGA 15,000 per month on the health commodities he sells and has never suffered from a stock-out, thanks to the commune supply point located in Tsiately.

The success of community sites is observed not only in Tsararano but in all the 17 rural communes where the NGO Ainga, a USAID/Santénet2’s grantee, is working. In all, 16 community sites have been built in its intervention



## Adolescent Reproductive Health: Young People Promote Reproductive Health in Rural Communes

Adolescents and young people are especially exposed to early pregnancies, clandestine abortions, sexually transmitted infections (STI)/HIV, and drug addiction. According to surveys (MICS 2005), one adolescent out of ten aged less than 15 years has borne a child in Madagascar's rural areas. And 80% of Malagasy females are sexually active before 20 years of age; 14% before 15 years. As for Malagasy males, 77% of them have started their reproductive life before 20 years of age, and 6% before the age of 15 years (DHS 2008).



© ASOS: A young leader in a group discussion in Sambava

Given this situation, USAID/Santénet2 is working on a program to promote adolescent reproductive health (ARH) under the Kaomina Mendrika (KM) salama approach. The program aims at improving knowledge on sexual and reproductive health (which includes STI/HIV/AIDS) among young people aged 15 to 24 years, thus leading them to increase their use of health services and to adopt healthy and safe behaviors. To this end, young people, called “youth leaders,” are trained to lead participatory discussions with peers on sexual and reproductive health issues. During their training, they have the opportunity to improve their knowledge of ARH and their leadership skills. The approach is implemented in partnership with two local nongovernmental organizations (NGOs), ASOS and PENSER Madagascar, in twelve KM salama communes, under the project “Interventions among key populations the most exposed to HIV infection risks.”

Dorline Razafisoa, 24 years old, is one of the young people trained as a “youth leader.” She was selected by the members of the social development committee/health management committee (SDC/COSAN) in the *fokontany* of Lopary Central in the rural commune of the same name, in the district of Vangaindrano, and was trained in September 2010. She stands out within the group of 155 youth leaders in the 12 intervention communes because of her exceptional ability to mobilize young people. Indeed, Dorline can carry out up to 150 group animation sessions and conduct 90 to 120 interpersonal communications per month, which is far above the monthly targets set for youth leaders. In addition, she counsels young people on HIV screening. With these actions, she has become a refuge for young people in distress.

The sensitization activities conducted by youth leaders in the past five months have reached 42,205 young people, out of whom 1,727 chose to get screened for HIV and checked back for results. In addition, youth leaders distributed 53,321 condoms. An evaluation conducted by the National Public and Community Health Institute (INSPC) in 2010 showed that the proportion of young people with appropriate knowledge of HIV/AIDS in the intervention communes has increased by 64%.

This approach is not limited to the two NGOs' intervention zones but has been initiated in 599 rural communes where the KM salama approach is being implemented. In all, USAID/Santénet2 has trained 1,051 youth leaders who in turn work among peers aged 15 to 24 years to improve their sexual and reproductive health. They discuss STI/HIV/AIDS, family planning, and reproductive health in general. They also encourage their peers to attend health centers when needed. Above all, their mission is to promote healthy and safe behaviors among young people in rural communes.

## Community commitment to manage obstetrical and neonatal emergencies: the case of Amboanio-Boanamary

The 1,988 inhabitants of Amboanio, a village located in the rural commune of Boanamary, in the district of Mahajanga II, have to walk for more than one hour to reach the nearest health facility. This geographical barrier put pregnant women's and newborns' health or even lives at risk in case of emergency.

Under the Kaomina Mendrika (KM) salama approach implemented by USAID/Santénet2, community-based services were established in the village, covering the areas of nutrition, growth monitoring and promotion, childhood illnesses management, family planning, and maternal health. As people learn about the healthcare services, they feel encouraged to seek and use them.



© USAID/Santénet2: An SDC member in front of transportation

In 11 communes implementing the approach in the region of Boeny, including Boanamary, USAID/Santénet2 decided to incorporate community mobilization for obstetrical and neonatal emergencies (ONE) in the integrated services package. This intervention consists of training community actors, namely the community health workers (CHWs) and the social development committees (SDCs), to recognize danger signs among pregnant women and newborns and to understand the need for emergency evacuation to a qualified health facility upon the onset of any danger sign.

In turn, the community actors, including the CHWs and SDC members, sensitized the population on danger signs and the need to set up an evacuation system. This has resulted in the establishment of evacuation mechanisms per *fokontany* (village). They comprise organizing transportation, setting up solidarity funds, and developing regulations for recourse to the mechanism in case of need.

In all, 65 *fokontany* were able to set up their evacuation mechanism. Among them, 54 *fokontany* could set up solidarity funds. The other 11 *fokontany* can organize transportation in case of emergency. The patient is in charge of the amount of fuel needed.

In the village of Boanamary, the community arranged transportation by negotiating with the bush buses that serve their village. The fuel for transportation is paid from the community solidarity fund, which is fed by a monthly contribution of MGA 300 paid by all individuals aged 18 years and older. The system is autonomously managed with the involvement of the SDC members.



© USAID/Santénet2: Marie Ange breastfeeding her child in the hospital

Marie Ange, 24 years old, was about to give birth at 36 weeks of pregnancy when she developed severe pain in her pelvis and became very tired, and then her water broke. Her family recognized that these are danger signs calling for immediate evacuation. As soon as they were alerted, the community called upon Lucie Florentine, the village's CHW, who initiated the emergency evacuation mechanism: the head of the village went to see the bush bus driver living in the village and money was drawn from the solidarity fund to pay for the fuel to be used.

Within twenty minutes, Marie Ange was hospitalized in the level 2 basic health center at the commune of Boanamary. The doctor provided emergency care but recommended further evacuation to the specialized hospital in Androva, Mahajanga. The bush bus served again as an ambulance

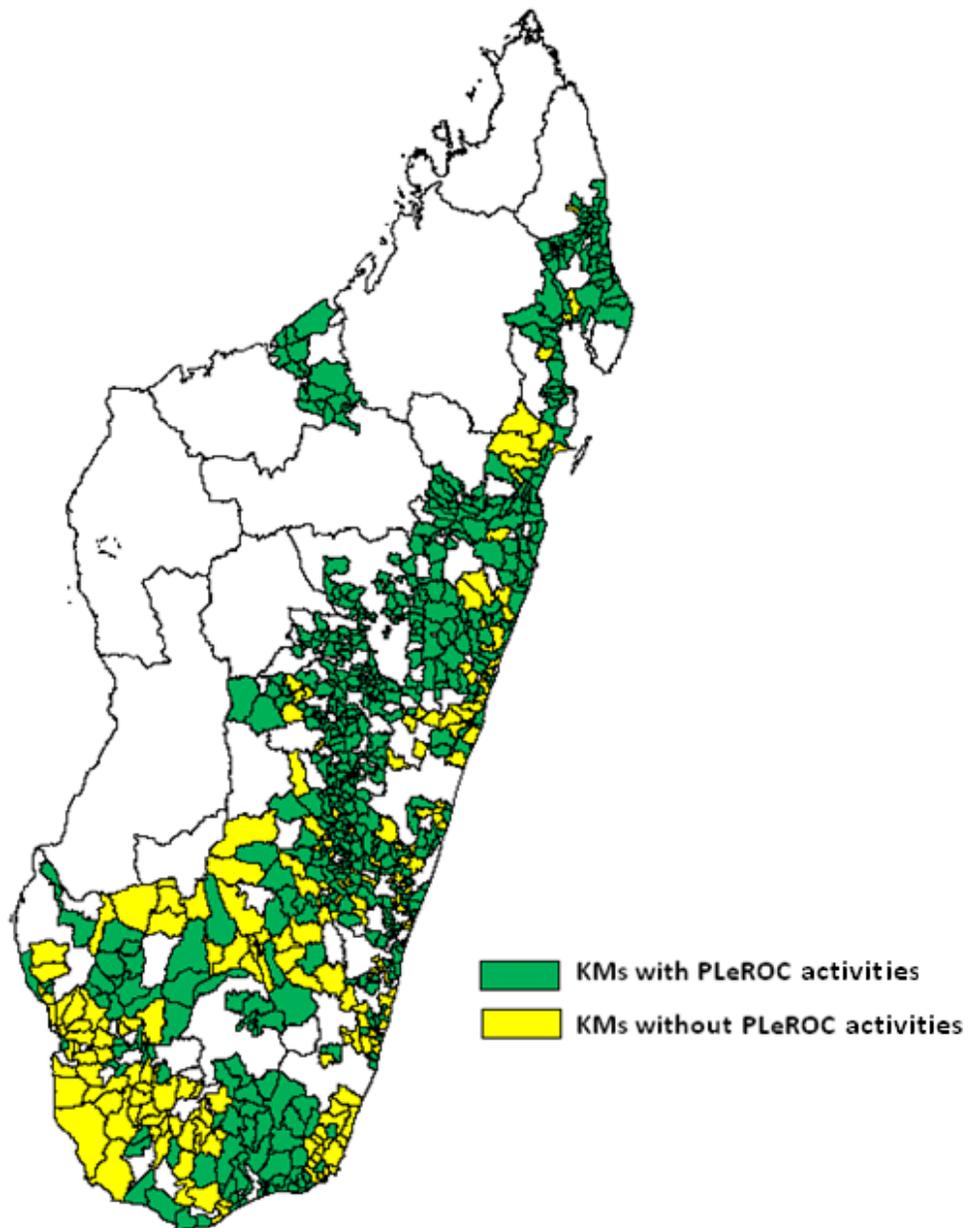
to transport Marie Ange to this hospital, where she successfully underwent surgery. This happy outcome would not have been possible without timely evacuation to a hospital with competent staff.

Community commitment, the ability to recognize danger signs in pregnant women, timely and swift decision-making, and a well-established evacuation system: these are what it takes to ensure that women such as Marie Ange and her baby are safely cared for!



# Annex E: Map of PLeROC intervention zones

KM salama communes with PLeROC activities



## Annex F: Messages aired by radio partners

Broadcast themes	Number of broadcasts
KMSalama	353
Latrine use	374
Pregnant women nutrition	299
Exclusive breast feeding	294
Accurate Respiratory Infection	262
Immunization	235
ACTipal use for malaria treatment	296
Antenatal visits	270
Iron Folic Acid supplementation	168
Adolescent reproductive health	177
Gender and community planning	204
<b>TOTAL</b>	<b>2,932</b>