



**USAID** | **MADAGASCAR**  
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# Santénet2

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October 2011–March 2012



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# SEMI-ANNUAL REPORT N°5

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# Acronyms

<b>ACT</b>	artemisinin-based combination therapy
<b>AIM</b>	Association Intercooperation Madagascar
<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>c-DMPA</b>	community-based DMPA
<b>CHW</b>	community health worker
<b>CIC</b>	Commune Initiative Committee
<b>c-IMCI</b>	community-based integrated management of childhood illnesses
<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>CSW</b>	commercial sex worker
<b>DIC</b>	District Initiative Committee
<b>DMPA</b>	Depot Medroxyprogesterone Acetate (Depo Provera)
<b>EMMR</b>	environmental monitoring and mitigation report
<b>EPM</b>	<i>Enquête Périodique auprès des Ménages</i>
<b>FBO</b>	faith-based organization
<b>FP</b>	family planning
<b>FY</b>	fiscal year
<b>GAS</b>	<i>Comité de Gestion d'Approvisionnement et de Stock</i>
<b>GOM</b>	Government of Madagascar
<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>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>MCHIP</b>	Maternal and Child Health Integrated Program
<b>MCP</b>	Malaria Control Program
<b>MSM</b>	men who have sex with men
<b>MUAC</b>	mid-upper arm circumference
<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>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>SALOHI</b>	Strengthening and Accessing Livelihoods Opportunities for Household Impact
<b>SDC</b>	Social Development Committee
<b>SMS</b>	short messaging system
<b>SO</b>	strategic objective
<b>STI</b>	sexually transmitted infection
<b>ST</b>	support technician ( <i>technicien d'appui</i> )
<b>USAID</b>	US Agency for International Development
<b>USG</b>	US Government
<b>VCT</b>	voluntary counseling and testing
<b>WASH</b>	water, sanitation, and hygiene

# Introduction

For three and a half years, Santénet2 has been implementing integrated community health activities in 800 out of 1,566 communes, covering 16 out of 22 regions and 70 out of 111 districts, in collaboration with 16 nongovernmental organizations (NGOs) (13 national and 3 international). The Project has designed an integrated community health program building on past work by the US Agency for International Development (USAID)/Madagascar and other donors' investments in primary health care, complemented with new approaches and tools to meet the health needs of almost 11,000,000 persons in 800 Kaominina Mendrika (KM) salama communes.

This semi-annual report describes Project activities carried out by RTI International and its partners between October 1, 2011, and March 31, 2012. The report describes achievements in the following areas:

- Progress of Santénet2 achievements in a changing context
- Community programs
- Strengthening community health systems
- Strategic results
- Program coordination
- Administration and finance
- A gap analysis of activities by component (**Annex 1**)
- Environmental Mitigation and Monitoring Report (EMMR) (**Annex 2**)
- Monitoring and evaluation (M&E) (**Annex 3**)
- Additional information on tools, success stories, etc. provided in the annexes.

## Progress of Santénet2 achievements in a changing context

Madagascar's weak economic and political context inhibits sustainability, suggesting that a return to institutional normality and addressing broader development issues are necessary before expecting significant sustainability of a health program in Madagascar. Considerable literature in health and development found that the strength of the national and local institutions implementing health and social programs was an important variable for sustainability, suggesting that donor attention also be shifted toward strengthening institutional development to assure sustainability.

Madagascar achieved good economic progress between 2002 and 2008. Since the 2009 economic and political crisis, lack of donor financial and technical assistance to the Government of Madagascar (GOM) have weakened implementation of the health sector plan in general and the Ministry of Health (MOH) institutional capacity in particular.

### Santénet2 Objectives

The 5-year Santénet2 project, implemented by RTI International, is a major component of USAID/Madagascar's fourth phase of assistance to the health sector in Madagascar under Strategic Objective 5 (SO5), "Use of selected health services and products increased, and practices improved." SO5 includes the following components:

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

The KM salama model aims to strengthen the community health system and build decentralized decision-making capacity at the community level to lead to improved health status.

Over the past three years, economic growth has been below population growth, and basic social indicators seem to worsen. Fewer children are in school today, and the net primary school enrollment rate has decreased compared to 2008. Immunization rates have dropped, and the number of births assisted by skilled medical personnel has decreased (MOH service statistics). There are no recent data on Infant and child mortality rates (over the last 3 years). Similarly, deterioration has been observed on poverty incidence, which increased to 76.5% from 68.7% in 2005 (EPM 2010); the poverty incidence has increased to 82.2% in rural areas in 2010, compared to 73.5% in 2005. Access to safe drinking water in rural areas was measured at 38.5% in 2010.

In 2008, Santénet2 was designed to assist MOH to design and implement community-based integrated healthcare services in 800 targeted rural communes. The 2009 coup resulted in US Government (USG) sanctions banning work with GOM. Santénet2 has allocated resources initially planned to support MOH to community-based interventions working through nongovernmental actors. There were two major implications of the unforeseen political crisis and its consequences. First, the Project could not interact with GOM, a major actor for creating a policy environment. Second, the Project was initially relying on MOH regional and district staff to help conducting trainings and supervision of community actors. The Project has coped with these two unexpected challenges by strengthening partnership with other development actors, relying on local NGOs, and identifying and training nongovernmental (independent) actors to carry out community actors' trainings and supervisions.

In addition to coping with contextual factors, the Project aimed to help remote communities to access quality basic health services. This section offers an assessment of Santénet2 interventions and their demonstrated effectiveness in meeting mothers' and children's needs.

## Santénet2 conceptual framework: scope and implementation process

The Santénet2 conceptual framework has three building blocks: (1) developing and strengthening key community health system components; (2) empowering community participation and accountability in setting and achieving community health goals; and (3) linking the two for at-scale impact to reduce maternal, child, and infant mortality; fertility rate; chronic malnutrition in children under the age of 5; and prevalence of malaria (particularly among children under 5 and in pregnant women), as well as to expand access to water, sanitation, and hygiene (WASH) and maintain a low HIV prevalence rate.

Chronology of KM salama implementation in summary:

2008—Santénet2 start-up (August through September)

2009—Design implementation tools and strategies, adjust to consequence of political coup, award 18 grants through a competitive process. Implement the KM salama approach through two implementing partners operating through a subcontract mechanism.

2010—Roll out training on the KM salama approach to all 800 communes.

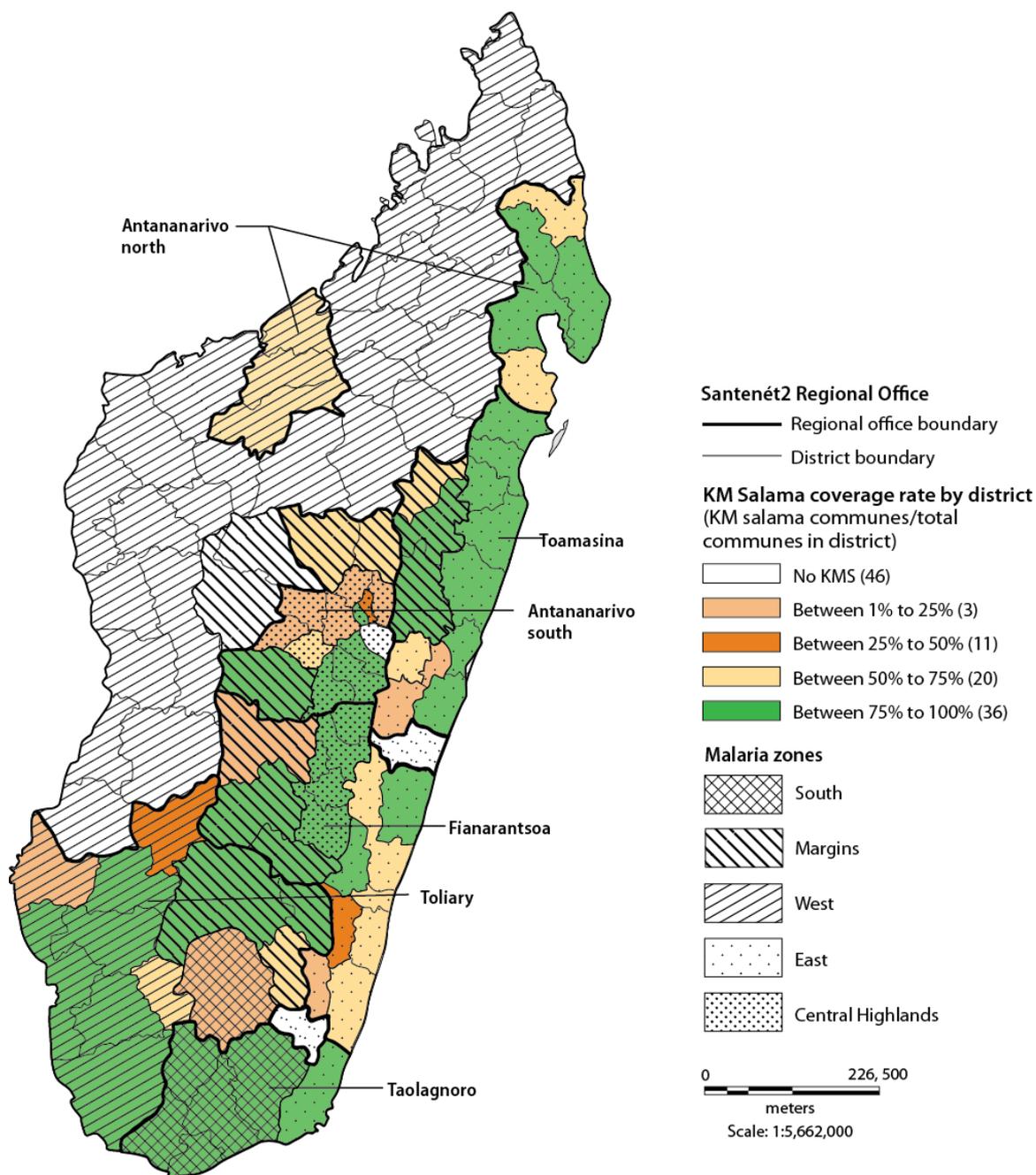
2011—Complete and expand training to include new skills, operate community health system, invest in Social Development Committees (SDCs) to increase ownership in the perspective of sustaining achievements.

2012—Expand training, monitor and evaluate program performance, invest in SDCs for sustainability.

Process achievements for the reporting period are elaborated in Section 2. In this section, we will conduct a comparative analysis of program outcomes that can be attributed to Santénet2 interventions with respect to the performance of the public health system.

The map below presents KM salama communes coverage by district.

**Figure I. KM salama coverage rate by regional office, district, and malaria zone**



The Project provides technical assistance, in conjunction with its implementing partners to 800 KM salama communes in 70 health districts. Hence the Project works in 800/1,143 communes in these 70 districts. There are 1,270 primary health care clinics (CSBs) in the 800 KM salama communes; 4% or 53 CSBs are closed due to lack of staff or poor infrastructure conditions. KM salama communes in Antsinana and Analanjirifo regions are the most affected—1 out of 5 CSBs is closed. In 70 health districts, the total number of CSBs is 1,889 (there are 2,573 CSBs in Madagascar). The Project has trained community health workers (CHWs) in *fokontany* that are located 5 km or 1 hour’s walking distance or more from the nearest health facility. The rationale is to provide accessible quality basic health services to mothers and children, the two most vulnerable groups. The CHWs were selected

or elected by the community. Santénet2 provided training in either the mother health area or the child health area. It was planned to train one Mother Health and one Child Health CHW in each *fokontany*. The information, education, and communication/behavior change communication (IEC/BCC) activities are conducted by CHWs, SDC members, religious leaders and local radio stations, all trained and receiving support from the Project. The social mobilization (IEC/BCC) and social accountability activities cover the entirety of the communes and are not limited to remote *fokontany*.

### **Best Practice—Innovation in Continuous Training**

More than 204 support technicians (STs) and supervisors (implementing partners' field workers) converged for a 2-day training event at 5 regional sites across Madagascar. The training was part of Santénet2's ongoing development of skills sets to ensure the quality and consistency of service provision and use of materials. "Continual trainings make us better TAs because we receive more updated technical reinforcement, and they get us out of the routine," said Jose Marie Odilon Rakotoarivelo, an ST with Catholic Relief Services in Manandriana who attended the concurrent sessions at the Fianarantsoa site. The focus of the April session was to launch updated management tools, job aids, and reporting procedures, as well as to share and replicate best practices.

Although each location included on-site trainers, the coordination and streamlining of the training was enhanced through the integration of collaborative innovations such as live video conferencing. In addition to the savings in cost and time, one benefit of the technology was that it helped to ensure clarity and consistency among the 16 implementing partners across 800 communes. "The technology is useful for resolving urgent problems," said Gertrude Raharinanana, a supervisor with ASOS Central in Manakara. Flavien Rakotoarisoa of Association Ainga in Ifanadiana added that "... [it] was useful for getting information and answers directly from Tananarive." Others, such as Jose Marie Odilon Rakotoarivelo of Catholic Relief Services (CRS) in Manandriana appreciated that "it allowed [us] to exchange with other regions and NGOs." The incorporation of technology such as voice-over IP conferencing is a reflection of Santénet2's emphasis on continual improvement in every aspect of the program.

## **Community empowerment, social accountability, sustainable institutional capacity**

The Santénet2 Project designed a community-based health system that dovetails with the formal health system. Connecting community health systems to the public health system was possible, despite prevailing political and economic crisis and sanctions banning work with GOM, through design of compatible health system functions and introduction of social accountability at grassroots communities. The implementation phase was conducted at scale through meticulous planning and quality control.

### **Engaging people**

Santénet2 social accountability and quality activities were designed to build skills within community members that will enable them to participate in health needs assessments and solutions. The engagement of community actors in the delivery of health services and promotion of change in health behavior is expected to influence health outcomes in their communities positively.

People assessing their health—a participative health needs assessment process conducted by and for local people—shifts the paradigm beyond individual illness problems. It can bring into consideration the effectiveness of policies, programs, and strategies in improving local health conditions. Grassroots assessments can help identify challenges and provide immediate and adequate

remedies—responding to people’s needs while strengthening trust in service delivery points and increasing use of preventive and available treatments.

## **Social quality process—grassroots participatory assessment, decision making. and actions**

As part of social quality and social accountability process, the group facilitator, a member of the community (but s/he is neither the mayor or CSB provider) trained by Santénet2, informs the community about the purpose of the meeting. Community assessment is conducted in each *fokontany*. People gather to discuss and assess their health needs. Prior to the collective discussion, the group facilitator informs participants on their rights with respect to health services:

- Right to access to health information,
- Right to use safe health care
- Right to be treated with dignity while receiving health services
- Right to information on services available at different levels of the health system, from the community level through tertiary level (reference hospital).

Once the needs are assessed, people discuss the availability of different health services to fill these needs, and the group proceeds with an evaluation of their satisfaction with available health services. This participatory and iterative process helps the group to agree upon on a list of priority health needs for action. The group also discusses possible solutions and collectively agrees on solutions to meet priority needs. The results of each *fokontany*-level meeting are discussed in the SDC meeting at the commune level. Action plans are implemented. Results of SDC meeting are reported back to communities in each *fokontany*.

## **Social quality—community-identified priority needs and proposed actions**

Based on reports sent by 100 KM salama communes, 500 *fokontany* have conducted participatory community assessment exercises. A total of 31,705 individuals participated to these 500 meetings, an average of 63 participants per meeting, among which 60% were women participants and 40% men. The top three needs/priorities agreed upon in all communities are as follows (both at CHW and CSB levels):

- Health service availability
- Drug availability
- Quality of health services

The above results indicate the communities’ desire to access quality health services and drugs at community and facility levels.

Communities decide and follow up on actions that can be implemented at the *fokontany* level and communicate/expect action from SDCs for actions requiring commune-level decision-making authority.

At the *fokontany* level, communities have initiated actions to build health huts, providing work place/space for CHWs, hence improving continuity in service availability. In addition, in some *fokontany*, communities required CHWs to display schedules of working days and hours outside the health hut. To date, communities in KM salama communes that have engaged in the social quality process have built 543 health huts for CHWs. With respect to drug availability, communities have also organized to help CHWs resupply health products from the commune center. Help included

providing seed funds for large quantities of drug procurement, collecting drugs from the commune center on behalf of the CHWs, and monitoring drug stock available at the CHW level. With respect to service quality, communities have suggested to their communes that CSB providers should regularly supervise CHWs.

## **Sustainable institutional capacity**

**Training implementing partners' field workers (support technicians [STs])** who support community actors' work—TAs are also the bridge between the Project team and the communities. They convey bi-directional information (bottom up and top down). In 2009, Santénet2 trained 48 STs to implement the KM salama approach, and in 2010, an additional 147 STs were trained. A total of 195 STs and 9 ST supervisors are covering the 800 KM salama communes. STs received 5 training sessions, on average one each semester since the inception of Santénet2 grants-under-contract program. Training covered (1) social mobilization, (2) social accountability/social quality, (3) community led total sanitation (CLTS), (4) supervision guidelines and standards, and (5) reporting procedures and processes.

**Trainers/supervisors**—The 2009 political coup and subsequent USG sanctions led the Project to adjust its training strategy, since we could no longer rely on MOH staff. The Santénet2 team has identified, trained, and deployed 410 professionals, not affiliated with MOH or any GOM institutions, to conduct training and supervision sessions. In 2009, 95 trainers were trained and deployed, and in 2010, an additional 315 trainers were trained and deployed. The trainers were also mobilized to conduct supervision of Project-trained CHWs on a quarterly basis.

**Training community leaders (SDC members, local religious leaders, and youth leaders)**—In 2009, 2,334 local leaders were trained in social mobilization and awareness raising on health. In 2010, 13,045 new local actors were trained while the KM salama approach was being scaled up to all 800 KM salama communes. SDC members received 4 training programs, including social mobilization, CLTS, water management system, and the social quality approach. Training aimed to transfer skills for conducting community-led needs assessments, discussing the population's health needs with CSB providers and other officials, and providing adequate support to CHWs. Local actors' training in 2011 and 2012 (Semester I) covered only new religious leaders and youth leaders—2,479 individuals in 2011 and 1,249 individuals in 2012 were trained. Graph 1 presents the distribution of local actors trained on social mobilization and awareness raising for health since the Project's inception, as well as the number of training sessions held during the same period.

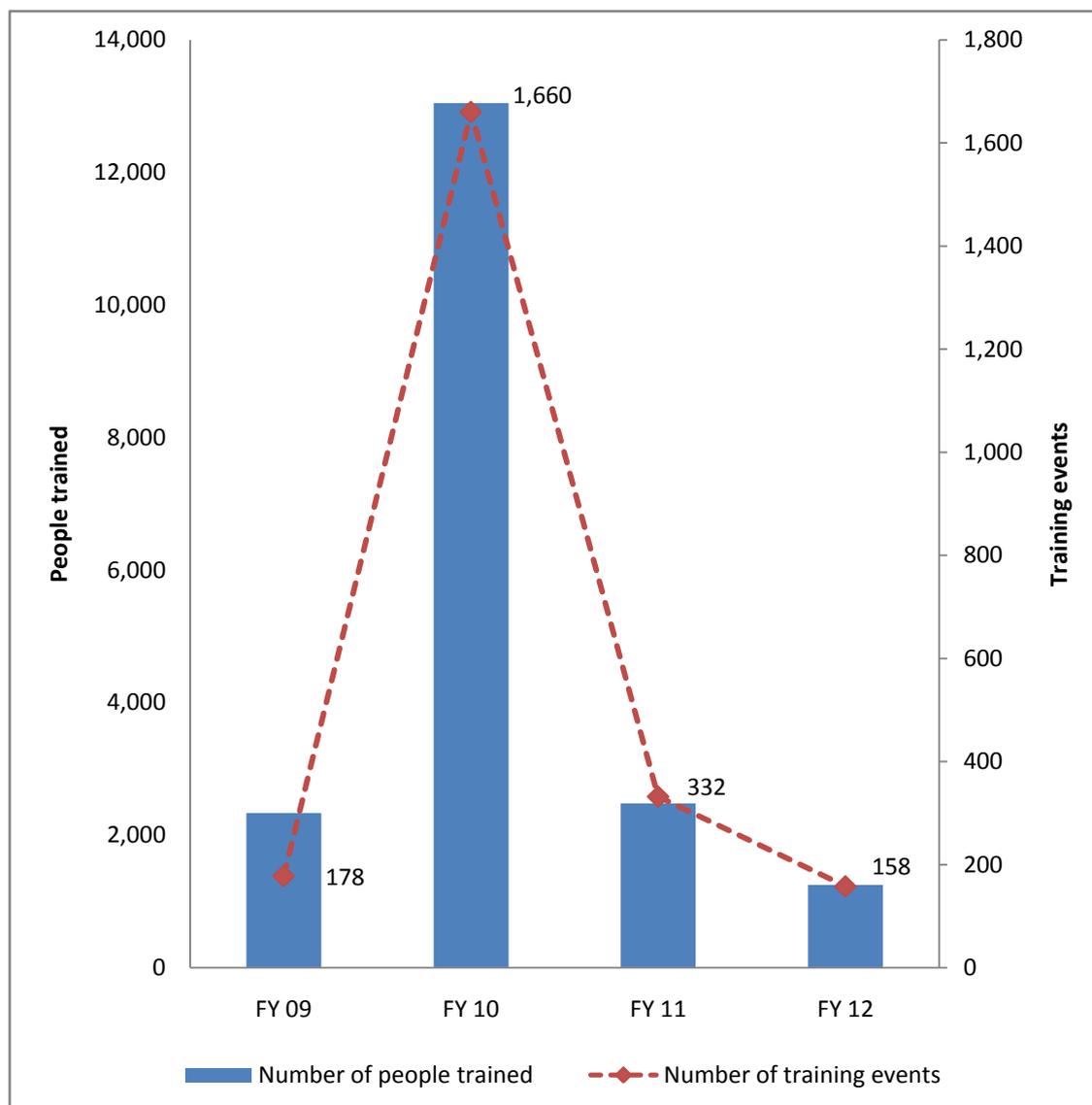
*Notes for Graphs 1 and 2 below:*

The number of people trained refers to those trained in social mobilization, social accountability, and awareness-raising in child health and nutrition, reproductive health and family planning, malaria control, WASH, and STI/HIV prevention through Santénet2 support. The indicator counts the actual number of community actors (SDC members, local religious leaders, youth leaders) trained in compliance with national or international standards. An individual attending several trainings is counted one time. All training events have specific learning objectives; a session plan; a curriculum; and clear knowledge, skills, and/or competencies to be gained by participants.

The number of training events refers to either refresher or new training that adds new knowledge, skills, and/or competencies to participants. A single participant may attend several training events over the course of the project. Each training event meets definition criteria listed above.

Graphs 1 and 2 cover the FY 2012 reporting period of October 2011–March 2012.

**Graph I. Social mobilization: people trained and training events**



Data Source: Santénet2 training reports.

**Training CHWs**—Santénet2 and its partners work with communities in a mutually respectful process to identify, recruit, and train CHWs. Community involvement in recruiting and continuous supervision and support to CHWs contributes to the functionality and sustainability of community-based services. Santénet2 chooses to train and support two (2) CHWs per *fokontany* and help replace eventual drop-outs, as opposed to recruiting and training a high number of CHWs in anticipation of a high attrition rate.

The Project provides support to 12,058 CHWs. Since its inception, the Project has trained a total of 12,753 CHWs. Currently the CHW attrition rate is only 5% after 36 months of effective community-based service provision. The great majority of CHWs who choose to discontinue do so for personal convenience (93%), some relocate (6%), and a few unfortunately have passed away (1%). The international literature identifies attrition as a common challenge of community-based health programs. High rates of CHW attrition undermine program effectiveness and potential for implementation at scale. In general, an attrition rate is qualified as “high” when it is more than 30%. Because of our relatively low rate of attrition, we did not investigate determinants in-depth. In

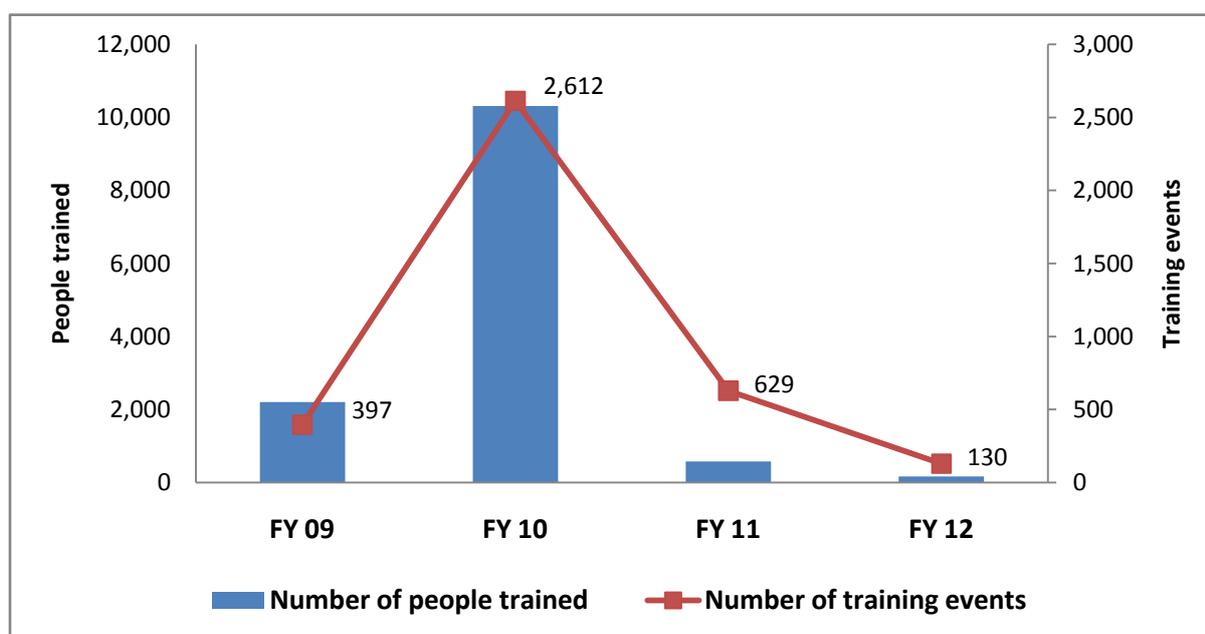
previous community-based projects in Madagascar, 1% of the target population was trained as CHWs, approximately 5 to 10 individuals per *fokontany*, with no supervision or support provided. The attrition rate was observed at more than 50% after 12–18 months. The drop-out determinants were lack of supervision and the complexity of the approach customized to project-specific groups instead of working with existing actors.

The Santénet2 KM salama model centers around a strong training and supervision program complying with national and international standards. Consequently, a low attrition rate, effective quality service provision, and regular reporting are expected outcomes.

The Project trained 2,206 CHWs in 2009, 10,309 in 2010, 579 in 2011, and 362 in 2012. During the same period, 397 (2009), 2,612 (2010), 629 (2011), and 130 (2012) CHW training sessions were organized.

Graph 2 presents the progression of CHWs (number of persons) trained and training sessions by year.

**Graph 2. Community based services: number of people trained and training events**



Data Source: Santénet2 training reports.

**Supervising CHWs**—CHWs in the 800 intervention communes benefited from supervision during the reporting period, despite two cyclones that hit Madagascar. 680 KM salama communes were affected by both cyclones. Regular supervision sessions are conducted in a comprehensive manner to improve performance and ensure quality of services. The comprehensive supervision addresses the following aspects of CHW routine activities:

1. Service provision (case management and family planning [FP] service delivery)
2. Sensitization, promotion, and demand stimulation (IEC/BCC)
3. Reporting (use of management tools)
4. Resupplying with health commodities

The comprehensive supervision is provided through various agents. Local and independent supervisors assess the CHWs' service provision performance using the integrated supervision tools. Local supervisors and support technicians from the partner NGOs check reporting and health

product availability (supply chain) by reviewing management tools and reporting and supply registers. SDCs monitor awareness-raising and demand promotion and stimulation activities through on-site visits. A booklet for monitoring the supervision was designed to keep track of all supervisory support provided to CHWs. This tool, called the “Tantsoroka Booklet,” is currently used by the CHWs in the 800 KM salama communes; supervisors fill in the booklets at each meeting with CHWs.

The information collected during the integrated supervision is summarized in supervision reports. The latter are received and compiled by the Project’s supervision manager. To date, 50% of the supervision reports have been processed, and the results show that there have been improvements in the CHWs’ performance over the past year.

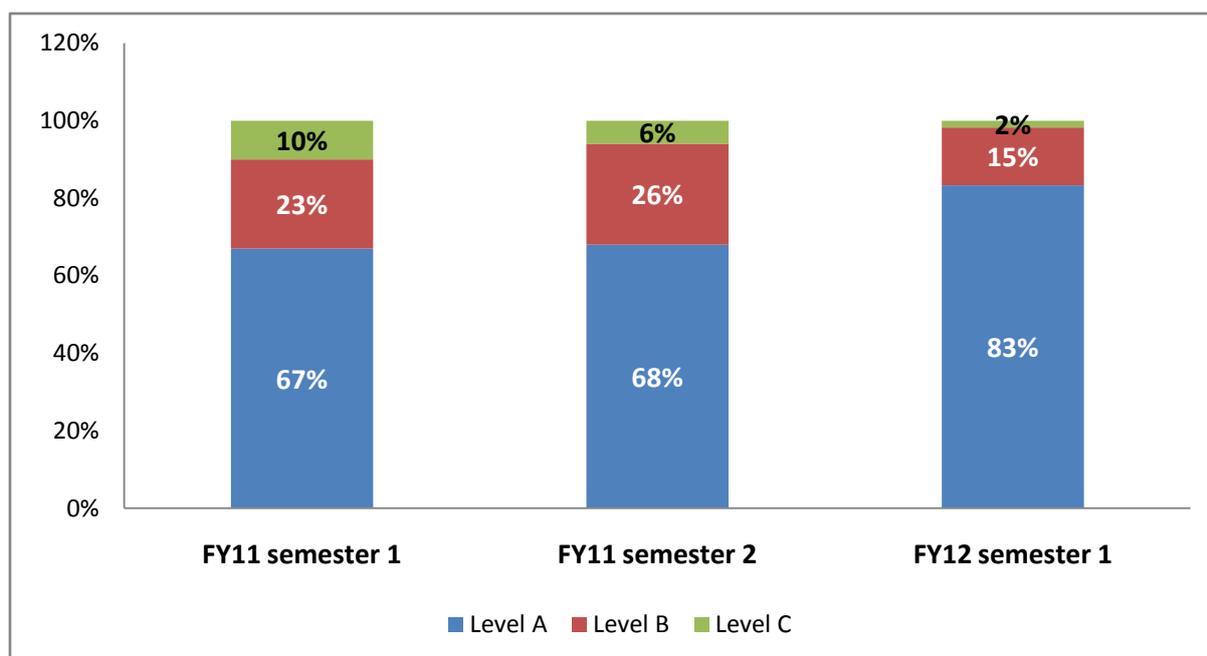
After the training session, according to their post-test results, CHWs are classified as:

- Level A: CHW who had a score > 70%
- Level B: CHW who had a score between 70% and 50%
- Level C: CHW who had a score < 50%

Level A and level B are considered successful and eligible for community-based service delivery, while those in level C need to attend additional training; they are authorized to participate in awareness-raising activities only.

Graph 3 below illustrates the improvements over the last successive three semesters (FY 2011 and FY 2012).

**Graph 3. Distribution of CHW performance levels based on supervision results**



Data Source: Santénet2 supervision reports.

# Community health system strengthening

## Health management information system

Santénet2 developed a Community Health Management Information System (c-HMIS) to collect (in a timely manner), transmit, analyze, and disseminate Project-related data for program management purposes. During the reporting period, the c-HMIS manager worked with the implementing partners (their support technicians and their M&E managers) to improve reporting in terms of completeness, timeliness, and reliability of data. It should be noted that Santénet2 equipped implementing partners with information technology (IT) materials, Internet connection, and mobile phones and trained the support technicians and the M&E officers on the c-HMIS as part of the effort to ensure appropriate reporting. The completion rate is currently at 71% for the monthly activity reports (MARs) filled out by CHWs. This rate is above that of the MOH. The data collected allow program management and measuring access and use of community health services by the target groups. In addition, information is obtained from the Extranet database (developed by the Project) for financial management by implementing partners and monitoring of tools dispatched to the KM salama communes. Data generated by the Project c-HMIS are used to conduct program achievements analysis.

## Community supply chain of health products

The community supply chain system, designed in collaboration with the social marketing program, experienced repeating stock-outs of anti-malaria products. The pipeline was re-initiated with Artemisinin-based Combination Therapy (ACT, an anti-malarial drug) and rapid diagnostic tests (RDTs) in November 2011. This effort helped overcome widespread stock-outs. However, malaria outbreaks that occurred in January and February 2012 in eastern and southeastern regions of Madagascar led to stock-outs of anti-malarial products (ACT and RDTs) in KM salama communes in these regions. Santénet2 is working closely with the social marketing program to anticipate future stock-outs and ensure timely re-supply of community supply points with social marketing products. To date, Santénet2-trained and supervised CHWs are managing 18 health products being supplied from both social marketing and community pharmacies within the CSBs. Table 1 presents a list of health products and stock levels reported by 71% of CHWs for the period October 2011 to March 2012.

**Table 1. Health products offered by CHWs in KM salama communes**

Health products	
Oral contraceptive (Lo Femenal and Pilplan)	Iron/folic acid (IFA)
Injectable contraceptive (Depo Provera and Confiance)	Zinc 20mg
Progesteron only oral contraceptive (Ovrette)	Paracétamol 500mg
Standard day method (SDM) (Vakan'ny Tsingerimbolana)	Paracétamol 100mg
Spermicide	Cotrim cp 480mg
Condoms (generic and Protector Plus)	Cotrim cp 120 mg
Long lasting insecticide-treated net (generic or Super Moustiquaire)	Cotrim syrup 240mg
RDTs	ViaSUR
ACT	Sûr'Eau
Oral rehydration salt	

## Equipment, tools, and materials

The project inventory includes 114 tools used by KM salama commune actors on a regular basis. During this reporting period, the Project team has produced and distributed 149,437 tools in 94 out of 114 categories. (*Annex 9* presents a list of tools and equipment produced, procured, and distributed by the Project to 800 KM salama communes.)

## Community-based services—are we meeting health needs?

Five program elements are covered under the strategic results component. These are maternal and child health (MCH), reproductive health/family planning (RH/FP), malaria control, sexually transmitted infection (STI)/HIV/AIDS control, and WASH.

### Textbox 1 Mother Health CHWs

#### Level 1: Promotion of integrated RH/FP

- Information on FP methods and distribution of oral contraceptives, barrier methods, and SDM
- Messages on the prevention of STI/HIV/AIDS
- Safe Motherhood (ANC, intermittent preventive treatment [IPT], nutrition)
- Postpartum FP

**Level 2:** All the services provided under Level 1 plus injectable contraceptive Depo-Provera

### Child Health CHWs

#### Level 1: Promotion of child health services

- Essential Nutrition Actions
- Growth monitoring and promotion
- Expanded Program on Immunization (EPI) promotion
- Malaria, diarrhea, and acute respiratory infection (ARI) prevention

**Level 2:** All the services provided under Level 1 plus community case management of malaria, diarrhea, and ARI

The Child and Mother Health CHWs promote prevention and ensure case management of illness. Textbox 1 describes services provided by the Child Health and Mother Health CHWs by level. Over the reporting period, 362 new CHWs were identified by the SDCs and the communities to replace those who left the program.

Both Child Health and Mother Health CHWs provide services to pregnant women and newborns. The services include screening women for pregnancy at an early stage (3 or 4 months), raising awareness on attending antenatal care (ANC) consultations, and checking that the 10 elements of the pregnant women prevention and care package are available (see textbox 2). The CHWs are also trained to identify danger signs in pregnant women and newborns and to provide counseling and referral to patients as needed.

Santénet2 also targeted its effort to control STIs and HIV in most-at-risk populations

(MARPs) such as commercial sex workers (CSWs) or men who have sex with men (MSM).

For WASH, this reporting period the Project continued to promote the CLTS approach, water and hygiene system management, and training and qualifying CHWs as WASH-friendly.

## Malaria

In Madagascar fever, diarrhea and ARI constitute a major part of the burden of disease, predominantly affecting children under the age of five. Half of the reported symptoms of illness, according to statements

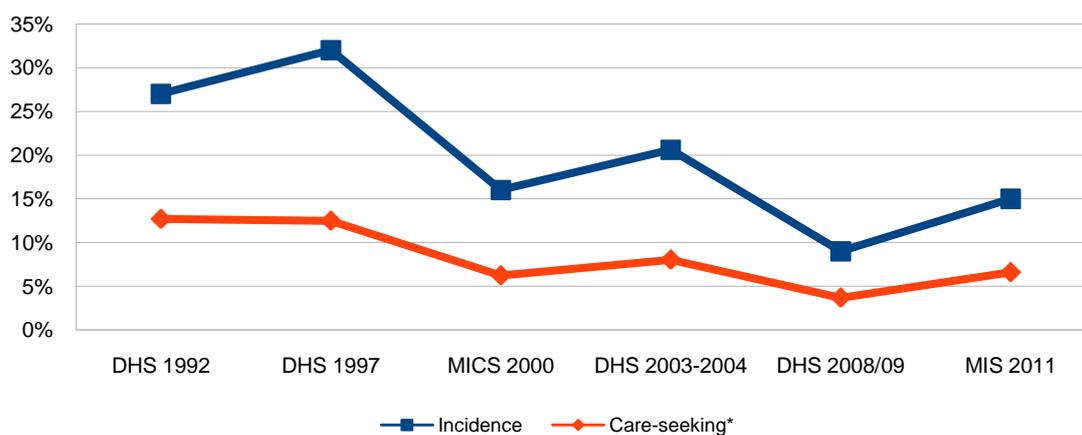
### Textbox 2 Antenatal Care (ANC) Package

To be monitored, checked, and completed by CHWs

1. Use of long-lasting insecticide-treated bed nets
2. IFA supplementation
3. IPT
4. Immunization (Tetanos Toxine)
5. STI and HIV screening
6. Pregnant women's nutrition
7. Breastfeeding
8. Delivery plan
9. Danger signs
10. Postpartum FP

by mothers, were fever; approximately 1 out of 5 was diarrhea; and 1 out of 10 was ARI. The incidence levels of these three illnesses are on a decreasing trend over the past two decades (sources: Demographic and Health Surveys [DHS], Household surveys...). During the same period, the percentage of persons seeking treatment followed the same trend. The main reason cited for not seeking treatment (50% of respondents) was that parents did not consider the illness to be serious. The second most-common reason cited by mothers interviewed (*Enquête prioritaire auprès des ménages [EPM, Madagascar household survey] 2010*) was geographical access to service (facilities were too far away). Graph 4 presents the progression of malaria incidence and percentage of those who sought health care over two decades.

**Graph 4. Fever incidence and care seeking**



Data Sources: DHS, Multiple Indicators Clusters Survey (MICS), Malaria Indicators Survey (MIS).

A recent Madagascar Malaria Indicators Survey (EIPM 2011) reports a high rate of fever incidence (15%) among children under five over the 15 days prior to the survey. This rate is about the same as the 16% found in the MICS 2000 but is much higher than the 9% reported in the DHS IV.

Among the children who had fever in the 15 days prior to the survey, 44% sought care according to EIPM 2011, which is increased compared to the 20% reported in the DHS IV. Among the 44% who sought care, 22.9% turned to public facilities' services in rural areas and 1.3% to community-based services.

Santénet2 started training Level 2 Child Health CHWs in October 2009. As of this writing (March 31, 2012), 4,653 Level 2 Child Health CHWs provide malaria diagnostics using RDTs and treat confirmed simple malaria cases by administering ACT to children under the age of 5 living in *fokontany* that are one hour or more distant from the nearest health facility.

Madagascar is divided into five operation zones for malaria control. Table 2 presents the distribution of KM salama communes as a comparison to all communes by Malaria Control Program (MCP) operational zones.

**Table 2. KM salama commune distribution by MCP operational zones**

MCP operational profile	800 KM salama communes	All communes in Madagascar
East	316	491
Central Highlands	201	345
Margins	120	195
West	84	431
South	79	104
<b>Total</b>	<b>800</b>	<b>1566</b>

The MOH MCP introduced systematic use of RDTs for diagnosis and treatment with ACT in health facilities in 2008. The MOH routine Health Management Information System has been reporting confirmed malaria cases diagnosed in CSBs since 2009. Similarly, the Santénet2 c-HMIS has been reporting confirmed malaria cases (RDT positive) since 2011.

CHWs were trained to use RDTs and ACT to manage simple malaria cases starting in 2010. The updated c-HMIS was effective in 2011 to track RDT positivity for cases managed by CHWs. There were large RDT and ACT stock-outs from June to October 2011, so the number of cases managed by CHWs is lower than it would have been if the CHWs had had enough RDT in stock. Stock-outs of RDT and ACT were also observed in eastern regions in January and February 2012.

Graph 5 presents malaria cases managed in Santénet2 intervention areas by malaria transmission zones from 2009 to 2011, by service delivery source. Graph 6 represents community-level malaria case management by quarter.

**Graph 5. Distribution of malaria cases managed at CSBs and by CHWs, by malaria transmission zones**



Data sources: CSB—MOH service statistics 2009, 2010, 2011; CHW—Santénet2 c-HMIS data.

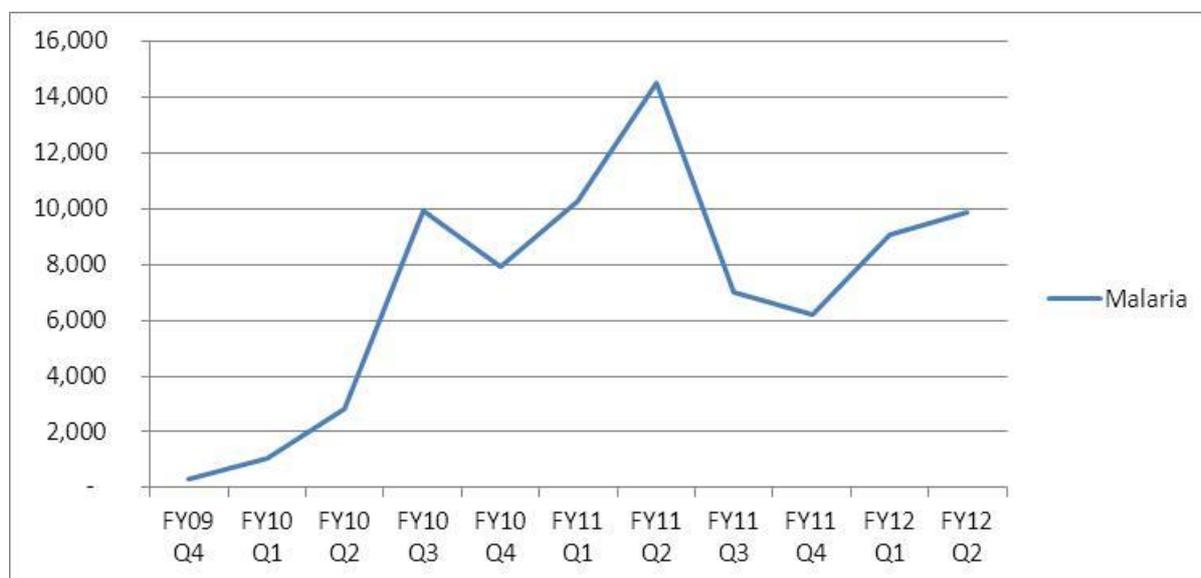
Note: MOH data includes all CSBs in the intervention districts—1,279 CSBs in 70 districts and 1,143 communes. Santénet2 data covers CHWs operating in 800 communes in 70 districts.

See key on next page for breakdown of data.

Graph 5 Key: Breakdown of malaria cases treated, by intervention district and by CSB/CHW

	2009		2010		2011	
	CSB	CHW	CSB	CHW	CSB	CHW
Central Highlands	6,827	0	425	20	432	1,812
East Coast	47,270	0	33,498	1,804	60,249	17,043
Fringe	7,774	0	8,791	222	3,866	1,689
South	1,981	0	4,429	26	2,623	2,642
West Coast	9,634	0	8,182	47	4,771	633

Graph 6. Community case management of malaria in KM salama communes



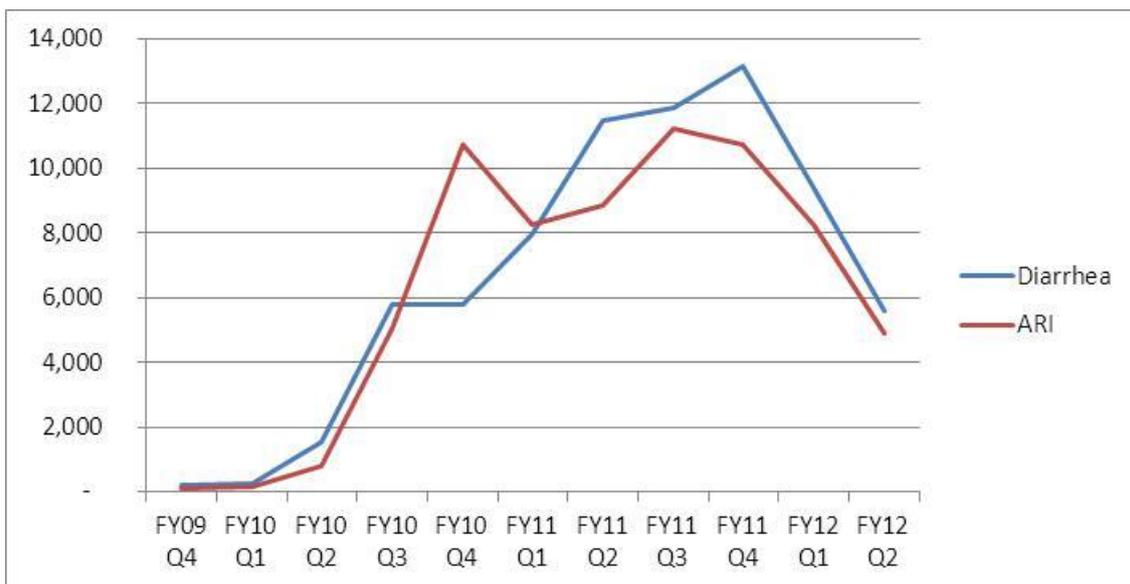
Data Source: Santénet2 c-HMIS data.

Note: Starting in FY 2011, RDT+ cases are reported. Previous periods are cases treated by ACT, without reporting on RDT results.

## MCH and Nutrition

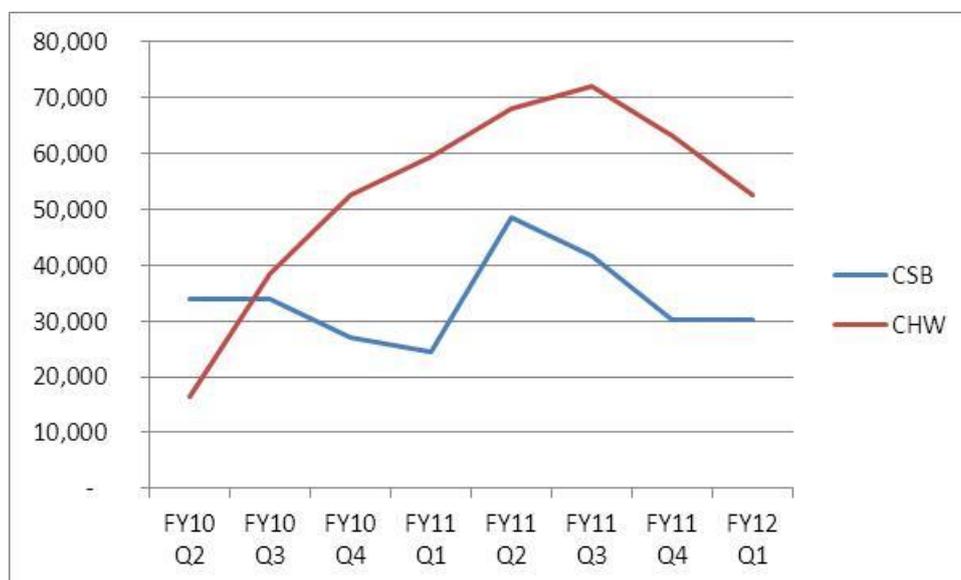
Community-based MCH and nutrition services target 900,000 children under the age of five and 240,000 pregnant women. During the reporting period, more than 58,000 children under five were treated by CHWs for diarrhea, ARI, or malaria. CHWs ensure systematic growth monitoring of 484,962 children either through use of baby scales or mid-upper arm circumference (MUAC) measurement. During the reporting period, almost 90,000 children under the age of five were detected with malnutrition problems. Graph 7 presents the trends of diarrhea and ARI case management by CHWs since 2009, and Graph 8 presents the progression of malnutrition detected by CHWs over the same period. 4,839 pregnant women received IFA supplementation from CHWs, and CHWs referred 6,861 pregnant women to CSBs for ANC.

**Graph 7. Community case management of diarrhea and ARI in KM salama communes**



Data Source: Santénet2 c-HMIS data.

**Graph 8. Number of malnourished children detected at CSBs and CHW level**



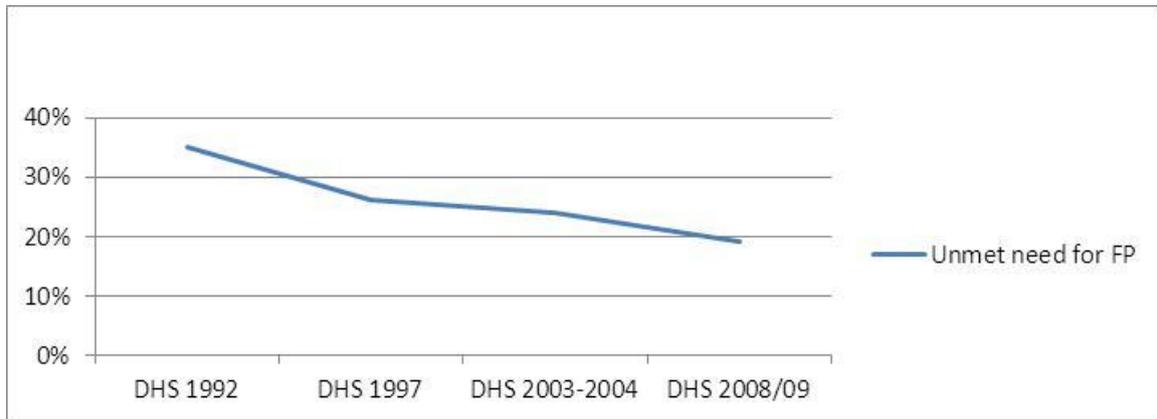
Data sources: CSB—MOH service statistics; CHW—Santénet2 c-HMIS data.

## RH/FP

Madagascar has one of the highest fertility rates in the world. Over the past decade, family planning services have become more widely available and an increasing number of women choose contraception to space or limit births. The trend of unmet need for FP is decreasing, although, the 2008/09 DHS indicates that almost 1 out of 5 women has an unmet need (Graph 9). Santénet2 Mother Health CHWs offer FP counseling to women of reproductive age and provide a range of FP methods. Over the past three years, Project-trained and supervised CHWs have steadily served an increasing number of women with FP services. Both the total number of FP users served at the

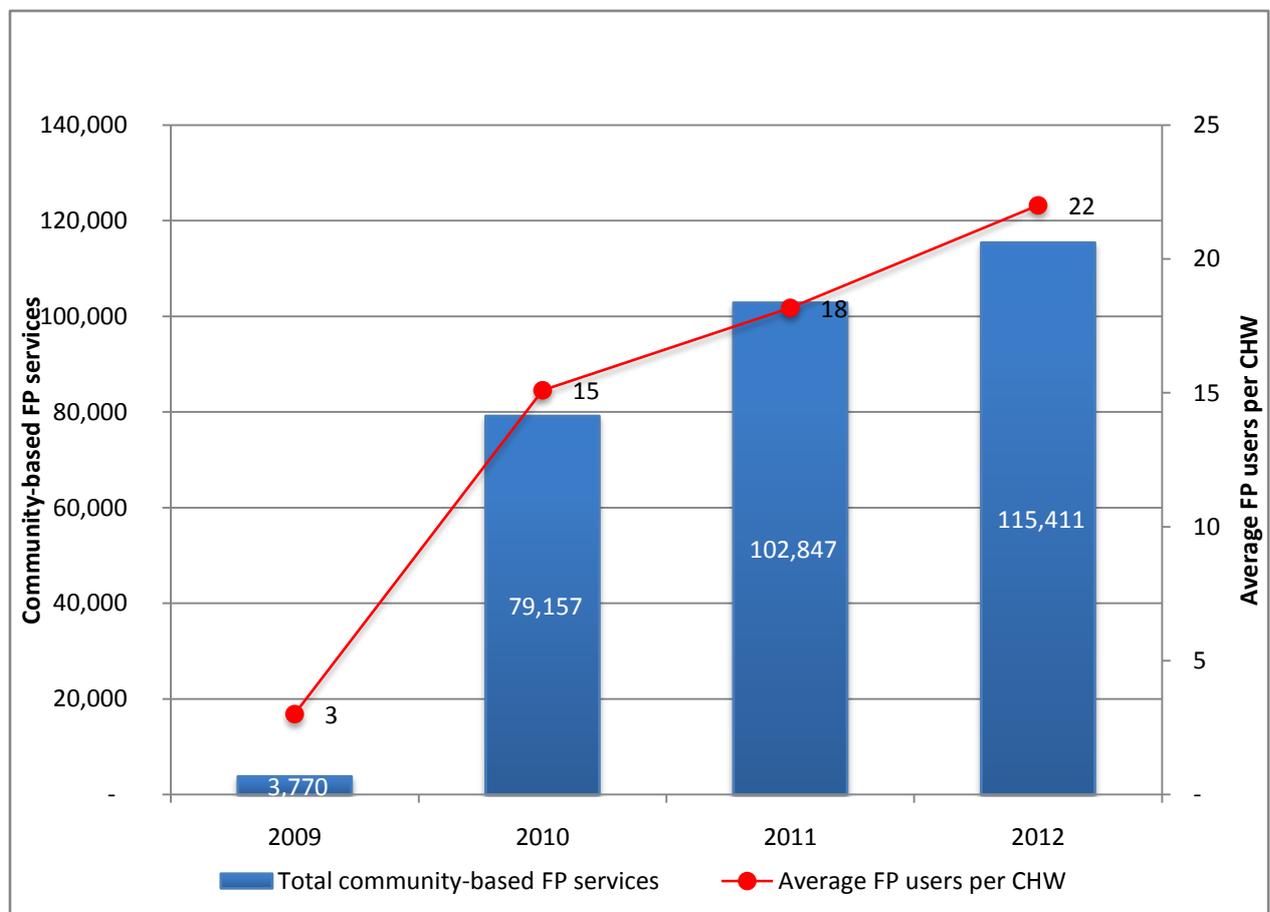
community level and the average number of women using FP served by one CHW have increased, as indicated in Graph 10.

**Graph 9. Unmet need for FP—Madagascar**



Data Sources: DHS, MICS, MIS.

**Graph 10. Community-based FP services in KM salama communes**



Data sources: Santénet2 c-HMIS data.

## **WASH**

Santénet2 continued implementation of the CLTS approach in 480 KM salama communes. Through this approach, 3,483 new latrines were constructed, thus decreasing the practice of open-air defecation. In 135 KM salama communes, 340 water infrastructures were built (new construction) or were improved (existing infrastructures) by the communities' own resources through Project technical assistance. An additional 1,298 CHWs were certified as WASH-friendly (i.e., they store and use clean water at home, have hand-washing systems at home, and use latrines), bringing the total number of certified WASH-friendly CHWs to 3,026.

## **STI/HIV/AIDS**

Santénet2 continued support to MARP associations. A total of 17 associations received assistance from Santénet2. During this period, Project-trained peer educators from MARP associations reached almost 5,400 CSWs and MSM through HIV/AIDS awareness-raising and prevention activities, as well as promotion of services. During this semester, a total of 1,330 CSWs and MSM chose to use voluntary counseling and testing (VCT) and STI screening as a result of these Project-supported activities

# Performance Review by Technical Component

## Component I: Community Programs

### A. INTRODUCTION

Under the Community Programs component, Santénet2 staff worked on four major strategic focuses during this fiscal year: (1) making tools available to community-based actors; (2) implementing a mass BCC strategy; (3) implementing the new strategy for the mutual health insurance scheme; and (4) establishing the WASH strategy in the communes implementing the KM salama approach. By implementing these strategic focuses, Santénet2 aims to strengthen community commitment in the 800 communes who are implementing the KM salama approach, because this commitment guarantees the activities' sustainability and the realization of the community's ownership of the approach.

To facilitate activity implementation at the community level, Santénet2 updated ten (10) tools and designed four (4) new ones. In addition, during Semester I, Santénet2 produced more than 118,000 items to meet the needs of community-based actors, and distributed more than 149,000 items in 302 parcels.

Communication activities conducted by CHWs in various forms were backed by the airing of 9,806 radio spots on the 16 topics and 116 reports on activities produced by 28 local radio stations contracted by Santénet2. Collaboration with the local radio stations enabled the Project to cover 772 communes implementing the KM salama approach (97%). In terms of coverage, the aired message reached about 9 million people. Through the radio spots monitoring system that is based on working with 52 mystery listeners, it was noted that many people request the spots to dedicate them to some other listeners and that some radio stations air the spots all day long to enrich their programs.

As part of implementing the new strategy for the mutual health insurance scheme, the Project strengthened 77 Commune Initiative Committees (CIC) in four districts, including in 68 communes implementing the KM salama approach. This skills-building was made possible through the 46 trainers that the Project trained. Currently, membership in the mutual health insurance groups stands at 8,998 people, which is far from the target of 300,000 members for this fiscal year. However, it should be noted that the enrollment period runs until late April and June 2012.

For WASH, and in particular CLTS, 3,483 new latrines were built, an outstanding achievement for Semester I, with the objective for the fiscal year being 3,000. These results reflect the community's commitment and the monitoring conducted by the members of the SDCs. Santénet2 will adopt a new strategy to implement CLTS: it will focus its efforts on a number of communes to achieve a 60% rate of use among target villages, the goal being to generate impact on diarrheal diseases. In terms of works contract management, 79 communes were supervised during this period, and SDC members benefited from orientation on the monitoring of WASH facilities management. A total of 1,298 CHWs were certified WASH-friendly during Semester I after demonstrating the required key behaviors.

## B. SPECIFIC ACHIEVEMENTS

### Strategic focus 1: Making tools available to community-based actors

#### a. Approaches

As part of supporting activities in the 800 communes implementing the KM salama approach, Santénet2 provides tools to the various community-based actors to enable them to perform their tasks. The Community Programs Component estimated their quarterly needs, designed or revised some tools, and produced and distributed tools to users through implementing partner NGOs.

#### b. Results

During Semester 1 of 2012, ten (10) tools were updated (compared to the eight (8) planned). The four CLTS monitoring forms were updated to facilitate the community-based actors' work.

A total of four (4) tools were designed, compared to the three (3) planned. Two (2) new tools were developed in response to implementation needs.

To meet the needs of community-based actors in the 800 communes implementing the KM salama approach, Santénet2 produced 118,196 items (see *List and number of tools produced*, in **Annex 9**) during Semester 1.

In terms of availability of tools, 302 parcels with 149,437 items were dispatched in response to the needs expressed by implementing partners, and these were delivered to:

- Resupply CHWs with management tools;
- Provide additional training tools; and
- Equip local supervisors with management and supervision tools.

Partner NGOs returned proofs or receipts at a rate of 76.8%, whereas this rate was only 42.6% for CHWs/SDCs.

Because the tools distribution system is proving to be of great importance as well as effective, Santénet2 will continue to document this process during Semester 2 of 2012.

#### c. Challenges and corrective actions

Challenges for the future include the following:

- Keeping tools updated;
- Ensuring integrated supervision and having the required form for RH/FP;
- Making tools available to implementing partners, according to their action plans; and
- Strengthening the monitoring of tools distribution and making sure the tools are received by users.

#### List of Tools Updated and Designed

##### 10 tools updated:

- Child register (addition)
- Maternal register
- Early screening of pregnant women
- Maternal and neonatal health job aid
- ST monitoring tools
- CLTS guide
- CLTS monitoring form for SDC
- CLTS initiation monitoring form
- WASH-friendly CHWs monitoring form
- Monitoring form for structures in charge of water management

##### 4 tools designed:

- Training curriculum on maternal and neonatal health management
- Level 2 CHWs in charge of child health
- Mutual health insurance poster
- Invitation card for mutual health insurance

## Strategic focus 2: Implementing a mass behavioral change communication (BCC) strategy

### a. Approaches

Local radio stations are one of the avenues Santénet2 uses for its BCC strategy, serving as a spearhead for the dissemination of similar health messages in the intervention communes.

The various media are effective communication tools that can strengthen the communications conducted by community-based actors, namely CHWs, SDCs, and *Plateforme des Leaders Religieux et Organisations Confessionnelles* (PLeROC) members. It facilitates reaching the most remote and closed groups within the society and enables communicating messages about behavioral change at the community level.

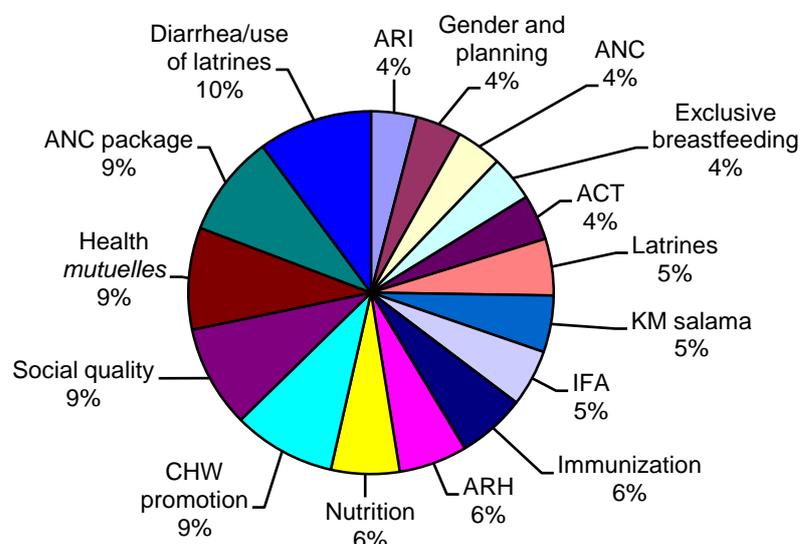
Sixteen (16) different spots with health messages were aired through partner radios after translation into local dialects. The managers of the local radio stations were oriented on the KM salama approach to enable them to produce better targeted reports on the community-based actors' activities.

### b. Results

During Semester I of 2012:

- 772 communes were covered through airing of spots by partner radio stations, i.e., 97% of the communes implementing the KM salama approach;
- 28 contracts were signed with the partner radio stations for the airing of spots;
- 52 mystery listeners, out of the 56 planned, ensured that airings in the various localities were monitored (two listeners per radio station); 4 radio stations aired the spots frequently, in addition to complying with their purchase order, and required only one mystery listener per station, and;
- 9,806 spots were aired. Thus, the number aired is well above the set objectives for the semester. Santénet2's achievement rate for this intervention is 146%. (See *Spots airing per radio station and per topic in Annex 7.*)

**Figure 2. Distribution of radio spot aired, by program area**



- Sixteen (16) radio managers were oriented on the KM salama approach, compared to the fourteen (14) planned for the entire FY 2012. Two facilitators trained last year took part in the orientation session this year because the radio station where they work now covers two districts implementing the mutual health insurance scheme. A new strategy was designed for this topic, and its implementation has just begun.
- Fifty-five (55) reports on activities were produced in cooperation with local radio stations. The initial plan was to produce 56 reports, but one radio manager resigned, which accounts for one less report.
- The 55 reports were aired 116 times; the objective of 56 airings of reports has been largely exceeded (by 207%).

### *c. Challenges and corrective actions*

Santénet2's priorities for improving the activity monitoring conducted in partnership with local radio stations consist of the following:

- Strengthen collaboration with mystery listeners to monitor airings
- Select topics for the spots and reports to be developed to better address the needs of each program and/or region, taking into consideration the local circumstances related to health.

## **Strategic focus 3: Implementing the new strategy for the mutual health insurance scheme**

### *a. Approaches*

As part of revitalizing mutual health insurance schemes, Santénet2 implemented a new strategy for setting up mutual health insurance groups at the district level in four districts: Ambohimahasoa, Ambalavao, Ambositra and Vatomaniry. Management bodies that are not intended to be permanent—the District-level and Commune-level Initiative Committees (DICs and CICs)—were established to raise awareness, manage enrollment, collect contributions, and set up the final management structures for the mutual insurance schemes. Each district developed its own action plan in line with Santénet2's expectations.

### **Summary of the spots airing reports**

#### Background

- Twenty-eight (28) partner radios;
- Two (2) mystery listeners per radio station to ensure monitoring for 24 radio stations and 1 mystery listener per radio station for four radio stations; 52 mystery listeners provide monthly reports on the airings done by the radio stations.

#### Findings

- The reports by radio station managers match the purchase orders issued by Santénet2.
- The reports by mystery listeners show that there can be variations: negative variations or positive variations.

#### Causes of positive variations

- The radio manager appreciates working with Santénet2 and performs additional airing as a bonus to Santénet2.
- The spots are used as illustrations in health programs.
- The spots are requested by listeners who dedicate them to other listeners.

#### Causes of negative variations

- Airing time changed by radio managers for various reasons: for their convenience, power cuts, etc.
- Mystery listeners are not available at times.

#### Solutions adopted

- DRV and Santénet2 remain in touch for timely reporting of problems.
- Radio managers are regularly reminded of their obligation to follow the airing time specified in the Purchase Order (topic to be aired and airing time).
- Mystery listeners who are not operational or who cannot be contacted for reporting are replaced.

## b. Results

The four districts, which include 68 communes implementing the KM salama approach and 9 that do not, began the process of setting up mutual health insurance schemes. Because the approach is at the district level, 9 communes that are not implementing the KM salama approach were included in the process.

A pool of 46 trainers, pulled from partner NGOs as well as independent trainers, was set up in early November to conduct training and provide coaching and monitoring of mutual health insurance activities in the field. Santénet2 organized two training sessions to update the trainers' knowledge and strengthen their capacity.

In all, 77 CICs, including 68 in communes implementing the KM salama approach, started the promotion of mutual health insurance in their communities. 889 CIC members (compared to the 680 planned) were trained for this activity. Field actors believed that it was necessary to have one representative per *fokontany* in the CIC, which increased the number of members per commune from 10 to 15.

The DICs, CICs, and NGOs supported by Santénet2 conducted awareness-raising activities. As part of this, 2,500 posters and 50,000 invitation cards were produced and distributed in all the *fokontany* in the four districts, and a radio spot on mutual health insurance was aired through local radio stations. Since then, the CICs/DICs have diversified their activities to include meetings and local facilitation on their own initiative.

Two districts, Vatomandry and Ambohimahaso, have started accepting subscriptions and collecting contributions during Semester I as shown in the following table.

**Table 3. Members and contributions for mutual health insurance in two districts**

District	Number of members	Rate out of total population (%)	Contributions collected
Vatomandry	1,538	1.01%	Ar 4,927,100
Ambohimahaso	7,460	3.21%	Ar 18,650,000
<b>Total</b>	<b>8,998</b>		<b>Ar 23,577,100</b>

The total number represents 12% of Santénet2's objective of 75,000 members in Semester I between the two districts.

The subscription period has been extended to May/June for all districts to improve this rate and to enable mutual health insurance groups to operate. In Ambalavao and Ambositra, the actors are at the stage of awareness-raising. Subscription and payment of contributions should start in April.

At the current stage of implementation and given the postponement, the executive committees (these will be permanent management bodies) have not yet been set up. However, the manual of procedures for the commune-level and district-level Executive Committees and healthcare providers has been developed through a consultancy.

The dashboard for mutual health insurance schemes has been developed and updated. The data and information collection pipeline is shown in Figure 3. Data collection frequency was set to be weekly for mutual health insurance activities to allow for up-to-date information to be available for timely responses as needed.

**Figure 3. Mutual health insurance data collection pipeline**

Four (4) supervision visits were conducted out of the eight (8) planned. Given that the process has not gone farther than the subscription phase, only those supervision visits relating to awareness-raising and contribution collection were conducted. The other supervision visits will be conducted in Semester 2 according to the timeline for setting up the management structures of the mutual health insurance schemes in each district.

**c. Challenges and corrective actions**

The population’s motivation to subscribe to mutual health insurance schemes is strongly dependent on the communications they receive. The members of previous mutual health insurance groups in Vatomandry and in Ambohimahasoa did not initially embrace the new concept on their own. They had to be targeted with additional IEC/BCC. In addition, administrative, religious, and social leaders play an important role in encouraging people to join the schemes.

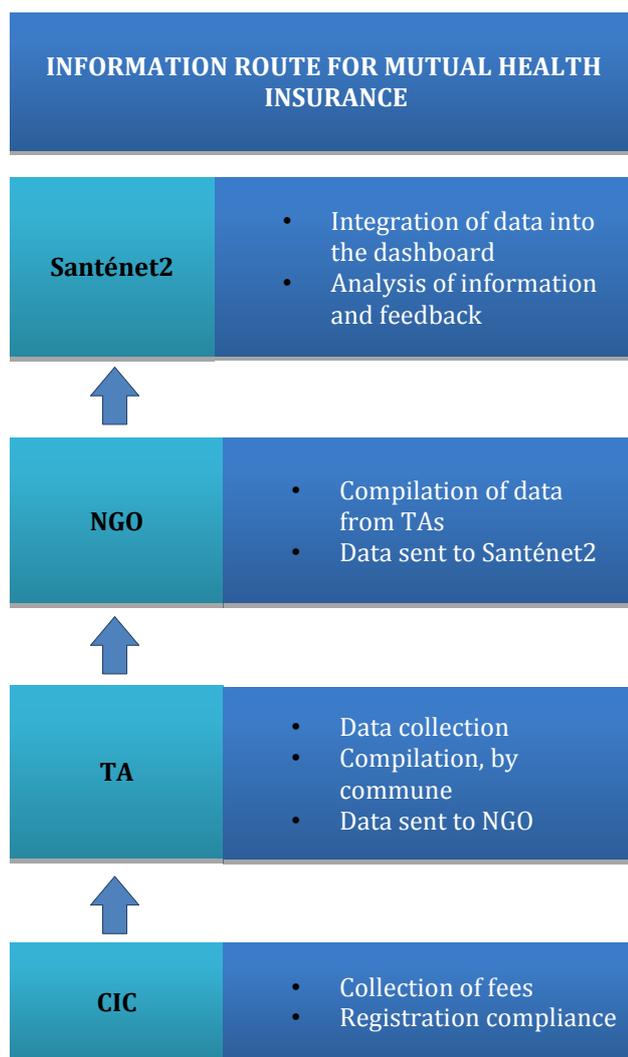
The current membership rates are far from Santénet2’s objectives, which are 50% of the population being covered (300,000 members). It should be noted that the mutual health insurance groups will have to operate once the subscription period is closed, regardless of the number of members. Management strategies and models will be developed based on the results obtained in each district. The activities aimed at increasing membership will be reinforced and diversified, including partnership with umbrella organizations in the districts.

Furthermore, field missions will be conducted for observing and assessing the situation, as well as for making decisions promptly in consultation with initiative committee members who are from the communities. The visits will aim to improve field interventions and thus the membership rate.

**Strategic focus 4: Establishing the WASH strategy in the communes implementing the KM salama approach**

**a. Approaches**

To strengthen ownership of WASH activities among the communities, Santénet2 has made SDCs and CHWs responsible for initiating and monitoring the CLTS approach. The Project organized an orientation of STs on WASH activities. In turn, STs updated the SDC members to enable them to conduct and monitor WASH activities in their respective communities.



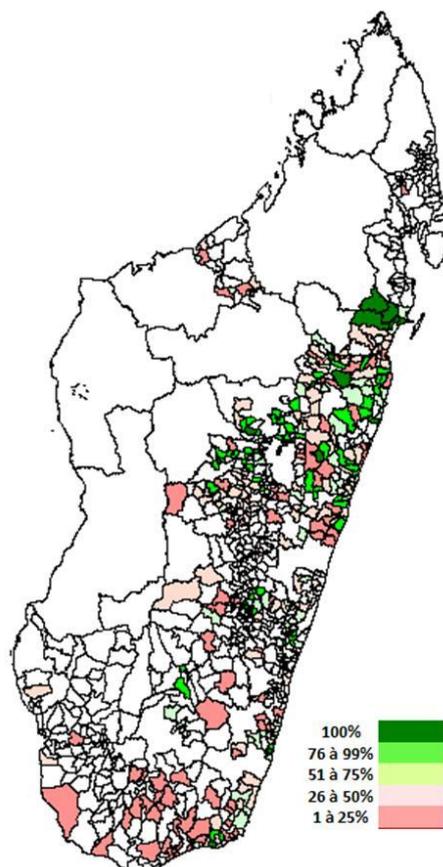
In addition, as part of modeling WASH behaviors, CHWs and SDC members had to meet three criteria: using latrines, having a device for washing hands with soap, and having a storage device for clean water. Once they meet the three criteria, the CHWs/SDC members are certified WASH-friendly. This activity is led by SDC members with the support of STs.

As part of its support to communes implementing the KM salama approach, Santénet2 strengthens their capacity to manage work contracts relating to water facilities as well as their capacity to manage the facilities. The members of the structures in charge at the communes were trained on the Water Code, planning, public-private partnership, and public procurement.

#### a. Results

- The CLTS Guide has been updated.
- 115 STs were oriented on WASH to enable them to build the SDCs' capacity to implement and monitor WASH activities.
- 1,373 SDC members were updated on WASH activities: CLTS, guidelines for WASH-friendly CHWs, and monitoring of the communes' achievements in terms of water facilities. The objective of 2,837 SDC members updated was not achieved. Updating for the remaining SDC members will be done during the KM salama reviews during Semester 2.
- The CLTS approach was initiated in 305 new villages, and 187 new villages were monitored. The goal is 750 villages; however, because the objective for updated SDC members has not yet been completed, this objective has not yet been achieved.
- 3,483 new latrines were built, and 37,270 people are using them, which is far above the objective set. CLTS activities have become highly successful among the communities pursuant to the capacity building provided to STs and SDC members.
- Achievements related to WASH facilities were monitored in 79 communes. To ensure continuity of activities carried out by sub-contractors, members of the CDS assume the commune monitoring of achievements in terms of water infrastructure. The goal for the first semester is 82 communes following up.
- 1,298 new CHWs were certified as WASH-friendly. The objective of 1,536 was not achieved. The certification of CHWs as WASH-friendly uses the results of the SDCs' monitoring. Some communes are still waiting for the SDC members to be updated before they start monitoring CHWs. Santénet2 has not yet received some reports.
- 484,047 people were sensitized on WASH messages, which is above the objective set.

**Figure 4. Percentage of WASH-friendly CHWs per commune**



- Santénet2 took part and supported three WASH-related World Day celebrations.

*b. Challenges and corrective actions*

- The main challenge is to develop ownership of CLTS activities by the communities, in particular by SDCs and CHWs. Santénet2 will adopt a new strategy for implementing CLTS: it will focus its efforts on several communes to achieve a 60% rate of use among target villages, the goal being to generate impact on diarrheal diseases.
- During Semester 2, special efforts will be made to obtain the various reports from SDCs and STs, in particular reports on the initiation and monitoring of CLTS, reports from WASH-friendly CHWs, and communes' reports on WASH facilities.

# Component 2: Strengthening Community Health Systems

## A. INTRODUCTION

The Santénet2 project strengthens community health systems and puts quality at the heart of its central approach, the KM salama program. Quality of community-based service is measured in terms of CHWs' compliance with norms and standards as well as in terms of the community's satisfaction with the services provided. Strengthening the health systems entails reviewing data on an ongoing basis, improving the availability of health products, and promoting participatory governance of health services, which includes setting up community-based mechanisms for the referral of patients or women about to deliver.

- Community commitment is a precondition of achieving quality of service and materializes in the SDCs' activities. SDC members identify their communities' needs in the area of health and the responses possible at the local level and support local actors. In 567 communes implementing the KM salama approach, the project trained 7,443 SDC members and 1,134 facilitators in Social Quality. Through a review of 500 reports on community assessment meetings conducted in 100 KM salama communes and 100 SDC self-assessment reports, the communities' level of commitment was measured.
- In line with the National Community Health Policy, and to ensure availability of healthcare services at the community level, Santénet2 established competent CHWs capable of providing quality healthcare services in the 800 communes implementing the KM salama approach. To date, 12,058 CHWs are operational. During Semester 1, the Project conducted 27 training sessions for 77 Level 1 Child Health CHWs, 90 Level 1 Mother Health CHWs, 29 Level 2 Child Health CHWs, and 166 Level 2 Mother Health CHWs to replace those who dropped out for various reasons. The attrition rate was estimated at 5%.
- To improve the performance of CHWs as well as the quality of their services, an ongoing coaching system was set up. In addition to technical supervision provided by officers at the CHWs' reference health facilities, CHWs benefit from the support of SDC members, such as the heads of *fokontany*, the supply points, and the STs. The coaching activities are recorded in the CHW's "Tantsoroka" booklet. Reports are available for only 512 communes covering 6,282 CHWs.
- The performance of 156 STs was assessed and showed that 61% were performing well, 31% fairly, and 2% poorly.
- The community-based information system (data for decision-making) is an activity that supports all other components because it generates relevant information for program managers at all levels.

The CHWs' reports completeness rate is 71%, which is an increase compared to 63% in FY 2011. The performance of supply points is monitored to support better management of the community-based supply system, the goal being to ensure ongoing availability of products and services for CHWs.

## B. SPECIFIC ACHIEVEMENTS

### Strategic focus 1: Engaging the community in improving the quality of healthcare services

#### a. Approaches

- Expanding the Social Quality approach to all the KM salama communes: this consists in training STs on Social Quality so that in turn they can train facilitator groups in each commune to facilitate two types of activities: SDCs' self-assessment and community assessment meetings in their respective communes.
- Training based on the use of two tools—for community self-assessment and for the community assessment meeting: when implemented, the Social Quality approach results in the development of a community action plan.
- Use of the Quality Index: each semester, this tool is used to measure quality at the community level. The performance of each commune is measured based on five determinants (see textbox).

#### INDEX QUALITY SUMMARY

The quality of services at the community level is measured in reference to five determinants:

- (i) Availability of community-based workers in *fokontany* located at more than 5 km from the nearest health facility;
- (ii) Availability of adequate resources;
- (iii) Competency of community-based workers;
- (iv) Community commitment;
- (v) Use of healthcare services.

The actual measurement consists of a document review that follows a scoring system. For each determinant, the score may be one of the following three levels:

- Results at 70% or more = satisfactory (compliance with standards and norms)
- Results between 50% and 70% or more = fair (compliance to standards with some failures)
- Results less than 50% = insufficient (no compliance)

#### b. Activities implemented

- Social Quality is one way to help the community move from the position of passive beneficiaries to that of actors that are engaged in participatory governance of healthcare services' quality. STs and NGO supervisors who were trained and equipped to this end build the competencies of local actors in all of the 800 KM salama communes, in particular local facilitator groups. STs monitor and report on activities happening at the community level.
- The quality of community-based services is measured through the Quality Index tool every six months. The Project is now in its fifth round in all 800 KM salama communes.
- The Project assessed how quality of healthcare services has changed over time as well as which quality improvement activities have occurred in the 800 communes.

#### c. Results

Expansion of the Social Quality approach:

- Santénet2 trained 1,134 local facilitators and 7,443 SDC members in 567 KM salama communes to conduct the Social Quality approach.
- A review of the community assessment reports showed that the main needs are access to healthcare services, permanent availability of health products, and quality of service. On average, about 60 people take part in the community assessment meetings, out of which more than a half are women.
- For the SDCs' activities, the self-assessments indicate satisfactory results on the following items :
  - Cooperation and synergy among actors working to improve health;

- Availability of healthcare services at the *fokontany* level;
- Willingness to serve as models in the areas of environmental protection and gender promotion.

The Quality Index measurements show good performance in 90% of the 800 KM salama communes. The communities' involvement in organizing healthcare services contributed to this good performance.

Poor performance in some communes may be related to issues of competence among some CHWs (which results in low use of their services), issues of coverage with CHWs (some *fokontany* do not yet have CHWs), and issues of reporting by the CHWs.

#### *d. Challenges and corrective actions*

Responsibility-taking among decision-makers and the referral system for patients and women about to deliver at the *fokontany* level are two areas of challenge in terms of the communities' commitment for quality of healthcare services. However, it is noted that decision-making is now shifting to the local level, which is a positive behavioral change.

A monitoring framework, which measures the effectiveness of the quality improvement cycle (assess, design, implement) as well as whether the cycle is resumed upon completion, was developed and implemented as part of the effort to maintain good performance while addressing the specific issues accounting for poor performance in some KM salama communes.

The best practices and lessons learned from the Social Quality approach will be documented starting in Semester 2 of FY 2012.

### **Strategic focus 2: Ongoing coaching of CHWs**

#### *a. Approaches*

- Ongoing coaching of CHWs through training and supervision
- Review of the performance of 156 STs
- Training of STs after the performance review

#### *b. Activities implemented*

To ensure quality of the healthcare services provided by the CHWs, Santénet2 set up an ongoing coaching system. During the last three months, the supervision visits were conducted by independent or local supervisors (such as health workers in the communes) with the support of the NGOs' STs.

As part of this activity, a training curriculum for STs was developed, the tool they use for the monthly field visits was improved, and formative monitoring will be conducted.

#### *c. Results*

- 362 new CHWs in 75 communes were trained during the first semester.
- 629 group supervision sessions were completed. The 512 technical supervision visits performed, involving 6 282 CHWs, are distributed as follows:

**Table 4. Distribution of CHWs supervised, by category and level**

CHWs supervised	Level 1 Child Health CHWs	Level 2 Child Health CHWs	Level 1 Mother Health CHWs	Level 2 Mother Health CHWs
6,282	562	2,721	710	2,289

#### d. Challenges and corrective actions

The completeness and the forwarding of supervision reports are two areas of challenge. Collection of reports from local supervisors no later than 15 days after the supervision visits remains a priority if we are to solve this issue. The coordination meetings with NGOs will allow for working out a solution to this problem encountered by STs.

Because some CHWs did not attend the group reviews, additional supervision visits will be organized in the KM salama communes.

Ensuring ongoing coaching of the trained CHWs is the second challenge facing the Project, calling for reinforcing monitoring. During monthly field visits, STs have to discuss with SDCs each case of CHWs that were not supervised. They are to encourage coaches to supervise CHWs and use the "Tantsoroka" booklet. The booklet will provide them with the number of coaching sessions that occurred in the KM salama communes, enabling them to rapidly forward compiled data to the Project.

### Strategic focus 3: Building the analysis and decision-making capacities of KM salama stakeholders

#### a. Approaches

Each month, the data from CHWs' MARs that are entered in the Extranet and the SMS database are reviewed in terms of completeness and timeliness. The program managers receive feedback on reporting performance, and the feedback is communicated to NGOs to allow for decision-making at all relevant levels.

#### b. Activities implemented

As stated earlier, the CHWs' MAR data were reviewed in terms of completeness and timeliness each month.

Feedback on the reporting status of each implementing NGO is also communicated on a monthly basis. The reporting status is monitored and discussed during the monthly coordination meetings with the NGOs at the regional offices.

To address the issues of lateness and reliability of the CHWs' MARs, capacity building was provided to the NGOs' STs under the supervision of the regional offices of Toamasina and Antananarivo. The c-HMIS manager suggested adequate solutions to further data collection and entry.

#### c. Results

- Since the beginning of the project, the system has collected 145,978 MARs from CHWs, and the number of MARs sent by SMS is 150,425.

**Table 5. Status of MARs received by the Extranet (April 13, 2012)**

NGO	Total received	Total expected	Reporting rate
ASOS Central 1	3,229	3,631	89%
SN2	1,004	1,131	89%
MCDI IHO	5,162	6,060	85%
CARE	25,874	30,942	84%
Ainga 1	3,818	4,637	82%
ASOS Sud 1	4,337	5,369	81%
SAGE	5,508	6,885	80%
Ainga 2	7,726	9,679	80%
CRS	25,270	33,300	76%
Salfa	2,728	3,629	75%
ODEFI	7,388	10,033	74%
ASOS Central 2	2,585	3,537	73%
ODDIT 1	4,818	7,250	66%
Ny Tanintsika 1	4,558	6,942	66%
ODDIT 2	2,722	4,326	63%
Ny Tanintsika 2	2,754	4,483	61%
AIM	10,777	18,019	60%
Zetra	2,846	4,776	60%
MCDI RSO	3,666	6,380	57%
MSIS	6,385	11,455	56%
PENSER	3,966	7,388	54%
ASOS Sud 2	5,967	11,148	54%
ACCES Zon'olombelona	2,790	5,901	47%
TOTAL	145,978	206,901	71%

- During Semester I, the completeness rate for the two pipelines (SMS and Extranet) has been satisfactory at more than 71%.

#### d. Challenges and corrective actions

The challenge is to maintain the performance of the c-HMIS (completeness, timeliness, and reliability) at above 70% and to effectively support NGOs' STs to improve their reporting performance in reference to those three criteria.

A survey on the reliability of data will be conducted in Semester 2 to determine the reliability and the validity of data reported, based on a representative sample.

### Strategic focus 4: Ongoing availability of health products for CHWs

#### a. Approaches

To better meet the needs of vulnerable population groups for health products in the 800 KM salama communes, the project adopted a permanent supply system relying on supply points at the community level.

Stock-outs were minimized thanks to the monitoring of the supply system (review of invoices and delivery slips of supply points), the monitoring of inventories at all levels, and compliance with the distribution and ordering schedule.

#### b. Activities implemented

The ongoing availability of services is dependent on the functionality of supply points, which can be assessed when information is available on the inventories at all levels as well as quantities distributed at each supply point.

#### c. Results

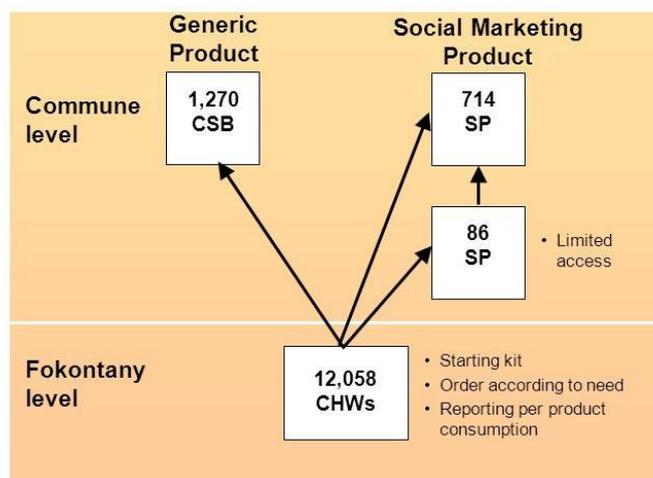
- The 800 KM salama communes have a supply point (see Figure 5 at right).
- 704 functional supply points are supplied through social marketing.
- 100% of the supply points were supplied with ACT and RDTs during the emergency distribution in November 2011. A review of invoices/delivery slips showed that 704 supply points were resupplied with health products.

#### d. Challenges and corrective actions

The challenge is to ensure permanent availability of health products at the community level. Corrective actions are to be effected at several levels:

- Participation of the RH/FP and community-based integrated management of childhood illnesses (c-IMCI) program managers in the meeting to quantify national needs

**Figure 5. Two complementary channels ensuring a continuous supply at the community level**



- Monthly meetings between the Project and Population Services International (PSI) to monitor the distribution and the availability of social marketing products at the community-based supply points
- Monitoring of the availability of health products at the supply points and among CHWs during the regional offices' coordination meetings with implementing NGOs
- Taking account of health products' availability in the community action plans
- Strengthening the monitoring of SDCs and organizational support provided to CHWs and supply points

## Component 3: Strategic Results

### A. INTRODUCTION

Under the Strategic Results Component, five priority programs are implemented to offer quality integrated healthcare services in contribution to the achievement of the MDGs, including reduction of maternal and child mortality. The five programs relate to MCH, RH, malaria control, STI/HIV/AIDS control, and WASH.

The programs are implemented through Child Health or

Mother Health CHWs that were established in the *fokontany* located at more than 5 km from the nearest health facility. The CHWs' services are aimed at promoting prevention of diseases and case management, as well as at stimulating demand for FP services at the community level.

During the project's third year, the range of services provided by the CHWs in the 800 KM salama communes was expanded to include the four FP methods and community-based Depo Provera in the field of family planning; management of pregnant women and newborns; STI/HIV/AIDS prevention; and promotion of child health, which encompasses growth monitoring and promotion as well as ARI, malaria, and diarrhea prevention and case management.

During Semester I of FY 2012, 12,058 CHWs provided community-based services.

**Table 6. Distribution of CHWs, by category and level**

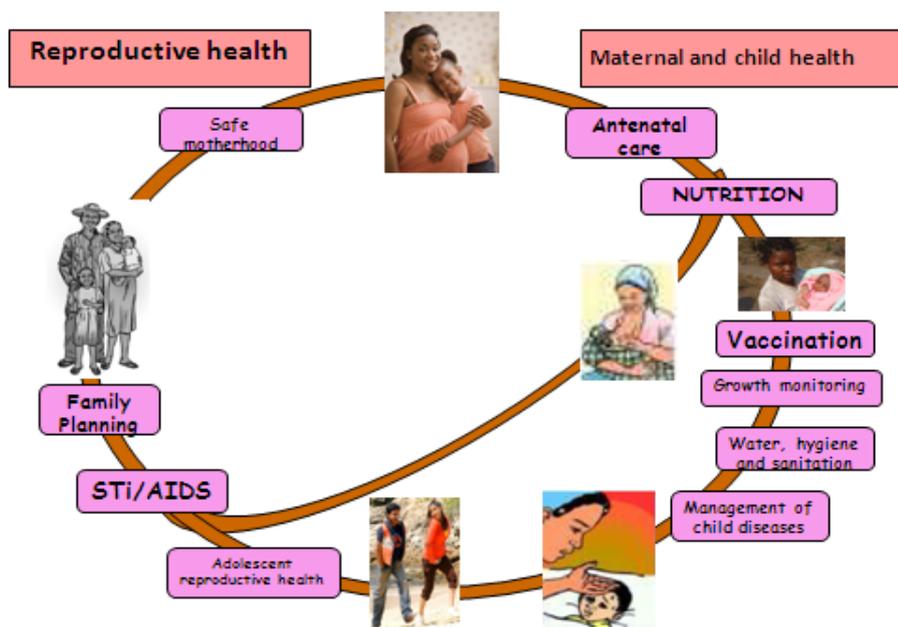
	Level 1	Level 2	Total
Child Health CHWs	1,277	4,653	5,930
Mother Health CHWs	1,316	4,812	6,128
<b>Total</b>			<b>12,058</b>

Source: Santénet2's Database

### MCH

The Project's activities in the field of MCH/nutrition aim to stimulate demand for healthcare services for children at the community level, prevent malnutrition, and provide community-based services relating to MCH in the 800 KM salama communes.

**Figure 6. Life cycle and continuum of care: backbone of KM salama integrated community health services**



In Semester I of FY 2012, the 12,058 CHWs trained, equipped, and supervised by the Project provided services to more than 900,000 children under five, and 240,000 pregnant women in *fokontany* located at more than 5 km from the nearest basic health facility (CSB).

In terms of case management for children:

More than 58,000 children under five were treated for one of the three main diseases (malaria, ARI, and diarrhea) using c-IMCI. Case management was reinforced by follow-up visits at home or at the CHWs' work place. When a child shows danger signs, the CHWs advise caregivers on the practices to adopt on the way to the CSB.

The 5,930 Child Health CHWs in the KM salama communes reinforce growth monitoring and promotion when the lean season comes (from November to March). The upper-arm circumference is routinely measured for any child showing low weight, to screen for acute malnutrition and decide if they need to be referred to a CSB. More than 484,962 weight measurements for children were performed in *fokontany* located at more than 5 km from the nearest health facility in the KM salama communes from October to March 2012.

## **RH/FP**

The project's activities in this area aim to stimulate demand for FP services and support community-based FP services in the 800 KM salama communes. CHWs are trained and equipped by the Project to provide FP services to more than 1,100,000 women of reproductive age in *fokontany* located at more than 5 km from the nearest CSB. Mother Health CHWs reached 157,237 people with sensitization on FP over the reporting period. There were 115,411 regular users of FP services in the 800 KM salama communes served by Mother Health CHWs. To maintain the quality of services provided at the community level, the Mother Health CHWs were monitored and coached by a range of community-based actors, and the linkages between the CHWs, the STs, and the CSBs were strengthened.

## **Malaria**

In the area of malaria, the activities of Child Health and Mother Health CHWs consisted of early screening of pregnancies and referral to CSBs for ANC services, which include intermittent preventive treatment of malaria in pregnancy (IPTp) and use of long-lasting insecticide-treated nets (LLITNs). Malaria case management among children under five is done as part of c-IMCI and is performed by Level 2 Child Health CHWs.

During Semester I of FY 2012,

- 6,861 pregnant women were referred by CHWs to health facilities to benefit from the ANC package, including intake of sulfadoxine pyrimethamine for IPT;
- 26,553 children with malaria were diagnosed and treated by Level 2 Child Health CHWs.

## **STI/HIV/AIDS**

MARPs, such as CSWs and MSM are Santénet2's priority groups for STI/HIV/AIDS control.

Santénet2 supports religious leaders and FBO platforms in disseminating health messages in the KM salama communes during their worship events.

## B. SPECIFIC ACHIEVEMENTS

### Strategic focus 1: Improving MCH/nutrition

The objective of this strategic focus is to ensure the availability of quality integrated community-based services to mothers and children in the 800 KM salama communes.

#### a. Approaches

- Regular meetings with MCH and nutrition partners to discuss achievements, challenges, and lessons learned from community-based activities in the KM salama communes allow for identifying and sharing best practices.
- To expand the range of services provided and improve the quality of services, Mother Health and Child Health CHWs benefit from skills building.
- Cooperation with partners such as the United Nations Children's Fund (UNICEF) was developed to improve practices in the field of infant and young child feeding, complementary feeding, maternal nutrition, micronutrient supplementation, and hygiene. To this end, health workers, CHWs, and male leaders are offered capacity building in interpersonal communication techniques, namely negotiation with mothers, child caregivers, and parents.
- Thanks to supervision and coaching, Child Health and Mother Health CHWs remain active, providing services on an ongoing basis, and uphold the quality of their services.

#### b. Results

Santénet2 took part in four (4) coordination meetings with various partners, including Strengthening and Accessing Livelihoods Opportunities for Household Impact (SALOHI) (1 meeting) and Maternal and Child Health Integrated Program (MCHIP) (1 meeting).

- The tools used for the KM salama approach were shared with the partners: (1) the pregnancy early screening and pregnant woman monitoring form, (2) job aids for pregnancy and newborn management, and (3) CHW supervision grids.
- The pregnancy early screening and pregnant woman monitoring form as well as the job aids were made available to CHWs and were used in support of proper management of pregnant women and newborns. This form was incorporated in the curriculum used by MCHIP and SALOHI for MCH management.
- A coordination meeting with UNICEF and the MCH and RH Directorate was organized to plan for the continuation of cooperation (1 meeting). The agenda included the following items:
  - Continuation of IFA supplementation activities by 1,872 CHWs in the southern part of Madagascar, to reach 88 communes, in seven districts in two regions (Androy and Anosy);
  - Preparing training on interpersonal communication on the topics of infant and young child feeding and maternal nutrition, involving 105 communes in eight districts and four regions (Androy, Anosy, Atsinanana, and Boeny).
- A meeting was organized by the Nutrition Task Force (that includes the nutrition cluster) and was attended by UNICEF, UN World Food Programme (WFP), Food and Agriculture Organization (FAO), World Health Organization (WHO), Santénet2, Médecins du Monde, *Action Socio-sanitaire Organisation Secours* (ASOS), National Nutrition Office (ONN), GRET-Nutrimad, and CARE. During the meeting, the partners presented the assessment of

damages caused by cyclones Giovana and Irina and their respective responses to needs on the short and medium term. Capacity building is planned for Semester 2 of FY 2012 to enable CHWs to ensure nutritional surveillance at the community level in target areas pursuant to the cyclones. The training plans and the budget have been drawn up and the independent trainers trained by Santénet2 will be involved in the series of training. UNICEF and SALOHI will provide financial support, and Santénet2 will work to guarantee the quality of training. Similarly, awareness-raising on disease prevention and case management at the community level will be reinforced.

In terms of capacity building for CHWs:

- 1,901 Mother Health or Child Health CHWs in 128 KM salama communes were trained on case management and referral of pregnant women for safe motherhood using the “early pregnancy screening and pregnant woman management form,” and 6,861 pregnant women were referred to health facilities for ANC.
- 2,413 Mother Health or Child Health CHWs were trained on interpersonal communication and on infant and young child feeding and maternal nutrition in 76 communes in the South in collaboration with UNICEF. Santénet2 and the NGOs in the KM salama communes identified participants and trainers and ensured the logistics, and UNICEF provided financial support.

In terms of growth monitoring and promotional activities:

- The Child Health CHWs performed 484,962 weight measurements, i.e., an average of 148 per CHW.
- 13,217 cases of severe malnutrition were identified and 10,535 were referred to the CSBs, i.e., a referral rate of 80%, which is a 62.5% increase in this rate compared with FY 2011.

In terms of case management for children:

- More than 58,000 children under five were treated for one of the three main diseases (malaria, ARI, diarrhea).
- 17,212 children under five years of age were treated for diarrhea, and 15,216 children were treated for ARI.
- 10% of disease cases among children under five were referred to a CSB because they showed signs of danger.
- Case management is reinforced by follow-up visits at the children's home or by counseling on good home practices to be performed until reaching the CSB for those children that are referred for danger signs.

As part of strengthening the monitoring and supervision of CHWs in the 800 KM salama communes, Santénet2 ensured that supervision tools—the supervision grids and the Tantsoroka booklets—were available to the various supervisors (local supervisors, independent supervisors, STs from the NGOs, SDCs, and Santénet2).

The tool that STs use during their field visits allows for monitoring the items reported in the CHWs' supervision grids and was updated to ensure ongoing and effective coaching and supervision of CHWs. The tool enables STs to monitor the CHWs' activities and to check the conformity and the reliability of the CHWs' MAR data as well as to improve the outcomes of their monthly visits to the communes implementing the KM salama approach. STs will benefit from a 2-day training in April and May to familiarize them with the content and the use of this field visit tool.

### c. Challenges and corrective actions

- It is difficult to obtain data on the referrals done by CHWs because the CSBs do not send counter-referral forms to the community workers or the women referred fail to bring them back.

The maternal and newborn management form was improved and is now used by Mother Health and Child Health CHWs. This tool was designed to reinforce the CHWs' capacity to follow up with pregnant women and newborns in the *fokontany*. It should be noted that the effectiveness of the referral system is strongly dependent on the services provided at health facilities and the linking of their work with CHWs.

The CSBs in the 88 KM salama communes in the South (Anosy and Androy) have undergone stock-outs of IFA, a commodity procured by UNICEF, since October 2011. The dispatching of the second batch of IFA to the CSBs was delayed. As result, women who came to CSBs for their first ANC visit did not get their first free dose. A coordination meeting was organized among UNICEF, MOH, and Santénet2 on March 14, 2012 to request UNICEF and the MOH to find a solution to this problem.

- The CHWs working in the KM salama program as well as in other projects such as those operating in Santénet2 and SALOHI's common regions are making efforts to ensure appropriate reporting of activities. To avoid double counting of weight measurement sessions, a coordination meeting was organized with SALOHI to discuss the use of a complementary reporting form.
- The effectiveness of the referral and counter-referral system between CHWs and CSBs remains a challenge. CHWs refer severe malnutrition cases, serious cases screened under c-IMCI, and pregnant women for ANC to CSBs. STs will benefit from capacity building so that they can support CHWs to improve reporting.

<b>Regions common to Santénet2 and SALOHI</b>	<b>Number of communes</b>
<ul style="list-style-type: none"> <li>• Amoron'iMania</li> <li>• Vatovavy Fitovinany</li> <li>• Anosy</li> <li>• Androy</li> <li>• Atsinanana</li> </ul>	112 communes

## Strategic focus 2: Scaling up community-based services in the areas of RH/FP, adolescent reproductive health (ARH), and safe motherhood

### a. Approaches

To harmonize approaches and share experiences, the RH/FP partners committee organizes an annual coordination meeting.

Furthermore, the RH commodity security committee organizes two meetings per year to estimate RH/FP product needs. Santénet2 takes part in these meetings and shares data on the use of contraceptives at the community level.

In the field of ARH, two youth leaders were established in each of 599 KM salama communes to conduct group discussions with peers. To identify best practices and address implementation challenges in the field of ARH, inter-regional meetings will be organized to foster exchange and sharing of good practices. Independent trainers monitor the youth leaders' activities.

Mother Health CHWs benefited from coaching through the supervision during the group reviews and through support of other actors such as the SDCs and STs.

### b. Results

- The Project attended three meetings or workshops organized by RH/FP partners:

- The RH/FP partners’ coordination meeting in December 2011, during which the Project shared the results on the use of community-based services in 2011, focusing on CHWs’ achievements. This workshop was an opportunity for the Mother Health CHW from the commune of Mahavelona in the region of Atsinanana to share information on her activities in her *fokontany*, which are regarded as best practices. She serves 64 regular users, out of which 38% are using Depo Provera.
- Workshop to validate the manual for quantifying needs for health products by the RH/FP partner committee in October 2011 in Moramanga.
- Workshop to quantify health product needs in December 2011 in Ampefy: the data on consumption of contraceptives distributed at the community level were shared to allow for estimating needs for community activities.
- Mother Health CHWs were provided with management tools and IEC/BCC tools for FP services after training at the beginning of the project. To build their technical and communication capacities for provision of RH/FP services, they benefit from ongoing coaching by the NGOs’ STs as well as coaching designed for professional development through group supervision carried out by local supervisors.
- In Semester 2, 6,128 Mother Health CHWs will provide FP services in the KM salama communes. Out them, 21% (1,316) Level 1 Mother Health CHWs provide oral contraceptives (pills), barrier methods (condoms and spermicide), natural methods (lactational amenorrhea method [LAM] and SDM) and 79% (4,812) Level 2 Mother Health CHWs provide the injectable contraceptive Depo Provera in addition to the other methods. The 6,128 CHWs serve 115,411 regular users, including 79,316 (69%) who are using Depo Provera. On average, each CHW serves 22 regular users.
- Santénet2 will organize regional forums in Semester 2 of FY 2012 as part of improving the effectiveness of its intervention in the area of ARH and RH in general in the KM salama communes. The forums will also serve to identify lines of action to reorient the activities of youth leaders.

In preparation of this activity, the technical data sheet, the forum guide, the media communication plan, and facilitation questionnaires were developed along with the planning of the forums in the various regions. The objective is to share the following:

- Experiences and best practices in the area of leadership and in conducting group discussions
- Challenges encountered in implementing activities and solutions found

Out of the 1,051 youth leaders trained in FY 2010 and FY 2011, 421 reported on their activities. The reports show that 115 group discussions allowed for awareness-raising among 14,147 young people. The number of young people reached with awareness-raising has more than doubled in this semester compared with last year (from 5,572 in FY 2011 to 13,000 Semester 1 of FY 2012).

As part of the study on making pregnancy tests available to Mother Health CHWs in the KM salama communes, the Project shared with investigators the list of Mother Health CHWs that are eligible according to the criteria set as well as the list of independent trainers involved in their training. A number of coordination and monitoring activities were defined for the study.

### *c. Challenges and corrective actions*

While the activities yielded significant results, there are a number of challenges that remain:

- Ongoing availability of products at the community level remains a serious issue. The solution to this problem is now dependent on community commitment. SDC members discuss with

CHWs about the use of two health product supply pipelines, the public pipeline and social marketing. A letter from the Ministry of Public Health dated November 23, 2012, grants access to health products from CSBs to CHWs.

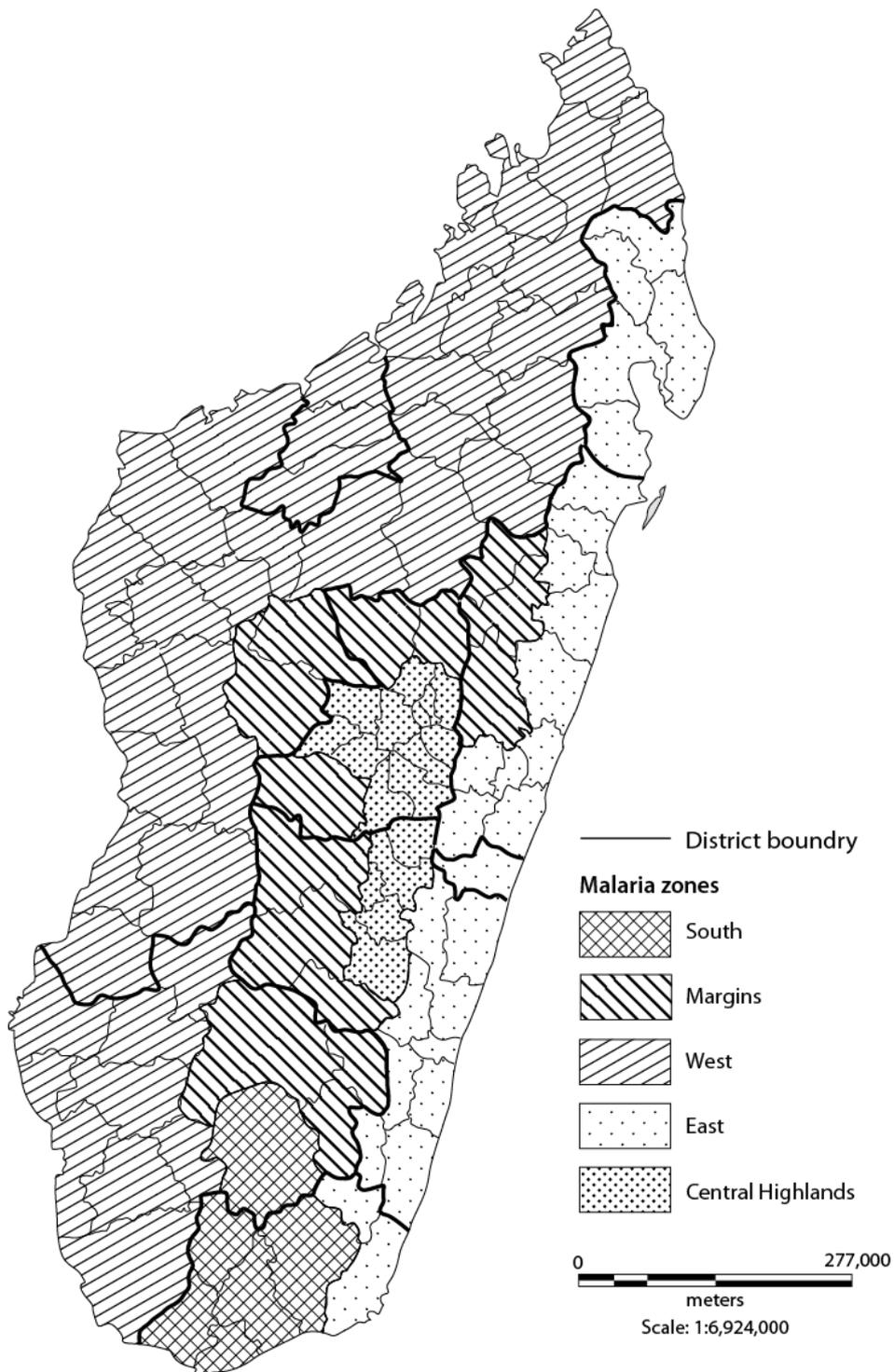
- No data was received from youth leaders on their ARH activities. The reporting pipeline in place is unclear to them and requires clarification and improvement. From now on, the youth leaders will report through the pipeline used by CHWs, and their reports will be collected by STs at health facilities.

### **Strategic focus 3: Expanding community-based malaria prevention and control services**

#### ***a. Approaches***

- Community-based malaria prevention and case management services have been implemented in the 800 KM salama communes and are provided by Level 2 Child Health CHWs trained in c-IMCI and in the use of RDTs for management of malaria in children under five.
- The Project took part in the meetings of Roll Back Malaria (RBM) and the President's Malaria Initiative (PMI) as well as in coordination meetings for the implementation of c-IMCI activities with partners.
- STs received capacity building to enable them to monitor CHWs' compliance in filling out the MARs.
- Supervisors (local supervisors and STs) received capacity building to enable them to monitor CHWs' performance for use of RDTs and their compliance in filling out their MARs.
- The CHWs' MAR was updated by integrating data on RDTs.
- Malaria trends were monitored through the data from fever surveillance sentinel sites, an activity done in partnership with the *Institut Pasteur de Madagascar* (IPM).

**Figure 7. Malaria zones in Madagascar**



**b. Results**

- The Project took part in coordination meetings with PMI and RBM partners, as well as with c-IMCI implementing partners, which allowed for sharing achievements, experiences, and challenges in the implementation of c-IMCI and community-based activities.
- It also took part in extraordinary meetings convened by the RBM partnership pursuant to cyclones Giovanna and Irina.

**Table 7. Malaria coordination meetings**

<b>Malaria Coordination Meetings</b>	
6 regular meetings of the RBM partnership	<ul style="list-style-type: none"> <li>- Meeting to prepare a 3-day international conference on malaria control (with financial contribution from the Project), during which the findings of the studies carried out were disseminated (Malaria Indicators Survey [MIS] 2011 and Malaria Programme Review [MPR] 2011) and documents on case management at the community level were distributed.</li> <li>- Three (3) meetings were held respectively to:               <ul style="list-style-type: none"> <li>- Share on the progress status of RBM partners' activities;</li> <li>- Coordinate the management tools and equipment as part of c-IMCI implementation;</li> <li>- Discuss management of health products and update the National Strategic Plan.</li> </ul> </li> <li>- Meetings to estimate needs for ACT and RDT to be used at the community level during the preparation of the National Strategic Plan for malaria control (2013–2018)</li> <li>- Meetings to address the emergency caused by cyclone Giovana and Irina. The meetings focused on sharing information on regions, districts, and CSBs where surges of malaria were noted.</li> </ul>
3 coordination meetings with PMI partners	<ul style="list-style-type: none"> <li>- Meeting with PMI partners to share achievements, challenges, and lessons learned</li> <li>- Meeting of the <i>Comité de Gestion d'Approvisionnement et de Stock (GAS)</i>: GAS/PMI groups SantéNet2, PMI, DELIVER, JSI/MAHEFA. Two meetings were held to assess needs for health products and to update data.</li> <li>- Meetings pursuant to the recommendations of MPR 2011 and the international conference on malaria in November, for coordinating the activities of all partners under the implementation of c-IMCI.</li> </ul>
9 meetings for coordinating c-IMCI	<ul style="list-style-type: none"> <li>- 2 coordination meetings with the National Malaria Control Programme (NMCP) to share good practices relating to standards and procedures in c-IMCI.</li> <li>- 3 coordination meetings with the main National Strategy Applications (NSA) grantees leading to:               <ul style="list-style-type: none"> <li>○ The use of a single case management and referral form;</li> <li>○ The acceptance of the principle that KM salama CHWs are to be included in the training of CHWs funded by NSA.</li> </ul> </li> <li>- 3 meetings of the Supply and Stock Management Committee to estimate national needs for ACT and RDT</li> <li>- A coordination workshop on c-IMCI with the objective of consolidating achievements and harmonizing interventions aimed at facilitating supply for CHWs at supply points in each commune</li> </ul>

- The tool used by STs for monthly field visits in the KM salama communes was updated as part of strengthening their capacities to check the use of RDTs, conformity of the number of fever cases, the number of RDTs used, the amount of ACT consumed, and the number of positive RDTs reported by CHWs in their MARs. The STs' field visit tool includes the criteria for monitoring CHW performance (appearing in their supervision grid), and the STs were trained on its use. The tool includes a pre-report that provides information on:
  - the number of RDTs used/ number of fever cases;

- the number of positive RDTs;
- the consumption of ACT per CHW.
- STs were equipped with a form for monitoring use of RDT that they will use to coach CHWs to detect surges of malaria in their *fokontany* and to train CHWs on the use of RDTs.
- Capacity building for CHWs:
  - 1,901 CHWs were trained and equipped with early pregnancy screening tools and job aids showing key messages and the benefit of IPTp and the use of LLITNs.
  - 243 training sessions were held to build the capacities of Mother Health and Child Health CHWs to raise awareness on the proper use of LLITNs and promote IPTp among pregnant women.
  - 295 CHWs were trained on the use of RDTs.
  - In all, 4,653 Level 2 Child Health CHWs were trained on c-IMCI services.
- During Semester I, Child Health CHWs managed 26,553 fever cases among children under five. 30,835 RDTs were used, including 19,889 that turned out positive (65% of the cases). Among these, 13,607 positive cases were treated by CHWs with ACT, (72.3% of the positive cases). As the figures show, not all cases were treated with ACT due to stock-outs during the period.
- 5 *Epiveille* bulletins edited by IPM were received as part of the monitoring activities at fever surveillance sentinel sites.

### *c. Challenges and corrective actions*

The optimal use of RDTs in cases of fever remains a challenge. Several actions have been undertaken to improve the use of RDTs by CHWs:

- Production of a job aid on how to fill out the new c-IMCI form with a reminder on the steps for using RDTs;
- Checking and reviewing the number and outcomes of RDTs used reported in MARs during supervision visits to CHWs and routine reminders on the use of RDTs;
- Ongoing coaching and supervision of CHWs by local supervisors at CSBs.

### **Strategic focus 4: Improving the capacities of most-at-risk populations (MARPs) to control STI/HIV/AIDS**

The main objective of this strategic focus is to equip local structures in nine sites with the technical and organizational capacities required to conduct STI/HIV/AIDS prevention activities and to promote MARPs' access to health services.

To reach this objective, the program continued its technical and financial support to MSM associations with which it partnered in 2001, to enable them to implement STI/HIV/AIDS prevention activities in their communities. The intervention zones are major towns with high concentration of this MARP group: Antananarivo, Ihosy, Manakara, Antsirabe, Mahajanga, Toamasina, Taolagnaro, Toliara, and Fianarantsoa. The program builds on the availability of funding from the Global Fund to Fight AIDS, Tuberculosis, and Malaria's (GFATM's) 8th Round in some localities—Antananarivo, Mahajanga, Toamasina, Toliara, and Taolagnaro. The interventions in these sites focus on building technical capacities.

**a. Approaches**

- Awarding small grants to CSW associations and MSM associations in localities where they do not have access to funding
- Building the programmatic, organizational, and institutional capacities of the associations' peer educators and leaders through training on a range of topics such as resources mobilization, STI/HIV/AIDS prevention, and negotiating the use of condoms. The topics are covered in 27 training sessions.
- Incorporating human rights issues in STI/HIV/AIDS control
- Enhancing the peer-to-peer approach

**b. Results**

- Seventeen (17) associations out of the 19 planned were supported:
  - Eight benefited from both a small grant and technical support:

**Table 8. MARP associations benefitting from grants and technical support**

Town	Association
Antsirabe	PLAJEHVAK (MSM)
	FIVEMIA (SW)
Taolagnaro	Fanantenana (SW)
	Tanora Manan (MSM)
Fianarantsoa	Mifanasoa (SW)
	Tanora Te Hivoatra (MSM)
	Vonona Mifanasoa II
	Tanjona Miray

- Nine benefited only from capacity building because they have access to the funding from GFATM's 8th Round:

**Table 9. MARP associations benefitting from capacity building**

Town	Association
Toamasina	Todika (SW)
	Iray Vatsy Iray Aina (MSM)
Antananarivo	EZAKA (MSM)
	AFSA (SW)
Toliara	Fanamby (SW)
	Fihamy (SW)
	Manavotena (MSM)
Manakara	Avotra (SW)
Ihosy	FIVEMAD (SW)

- Nine (9) training sessions on resources mobilization were completed. Santénet2 will conduct the remaining 18 training sessions in Semester 2; these sessions will pertain to STI/HIV/AIDS control, negotiating the use of condoms, and project proposal development.

- 190 peer educators out of the 380 planned were trained and are operational.
- 5,400 CSWs and MSMs were reached with awareness-raising on the issues of human rights, STI/HIV/AIDs prevention, and use of healthcare services.
- 23,500 condoms were distributed.
- 1,330 CSWs and MSMs used healthcare services (STI screening and treatment).



© Santénet2/Patrick B. Training of MSMs in Toamasina

### *c. Challenges and corrective actions*

- Two associations in Mahajanga did not benefit from training in Semester 1. The program will use the services of independent trainers in Semester 2 to provide technical support to these associations.
- All the associations will be trained on other topics as part of supporting them in implementing their resources mobilization plans. These topics include training on project proposal development and negotiation techniques. Here again, independent trainers will be used.
- Observation of peer educators working in the field showed that their awareness-raising activities should be improved; their skills will be updated accordingly.
- The associations fail to sensitize CSWs in all their work places due to the limited number of peer educators (20 per association on average) and insecurity. Furthermore, it is especially difficult to reach those CSWs that operate clandestinely, including students and underage girls. The associations will strengthen their cooperation with CSW leaders in the various neighborhoods by involving them in the training of peer educators.

## **Strategic focus 5: Involving religious leaders and faith-based organizations (FBOs) in stimulating demand for healthcare services among the population in the communes implementing the KM salama approach**

This strategic focus consists mainly in mobilizing religious leaders and FBOs to contribute to improving community health.

### *a. Approaches*

- Santénet2 supports religious leaders and FBO platforms in disseminating health messages in the communes implementing the KM salama approach during their worship time.
- To promote the sustainability of activities, Santénet2 directly supports religious leaders by providing them with working tools and equipment, namely facilitation booklets and office stationery.
- Religious leaders are linked to the SDCs to which they submit their activity reports. The reports indicate the number of people reached with awareness-raising as well as the topics promoted.
- During their monthly field visits, STs collect the religious leaders' reports and check the reliability of information provided, as needed. The data is then entered in the Extranet by the STs.

### *b. Results*

The following achievements were observed by the end of Semester 1:

- 188,909 people were reached with awareness-raising activities.
- Twenty (20) facilitation booklets were distributed. Further tool production will continue during Semester 2.

*c. Challenges and corrective actions*

The main challenge in the cooperation with religious leaders is to ensure the forwarding of information. Indeed, religious leaders do not feel they are accountable or need to report once they no longer receive grants. Meetings were held with PLeROC leaders to request them to encourage religious leaders to prepare activity reports. To this end, easy-to-fill forms were prepared for the religious leaders and will be distributed by PLeROC leaders, giving priority to the most motivated actors.

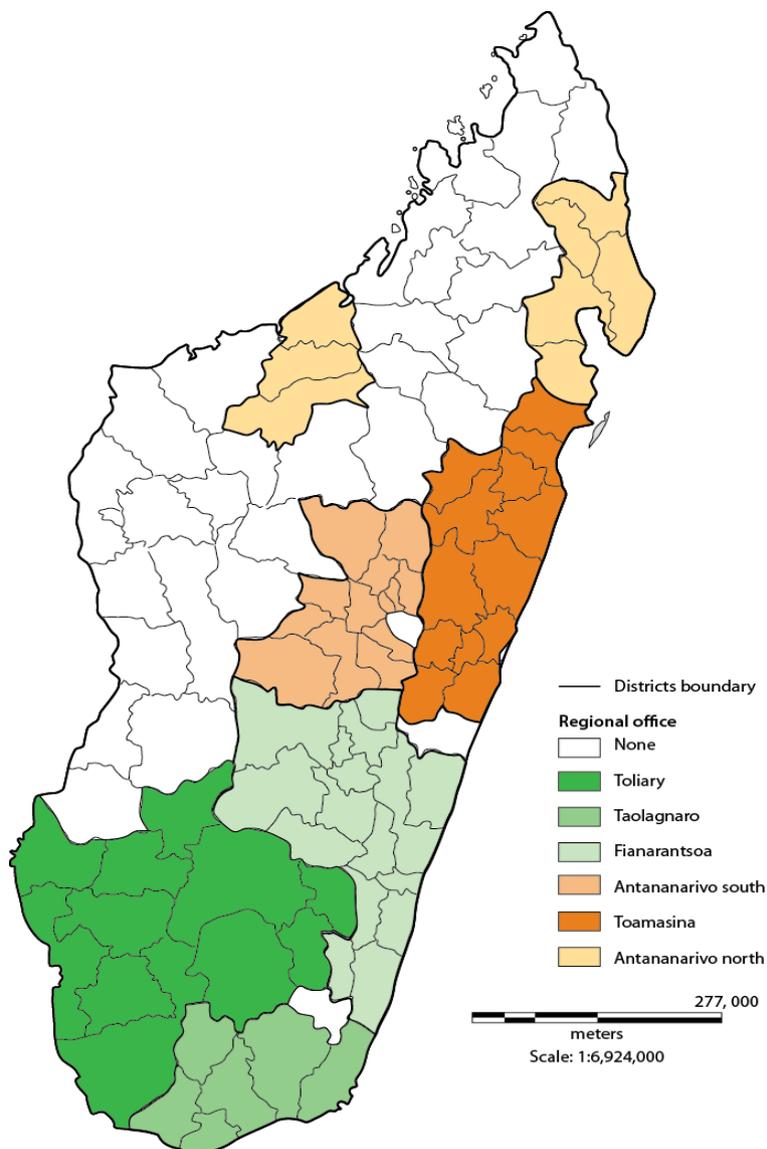
# Coordination

The KM salama approach aims to make communities responsible for improving MCH in 800 communes implementing the KM salama approach; to this end, community-based promotional, prevention, and case management services have been established. Sixteen (16) partner NGOs provide logistic and administrative support in establishing these services. The services are delivered by 12,058 CHWs operating in 5,758 *fokontany* that are located more than 5 km from the nearest health facility, and the services include RH/FP, malaria control, nutrition, STI/HIV/AIDS control and prevention, MCH, and WASH. To strengthen CHWs' skills, several actors are involved in their ongoing coaching and supervision: local and independent supervisors, NGOs' STs, SDCs, and Santénet2.

The presence of a large range of actors with different but complementary roles requires effective coordination at all levels for interventions to be well structured and the implementation of the KM salama approach to be more efficient. Thus, the Coordination Unit pays special attention to coordinating the implementing partners' activities as well as to monitoring activities against plans.

As part of this coordination effort, NGOs are supported in planning their activities, and their achievements are monitored on a weekly basis. Regular coordination meetings are also held to identify with the NGOs the corrective actions to be made to implementation. In addition, the NGOs' performance is regularly assessed to highlight successes and areas for improvement to achieve quality of service.

**Figure 8. Santénet2 Regional Office areas**



### *a. Approaches*

- The Coordination Unit supports partners in planning. NGOs submit their annual work plans and their quarterly work plans according to a set schedule. These deliverables are reviewed and validated by the Project.
- The coordination team monitors partners' achievement on a weekly basis, using their weekly activity reports, and prepares a monthly report analyzing the activities implemented by each NGO against their work plan. Similarly, the NGOs' expenditures are monitored on a monthly basis. Variations from plans are analyzed and measures are taken in consultation with the NGOs to correct the situation, the goal being to ensure that activities are implemented within budget.
- Monthly meetings are held with partners to coordinate activities in reference with achievements in the previous month and the activity plans for the upcoming month. The corrective actions are defined in agreement between the project and the NGOs during monthly coordination meetings. A national coordination workshop, grouping all project partners, is planned to take stock of progress and share major successes.
- An ongoing assessment of the implementing partners' performance (namely the quality of services provided to the community) is conducted every quarter. This assessment enables Santénet2 to better target the support and coaching it provides to the NGOs as well as helps the NGOs to identify their successes and areas for improvement as part of enhancing the quality of their services.
- The Coordination Unit directly implements the KM salama approach in 3 out of the 800 communes.

### *b. Results*

The following achievements were observed by the end of Semester I:

- Twenty-one (21) annual work plans and 42 quarterly work plans prepared by the NGOs were validated.
- 105 monthly coordination meetings were held with the NGOs.
- Three (3) coordination meetings with local actors took place. The meetings were initiated by local partners and were intended for sharing information and implementation priorities in the region.
- 426 weekly reports by the NGOs were received and reviewed against the activity plans.
- 42 quarterly reports were received and reviewed in terms of technical and financial achievements. Santénet2 offered feedback to NGOs to enable them to take action for better performance.
- The summary tables of achievements against plans for the 21 implementing partners were updated on a weekly basis.
- An assessment of the NGOs performance for the period of October to December 2011 was conducted. The assessment of the period of January to March 2012 is underway, and findings will be communicated to the NGOs in April.
- The CHWs' consumption of products during the period of September 2011 to February 2012 is currently being monitored.

- Six (6) monthly field visits were conducted in three communes (Ambanitsena, Anjeva, and Ambohitrony) to monitor activities and to collect MARs from CHWs and SDCs. The completeness rate for reports by CHWs is 89%.
- A review with the SDCs combined with CHW supervision was held in each of the three communes mentioned above.

*c. Challenges and corrective actions*

- Obtaining information on the CHWs' product consumption remains a challenge. Although the CHWs send in MARs, the information included is often incomplete, especially information pertaining to the products they use. As a result, a decision was made to collect information on product consumption by CHWs two times per year.
- The weekly reports need to be improved in terms of completeness and quality. At times, CHWs' weekly reports are not received because the STs are late in forwarding data from the field. Feedback is given to the NGOs during monthly coordination meetings.

# Administration and Finance

## Personnel

A highlight of changes that took place in personnel/staffing during this period is as follows:

- Because of ongoing demand for these services, two former consultancy positions were formalized into regular employment contracts—HMIS Data Entry Operator and Warehouse Attendant.
- The former MCH/Nutrition Manager (Voahirana Ravelojaona) remained with the Project; however, she took the position of Strategic Results Director with Intrahealth. Norotiana Rakotomalala replaced her as MCH/Nutrition Manager.
- The former IT Specialist (Herilala Andriamialy) left and was replaced by Richard Benarivo.
- A new position of Program Monitoring Manager was filled by Clarence Razakamihaja.
- The former Senior Director of Finance, Grants, and Contracts took a senior position with RTI in Guinea and was replaced through a promotion of one of our Advanced Accountants, Andry Razafinimanana.

**Table 10. Santénet2 new and departing staff**

Hiring of new staff			
Date	Name	Title	Location
Jan 3, 2012	Sylvia Hanitriniaina	HMIS Data Entry Operator	Antananarivo
Jan 9, 2012	Jean Jacques Raveloarison	Warehouse Attendant	Antananarivo
Jan 12, 2012	Norotiana Rakotomalala	MCH/Nutrition Manager	Antananarivo
Feb 9, 2012	Richard Benarivo	IT Specialist	Antananarivo
Feb 15, 2012	Clarence Razakamihaja	Prog, Monitoring Manager	Antananarivo

Departure of staff			
Date	Name	Title	Location
Oct 14, 2011	Lauriat Rembia	Janitor	Tulear
Oct 17, 2011	Voahirana Ravelojaona	MCH/Nutrition Manager	Antananarivo
Nov 1, 2011	Nicole Razanapmarany	Sr. Director—Finance, Grants, and Contracts	Antananarivo
Dec 1, 2011	Herilala Andriamialy	IT Specialist	Antananarivo

## Financial Status

Costs invoiced for the 6-month period ending March 31, 2012, totaled approximately \$3.2 million, and cumulative life-of-contract costs to-date with accruals is approximately \$23.2 million.

## Procurement

The primary server for storing HMIS data was replaced (the former equipment was approximately 8 years old) and 2 new replacement laptops were procured.

## Grant awards

Fixed obligation type small grants program awards were made to 8 MARPs associations in January:

**Table 11. Santénet2 MARPs Grants Awarded—January 2012**

**MARPs—Start Date: January 1, 2012, End Date: 31 March 31, 2013**

**Duration: 15 months**

<b>GRANTEE NAME</b>	<b>LOCATION OF IMPLEMENTATION</b>	<b>Award MGA</b>
Mifanasoa (CSW)	FIANARANTSOA	6,250,000
Vonona Mifanasoa (CSW)	FIANARANTSOA	6,250,000
Tanora Te-Hivoatra (MSM)	FIANARANTSOA	6,250,000
Tanjona Miray (CSW)	FIANARANTSOA	6,250,000
Fivemia (CSW)	ANTSIRABE	6,250,000
Plajevak (MSM)	ANTSIRABE	6,250,000
Tanora Mananjo (MSM)	FORT DAUPHIN	6,250,000
Fanantenana (CSW)	FORT DAUPHIN	6,250,000

## Financial and Administrative Technical Assistance and Capacity Building of Grantees

Grantees receive ongoing feedback and recommendations via the monthly review of their financial reports, including cost/budget variance analysis. There is also a quarterly review of budgets related to updated work plans.

Through the RTI/Santénet2 funding, RTI has provided unprecedented capacity strengthening to local organizations in Madagascar. Grantees have benefited and will continue to reap benefits from targeted, customized organizational capacity building provided by RTI. In summary, the process is as follows:

1. Elaboration of the grants solicitation and award procedures in the **Grants Procedures Manual** which was reviewed and approved by USAID (November 2008).
2. Initial assessments of applicants' financial and administrative capabilities **via questionnaires, follow-up interviews, and review of any existing audit reports.** (2009)
3. Design of clear reporting requirements and explanation of grant terms and conditions as well as "clear-speak" interpretation of USAID requirements such as "Mandatory Standard Provisions" in French via the RTI-produced "**Grantee Manual.**" (October 2009)
4. Procurement, installation, and training in the use of the standard accounting software "CIEL" at grantee offices. Production of written **CIEL Software Manuals**, customized for each organization, as required, including training in the application of CIEL for any new or existing projects. **An organization-wide solution** to processing accounting transactions and producing financial reports. (May 2010)
5. Ongoing feedback and support in maximizing compliance, budget development, and cost analysis via monthly and quarterly **feedback on financial reports submitted to Santénet2.**
6. Discussion and technical assistance provided on financial topics at periodic all-partner meetings.

7. **High quality international standard external audits**, and in some cases organization-wide, conducted by the firm **Ernst & Young**. The external audits emphasized **comprehensive recommendations focusing on compliance, capacity building, and best practices** as documented in extensive Management Letters for each organization as produced by Ernst & Young. Each grantee also benefited from extensive discussions held with Ernst & Young and Santénet2 staff to review draft findings and recommendations. (2011)
8. RTI is providing technical assistance and support over a year-long period in **the elaboration of detailed and customized Policies and Procedures manuals** for grantees, which will encompass and address auditor recommendations, international best practices, and local compliance. The first training workshop was held October 2011. The second training workshop will be held April 2012, and the third is expected late 2012. Each participating organization has a USAID/Santénet2/RTI “Coach” that provides weekly feedback on draft policies and procedures provided by the grantee organization. Specific auditor recommendations for each grantee are addressed by the grantee’s staff and the RTI Coach for each specific section of the manual. Therefore, overall best practices are discussed in detail as well as customized solutions and specific weaknesses addressed. The overall end result should be stronger organizations with upgraded skills, policies, and procedures to enable better management, reporting, compliance, and cost control.  
  
Participation in this activity is voluntary, though all organizations were encouraged to enroll in the process. All organizations benefited from the high-quality external audit reports and recommendations.

Grantees participating in the Policies and Procedures technical assistance:

1. Acces Zon’olombelona
2. AINGA
3. ASOS Centrale
4. ASOS Sud
5. NY Tanintsika
6. ODEFI
7. ODDIT
8. PENSER
9. SALFA
10. ZETRA

Grantees choosing not to participate in the Policies and Procedures technical assistance:

1. AIM: They originated as a European organization and may have received previous technical assistance. They made the decision not to participate.
2. SAGE: They were encouraged to participate and did not give sufficient reasons for their non-participation.
3. MSIS: They are former PACT personnel or received significant PACT support. They decided that they do not need to rewrite their manual.

# Annex I: Gap Analysis Tables by Component

## GAP ANALYSIS—COMMUNITY PROGRAMS COMPONENT

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for 2012 Semester I	Achievements (Oct 2011–Mar 2012)	% of achievement	Gap analysis
<b>Strategic focus I: Making tools available to community-based actors</b>							
<b>Intervention I: Produce KM Salama tools</b>							
I.I.I.I Design and update tools necessary to implement the KM salama approach	Update 8 tools	Number of tools updated	8	8	10 tools updated <ul style="list-style-type: none"> <li>Child register (addition)</li> <li>Maternal register</li> <li>Early screening of pregnant women</li> <li>Maternal and neonatal health job aid</li> <li>ST monitoring tools</li> <li>CLTS guide</li> <li>CLTS monitoring form for SDCs</li> <li>CLTS initiation monitoring form</li> <li>WASH-friendly CHWs monitoring form</li> <li>Monitoring form for structures in charge</li> </ul>	125%	Objective exceeded As part of implementing WASH activities, Santénet2 adopted a strategy to involve SDC members and to hand-over the monitoring of activities to them. Consequently, the four CLTS monitoring forms were updated to facilitate the community-based actors' work.  Two tools remain to be updated in Semester 2: Integrated supervision tool and integrated RH/FP form
	Design 3 tools according to new requirements for activity implementation	Number of tools designed	3	3	4 new tools designed: <ul style="list-style-type: none"> <li>Training curriculum on maternal and neonatal health management</li> <li>Level-2 Child Health CHWs</li> <li>Mutual health insurance poster</li> <li>Invitation card for mutual health insurance</li> </ul>	133%	Objective exceeded Two (2) new tools not planned for in the 2012 AWP were developed in response to implementation needs. <ul style="list-style-type: none"> <li>As part of scaling up the community-based care for obstetrical and neonatal emergencies (c-ONE), Santénet2 developed a training curriculum to be used for building CHWs' capacities.</li> </ul>

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for 2012 Semester I	Achievements (Oct 2011–Mar 2012)	% of achievement	Gap analysis
							<ul style="list-style-type: none"> <li>A job aid was developed for Level 2 Child Health CHWs to help them in the use of RDTs.</li> </ul> <p>The job aid on product distribution will be developed in Semester 2.</p>
I.1.1.2 Produce KM Salama tools	Estimate needs for tools	Number of tools to produced determined	4 estimates prepared	2	2	100%	Objective achieved Details on needs estimates in annex
	Produce tools based on needs estimates	Tools in sufficient quantities (CHWs' tools concern the 800 communes and the mutual health insurance tools concern the four districts)	Sufficient quantity produced for FY 2012	Quantity produced for FY 2012 Semester I	118,196 items (details in annex) were produced in Semester I to meet the needs for activity implementation in the communes implementing the KM salama approach.	Production meets 100% of needs	Objective achieved
I.1.1.3 Ensure availability of tools for community-based actors	Collect and analyze the needs of community-based actors	Number of requests for tools analyzed	All the requests from the NGOs analyzed	Requests in Semester I analyzed	302 requests for resupplying tools analyzed, and 100% of needs met	100% of requests expressed by actors were analyzed	Objective achieved Needs are met at 100% after receipt of proofs of receipt.
	Plan dispatching based on findings of analysis	Monthly dispatching plans established	12 dispatching plans prepared	6 dispatching plans prepared	6 dispatching plans for tools implemented	100%	Objective achieved

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for 2012 Semester I	Achievements (Oct 2011–Mar 2012)	% of achievement	Gap analysis
	Dispatch tools to the offices of partner community-based actors	Quantity of tools dispatched	Quantity of tools dispatched meeting requests for resupplying	Requests for tools received in Semester I met	149,437 items packed in 302 parcels sent to community-based actors according to requests received by Santénet2	100%	Objective achieved
	Monitor the dispatching of KM salama tools to community-based actors by implementing partners	Receipt of proofs or receipts by the NGOs	100% of the proofs receipts received	100% of the proofs receipts received	232	76.8%	Objective not achieved Partner NGOs wait for the parcels to arrive at the commune level before sending the proofs of receipt. Some send the proofs of receipt to Santénet2 Regional Offices, and it takes time to get them to the central office.
		Sending of proofs of receipts by CHWs/SDCs	100% of proof of receipts of items sent	100% of the proofs of receipt for parcels received	63,628	42.6%	Objective not achieved The proofs of receipt from the CHWs/SDCs are collected when the ST visits each commune. In theory, such visits are monthly. A distribution plan was developed and attached to each request to solve delays.
	Document the system to distribute tools through networks of community-based actors	Document on tools distribution	1 document developed	0			Documentation to be finalized in Semester 2

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for 2012 Semester I	Achievements (Oct 2011–Mar 2012)	% of achievement	Gap analysis
<b>Strategic focus 2: Implementing a mass behavioral change communication strategy</b>							
<b>Intervention 1: Strengthen collaboration with local radio stations</b>							
1.2.1.1 Monitor and analyze the airing of radio spots	Work with mystery listeners for daily monitoring of the spots' airing	56 contracts drawn up with mystery listeners	56	56	52	93%	Objective achieved The strategy of having two mystery listeners per radio station requires having 56 mystery listeners in all. However, among Santénet2's partner radio stations, 4 comply fully in airing the spots and require no more than one person to monitor them, hence the number of 52 contracts.
	Analyze data on the spots' airing	12 monthly airing analysis reports	12	6	5	83%	Objective not achieved No airing was done in October 2011. Therefore, the number of monthly analysis reports is five for this semester. (Summary of the airings analysis in annex)
1.2.1.2 Air spots on health topics through local radio stations	Cooperate with partner radio stations for airing spots	28 cooperation contracts drawn up with partner radio stations	28	28	28	100%	Objective achieved These 28 radio stations are covering 772 KM salama communes, 97% of the total.
	Plan airings	Quarterly airing plans prepared	4	2	2	100%	Objective achieved
	Air spots	13,440 spots aired	13,440	6,720	9,806	146%	Objective exceeded The partner radio stations were able to air spots on various health topics through cooperation with

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for 2012 Semester I	Achievements (Oct 2011–Mar 2012)	% of achievement	Gap analysis
							Santénet2. Some of them air the spots several times in addition to the numbers specified in the purchase orders.  (Airings per topic and per radio station in annex)
1.2.1.3 Produce reports and radio/video programs to back the proximity communication activities conducted by CHWs	Orient local radio station managers on the KM salama approach	14 local radio station managers oriented on the KM salama approach	14	14	16	114%	Objective exceeded  Two managers of the local radio station Mampita in Fianarantsoa that were oriented in FY 2011 had to be reoriented this year because they are now covering two districts (Ambalavao et Ambohimahasoa) where mutual health insurance activities are being implemented.
	Produce programs on the KM salama approach	112 programs produced and aired	112	56	55	91%	Objective achieved  No reports were produced by the radio station JRDB in Mahajanga during the Semester I following the resignation of the person in charge of collaboration with Santénet2.
	Air the programs produced on the KM salama approach	112 programs aired	112	56	116	207%	Objective largely exceeded  Because they are happy with their cooperation with Santénet2, the radio stations air the reports they produced several times to illustrate health programs.

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for 2012 Semester I	Achievements (Oct 2011–Mar 2012)	% of achievement	Gap analysis
<b>Strategic focus 3: Implementing the new strategy for the mutual health insurance scheme</b>							
<b>Intervention 1: Establish mutual health insurance schemes in four districts</b>							
1.3.1.1 Establish the mutual health insurance management structures	Establish Commune-level Initiative Committees (CIC) in the four districts	68 CICs established	68	68	68 CICs established in the communes implementing the KM salama approach and in 9 communes that do not implement the KM salama approach	100%	Objective achieved Due to developments in the approach, 9 communes that do not implement the KM salama approach were also included and set up CICs to promote mutual health insurance schemes.
	Support the establishment of executive committees	68 commune-level executive committees established	68	32	0	0%	Objective not achieved No permanent structure (executive committee) was established although it was planned for Vatomandry and Ambalavao in Semester 1.
		4 district-level executive committees established	4	2	0	0%	The structures will be established in Semester 2.
1.3.1.2 Build the capacities of actors in mutual health insurance	Conduct a training of trainers	Pool of trainers in place	1 pool of resource people established	1	1 pool of 46 resource people from partner NGOs and independent trainers established in November 2011	100%	Objective achieved
	Train the CIC	680 CIC members trained in 68 communes implementing the KM salama approach	680	680	889	131%	Objective exceeded The strategy provides for 10 members per CIC. However, field actors believed that it was necessary to have one representative per <i>fokontany</i> in the CIC, which increased the number of members per commune to 10 to 15.

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for 2012 Semester I	Achievements (Oct 2011–Mar 2012)	% of achievement	Gap analysis
							Because the strategy is implemented at the district level, communes who do not conduct the KM salama approach were also included in the process and the members of their CICs were trained.
	Train the members of commune-level executive committees	204 members of commune-level executive committees trained	204	96	0	0%	Objective not achieved No permanent structure (executive committee) was established although it was planned for Vatomandry and Ambalavao in Semester I. The members of these structures will be trained in Semester 2.
	Train board members	24 board members in the four districts trained	24	12	0	0%	
	Train the members of the district-level executive committees	Members of 4 district-level executive committees trained	4	2	0	0%	
	Train healthcare providers on modalities for cooperation	4 training sessions held	4	2	0	0%	

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for 2012 Semester I	Achievements (Oct 2011–Mar 2012)	% of achievement	Gap analysis
1.3.1.3 Monitor the implementation of mutual health insurance schemes in the four selected districts	Conduct supervision of the mutual health insurance schemes	16 supervisions conducted	16	8	4	50%	Objective not achieved Because the mutual health insurance schemes were not yet operational, only the supervisions relating to awareness-raising and collection of contribution fees were conducted. The other supervision visits will be conducted in Semester 2 according to the timeline for setting up the mutual health insurance schemes in each district.
	Update the monitoring chart regularly	Monitoring chart filled and up-to-date	1 monitoring chart designed and updated	1	1	100%	
1.3.1.4 Raise awareness among communities to join the mutual health insurance schemes	Support districts in conducting awareness-raising among the communities	4 districts supported	4	4	4	100%	
	Design and produce communication tools	Poster and invitation card for the mutual health insurance scheme	2 awareness-raising tools	2	2	100%	

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for 2012 Semester I	Achievements (Oct 2011–Mar 2012)	% of achievement	Gap analysis
		300,000 members of the mutual health insurance schemes	300,000	75,000	8,998	12%	Objective not achieved The subscription objectives for the districts concerned during Semester I were: Vatomandry: 25,000 Ambalavao: 50,000 The closing of the subscription period was postponed for the reasons mentioned above.
<b>Strategic focus 4: Establishing the WASH strategy in the communes implementing the KM salama approach</b>							
<b>Intervention 1: Promote collective behavioral change in the field of sanitation and use of latrines</b>							
1.4.1.1 Expand the initiation of CLTS in the trained communes	Update the STs of the concerned NGOs on CLTS	115 STs updated on the CLTS approach	115	115	115	100%	Objective achieved
	Update 2,837 SDC members that were trained in the past	2,837 SDC members updated on the CLTS process	2,837	2,837	1,373	48%	Objective not achieved The updating of all SDC members on CLTS in the target communes was planned for Semester 1. The updating of the remaining SDC members will be done during the KM salama monthly reviews during Semester 2.
	Update, as needed, and produce copies of the CLTS guide	CLTS guide updated	CLTS guide updated	CLTS guide updated	CLTS guide updated	100%	Objective achieved

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for 2012 Semester I	Achievements (Oct 2011–Mar 2012)	% of achievement	Gap analysis
		CLTS initiated in 1,500 villages	1,500	750	305	41%	Objective not achieved To strengthen the initiation activity, SDC members will be updated. This hand-over of responsibility is underway and comes after the full completion of updating.
1.4.1.2 Monitor and analyze CLTS activity results	Organize quarterly reviews with SDC members who initiated and monitored the CLTS process	1,500 villages monitored	1,500	750	187	25%	Objective not achieved The SDC members must be updated to allow for handing over responsibility for CLTS activities to them. This activity is underway. In some villages, the monitoring was done but the reports were not received at Santénet2. In Semester 2, Santénet2 will reinforce the monitoring of CLTS while making significant efforts in reporting on monitoring activities.
		3,000 latrines built	3,000	1,500	3,483	249%	Objective largely exceeded CLTS activities have become highly successful among the communities following the capacity building provided to STs and SDC members. Special efforts will be made to achieve a rate of 60% in terms of latrine use to have an impact on diarrheal diseases.

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for 2012 Semester I	Achievements (Oct 2011–Mar 2012)	% of achievement	Gap analysis
		15,000 new people using latrines	15,000	7,500	37,270	497%	Objective largely exceeded CLTS activities have become highly successful among the communities following the capacity building provided to STs and SDC members. Special efforts will be made to achieve a rate of 60% in terms of latrine use to have an impact on diarrheal diseases.
	Document CLTS activities	Document on CLTS practices in communes implementing the KM salama approach prepared and disseminated	1 document on CLTS activities developed	0			Activity to be implemented in Semester 2
<b>Intervention 2: Promote the population's access to safe water</b>							
1.4.2.1 Monitor the achievements of communes trained in water management	Analyze the data on the monitoring conducted by subcontractors	164 communes monitored	164	82	79	96%	Objective achieved To ensure continuity of activities, carried out by sub-contractors, SDC members assume the responsibility of monitoring commune achievements in terms of water infrastructure. The goal for the first semester is 82 communes following up.
		Number of monitoring sessions conducted by SDCs	164	164	63	38%	Some of the SDCs' training in WASH took place in the second quarter, which delayed reporting of the communes' achievements in terms of WASH facilities.

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for 2012 Semester I	Achievements (Oct 2011–Mar 2012)	% of achievement	Gap analysis
<b>Intervention 3: Promote behavioral change at the individual and household levels</b>							
1.4.3.1 Expand the WASH-friendly CHWs activity	Reproduce management tools for WASH-friendly CHWs	Management tools for WASH-friendly CHWs reproduced	3,200	1,600	2630	164%	Objective exceeded The amount of tools needed in the third quarter was produced in the second quarter to avoid stock-out at the actors' level.
	Reproduce WASH-friendly CHW certificates	WASH-friendly CHW certificate reproduced	2,400	2,400	2,400	100%	Objective achieved
	Certify CHWs meeting WASH-friendly CHW criteria	2,400 new CHWs certified as WASH-friendly.	3,072	1,536	1,298	84,5%	Objective not achieved The certification of CHWs as WASH-friendly is conducted using the results of the SDC's monitoring. Some communes are still waiting for SDC members to be updated before they start monitoring CHWs. Some reports have not yet been received by Santénet2. Santénet2 will make special efforts in Semester 2 to obtain the reports from the 800 KM salama communes.
1.4.3.2 Sensitize communities with WASH messages.	Analyze data on awareness-raising done by CHWs and SDCs through the data from implementing NGOs	400,000 individuals sensitized on WASH messages	400,000	200,000	484,047	242%	Objective largely exceeded The number of people sensitized is strongly dependent on how active CHWs are. Thanks to the CHWs' energetic initiatives, the number of people to be reached was exceeded.

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for 2012 Semester I	Achievements (Oct 2011–Mar 2012)	% of achievement	Gap analysis
<b>Intervention 4: Coordinate and communicate WASH activities with development partners</b>							
1.4.4.1 Celebrate WASH-related World Days	Take part in three WASH-related World Day celebrations	Participation in three WASH-related World Day celebrations	3	3	3	100%	Objective achieved
1.4.4.2 Take part in coordination meetings with the WASH platforms	Take part in two annual meetings of the Diorano-WASH platform	Participation in 2 meetings of the Diorano-WASH platform	2	1	1	100%	Objective achieved
	Take part in the meetings of the CLTS network	Participation in 4 meetings of the CLTS network	4	2	2	100%	Objective achieved

## GAP ANALYSIS—Strengthening Community Health Systems

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for Semester I FY12	Achievements (Oct 2011–Mar 2012)	Gap analysis
<b>Strategic focus I: Engaging the community in improving the quality of healthcare services</b>						
<b>Intervention I: Strengthen the community's commitment to address health needs</b>						
2.1.1.1 Expand quality of healthcare services in 800 communes	Train 1,000 facilitators in the service quality approach	Number of facilitator groups trained on the quality approach	1,000	1,000	1,134	Objective achieved at 113%
		Number of SDC members trained in Social Quality	5,025	5,025	7,443	Objective achieved at 148%
		Number of KM salama communes that conducted community assessment meetings	800	400	362	Objective achieved at 91% Some SDCs are still completing the training. 362 KM salama communes conducted supervision sessions. Out of them, 100 communes sent a total of 500 reports.
		Number of KM salama communes where the SDCs completed a self-assessment	800	400	334	The trainings should be completed by April 2012.
		Number of KM salama communes that prepared quality improvement plans	800	400	134	The plans are developed after the community assessment meetings and the SDCs' self-assessments. The plans for quality improvement activities will be prepared by May 2012.

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for Semester I FY12	Achievements (Oct 2011–Mar 2012)	Gap analysis
2.1.1.2 Monitor the quality of community-based services through the Quality Index tool	Use the Quality Index two times in the 800 KM salama communes	Use of the Quality Index	2			Objective achieved at 100% The tool was used six months after the last recommendations started being implemented.
	Review the results shown by the Quality Index tool	Quality performance assessed for community-based services in 800 KM salama communes	2			
2.1.1.3 Document quality improvement activities and trends in quality of community-based healthcare services in the 800 KM salama communes	Take stock of quality improvement activities in the 800 KM salama communes	Assessment of quality improvement activities completed in the 800 KM salama communes	2			Objective achieved
	Conduct two meeting to share findings with technical and financial partners	Findings shared	2			Objective achieved Information on start-up in 56 communes shared with health managers.

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for Semester I FY12	Achievements (Oct 2011–Mar 2012)	Gap analysis
<b>Strategic focus 2: Ongoing coaching of CHWs</b>						
<b>Intervention 1: Maintain the quality of services provided by CHWs</b>						
2.2.1.1 Strengthen the quality of monitoring and supervision of community workers	Conducted 3,200 supervision visits at the rate of one supervision group per three months in the 800 KM salama communes	3,200 supervision visits completed: A technical supervision of CHWs by local supervisors during semester reviews using integrated supervision grids, and ongoing supervision by other supervisors (“tantsoroka” booklet)	3,200	1,600  Including 800 group supervision visits during reviews and  800 coaching sessions by SDCs or STs	629 supervision visits  800 coaching sessions	Objective not achieved (78.6%)  Group supervision: 629 supervision visits completed out of the 800 planned  Data on coaching are not included in the Extranet. The development of a tool for collecting data on coaching during STs' field visits was not completed until April 4, 2012, when all the STs were trained on its use.  Monitor the use of the STs' monthly field visit tool to ensure effective and ongoing coaching of actors.
		Number of CHWs supervised	11,216	11,216	6,282	Objective not achieved (56.4%)  While some supervision reports are expected to be received, 512 reports out of 629 have been entered and reviewed.  The rate of attendance at supervision sessions among CHWs is estimated at 80.66%.
	Review the outcomes of supervision visits per CHW, per commune and per NGO to identify trends in CHWs' performance	CHWs' performance reviewed	2	1	1	Objective achieved

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for Semester I FY12	Achievements (Oct 2011–Mar 2012)	Gap analysis	
	Send feedback on the supervision findings to NGOs on a quarterly basis.	2 feedback reports available and shared	4	2	2	Objective achieved 1st feedback: late March 2012 2nd feedback was replaced by the review of STs' performance late June 2012 4th feedback: late September 2012	
2.2.1.2	Train community-based workers to provide quality services	685 training sessions conducted	685	340	27	Objective not achieved at 8% 1,898 CHWs trained, including 1,901 in managing pregnant women and newborns for safe motherhood and 404 in training of Level 1 and Level 2 CHWs. The later training benefited about 128 KM salama communes.	
		685 feedback reports available and shared	685	340	27		
<b>Strategic focus 3: Building the analysis and decision-making capacities of KM salama stakeholders</b>							
<b>Intervention 1: Ensure regular collection of data to feed into the c-MIS and to enable routine use of data for monitoring the project</b>							
2.3.1.1	Maintain the c-HMIS' overall performance at 70% or more	Share information on the status of reporting through the Extranet or SMS as well as data from the CHWs' MARs with the management of NGOs during the monthly coordination meetings	Monthly review of reports' completeness and timeliness and data's reliability completed	12	6	6	Objective achieved Completeness for Extranet report: 71% Timeliness: 83% Reliability to be determined in Semester 2 (through investigations)

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for Semester I FY12	Achievements (Oct 2011–Mar 2012)	Gap analysis
	Monitor reports' timeliness in the c-HMIS	Findings of the review shared with implementing partners every month	12	6	6	Objective achieved
	Hold meetings with STs to improve the quality, reliability, and use of data in Santénet2's regional offices	6 meetings with NGOs held at the regional offices	6	3	2 meetings held, respectively in Antananarivo and in Toamasina	Objective not achieved (67%)
<b>Strategic focus 4: Ongoing availability of health products for CHWs</b>						
<b>Intervention 1: Monitor the functionality of supply points at the commune level</b>						
2.4.1.1 Distribute job aids to CHWs	Design job aids	Job aids distributed to all supply points	1	1	0	Objective not achieved Design and production planned for Semester 2.
	Develop the distribution plan		1	1	0	Objective not achieved
	Distribute job aids to CHWs		11,216	11,216	0	Objective not achieved

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for Semester I FY12	Achievements (Oct 2011–Mar 2012)	Gap analysis
2.4.1.2 Measure the ongoing availability of health products for CHWs	Enter and review the invoices/ delivery slips collected from supply points	Green forms entered and reviewed	9,600	4,800	4,498	Objective achieved at 94% Data on products are now used from the Extranet. The supply points green forms are directly sent to PSI who reviews them.
	Assess the functionality of supply points	Functionality of supply points assessed	1,600	800	704	Objective achieved at 91%
	Share information on the situation of supply points with partners and actors every month	Findings of the review of the supply points' functionality shared with all relevant actors every month	12	6	5	Objective achieved at 83.3% There was not enough information to warrant a review during the first month due to widespread stock-outs. The findings on the supply points' functionality will be included among the items to be discussed with partner NGOs during monthly meetings.

## GAP ANALYSIS—STRATEGIC RESULTS

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for Semester I FY12	Achievements (Oct 2011–Mar 2012)	Gap analysis
<b>Strategic focus I: Improving MCH/nutrition</b>						
<b>Intervention I: Coordinate and communicate on community-based MCH activities with development partners</b>						
3.1.1.1 Take part in coordination meetings		Participation in technical coordination			<p>Santénet2 took part in two (2) coordination meetings with SALOHI and MCHIP. The tools used in KM salama were shared: (1) the pregnancy early screening form and pregnant woman monitoring form, (2) job aids for pregnancy and newborn management, (3) CHW supervision grids. These forms were incorporated in the curriculum used by MCHIP and SALOHI for MCH management.</p> <p>A coordination meeting with UNICEF and the MCH and RH Direction was organized. Coordination on the continuation of IFA supplementation activities by CHWs in 88 communes, in seven districts in two regions (Androy, Anosy); Preparation of training in interpersonal communication in infant and young child feeding and in maternal nutrition. Independent trainers involved in KM salama approach took part in the training. Participants in the meeting: UNICEF, WFP, FAO, WHO, Médecin du Monde, ASOS, ONN, GRET-Nutrimad, CARE The participants shared their results of their post-cyclones assessments and interventions as well as outlooks. All CHWs working in the areas most affected by the cyclones will</p>	Objective achieved

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for Semester I FY12	Achievements (Oct 2011–Mar 2012)	Gap analysis
					be trained on the use of MUAC for post-cyclone nutritional surveillance in FY 2012 Semester 2.	
	Share on the achievements, challenges and lessons learned from community-based activities implemented in the KM salama communes	Practices and implementation activities in the community sites shared with partners			Presentations on practices, results, challenges and lessons learned shared with partners.	Objective achieved
	Attend meetings	4 meetings held	4	2	4	Objective exceeded. 2 meetings in excess One of the additional meetings was organized with UNICEF and Direction de la Santé de l'Enfant, de la Mère et de Reproduction (DSEMR) to better coordinate IFA distribution activities and training of CHWs in MUAC relating to infant and young child feeding and women's nutrition. Coordination meetings with USAID partners (SALOHI and MCHIP) were organized separately.

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for Semester I FY12	Achievements (Oct 2011–Mar 2012)	Gap analysis
<b>Intervention 2: Expand integrated quality community-based services in MCH/Nutrition through ongoing coaching and supervision</b>						
3.2.1.1 Promote early screening of pregnancies and management of pregnant women and newborns in the KM salama communes	Strengthen the components relating to c-ONE, IPT/SP, IFA, and ANC package in the training curriculum on pregnant women and newborn management	Training curriculum updated and used for training CHWs			Training curriculum updated and used for training CHWs	Objective achieved
	Reproduce early pregnancy screening and pregnant women management forms	Early pregnancy screening and pregnant women management forms reproduced	4,000 early pregnancy screen and pregnant women management forms reproduced	4,000 early pregnancy screen and pregnant women management forms reproduced	4,000 forms reproduced. The number of forms is enough to cover the needs of CHWs during Semester I of FY12.	Objective achieved

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for Semester I FY12	Achievements (Oct 2011–Mar 2012)	Gap analysis
	Train CHWs	4,000 trained on early pregnancy screening and pregnant women management	4,000 trained CHWs equipped with early pregnancy screening and pregnant women management forms	2,000 trained and equipped CHWs	1,901 trained in pregnant women and newborn management	Objective achieved at 90% CHWs absent at trainings will be trained on the job by the heads of CSBs. The training of 2,099 Child Health or Mother Health CHWs must be completed by June 2012. The CHWs will be equipped with forms and job aids for pregnant woman and newborn management. Santénet2's regional teams will closely monitor the implementation of the training sessions planned and the forwarding of training reports.
	Equip trained CHWs with the pregnancy early screening and pregnant woman monitoring form, and job aids for pregnancy and newborn management,	4,000 trained CHWs equipped with (1) the pregnancy early screening and pregnant woman monitoring form, and (2) job aids for pregnancy and newborn management,	4,000 trained and equipped CHWs	2,000 trained and equipped CHWs	1,901 trained and equipped CHWs	Objective achieved at 90% CHWs were absent during the training and were not equipped with the pregnancy early screening and pregnant woman monitoring form, nor with job aids for pregnancy and newborn management.

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for Semester I FY12	Achievements (Oct 2011–Mar 2012)	Gap analysis
3.2.2.2 Train Child and Mother Health CHWs in interpersonal communication, infant and young child feeding (IYCF), women's nutrition, and life cycle	Plan trainings for Child Health or Mother Health CHWs	230 trainings conducted	230	115	76 trainings conducted	Objective achieved Gap: 115 - 76 = 39 trainings, or 34% of the trainings to be done. The number of trainings was reduced because some communes were grouped for training in some areas to optimize the use of trainers.
	Train Child Health or Mother Health CHWs	3,500 Child Health or Mother Health CHWs trained	3,500	2,500	2,413 Child Health or Mother Health CHWs trained in interpersonal communication, IYCF, women's nutrition, and life cycle	Objective achieved
3.2.2.3 Monitor and supervise Child Health or Mother Health CHWs	Contribute to updating the supervision grid	Supervision grid updated	Supervision grid updated	Supervision grid updated	The ST form for field visits that enables them to monitor those items included in the CHW supervision grid was updated. This tool enhances the effectiveness of the STs' field visits and enables them to provide continuous and more effective coaching and supervision. It helps them monitor the CHWs' activities and check the conformity and reliability of the CHWs' MARs.	Objective achieved

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for Semester I FY12	Achievements (Oct 2011–Mar 2012)	Gap analysis
	Ensure availability of supervision tools among the various actors involved in the supervision of CHWs (local supervisors, independent supervisors, STs, SDCs)	Tools available for the supervision of each actor	Tools available for the supervision of each actor	Tools available for the supervision of each actor	The CHWs' supervisors include local supervisors, independent supervisors, STs from the NGOs, and the SDCs. Each of them have their own tool. Local or independent supervisors have supervision grids and ensure technical supervision. STs support CHWs in filling out the MARs and on reporting of activities. SDCs, including managers of supply points and Social Quality facilitators, ensure the availability of health products.	Objective achieved
	Coach and supervise Child and Mother Health CHWs	3,200 supervision visits completed: A technical supervision of CHWs by local supervisors during semester reviews using integrated tools	3,200 supervision visits completed	1,600 Including 800 group supervision during reviews and 800 coaching sessions by SDCs or STs	629 group supervision sessions and 800 coaching sessions by SDCs or STs	Group supervision: 629 supervision sessions completed out of the 800 planned Data on coaching are not included in the Extranet. The development of a tool for collecting data on coaching during STs' field visits was not completed until April 4, 2012 when all the STs were trained on its use.  Monitor the use of the STs' monthly field visit tool to ensure effective and ongoing coaching of actors.

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for Semester I FY12	Achievements (Oct 2011–Mar 2012)	Gap analysis
<b>Strategic focus 2: Scaling up community-based services in the areas of RH/FP, ARH, and safe motherhood</b>						
<b>Intervention 1: Coordinate and communicate on community-based RH/FP activities with development partners</b>						
3.2.1.1 Take part in the national coordination meeting organized by the RH/FP partner committee	Contribute to the technical preparation of the coordination meeting	Participation in a national coordination meeting on December 6 to 8 in Ivato	Participation in a national coordination	Participation in a national coordination meeting	Santénet2 took part in the preparatory meeting for the meeting and sent presentations on the achievements of CHWs, on its experience in scaling up community-based Depo Provera, and on outlooks for RH/FP activities to be included in the handouts at the coordination meeting.	Objective achieved
	Share on achievements, challenges and outlooks as regards the use of RH/FP services	A document on the achievements of Mother Health CHWs on the experience of scaling up community-based Depo as well as outlooks for RH/FP activities in the KM salama communes was distributed to partners.	Participation in a national RH/FP coordination meeting	Participation in a national RH/FP coordination meeting	RH/FP partners' coordination meeting in December 2011, during which the project shared the results on the use of community-based services in 2011, focusing on CHWs' achievements. This workshop was an opportunity for the Mother Health CHW from the commune of Mahavelona in the region of Atsinanana to share information about her activities in her <i>fokontany</i> , which are regarded as best practices. She has 64 regular users, out of which 38% are using Depo Provera.	Objective achieved
3.2.1.2 Take part in the workshop to quantify RH/FP products needs	Share logistic information (consumption, stock level) on health products at the community level	Participation in a workshop to quantify health product needs	Participation in a workshop to quantify health product needs	Participation in a workshop to quantify health product needs	Santénet2 took part in the meeting to validate the manual for the quantification of health product needs organized by Santénet2 partners in October 2011 in Moramanga and in a similar workshop in Ampefy in December 2011. Data on consumption of contraceptives at the community level were shared to allow for estimating needs at the community level.	Objective achieved

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for Semester 1 FY12	Achievements (Oct 2011–Mar 2012)	Gap analysis
<b>Intervention 2: Improve the supply of RH/FP services at the community level through ongoing coaching and supervision of Mother Health CHWs in the KM salama communes</b>						
3.2.2.1 Build the capacities of Mother Health CHWs on integrated RH/FP topics (counseling on FP, referral for long-term permanent methods, provision of COC, LAM, and filling out of c-GIS tools)	Design the integrated RH/FP form	Integrated RH/FP form designed	Integrated RH/FP form designed	Activity postponed to Semester 2	Mother Health CHWs were provided with management tools and IEC/BCC tools for FP services after training at the beginning of the project. To build their technical and communication capacities for provision of RH/FP services, they benefit from ongoing coaching by the NGOs' STs as well as through group supervision carried out by local supervisors for their professional development.  The forms and tools distributed to Mother Health CHWs after their training at the beginning of the project are being reviewed.	Activity postponed to Semester 2
	Multiply integrated RH/FP forms	Integrated RH/FP form reproduced	Integrated RH/FP form reproduced	Activity postponed to Semester 2	The forms and tools distributed to Mother Health CHWs after their training at the beginning of the project are being reviewed.	Objective achieved
	Equip Mother Health CHWs with integrated RH/FP form as part of their ongoing supervision and coaching	Integrated form distributed to Mother Health CHWs	Integrated form distributed to Mother Health CHWs	Activity postponed to Semester 2	The forms and tools distributed to Mother Health CHWs after their training at the beginning of the project are being reviewed.	Objective achieved

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for Semester I FY12	Achievements (Oct 2011–Mar 2012)	Gap analysis
3.2.2.2 Ensure ongoing coaching and supervision of Mother Health CHWs in the 800 KM salama communes	Contribute to updating the supervision grid	Supervision grid updated	Supervision grid updated	Supervision grid updated	The ST form for field visits that enables them to monitor those items included in the CHW supervision grid was updated. This tool enhances the effectiveness of the STs' field visits and enables them to provide continuous and more effective coaching. It helps them monitor the CHWs' activities and check the conformity and reliability of the CHWs' MARs.	Objective achieved
	Ensure availability of supervision tools among the various actors involved in the supervision of CHWs (local and independent supervisors, STs, SDCs)	Tools available for the supervision of each actor	Tools available for the supervision of each actor	Tools available for the supervision of each actor	The CHWs' supervisors include local supervisors, independent supervisors, STs from the NGOs, and the SDCs. Each of them have their own tool. Local or independent supervisors have supervision grids and ensure technical supervision. STs support CHWs in filling the MARs and on reporting of activities. SDCs, including managers of supply points and Social Quality facilitators, ensure the availability of health products.	Objective achieved
	Coach and supervise Maternal Health CHWs	5,560 M-CHWs in the 800 KM salama communes supervised	5,560 M-CHW in the 800 KM salama communes supervised	5,560 M-CHW in the 800 KM salama communes supervised	2,999 Mother Health CHWs were supervised in 425 KM salama communes.	Objective not achieved Achievement at 54% While some supervision reports are expected to be received, 512 reports out of 629 have been entered and reviewed.

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for Semester I FY12	Achievements (Oct 2011–Mar 2012)	Gap analysis
<b>Intervention 3: Consolidating ARH in the KM salama communes</b>						
3.2.3.1 Organize intra-regional meetings for youth leaders to share best practices and to discuss about challenges in implementing activities.	Plan meetings in Fianarantsoa, Toamasina, Toliara, Taolagnaro, Antsirabe, Antananarivo, and Manakara.	Workshop/meeting plan available	Workshop/meeting plan available	Workshop/meeting plan available	Workshops/meetings planned: Toamasina: May 8–9, 2012 Toliara: May 15–16, 2012 Fianarantsoa: May 22–23, 2012 Taolagnaro: May 30–31, 2012 Antananarivo: June 2012	Objective achieved
	Develop a guide for facilitating meetings	Guide developed	Guide developed	Guide developed	Santénet2 will organize regional forums in Semester 2 of FY 2012 as part of improving the effectiveness of its intervention in the area of ARH and RH in general in the KM salama communes. The forums will also serve to identify lines of action to reorient the activities of youth leaders.  In preparation for this activity, the technical data sheet, the forum guide, the media communication plan, and facilitation questionnaires were developed along with the planning of the forums in the various regions. The objective is to share the experiences of youth leaders and their best practices in terms of leadership, methods for conducting group discussions, and challenges encountered in implementing activities and the related solutions.	Objective achieved

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for Semester 1 FY12	Achievements (Oct 2011–Mar 2012)	Gap analysis
	Conduct meetings	7 meetings held	7	N/A	Youth leaders' meetings/forums planned for Semester 2 of FY 2012	Activities to be done in Semester 2.
	Identify best practices among youth leaders	Best practices among youth leaders identified	Best practices among youth leaders identified	Best practices among youth leaders identified	Best practices among youth leaders will be identified during the meetings/forums in Semester 2. The fact sheets, the forum guide, and the facilitation questionnaires are designed to allow for exchanging experiences and best practices in the field of leadership, group discussions, and activity implementation.	Activities to be done in Semester 2.
3.2.3.2 Ensure linkages between STs, SDCs, and youth leaders	Provide youth leaders with a reporting form	Reporting form available to youth leaders	1,051 youth leaders equipped with reporting forms	1,051 youth leaders equipped with reporting forms	The regional offices of Santénet2 provided youth leaders with reporting forms, according to their needs	Objective achieved
		Youth leaders' reports entered by STs into the Extranet	5,052	2,526	Out of the 1,051 youth leaders trained in FY 2010 and 2011, 421 reported on their activities. The reports show that 115 group discussions allowed for raising awareness among 14,147 young people. The number of young people reached with awareness-raising has doubled in this semester compared with last year (from 5,572 in FY 2011 to 14,147 in Semester 1 of FY 2012).	Objective not achieved The reporting pipeline remains unclear. The system does not follow the same pipeline as CHW reporting at the community level, and the reports were not received in a timely way.
		Young people reached with awareness-raising	210,000	105,000	14,147 people reached with awareness-raising	Objective not achieved Gap (105,000 – 14,147) = 90,853 people still to be reached with awareness-raising

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for Semester I FY12	Achievements (Oct 2011–Mar 2012)	Gap analysis
						Initially, youth leaders' activities and the reporting pipeline for ARH were designed to be at the district level. The information pipeline remains unclear to the youth leaders and reports are not received in a timely way. The number of people reached with awareness-raising is 14,707 as per the reports, which is 13.5% of the objective set. The forums organized in Semester 2 will serve as an opportunity to explain the reporting pipeline to be applied that follows the CHWs' reporting pipeline. All the youth leaders trained by Santénet2 will receive a document summarizing the outcomes of the forums. This document will help strengthen youth leader reporting through the CHWs' reporting pipeline.
	Involve youth leaders in the reviews organized by local supervisors	Participation of youth leaders in the reviews organized by local supervisors	Participation of 421 youth leaders in the reviews organized by local supervisors	N/A	STs take part in the monitoring of youth leaders. The ST field visit tools take into account the integration of ARH in the KM salama approach (through youth leaders' involvement in the reviews organized by local supervisors starting in Semester 2).	Involvement of youth leaders in the reviews organized by local supervisors starting in semester 2.

Activities	Tasks	Completion indicator AWP/MPM	Objective for 2012	Objective for Semester I FY12	Achievements (Oct 2011–Mar 2012)	Gap analysis
	Set up a monitoring and reporting mechanism	A clear monitoring and reporting mechanism for youth leaders established and shared with STs and youth leaders in target KM salama communes	A clear monitoring and reporting mechanism for youth leaders established and shared with STs and youth leaders in target KM salama communes	Mechanism for reporting youth leaders' activities determined	Mechanism for reporting youth leaders' activities determined STs take part in the monitoring of youth leaders. They collect the youth leaders' activity reports similarly to the CHWs' reports during their monthly visits. A tool for the ST field visits was developed. The tool takes into account the integration of ARH in the KM salama approach through the involvement of youth leaders in monthly reviews, as part of enhancing the effectiveness of this activity under the KM salama approach and improving the completeness and timeliness of reporting by the youth leaders.	Objective achieved
<b>Strategic focus 3: Expanding community-based malaria prevention and control services</b>						
<b>Intervention 1: Coordinate and communicate on community-based malaria activities with development partners</b>						
3.3.1.1 Take part in technical coordination meetings for malaria control	Take part in the monthly meeting of the RBM partnership	10 meetings under the RBM partnership	10	5	6 regular meetings of the RBM partnership: meeting to prepare a 3-day International Conference on malaria control (with financial contribution from the Project), during which the findings of the studies carried out were disseminated (MIS 2011 and MPR 2011) and documents on case management at the community level were distributed.  Three (3) meetings: - Sharing on the progress status of RBM partners' activities - Coordination of management tools and equipment as part of c-IMCI implementation - Management of health products and	Objective exceeded 6 - 5 = 1  An additional meeting was held to address the emergency caused by cyclones Giovana and Irina.

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for Semester I FY12	Achievements (Oct 2011–Mar 2012)	Gap analysis
					<ul style="list-style-type: none"> <li>updating of the National Strategic Plan.</li> <li>- Meetings to estimate needs for ACT and RDT to be used at the community level during the preparation of the National Strategic Plan for malaria control (2013–2018)</li> <li>- Meetings to address the emergency caused by cyclones Giovana and Irina: the meetings focused on sharing information on regions, districts, and CSBs where outbreaks of malaria were noted.</li> </ul>	
	Take part in PMI quarterly meetings	4 meetings with PMI	4	2	<ul style="list-style-type: none"> <li>3 coordination meetings with PMI partners</li> <li>- 1 meeting with PMI partners to share achievements, challenges, and lessons learned</li> <li>- Meeting of the GAS: GAS/PMI groups Santénet2, PMI, DELIVER, JSI/MAHEFA. Two meetings were held to assess needs for health products and to update data.</li> <li>- Meetings pursuant to the recommendations of MPR 2011 and the international conference on malaria in November, for coordinating the activities of all partners under the implementation of c-IMCI.</li> </ul>	<p>Objective exceeded 3 – 2 = 1</p> <p>One additional meeting was organized for better coordination of the estimation of health product needs</p>
	Attend coordination meetings for the implementation of c-IMCI activities with	6 coordination meetings held with NMCP and NSA partners	6	3	<ul style="list-style-type: none"> <li>- 2 coordination meetings with NMCP to share good practices relating to standards and procedures in c-IMCI</li> <li>- 3 coordination meetings with the main grantees of NSA leading to: <ul style="list-style-type: none"> <li>✓ the use of a single case management</li> </ul> </li> </ul>	<p>Objective exceeded 9 – 3 = 6</p> <p>Six additional meetings with the main grantees and sub-grantees to address coordination needs and for harmonization in the</p>

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for Semester I FY12	Achievements (Oct 2011–Mar 2012)	Gap analysis
	development partners				<ul style="list-style-type: none"> <li>and referral form;</li> <li>✓ acceptance of the principle that KM salama CHWs are included in the CHW training funded by NSA.</li> <li>- 3 meetings of the Supply and Stock Management Committee to estimate national needs for ACT and RDT</li> <li>- One coordination workshop on c-IMCI with the objective of consolidating achievements and harmonizing interventions aimed at facilitating supply for CHWs at supply points in each commune.</li> </ul>	implementation of c-IMCI activities
		Documents on project achievements distributed	Documents on project achievements distributed	Documents on project achievements distributed	Documents on achievements under the KM salama program in 2011 were distributed to partners.	Objective achieved
	Take part in the assessment survey on the use of RDTs at the community level	Results on the use of RDTs at the community level available	Results on the use of RDTs at the community level available	Activity postponed to Semester 2	<ul style="list-style-type: none"> <li>Activity to be combined with the assessment of the effectiveness, sustainability, and quality of services provided by CHWs in the KM salama communes</li> <li>Activity to be planned in Semester 2.</li> </ul>	N/A

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for Semester I FY12	Achievements (Oct 2011–Mar 2012)	Gap analysis
<b>Intervention 2: Strengthen the capacity of Mother Health or Child Health CHWs to raise awareness and monitor the use of LLITNs and intake of IPT by pregnant women.</b>						
3.3.2.1 Strengthen the capacity of Mother Health or Child Health CHWs to raise awareness and monitor the use of LLITNs and intake of IPT by pregnant women	Update the training tool on pregnant women to reinforce the components on intake of IPT and use of LLITNs	Training curriculum updated	Training curriculum updated	Training curriculum updated	Training curriculum updated and used for training CHWs on raising awareness on and monitoring the use of LLITNs and intake of IPT by pregnant women.	Objective achieved
	Reproduce early pregnancy screening and pregnant women management forms	Early pregnancy screening and pregnant women management forms reproduced	4,000 early pregnancy screening and pregnant women management forms reproduced	4,000 early pregnancy screening and pregnant women management forms reproduced	4,000 early pregnancy screening and pregnant women management forms reproduced	Objective achieved
	Plan trainings	4 quarterly training plans available	75% of trainings planned completed	75% of trainings planned in Semester I completed	Out of 326 trainings planned, 243 training were completed, i.e. 75%.	Objective achieved

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for Semester I FY12	Achievements (Oct 2011–Mar 2012)	Gap analysis
	Train CHWs	4,000 CHWs trained and equipped with tools for early pregnancy screening and pregnant women management	4,000	2,000	1,901 CHWs trained to raise awareness and monitor the use of LLITNs and intake of IPT by pregnant women as part of malaria prevention	Objective achieved at 90%
	Equip trained CHWs with the pregnancy early screening and pregnant woman management form, and job aids for pregnancy and newborn management.	Trained CHWs equipped with tools for early pregnancy screening and pregnant women management	4,000 trained CHWs equipped with early pregnancy screening and pregnant women management forms	2,000 trained CHWs equipped with early pregnancy screening and pregnant women management forms	1,901 trained CHWs equipped with early pregnancy screen and pregnant women management forms	Objective achieved at 90%
<b>Intervention 3: Improve c-IMCI service supply through ongoing coaching and supervision of Level 2 Child Health CHWs</b>						
3.3.3.1 Monitor and supervise level 2 CHWs in charge of child health in the 800 KM salama communes	Contribute to updating the supervision grid	Supervision grid updated	Supervision grid updated	Supervision grid updated	The ST form for field visits that enables them to monitor those items included in the CHW supervision grid was updated. This tool enhances the effectiveness of the STs' field visits and enables them to provide continuous and more effective coaching and supervision. It helps them monitor the CHWs' activities and check the conformity and reliability of the CHWs' MARs.	Objective achieved
	Share the technical form for monitoring the use of RDTs with STs	160 technical forms for monitoring the use of RDTs distributed to STs	160 technical forms for monitoring the use of RDTs distributed to STs	160 technical forms for monitoring the use of RDTs distributed to STs	160 technical forms for monitoring the use of RDTs distributed to STs	Objective achieved

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for Semester I FY12	Achievements (Oct 2011–Mar 2012)	Gap analysis
	Ensure availability of supervision tools among the various actors involved in the supervision of CHWs (local and independent supervisors, STs, SDCs)	Tools available for the supervision of each actor	Tools available for the supervision of each actor	Tools available for the supervision of each actor	The CHWs' supervisors include local supervisors, independent supervisors, STs from the NGOs, and SDCs. Each of them have their own tool. Local or independent supervisors have supervision grids and ensure technical supervision. STs support CHWs in filling out the MARs and on reporting of activities. SDCs, including managers of supply points and Social Quality facilitators, ensure the availability of health products.	Objective achieved
	Coach and supervise C-CHWs 2	5,269 C-CHWs2 in the 800 KM salama communes supervised	5,269 C-CHWs2 in the 800 KM salama communes supervised	5,269 C-CHWs2 in the 800 KM salama communes supervised	3,283 Level 2 child Health CHWs were supervised.	Objective not achieved Achievement at 62% While some supervision reports are expected to be received, 512 reports out of 629 have been entered and reviewed.
<b>Intervention 4: Monitor the implementation of epidemiological surveillance activities by IPM</b>						
3.3.4.1 Check IPM's deliverables for conformity with specifications in agreements	Check the availability of monthly <i>Epiveille</i> bulletins	Monthly <i>Epiveille</i> bulletins available	12	6	5 <i>Epiveille</i> bulletins received	Objective not achieved The bulletin for March 2012 is expected in the 2nd week of April.

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for Semester 1 FY12	Achievements (Oct 2011–Mar 2012)	Gap analysis
<b>Intervention 5: Conduct a survey on the functionality and performance of CHWs</b>						
3.3.5.1 Conduct an assessment of the effectiveness, sustainability, and quality of services provided by CHWs in the KM salama communes	Develop an assessment protocol	Protocol developed	Protocol developed	Activities to be conducted in Semester 2 of FY 2012	NA	The activity is planned in Semester 2 of FY 2012
	Conduct the assessment in the sites proposed in the protocol	Assessment conducted in the sites	Assessment conducted in the sites			Objective achieved
	Disseminate recommendations	Recommendations shared with partners	Recommendations shared with partners			Objective achieved
	Use the assessment findings to revise the training curriculums, tools, and procedures, as needed	Use the assessment findings to revise the training curriculums, tools, and procedures, as needed	Use the assessment findings to revise the training curriculums, tools, and procedures, as needed			Objective achieved

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for Semester 1 FY12	Achievements (Oct 2011–Mar 2012)	Gap analysis
<b>Strategic focus 4: Improving the capacities of MARPs to control STI/HIV/AIDS</b>						
<b>Intervention 1: Promote STI/HIV/AIDS prevention activities among MARPs</b>						
3.4.1.1 Strengthen MARP associations' capacities to conduct STI/HIV/AIDS prevention activities	Award small grants to MARP associations	8 associations awarded grants (Antsirabe 2, Fianarantsoa 4, Taolagnaro 2)	8	8	8	Objective achieved (100%)
	Provide technical support and train MARP associations' facilitators	19 MARPs associations receiving technical support	19	19	17	Objective achieved at 89% The annual objective is almost achieved, provided that all the training sessions planned are implemented.
		380 facilitators trained, including new facilitators in associations in Ihosy, Manakara, and Mahajanga	380	380	190	Objective achieved at 50% The annual objective should be achieved by the end of Semester 2.
		27 training sessions completed	27	27	9	Objective achieved at 33% The annual objective should be achieved by the end of Semester 2.
		9,500 IEC tools distributed	9,500		0	The associations had tools remaining. The new distribution will be done in Semester 2.

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for Semester 1 FY12	Achievements (Oct 2011–Mar 2012)	Gap analysis
	Monitor activity implementation by the associations through regular meetings with their leaders and providers at screening centers	12,000 people reached with awareness-raising	12,000	6,000	5,400	Objective achieved at 90% PRR FY 2011 sent to USAID Objective for 2012 = 21,000
<b>Strategic Focus 5: Involving religious leaders and FBOs in stimulating demand for healthcare services among the population in the communes implementing the KM salama approach</b>						
<b>Intervention I: Mobilizing PLeROC members to contribute to improving community health</b>						
3.5.1.1 Support religious leaders to sensitize the population in 580 communes implementing the KM salama approach on health topics in worship places	Provide religious leaders with IEC tools suited to the religious context (example, PLeROC facilitation booklet)	1,200 tools shared with religious leaders	1,200	600	20 facilitation booklets distributed	Objective not achieved  Religious leaders had tools remaining. The new distribution will be carried out in Semester 2.
	Provide office stationery to religious leaders to facilitate reporting	290,000 people reached with awareness-raising	290,000	145,000	188,909	Objective exceeded.
3.5.1.2 Monitor PLeROC activities	Provide religious leaders with reporting forms	Monthly reports of religious leaders in 580 communes implementing the KM salama approach available	Reports from 580 communes available		3 PLeROC entities out of 9 sent their reports.	Objective not achieved  Because PLeROC entities are no longer supported by grants, they do not feel obliged to report on their activities, despite reminders from the project program manager.

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for Semester I FY12	Achievements (Oct 2011–Mar 2012)	Gap analysis
		Review data available on the Extranet	Findings available and shared within the project every quarter		N/A	Not achieved PLEROC entities do not submit their reports to NGOs but use their own reporting circuit. They send hard copies of reports to the Project program manager.

## GAP ANALYSIS—COORDINATION

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for 2012 Semester I	Achievements (Oct 2011–Mar 2012)	Gap analysis
<b>Strategic focus 1: Coordinate interventions in the communes implementing the KM salama approach</b>						
<b>Intervention 1: Coordinate implementing partners' activities</b>						
4.1.1.1 Support implementing partners in planning	Collect plans from NGOs	21 AWP's validated	21	21 AWP's received and validated	21 AWP's received and validated	Objective achieved
	Review activities planned in terms of consistency and rationale against Santénet2's programmatic orientation and the budget submitted.	84 QWP's validated	84	42 QWP's validated	42 QWP's validated	Objective achieved
4.1.1.2 Hold monthly coordination meetings with implementing partners	Set the dates for meetings with the NGOs	176 coordination meetings held	176	105	105	Objective achieved (remaining 71 meetings will be held in Semester 2)
	Identify discussion points, issues, and challenges by priority					Objective achieved
	Draft meeting reports	176 monthly coordination reports available	176	105	105	Objective achieved (remaining 71 reports will be available in Semester 2)
4.1.1.3 Take part in coordination meetings initiated by local actors	Take part in the technical preparation of meetings					Objective achieved

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for 2012 Semester I	Achievements (Oct 2011–Mar 2012)	Gap analysis
	Attend meetings	32 meeting reports	32	16	3	Objective not achieved at 19% The coordination meetings are mainly initiated by the DRS. During this semester, the DRS of Ihorombe and Anosy were the only ones to hold coordination meetings.
4.1.1.4 Organize a national coordination meeting with implementing partners	Prepare the technical aspects of the meeting	National coordination meeting held	1	1	0	For better preparedness, the meeting will be held in April 2012.
	Involve all decision-makers and entities working on the KM salama project in the meeting.	Meeting minutes available and circulated to partners				Objective achieved
4.1.1.5 Take part in the celebration of World Days	Prepare the technical aspects of our participation	Number of World Days attended			4 celebrations attended: World Hand Washing Day, World Toilet Day, World Aids Day, and World Water Day	Objective achieved
		Trip reports available			All field trips in the KM salama sites have written reports available	Objective achieved
<b>Intervention 2: Monitor activities planned</b>						
4.1.2.1 Collect and process information on a regular basis	Collect the NGOs' weekly, monthly, and quarterly activity reports on the Extranet and the SMS database	Weekly activity reports of the 21 NGOs received and reviewed (in terms of promptness, completeness, and reliability)	1,092	546	426	Objective not achieved at 78% 666 weekly activity reports still remain to be collected in Semester 2.

Activities	Tasks	Completion indicator AWP/PMP	Objective for 2012	Objective for 2012 Semester I	Achievements (Oct 2011–Mar 2012)	Gap analysis
	Review achievements against work plans	Quarterly reports of the 21 NGOs received and reviewed	84	42	42	Objective achieved
4.1.2.2 Maintain the dashboards to monitor the NGOs' activities	Monitor progress and changes in activity implementation					Objective achieved
	Update dashboards to reflect changes on a regular basis	21 dashboards updated on a weekly basis	21	21	21	Objective achieved
<b>Intervention 3: Implement the KM salama approach in 3 communes</b>						
4.1.3.1 Monitor activities in the 3 communes (Ambanitsena, Anjeva, Ambohitrony) on a monthly basis	Collect CHWs' activity reports and SDCs' reports on a monthly basis	Monthly report available	12	6	6	Objective achieved
	Review achievements against work plans	Data available every month in the Extranet and the SMS database	12	6	6	Objective achieved
	Provide technical support to community-based actors					Objective achieved
4.1.3.2 Organize semester reviews	Prepare the review's logistics	2 semester reviews held in 3 communes	2	1	1	Objective achieved
	Draw up the review's budget					

# Annex 2: Environmental Mitigation and Monitoring Report—FY 2012

Activity	Mitigation measures	Monitoring indicators	Monitoring and reporting frequency	Responsible	Achievements Semester I FY 2012 (Oct 2011–Mar 2012)
<p><b>Management and disposal of hazardous medical waste resulting from immunization, vaccines, and the administration of DMPA (syringes, sharps, gloves, drug vials, gauze, plastic pockets).</b></p>	<p>Medical waste will be managed in accordance with the National Medical Waste Management Policy of Madagascar and WHO’s Environmental Guidelines for small-scale activities in Africa (Chapters 8 and 15).</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 Level 2 CHW will receive sharp boxes at the end of the training (2 sharp boxes for Mother Health CHWs and 1 sharp box for Child Health CHWs) as well as clear instructions on the disposal and resupply of sharp boxes.</p>	<p>During these three years, RTI/USAID/Santénet2 has trained 5,269 Level 2 Child Health CHWs in c-IMCI and 4,774 Level 2 Mother Health CHWs in community-based DMPA.</p> <p>In fiscal year 2012, activities will be to conduct supervision for 5,269 Level 2 Child Health CHWs and 5,233 Level 2 Mother Health CHWs.</p> <p>3,200 supervision visits involving 75% of CHWs trained 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).</p>	<p>The monthly review and supervision reports will provide the information for assessing the effectiveness of mitigation measures.</p> <p>The project’s semester and annual reports will address the issue of mitigation measures set up.</p>	<p>Santénet2 and its implementing partners</p>	<p>2,721 Level 2 Child Health CHWs and 2,289 Level 2 Mother Health CHWs were supervised during the 629 visits conducted</p> <p>The completeness of data from supervision reports remains a big challenge for the project. To address this issue, collecting reports with local supervisors 15 days after conducting field supervision is a priority. The NGO coordination meeting is a platform that launches discussion of solutions of these issues faced by field technicians. Additional supervision sessions are organized in different KM salama communes where CHWs do not attend group supervision sessions.</p>

Activity	Mitigation measures	Monitoring indicators	Monitoring and reporting frequency	Responsible	Achievements Semester I FY 2012 (Oct 2011–Mar 2012)
	<p>CHWs are instructed to bring their boxes to the CSB when it is two-thirds full and to seek empty sharp box from either the CSB or the community supply chain.</p> <p>CHWs will follow the procedures included in the “Reference Manual for Immunization Program Managers on the Injection Safety Issues and Waste Disposal,” especially as regards the use of sharp boxes.</p>	<p>In addition, it will be checked whether CSBs comply with procedures for the disposal of waste, especially sharp boxes.</p>			

# Annex 3: Monitoring and Evaluation

Collecting and using information on the program's progress and impacts on the population are an essential part of Santénét2's management. Through the analysis of monitoring and evaluation indicators, the project's management gains an understanding of how well implementation is performing and determines whether the activities comply with initial plans and the objectives set are met. Without a rigorous monitoring and evaluation framework, it would not be possible to grasp where the efforts made have led.

Santénét2 developed the Performance Monitoring Plan (PMP) to:

- Provide information and data allowing for monitoring and assessing the annual action plan;
- Assess progress against the activities planned;
- Assess impact on the beneficiary population.

The PMP describes the approach to use for monitoring progress toward achieving the overall strategic objective of the Santénét2 program and its three key components:

- Strengthening community systems;
- Strengthening the health system;
- Achieving strategic results.

The Project's team uses the PMP as an essential tool for planning, managing, and documenting the collection and use of performance-related data.

In conducting its activities, Santénét2 refers to 22 indicators, including 18 indicators pertaining to the five key health areas—Reproductive Health/ Family Planning (RH/FP), Maternal and Child Health (MCH) and Nutrition, Malaria Control, Water-Sanitation-Hygiene (WASH), and STI/HIV-AIDS—and four (4) cross-cutting indicators. The results obtained under each of the indicators are reported to USAID/Madagascar every semester.

Because of the political crisis currently affecting Madagascar and the restrictions imposed by the USG on collaboration with the host-country government, Santénét2 had to adjust its plans, suspending assistance to the public sector (government and public health system) and refocusing its activities on the communities. As a result, the indicators pertaining to direct assistance to the public sector and the operations of the public system were reformulated in terms of intervention at the community level or were outright suspended. Any indicator that requires information from the basic health centers (CSBs) will not be reported until the end of the sanctions.

The Project's monitoring and performance indicators over this period are classified in four categories according to their level of achievement.

The first category groups indicators for which targets have been achieved. There are three (03) indicators in this category (1) community-based FP services; (2) WASH awareness-raising activities; and (3) the number of communes having a Social Development Committee (SDC) that has identified, planned, and implemented actions to improve quality in a participatory way.

Good performance was achieved on these indicators thanks to the quality of training, regular supervision pursuant to training, and the quality of field activities conducted 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 five (05) indicators in this

category related to (1) community capacity building on maternal health and newborn care; (2) community health worker (CHW) RDT use training; (3) the number of peer educators trained by MARP associations; (4) c-HMIS performance; and (5) the number of service providers implementing quality improvement approaches.

The third category groups indicators that achieved less than half of annual target. They number nine (09) and include (1) the number of vaccination referrals; (2) the number of ANC referrals; (3) community-based growth monitoring and promotion; (4) awareness-raising under the nutrition program; (5) community-based referrals for malaria and malaria services; (6) population's access to improved sanitation; (7) awareness-raising on HIV/AIDS prevention; (8) the peer educators' MARP awareness-raising activities; and (9) the functioning of CHWs.

The fourth category includes indicators that have substantially under-performed when compared to their targets. They number three (03) and pertain to (1) community-based ARI case management, (2) diarrhea case management, and (3) the funding of health care.

The factors accounting for being off target include the following:

- In regards to CHW case management of diarrhea and ARI, stock-outs of hydrazinc and Pnuemostop (products to treat those two diseases) were observed. We have informed PSI about this situation to ensure the resupply. We have also oriented the CHWs to the health centers to obtain those products. A letter from MOH was distributed to facilitate CHWs' access to health products at health centers.
- In regards to the number of people covered by health financing arrangements, the enrollment period for mutual health programs in 2 of the 4 districts is postponed during the second semester.

Two indicators are not reported for this reporting period:

- Couple Years of Protection: Data will be reported at the end of the fiscal year 2012.
- Percentage of service providers reporting stock-outs of products: A survey to collect this data is planned for July 2012.

N°	Indicators	Target FY 2012	Achievement Oct 2011–Mar 2012	Gap analysis/Observations
<b>INDICATORS ACHIEVED</b>				
2	Number of regular users (RU) of modern contraceptive methods (RU of CHWs)	104,900	115,411	Annual Objective Achieved Achievement at 110%
14	Number of people exposed to IEC/BCC water and sanitation messages	400,000	400,000	Annual Objective Achieved Achievement at 121% These results show the effectiveness of the communication strategy for behavior change implemented by Santénet2, involving CHWs, FBO members, and local radio stations.
21	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	800	800	Annual Objective Achieved Achievement at 100%
<b>INDICATORS EXPECTED TO ACHIEVE TARGET</b>				
10	Number of people trained in maternal and newborn health	4,000	1,901	Semester Objective Achieved Achievement at 48% Some CHWs did not attend the courses. These CHWs will be trained by local supervisors during supervision sessions. The remaining 2,099 CHWs will be trained during the second semester. Santénet2's regional team monitored the achievement of the training session planned by NGOs as well as data reporting
13	Number of CHWs trained in RDT use	414	362	Semester Objective Achieved Achievement at 87%

<b>N°</b>	<b>Indicators</b>	<b>Target FY 2012</b>	<b>Achievement Oct 2011–Mar 2012</b>	<b>Gap analysis/Observations</b>
<b>17</b>	Number of peer educators trained by MARPs' associations	380	190	Semester Objective Achieved Achievement at 50%
<b>20</b>	Performance of the community Health Management Information System (c-HMIS)	>70%	66%	Achievement at 66% 27,449 of CHW MARs were registered in Extranet and 33,521 received via SMS. The CHW MAR completeness rate is 71%, the accuracy is 83%, and data reliability is 43%. The reliability of data will be collected from a survey during the second semester. The performance of the c-HMIS has improved compared to FY 2011, from 55% to 66%, an increase of 11%.
<b>22</b>	Number of service providers implementing quality improvement approaches	11,000	5,670	Semester Objective Achieved Achievement at 52%
<b>INDICATORS THAT ACHIEVED LESS THAN HALF OF ANNUAL TARGET</b>				
<b>4</b>	Number of children under 12 months of age referred by CHWs to the health center for vaccinations	26,000	6,126	Semester Objective Not Achieved Achievement at 24% There is a problem in reporting referrals by CHWs (registration in the records, use of reference cards). The Project conducted refresher training for NGO STs and reminded them during all monthly coordination meetings about the reporting of referrals.
<b>6</b>	Number of pregnant women referred by CHWs to the health center for ANC	18,500	6,861	Semester Objective Not Achieved Achievement at 37% There is a problem in reporting referrals by CHWs (registration in the records, use of reference cards), To address this challenge, the Project conducted refresher training for NGO STs and reminded them during all monthly coordination meetings about the reporting of referrals.

N°	Indicators	Target FY 2012	Achievement Oct 2011–Mar 2012	Gap analysis/Observations
8	Number of children monitored or referred by CHWs for malnutrition	1,280,000	484,962	<p>Semester Objective Not Achieved Achievement at 38%</p> <p>(1) The CHWs refer malnourished children to the CSB; however, the family can accept this reference or not, according to their willingness. (2) In case the family or mothers refuse to go to the CSB, CHWs do not report the references in their MARs. The CHWs refer using only reference index cards (reference forms) and without reporting the reference in the register/MAR. (3) CHWs refer and omit to report any case in the register after the reference.</p> <p>To address this challenge, we have informed the STs/NGOs to remind the CHWs to improve the frequency of sensitization activities.</p>
11	Number of mothers or child caretakers exposed to IEC/BCC nutrition messages	1,020,000	344,806	<p>Semester Objective Not Achieved Achievement at 34%</p> <p>The CHWs have reported on priority case management instead of awareness-raising activities.</p>
12	Number of children under 5 years of age with fever who received treatment with ACT within 24 hours from onset of fever	71,000	26,553	<p>Semester Objective Not Achieved Achievement at 32%</p> <p>During this period, stock-outs of ACT have been observed. We have informed PSI about the situation so that they can ensure the re-supply. We have also oriented the CHWs to obtain ACT at the health center. A letter from MOH was distributed to facilitate CHWs' access to products at CSBs.</p>
15	Number of people using latrines	79,500	37,270	<p>Semester Objective Not Achieved Achievement at 47%</p>

N°	Indicators	Target FY 2012	Achievement Oct 2011–Mar 2012	Gap analysis/Observations
16	Number of people exposed to IEC/BCC HIV-AIDS messages	685,000	287,428 CHWs: 84,372 FBOs: 188,909 Youth leaders: 14,147	<p>Semester Objective Not Achieved Achievement at 42%</p> <ul style="list-style-type: none"> <li>- Data coming from youth leaders on ARH activities are not available anymore. The information channel set up was not respected and had to be clarified and improved. From now on, youth leaders' reporting system will use the current system used by CHWs, collected by STs at the CSB level.</li> <li>- The main challenge in cooperation with religious leaders is to ensure the forwarding of information. Religious leaders do not feel they are accountable or need to report once they no longer receive grants. Meetings were held with PLeROC leaders to request them to encourage religious leaders to prepare activity reports. To this end, easy-to-fill forms were prepared for the religious leaders and will be distributed by PLeROC leaders, giving priority to the most motivated actors.</li> </ul>
18	Number of MARPs reached with individual and/or small group-level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	21,000	5,400	<p>Semester Objective Not Achieved Achievement at 26%</p> <p>The fixed obligation grants were end of January 2012. The associations started activities in February. The associations were also constraint in starting awareness raising of sex workers in their work places due to the limited number of peer educators (20 per association on average) and insecurity. Furthermore, it is especially difficult to reach those sex workers that operate clandestinely, including students and underage girls. The associations will strengthen their cooperation with sex workers' leaders in the various neighborhoods by involving them in the training of peer educators.</p>

N°	Indicators	Target FY 2012	Achievement Oct 2011–Mar 2012	Gap analysis/Observations
19	Number of functional (trained, equipped, & supervised) community health workers	11,000	6 282	<p>Semester Objective Not Achieved Achievement at 56% - Supervision reporting rate: 63%</p> <p>The completeness of the supervision reports remains a big challenge. To address this problem, the collection of reports from local supervisors within 15 days after supervision sessions is a high priority. NGO coordination meetings enable discussion about the problems faced by STs. Some CHWs do not attend group reviews, so additional supervision sessions are organized in KM salama communes. The continuous coaching of trained CHWs is a second challenge that needs to be strictly monitored. During monthly visits, STs are encouraged to discuss with SDC members, case by case, all CHWs that are not supervised. They encourage the coaches to use the “Tantsoroka” booklet. Coaches fill out this supervision tool with the number of coaching sessions conducted in the concerned commune and send all compiled data immediately.</p>
<b>INDICATORS THAT HAVE SUBSTANTIALLY UNDER-ACHIEVED</b>				
5	Number of diarrhea cases among children under 5 treated by CHWs	112,275	17,212	<p>Semester Objective Not Achieved Achievement at 15%</p> <p>In this period some stock-outs of hydrazinc were observed. We have informed PSI about this situation to ensure the re-supply. We have also oriented the CHWs to obtain ACT at the health center. A letter from MOH was distributed to facilitate CHWs’ access to products at CSBs.</p>

<b>N°</b>	<b>Indicators</b>	<b>Target FY 2012</b>	<b>Achievement Oct 2011–Mar 2012</b>	<b>Gap analysis/Observations</b>
<b>7</b>	Number of pneumonia cases among children under 6 treated with antibiotics by CHWs	93,000	15,216	Semester Objective Not Achieved Achievement at 16% In this period some stock-outs of Pneumostop were observed. We have informed PSI about this situation to ensure the re-supply. We have also oriented the CHWs to obtain Cotrimoxazole at the health center. A letter from MOH was distributed to facilitate CHWs' access to products at CSBs.
<b>9</b>	Number of people covered by health financing arrangements	300,000	8,998	Semester Objective Not Achieved Achievement at 3% The enrollment period for 2 districts is postponed during the second semester.
<b>INDICATORS NOT REPORTED FOR THIS REPORTING PERIOD</b>				
<b>1</b>	Couple years of protection (CYP)	75,000	Not Applicable	Data will be reported at the end of the fiscal year.
<b>3</b>	Percentage of service providers reporting stock-outs of Depo Provera	5%	Not Applicable	A survey to collect this data is planned for July 2012.

# Annex 4: Success Stories

## Success story: Child Health. Villagers of the remote village Beangaka are happy with community-based health services.

Beangaka is a village in the forest corridor of eastern Madagascar. The village in the rural



Saranambana commune has 1,000 children under the age of five in need of health supervision and 1,200 women of reproductive age in need of family planning guidance. But to reach the nearest health center, families in need of care must walk for 3 days.

Because of Beangaka's remoteness, Santénet2's Kaominina Mendrika (KM) salama (champion commune) approach to localize information and care has been critical for the population's health. Mena Desire was trained as a community health worker to address child health issues through community-based health services. Stationed in the village

© Santénet2/Patrick B. Mena Desire treating a child

itself, Desire educates his neighbors on prevention strategies and provides basic case management for a range of childhood illnesses and diseases.

It is clear that the people of Beangaka appreciate having access to community-based health services. The number of children Desire monitors has increased three-fold since he started working. By the end of 2011, he was monitoring the growth of nearly 75% of the village's young children. With his help, children suffering from acute malnutrition were quickly diagnosed and referred to Saranambana's health center. Also, more and more parents have begun following Desire's nutrition advice. Because of these proactive measures, fewer of the children he monitored from September to December 2011 were suffering from acute malnutrition.

In addition to these improvements in Beangaka's child nutrition, the number of other childhood disease cases has been reduced. From September to December 2011, Desire saw only 20 cases of fever, 18 cases of diarrhea, and 11 cases of simple pneumonia. He has achieved outstanding results because of his persistence, in spite of challenges such as periodic stock-outs and cyclones.



© Santénet2. Patrick B. Désiré educating villagers on health issues)

Before the implementation of Santénet2's KM salama approach, the state of child health in Beangaka was alarming. The lack of proximity to health services intensified the village's health problems. Many cases of childhood illnesses went undiagnosed, and many identified cases were not treated in time. Now, however, Desire and his fellow community health workers can provide the people of Beangaka with immediate access to care to diagnose childhood illnesses earlier and to provide medicine or recommendations faster.

Thanks to Desire, childhood illnesses in Beangaka have declined sharply, and parents are taking more responsibility to keep their children healthy. The hard work of Mena Desire shows that even the most remote village can take action to improve children's health.

## Maternal health: Community evacuation system saves lives in northwestern KM salama communes



© Santénet2: Marie Ange with her newborn son at the specialized hospital in Androva, Mahajanga

The 1,988 inhabitants of Amboanio village in the remote northwestern region of Boeny must walk for more than an hour to reach the nearest health facility. The inaccessibility of basic health services for the villagers is alarmingly typical; nearly 75% of the population lives in rural and often poor and isolated areas, with little choice but to self-medicate or use available traditional medicines to fend off perils such as disease and malnutrition. For pregnant women and children, the risk has been particularly acute.

Despite the manifold challenges of attaining care, people in places such as Amboanio are taking action with the Santénet2 capacity-building program that engages local leaders and volunteers in a participatory and voluntary effort to improve and expand access to health services for underserved populations.

Last year, Santénet2 integrated obstetrical and neonatal emergencies (ONE) service as part of the program to respond to the specific needs of mothers and children. Community health workers (CHWs) and villagers are trained to recognize danger signs in pregnant women and newborns and to identify cases requiring emergency evacuation to a qualified health facility. 65 villages have organized emergency transportation mechanisms and are providing the service at no cost to the patient through a locally managed solidarity fund.

In Amboanio, the fund is collected monthly and is used to cover the cost of gas for the taxis-brousse (“bush” buses) that double as the community’s emergency vehicles in times of need. In the first year of the initiative, four women were evacuated, and their lives along with those of their babies were saved.

Amboanio resident Marie Ange had a miscarriage when she was 18. Two years later, she was 36 weeks pregnant when she developed lethargy and severe pain in her pelvis just moments before her water broke. Her grandmother recognized the danger signs and alerted Lucie Florentine, the village’s CHW, trained and supported by Santénet2.

With the lives of Marie Ange and her child hanging in the balance, Lucie acted swiftly to initiate evacuation. Within twenty minutes of the onset of symptoms, Amboanio’s taxi-brousse was racing her to the hospital for an emergency caesarian section.



Santénet2/Fanja s. Marie Ange with her 11-month old son, Bertrand, outside their home in Amboanio in January 2012).

Thanks to the training and rapid response of the CHW and village leaders, Marie Ange and her 11 month-old boy, Bertrand, are alive and healthy. Florentine, the locally based CHW, has been advising this young mother and monitoring Bertrand’s growth and vaccinations in his health booklet.

For now, Marie Ange does not plan on having another child and is receiving contraceptives through the service.

One year after that fateful night, Marie Ange welcomed USAID/Madagascar Mission Director and the Santénet2 chief of party during a site visit to her home. Rudolph Thomas, director of USAID Mission Madagascar, commended the effectiveness of the effort: “I am satisfied to see how the system comes to save lives and how [the] community gets engaged.” Thanks to the successes in hundreds of places like Amboanio, the Santénet2 project is now scaling up the initiative to reach more communities.

## Ifanadiana: Community-based health services offered by a community health worker couple save lives after the cyclone

In February 2012, Cyclone Irina devastated the Ifanadiana district in southeastern Madagascar. The official reports for the district estimated a toll of 850 victims and 50 fatalities. The health crisis in the wake of the disaster was compounded as hundreds were left homeless and vulnerable. The *fokontany* of Antafotenina—254 inhabitants, including approximately 60 children under five, 10 pregnant women, and nearly 80 women of reproductive age—had nearly 70 disaster victims due to the flooding, and the property damage was extensive.

Justin Rafaralahy and Helene Rasoanirina are a couple living in Antafotenina. They were selected by their community to receive Community Health Worker (CHW) training. Santénet2 trained and certified Justin as a Child Health CHW and Helene



© Santénet2./Bethany A. Justin and Helene with their youngest daughter as a Mother Health CHW. Both have been particularly instrumental in handling the influx of cases post cyclone.

“The Irina cyclone has reduced to nothing all the progress we had made in the Kaominina Mendrika salama program. If 80% of the households built latrines because of our education activities, the figure was reduced since the majority of the facilities were destroyed,” explains Justin Rafaralahy.

The number of children from the community who came to see Justin for consultations nearly tripled in the month of February. In the three months before the cyclone, Justin treated an average of 4 malaria cases, 5 diarrhea cases, and 3 simple pneumonia cases. In the month of February, the number of children needing care leapt to 11 for malaria, 13 for diarrhea, and 4 for pneumonia. Of the 46 children Justin weighed, seven had acute malnutrition and had to be referred to Ifanadiana's health center for further care. Because the health center is an hour's walk from his village, many children could have died were it not for Justin's help.

A father named Jean Noel Razanamaly needed Justin's help during the heavy rains that came with the cyclone. Two of his daughters, Jeanne Marianselle and Marie Faustine, contracted malaria. Jean Noel explains that previously, “when there wasn't help nearby, whenever a child was sick we had to take them by foot and go far to get help or buy medicine.” That might have been particularly challenging because of the cyclone. Jean Noel is grateful to have Justin and Helene living a few doors away. “They can take care of our children—quickly see if they have malaria and then give [them] medicine.” Thanks to this timely care, “it only took one day for Marianselle to get better.... Then she was able to go to school again.” This immediate access to care was critical during Cyclone Irina, but it is also important for the health of Antafotenina year-round.

Helene Rasoanirina focuses on maternal care and family planning services. 75 percent of the women in Antafotenina go to Helene for contraception services. She serves 60 regular clients using contraception methods.

A woman named Florine Boarivelo smiles as she talks about meeting with Helene. She is the mother of eight and says, laughing, “Eight is enough!” But thanks to contraceptives, Florine has not had another child in six years. She's grateful to Helene for providing easy access to the contraceptives that she and the other women of Antafotenina need to control the size of their families.

Apart from providing care, the husband-and-wife team also leads monthly activities such as household meetings to educate the neighbors on a variety of topics. In four months, the couple successfully met with each resident on subjects including maternal and child health; nutrition; diarrhea; malaria; family planning; HIV/AIDS prevention; and water, sanitation, and hygiene.

The chief of the village, a member of the Social Development Committee, recognizes the value of the couple's community health services. “Helene and Justin address the community's three top health priorities: availability of community-based services, drugs, and high-quality services,” said Rakotoarivelo Jean Baptiste.

Helene and Justin will continue reinforcing the community-based services offered to improve the health of Antafotenina's population. The couple volunteers out of their community-built center six days a week to meet the growing health needs of their neighbors as they heal from the damage wrought by Cyclone Irina. As the community reels in the aftermath of disaster, Justin and Helene remain steadfast.



Justin and Helene are among 12,058 CHWs trained and supervised by Santénet2 who demonstrate the effectiveness of a community-based health system for meeting population needs. Their activities are fully integrated into community structures and receive significant support from community leaders. These factors suggest that community-based services will sustain after project interventions cease, and Justin and Helene will continue improving the health of their village.

© Santénet2/Bethany A. Justin meets with a couple whose daughter has a fever

## Family Planning: Léontine Razafindratsiry, a model chief of *fokontany*, is serving her community

Leontine Razafindratsiry is a community health worker (CHW) who discovered that her volunteer work could be good not only for her community but also for herself.

Leontine has always been a busy woman. She was already a mother of five children and acting as the chief of the Sahatalevana *fokontany* (village) when she was approached by the members of her village's Social Development Committee. They had nominated Leontine to become one of the village's CHWs in maternal health. Leontine jumped at the opportunity and completed training on family planning tactics, such as injectable contraceptives, in 2009, learning from the head of her local commune's health center.

With her Santénet2 training, Leontine is able to offer community-based family planning services to the women of her village. She has 16 regular injectable contraception users and 6 regular oral contraception users. Thanks to Leontine's work, the women of Sahatalevana are not only more aware of the importance of family planning and avoiding immediate consecutive births, but they

have access to various types of contraceptives without walking a great distance to a health center.

In addition to the satisfaction she gets from helping the women, Leontine also receives financial benefits on a quarterly basis because of her voluntary community health services. She receives a small amount of money when she distributes the highly subsidized contraceptives, as motivation to continue working with the women.

Because of Leontine's enthusiasm and passion as a CHW, she was also recruited to be the community manager of food supplies donated by USAID to her village. This additional work allows her to receive living supplies—12.5 kilos of rice and a half liter of cooking oil each week. These supplies enable her to provide for the needs of her five children and three grandchildren.

With Leontine's help, Sahatalevana's health performance has increasingly improved. She was therefore selected in April 2011 to complete a National Strategies Application (NSA) training on the integrated management of childhood illnesses.

Leontine is always eager to learn more and move forward. Throughout her trainings, she has learned how to save money and to organize her life and work. So in August 2011, she decided use her savings at a microfinance organization to open a store in her village to help service her community's needs. And in September, she enrolled in the Village and



© Santénet2/Kenny. Léontine in her store



© Santénet2/Kenny. Léontine in her community hut where she receives all her FP clients

Saving Loan, a nutrition program implemented by USAID partner SALOHI.

By December, Leontine was able to expand and open a small restaurant. She continues to strive for the next step, planning to open a second-hand clothes trade in the coming months.

Despite her busy schedule, Leontine continues offering uninterrupted community-based health services to the Sahatalevana women. She works in a locally built hut, receiving women during their monthly appointments and organizing awareness-raising sessions for those interested in contraceptive methods.

Getting trained by Santénet<sup>2</sup> as a CHW in maternal health has opened doors to numerous other opportunities. Leontine proves that with hard work and energy, people can not only improve the health of their village, but they can improve their own life as well.

## Success story: HIV/AIDS—Keeping Sex Safe in Taolagnaro

Felice is a sex worker who refuses to work with any client that will not use a condom. At one point, Felice was unaware of the importance of using protection, and as a result, she suffered from frequent sexually transmitted infections (STIs). But thanks to the work of associations supported by small grants and technical assistance from Santénet2, Felice has joined hundreds of commercial sex workers (CSWs) who are choosing to safeguard their health.

Felice's home of Taolagnaro in southern Madagascar is among the most popular tourist destinations in the country. Among the 40,000 residents are two populations considered most at risk: CSWs and men who have sex with men (MSM). Recently, the risk has become greater in Taolagnaro because the economic prosperity has led to an increase in commercial sexual activity. According to commune data, the city currently has about 1,000 CSWs and 200

MSM. These most-at-risk populations are more exposed than others to STIs and



© Santénet2/Ilo A. MARPS members meeting with USAID and Santénet2 visitors in Taolagnaro (November 2011)



© Santénet2/Ilo. Chiraze getting HIV screened

HIV/AIDS.

Fanantenana (which means “hope” in Malagasy) is an association of sex workers supported by Santénet2. Fanantenana provides services for CSWs' health needs such as counseling services, basic health care, and orientation to the city health services. During the first year of Santénet2's assistance to the Fanantenana association—from February to October 2011—they reached 971 CSWs through awareness-raising activities. Of those, 322 CSWs sought a screening test and 151 sought treatment at the health centers. In 2011 alone, Fanantenana distributed 1,100 condoms along with the promotion of their message and services. Felice was one of the hundreds of women who were helped by Fanantenana.

Another Santénet2-supported association, Tanora Manan-Jo (“Young People with Rights”), works with MSM groups in Taolagnaro. The association has 15 members and works with the local population and medical agents to ensure that MSM understand their rights and have open access to health services.

24 year-old Chiraze is a member of Tanora Manan-Jo; he joined the association after the group referred him to a city health center and encouraged him to get screened for HIV. According to Chiraze, “Tanora Manan-Jo explained to me my rights to be healthy and the importance of HIV/AIDS prevention activities, so I decided to go to [the clinic] to do this test. Now, I am much more relaxed.... Since then, I encourage all my friends and neighbors to do the screening test.”

In 2011, Tanora Manan-Jo reached 200 MSM in Taolagnaro during their awareness-raising activities. Following the activities, 154 MSM came to health centers seeking treatment, and 120 of them received an HIV screening test.

Both Fanantenana and Tanora Manan-Jo receive continued funding through the Santénet2 project to sustain their work to reach the people who are most at risk of contracting STIs and HIV/AIDS. As a result of the funding, the organizations have already achieved substantial results in the first two months of 2012. Tanora Manan-Jo has already reached 201 MSM with awareness-raising activities, and Fanantenana reached an additional 260 CSWs.

Thanks to the hard work of these associations and the grants to support their actions, fewer people in Taolagnaro are marginalized, and more people are seeking and receiving the care and information they need to protect their health.

## Success stories: Ambohimanarina village, the village champion of latrines

The little, remote village of Ambohimanarina has made a big difference in improving its sanitary conditions. Situated in the rural commune of Fihaonana, the 48 households and 350 inhabitants of Ambohimanarina are challenging the prevalence of open-air defecation and the consequent public-health risk.

The change in Ambohimanarina was spearheaded through awareness-raising efforts of the community members and leaders. Two water, sanitation, and hygiene-certified community health workers along with an active social development committee (SDC) leader trained in community-led total sanitation (CLTS) worked together to educate their neighbors on the importance of health and hygiene.



Education on sanitation and its impact on health stimulated demand for better sanitation conditions in the village. At a participatory meeting, the residents agreed to all of the recommended actions, including renovating and replacing all of the open-air defecation spaces with newly built latrines.

© Santénet2/Fanja S. Ambohimanarina village certified with a commemorative plate to be an Open defecation free village by Cathy Bowes, a USAID representative (left)

Ambohimanarina's success did not come easily; the commitment of the whole community was necessary for the adoption and implementation of the CLTS initiative. Thanks to the community's engagement, the construction of the latrines was handled locally by the villagers. Over the course of 12 months, the villagers worked to incorporate CLTS to promote a cleaner and more healthful environment through education, participatory planning, investment, and the development of improved sanitation facilities.

Today, while much of Madagascar still struggles to address water and sanitation needs, all 350 Ambohimanarina inhabitants have access to latrines and hand-washing stations.

According to Solange Rabaoarifara, one of Ambohimanarina's health workers, attention to hygiene “has become a common practice in all of the households.” She notes that more and more families have become familiar with water treatment options, such as the locally produced Sur'Eau (a water purification product).

The village's commitment has paid off. Thanks to their newly improved hygiene practices, diarrheal cases have declined and, since November 2011, no new cases have been reported by community health workers.

The people of Ambohimanarina are proud of their accomplishments. The results seen from their hard work have helped the villagers appreciate their community and their own ability to affect change.

SDC member and local faith leader Pastor Martin Rasolarison observed that “Ambohimanarina village is now very clean and very pleasant to live in; not like before.”

Ambohimanarina serves as an example to the surrounding communities of how a village can work to improve its health through better sanitary conditions.

# Annex 5: Communication Report

During the first six months of FY 2012, implementation of the communication strategy was continued, with a special focus on strengthening the Project's visibility through the use of new technologies to reach more targeted populations, with a respect of the project's Branding and Marking Plan.

Frequent participation in the USAID Communication Group enabled the communication manager to share and receive valuable inputs in terms of communication

The following summarizes all the achievements of the project communication strategy, including internal and external communication:

## Internal communication

Apart from the staff meeting organized every week to share information and Project activities, Santénet2 initiates video conferences with regional offices and NGO technicians to ensure a better follow-up of activities conducted under the KM salama approach.

The Project has improved its visual communication tools to use standardized tools for all project staff. They benefited from a training session on PowerPoint presentations and on use of new tools.

## External Communication

The hot news of this fiscal year was the launching of Santénet2's Facebook page, to better communicate project objectives and results in community-based health services to a wide and diversified audience of Internet users.

Here is the project Facebook link:  <http://www.facebook.com/santénet2>

Another major achievement for communication is the production and the broadcast of a documentary video on the KM salama approach and community-based health services on national television. This documentary was a success for strengthening Project visibility and reached another audience.

Another video documenting the social quality process was produced to strengthen NGO technicians' capacity on this topic, to enable community-appropriate activities, and to help them understand the mechanism of community-based health services. This DVD was shared with development partners that have worked with the Project to share best practices.

Media coverage was also intensified during this first semester; the project has reached local media outlets to ensure Project visibility. Six main Project-organized events received media coverage and were monitored to follow up project achievements: World Hand Washing Day and Grantees' workshop in November 2011, the participation of the project in the World AIDS Day in December 2011 to highlight achievements with MARPS group, World Toilet Day in March 2012, and the USAID Madagascar Mission Director's field trip in Mahajanga in January 2012.

Production of communications materials for external audiences included production of the quarterly-based bulletin *Ezaka Mendrika*. Two editions were produced (**Annex 6**) on water hygiene and sanitation in November 2012. One special issue was produced on Women's Day in March 8, 2012. Both of them were shared with development partners and KM salama communities.

Meetings: The Project documents all its participation in meetings with USAID and any other partners. All these meeting minutes are available with project folders.



# Annex 7: List of Messages Broadcasted by 28 Radio Partners

Topics	ACT	Exclusive breastfeeding	ANC	IFA	Gender and planning	ARI	KM salama	Latrines	Nutrition	ARH	Immunization	Health mutuelle	Social Quality	Promotion of CHW services	Diarrhea and use of latrines	Antenatal care package	TOTAL
<b>Radio station</b>																	
RNA	12	12	12	12	12	12	12	0	24	12	12	0	19	22	20	12	205
Radio Lazan'ny Ladoany	30	22	23	20	61	24	24	46	27	27	20	0	19	24	27	39	433
Radio 2000	24	24	24	14	17	12	12	12	12	12	12	0	12	12	12	24	235
RDB	12	12	12	12	12	12	12	12	12	24	24	0	24	0	24	18	222
JRDB	8	7	4	16	16	18	17	19	20	20	19	0	26	24	28	17	259
RNM VTM	0	12	12	12	0	24	24	12	12	12	0	211	12	12	12	12	379
Radio Maromaniry	12	12	18	12	12	12	12	24	12	12	24	0	24	24	27	24	261
Radio Akon'Analanjo rofo	12	12	12	12	12	22	12	12	12	22	12	0	168	166	168	135	789
Radio Akon'ny Nosivolo	12	12	8	12	12	12	12	12	12	12	16	0	12	12	12	12	180
Radio Feon'ny Mangoro	8	12	12	12	12	12	12	12	12	12	24	0	24	24	24	28	240
Radio Feon'ny Toamasina	12	12	12	12	12	13	16	12	12	12	12	6	24	24	24	36	251
LAFA	24	24	24	24	24	33	24	24	24	24	24	0	24	24	24	24	369
CACTUS	12	12	12	12	12	24	24	24	24	24	24	0	24	24	24	24	300
JOSVAH	12	12	12	12	17	24	24	44	25	24	26	0	43	26	26	33	360
KALETA	12	12	12	12	12	12	12	12	12	12	24	0	24	24	24	24	240
MANDROSO	12	12	12	0	0	0	0	12	12	12	24	0	28	26	26	26	202
Radio Pangalane	12	18	8	12	12	12	12	12	12	12	24	0	24	24	30	24	248
Radio Feon'ny Mania	30	12	12	56	44	31	80	50	69	12	12	142	70	72	36	48	776

Topics	ACT	Exclusive breastfeeding	ANC	IFA	Gender and planning	ARI	KM salama	Latrines	Nutrition	ARH	Immunization	Health mutuelle	Social Quality	Promotion of CHW services	Diarrhea and use of latrines	Antenatal care package	TOTAL
<b>Radio station</b>																	
Radio AINGA	0	0	0	0	0	0	0	0	0	0	0	364	0	0	0	0	<b>364</b>
Radio Akon'ny Tsienimparihy	28	16	13	113	15	12	12	57	72	18	69	178	57	71	180	94	<b>1,005</b>
RAKAMA	25	25	25	24	24	30	74	24	79	32	24	0	46	25	42	99	<b>598</b>
Mampita	31	33	6	17	4	11	9	16	23	94	56	5	36	63	53	50	<b>507</b>
Radio Sakatovo	12	0	12	12	12	12	12	12	12	24	24	0	24	36	42	24	<b>270</b>
Radio Tea Longo	12	0	12	12	13	14	14	14	12	29	24	0	24	24	24	24	<b>252</b>
Radio Soatalily	0	94	9	5	3	0	1	30	12	14	22	0	50	13	52	15	<b>320</b>
Feon'ny Linta	14	3	28	0	16	14	24	7	14	33	53	0	1	17	15	18	<b>257</b>
Radio AVEC	0	0	0	0	0	0	0	5	5	5	5	0	4	5	0	5	<b>34</b>
Radio Sakaraha	12	0	24	12	12	12	0	12	12	24	24	0	24	24	34	24	<b>250</b>
<b>TOTAL</b>	<b>390</b>	<b>422</b>	<b>370</b>	<b>469</b>	<b>398</b>	<b>414</b>	<b>487</b>	<b>528</b>	<b>586</b>	<b>570</b>	<b>634</b>	<b>906</b>	<b>867</b>	<b>842</b>	<b>1,010</b>	<b>913</b>	<b>9,806</b>

# Annex 8: Qualité Sociale (Document Interne)

## LES OUTILS DE FACILITATION

### Outil I FICHE D'ÉVALUATION COMMUNAUTAIRE

#### 1. Qui utilise la fiche d'évaluation communautaire?

- Le représentant de la communauté ou leader
- Le groupe facilitateur

#### 2. Quand réaliser l'évaluation?

Deux semaines avant la revue pour **tous les fokontany**

#### 3. Comment informer la communauté?

Les représentants de la communauté avec le président Fokontany assurent l'invitation. Veiller à ce que toute la communauté soit informée. Veiller à la représentativité des mères, pères, des jeunes filles,, des jeunes hommes, des leaders communautaires, des associations, des groupes vulnérables, des démunis...

#### 4. Comment mener l'évaluation?

## Instructions

- La communauté exprime son niveau de satisfaction à travers une élection :
  - o Veiller à la **confidentialité**
  - o Les AC et le personnel CSB n'assistent pas à la réunion
  - o Durant l'élection, demander à ce que personne ne partage ses idées afin de ne pas influencer les autres
  - o Les CDS/président de réunion collaborent ensemble pour compter les votes



ou



Expression de la satisfaction à travers la levée de mains tout en respectant la confidentialité des choix

Election avec des matériels préalablement confectionnés

- **Prise de décisions par consensus de tous:**
  - o Respecter les idées de chacun,
  - o Veiller à la participation de tous,
  - o Valider les idées par la vérification que tout le monde les accepte.
- **Discussions basées sur la prise de responsabilité :**
  - o Propositions faisables, voire décisions immédiates au niveau des fokontany.

## Déroulement de la réunion

### Mots d'introduction:

Expliquer et insister sur les objectifs de la réunion, le déroulement, les règles à suivre et les droits de chacun aux services de santé.

### Exemple:

**Objectifs de réunion:** Les AC et le CSB offrent des services de santé. Cette réunion vise à améliorer notre satisfaction par rapport à ces services de santé. L'objectif est de collecter nos besoins et propositions. C'est à dire que les résultats de cette réunion seront rapportés aux revues pour être analysés et résolus. Cette réunion d'évaluation sera périodiquement organisée pour assurer une amélioration continue de la qualité des services de santé.

**Déroulement de la réunion:** Il existe trois étapes. La première consiste à analyser la qualité des services des AC. Après, l'évaluation et la discussion se portent sur les services du CSB. Enfin, la troisième activité concerne le partage de responsabilité entre homme et femme en matière de santé.

**Instructions à suivre:** Respecter les idées de tous, confidentialité des choix pour l'expression libre de la satisfaction (nous allons effectuer une élection pour nos choix). Veiller à garder votre analyse personnelle afin de ne pas influencer les autres sur le choix.

### Nos droits en matière de santé sont :

- Droits à l'information
- Droits à la dignité
- Droits à la confidentialité
- Droits au choix éclairé
- Droits à l'utilisation des services
- Droits à la sécurité des soins
- Droits à la continuité des soins

## Première étape : EVALUATION DE LA QUALITE DES SERVICES DES AC

- Rappeler les AC exerçant dans le fokontany et les services offerts

**Exemple.** Les AC sont Rasoa et Rabe. Rasoa offre des services en plannig familial. Tandis que Rabe offre des services en santé de l'enfant. Tous les deux s'occupent de la santé de la mère et des femmes enceintes.

Poser successivement les questions suivantes et remplir progressivement le tableau afférent (cf rapport d'évaluation communautaire au verso).

- **Question 1.** Concernant l'**accueil des AC** (communication interpersonnelle, respect, horaire...) **et leur prise en charge**: satisfaisant ? moyen ? ou non satisfaisant ?
- **Question 2.** Concernant les **médicaments** : satisfaisant ? moyen ? ou non satisfaisant ?
- **Question 3.** Concernant l'**environnement des AC** (permettant de respecter la confidentialité, équipements, propreté, infrastructures...) satisfaisant ? moyen ? ou non satisfaisant ?  
Quand l'évaluation est terminée, procéder à la discussion sur les problèmes et les solutions.
- **Question 4** (cette question est à poser s'il existe déjà une evaluation antérieure). Quelles sont les améliorations que vous avez constatées après la dernière évaluation ?
- **Question 5.** Quels peuvent être les causes de non satisfaction?
- **Question 6.** Quelles solutions proposons-nous?

## Deuxième étape : EVALUATION DE LA QUALITE DES SERVICES DES CSB

### Identique comme les questions antérieures

- **Question 1.** Concernant l'**accueil du personnel CSB** (communication interpersonnelle, respect, horaire...) **et leur prise en charge**: satisfaisant ? moyen ? ou non satisfaisant ?
- **Question 2.** Concernant les **médicaments** : satisfaisant ? moyen ? ou non satisfaisant ?
- **Question 3.** Concernant l'**environnement du CSB** (permettant de respecter la confidentialité, équipements, propreté, infrastructures...) satisfaisant ? moyen ? ou non satisfaisant ?

Quand l'évaluation est terminée, procéder à la discussion sur les problèmes et les solutions.

- **Question 4** (cette question est à poser s'il existe déjà une evaluation antérieure). Quelles sont les améliorations que vous avez constatées après la dernière évaluation ?
- **Question 5.** Quels peuvent être les causes de non satisfaction?
- **Question 6.** Quelles solutions proposons-nous?

## Troisième étape : EVALUATION DE LA PRISE DE RESPONSABILITE DE L'HOMME ET DE LA FEMME EN MATIERE DE SANTE

Poser successivement les questions suivantes:

- **Question 1.** Concernant la collaboration entre homme et femme en matière de santé : satisfaisant ? moyen ? ou non satisfaisant ?

Quand l'évaluation est terminée, procéder à la discussion sur les problèmes et les solutions.

- **Question 2** (cette question est à poser s'il existe déjà une evaluation antérieure). Quelles sont les améliorations que vous avez constatées après la dernière évaluation ?
- **Question 3.** Quels peuvent être les causes de non satisfaction?
- **Question 4.** Quelles solutions proposons-nous?

### 5. Que faire après la réunion?

- Remercier l'assistance. Préciser que les résultats seront partagés au niveau CDS. Dire également qu'une réunion d'évaluation aura lieu après trois ou six mois selon l'organisation du CDS.
- Remplir le rapport d'évaluation et partager au groupe facilitateur.
- Partager les résultats compilés dans la revue CDS pour analyse et prise de décisions.
- Les activités décidées au niveau des fokontany devront être mis en œuvre sans attendre la revue CDS.

## RAPPORT D'ÉVALUATION PAR FOKONTANY I

COMMUNE : \_\_\_\_\_ Fokontany : \_\_\_\_\_  
 DATE DE REUNION : \_\_\_\_\_

Thèmes	Nombre de participants		Non satisfait	Moyen	Satisfait	Taux antérieur de satisfaits (%)	Changement observé	Problèmes	Solutions	Marquer X les activités planifiées par le Fokontany
	Homme	Femme								
<b>A. RAPPORT D'ÉVALUATION DES SERVICES OFFERTS PAR LES AC</b>										
1. Accueil et prise en charge										
2. Médicaments										
3. Environnement de travail										
<b>B. RAPPORT D'ÉVALUATION DES SERVICES OFFERTS PAR LE CSB</b>										
1. Accueil et prise en charge										

\_\_\_\_\_

2. Médicaments										
3. Environnement de travail										
<b>D RAPPORT D'ÉVALUATION DE LA PRISE DE RESPONSABILITÉ DE L'HOMME ET DE LA FEMME EN MATIÈRE DE SANTÉ</b>										
Collaboration entre homme et femme										

Nom et signature du président de réunion,

## Outil 2. GRILLE D'AUTO ÉVALUATION CDS

Le CDS représente la communauté dans l'amélioration de la santé. Par conséquent, il s'avère nécessaire de réaliser une auto-évaluation de l'effectivité des rôles et des responsabilités du CDS. Cette grille sert à faciliter cette auto-évaluation. Elle est à utiliser durant la revue.

### 1. Préparation

Le groupe facilitateur écrit préalablement les questions sur flipchart ou tableau.

### 2. Quand exécuter l'auto-évaluation?

Au début de la revue, car les résultats seront discutés par la suite.

### 3. Instructions

- Un membre CDS dirige l'auto-évaluation (à tout de rôle).
- Ce qui dirige l'évaluation ne participe pas à l'élection.
- Veiller à la confidentialité des votes même si on opte la levée des mains pour l'élection.

Voici un mode d'élection qu'on peut utiliser :

- Tous les membres CDS se mettent au debout face au mur avec les poings fermés.
- Les mains sont croisées derrière le dos. Quand la personne répond « **oui** », elle **ouvre** ses mains. Quand la réponse est « **non** », elle laisse les poings fermés. Un facilitateur compte les réponses positives, un autre compte les réponses négatives, et un troisième assure la validité du comptage.



## 4. Déroulement

- Le président de séance lit la question une à une. Tout de suite après la question se réalise le vote.
- Aucun commentaire ni discussion jusqu'à ce que les questions sont posées et répondues.
- Totaliser les réponses positives et négatives à la fin de l'évaluation.
- Calculer le score CDS

$$\text{Score CDS} = (\text{Total des réponses positives} \times 100) / (\text{Total des réponses positives} + \text{Total des réponses négatives})$$

### Remarque:

- Total des réponses positives = Somme des réponses "oui" sur les 10 questions
- Total des réponses négatives = Somme des réponses "non" sur les 10 questions

### Exemple :

Question	REPONSE		
	OUI	NON	
Question 1	12	3	<b>SCORE CDS</b> <b>= (79 x 100) / 150 = 52,66%</b>
Question 2	11	4	
Question 3	4	11	
Question 4	10	5	
Question 5	7	8	
Question 6	8	7	
Question 7	2	13	
Question 8	1	14	
Question 9	15	0	
Question 10	9	6	
<b>TOTAL</b>	<b>79</b>	<b>71</b>	
<b>TOTAL (Oui + Non)</b>	<b>150</b>		

## 5. Prise de décisions par rapport aux résultats d'auto-évaluation

- Partager l'analyse des résultats d'auto-évaluation :
  - Si score > 71% = **Classe A**, ce qui signifie “**Les résultats sont satisfaisants et méritent d'être poursuivis** »
  - Score compris entre 51% et 70% = **Classe B**, ce qui signifie “**Les résultats sont moyens. Ce n'est pas ni bien, ni insuffisant** »
  - Score < 50% = **Classe C**, ce qui signifie “**Les résultats sont insuffisants et nécessitent beaucoup plus d'efforts** »  
(Remarque = La classification n'est pas importante, ce sont les résultats qui requièrent plus d'attention).
  
- Comparer les résultats d'auto-évaluation aux résultats antérieurs. Et tirer les leçons apprises. (Le but est d'avoir le CDS en classe A)
- Marquer X les questions qui nécessitent à être discutées dans la revue. Quand une personne propose une question prioritaire, valider auprès de l'assistance avant de mettre la croix.

## 6. Rapportage

Les groupes facilitateurs assurent l'intégration des résultats d'auto-évaluation dans le rapport de revue.

## 7. Rôle du TA

- ✓ Il observe l'auto-évaluation mais ne participe pas à la conduite.
- ✓ En cas de nécessité, il peut aider les facilitateurs.
- ✓ Le TA/ONG rapporte les résultats sur l'Extranet.

## GRILLE D'AUTOEVALUATION

<b>Fanontaniana</b>		<b>Nombre de répondants</b>		<b>A résoudre (Marquer X)</b>
		Oui	Non	
1	Est-ce que le membre CDS a rapporté à la communauté ou affiché les décisions prises après la dernière réunion ?			
2	Est-ce que le membre CDS a suivi et appuyé la mise en œuvre du plan d'action antérieur ?			
3	Est-ce qu'une collaboration entre CDS, AC, CSB, leaders religieux, associations, leaders de jeunes...existe en matière de santé ?			
4	Est-ce que le CSB a appuyé et suivi les services des AC ?			
5	Existe-t-il une organisation communautaire dans la référence des malades et des parturientes vers le CSB ?			
6	Est-ce que le membre CDS a appuyé la réunion d'évaluation communautaire des services de santé au niveau du fokontany?			
7	Existe-t-il un plan d'assainissement et d'amélioration de l'environnement au niveau du fokontany (eau potable, lavage des mains au savon, latrines, propreté...)?			
8	Est-ce que le membre CDS est modèle dans l'utilisation de latrine et dans la pratique du lavage des mains au savon et dans le respect de la propreté ?			
9	Concernant la prise de responsabilité entre l'homme et la femme :est-ce que le mebre CDS l'appliqueet l'encourage au niveau de la société ?			
10	Etions-nous satisfaits de notre prise de responsabilité dans l'amélioration de la santé ?			
<b>TOTAL/SCORE CDS</b>				

<p>score &gt; 71% = <b>Classe A</b></p> <p><b>“Les résultats sont satisfaisants et méritent d'être poursuivis »</b></p>	<p>Compris entre 51% et 70% = <b>Classe B,</b></p> <p><b>“Les résultats sont moyens. Ce n'est pas ni bien, ni insuffisant »</b></p>	<p>Score &lt; 50% = <b>Classe C</b></p> <p><b>“Les résultats sont insuffisants et nécessitent beaucoup plus d'efforts »</b></p>
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# Annex 9: List of Project Tools

## CHW TOOLS AND EQUIPMENTS

Category	Tool
CLTS/02	FTTF monitoring for Support technicians
CLTS/03	Support technician's FTTF monitoring
CLTS/05	Results of the initiation of CLTS
DEPOCOM	CHWs' document
DEPOCOM	Drugs to be injected for FP
DEPOCOM	FP individual form
DEPOCOM	MANOME
DEPOCOM	DEPOCOM checklist
DEPOCOM	Data collection form for CHWs
DEPOCOM	Calendar
DEPOCOM	Training assessment form
DEPOCOM	Practical training validation form
DEPOCOM	DEPOCOM Job aid
DEPOCOM	Pre-/post-test form
Equipment	Syringe
Equipment	Alcohol
Equipment	Cotton swabs
Equipment	Towel (big size)
Equipment	Nail brush
Equipment	Safety Box
WATSAN 11	Malagasy version of Watsan activity follow-up by structure in charge
WATSAN12	WASH-friendly CHW Follow-up form
WATSAN 13	WASH-friendly CHW certificate
MUT/01	Fee booklet
MUT/02	Fee receipt
MUT/03	Membership form
MUT/04	Health <i>mutuelle</i> poster
MUT/05	Health <i>mutuelle</i> invitation card
MUT/06	Membership card
MUT/07	Members register—Fokontany level
MUT/08	Beneficiaries' guide on services and procedures
MUT/10	Invitation card for health <i>mutuelle</i>

Category	Tool
MUT/11	Guide BMK (commune office)
MUT/12	Minutes register
MUT/13	Pre_Post test BMK_MS
MUT/14	Trainer session guide BMK_MS
MUT/15	Cashier journal
MUT/17	Bank journal
MUT/18	Fee payment form
MUT/19	Mini activity report
	Activities report
Nut/01	Booklet of Child Health CHWs
Nut/02	Table of signs observed
Nut03	Pre-/post-test forms
Nut/Equip/01	Brachial perimeter
IMCI	Participant's guide
IMCI	Pre-report form
IMCI	Pneumonia management technical form
IMCI	Pre-/post-test form
IMCI	Individual CHW learning monitoring form
IMCI	Case management form
IMCI	Counting grid of support card
IMCI	Guide for group monitoring of CHWs
IMCI	RDT use curriculum
IMCI	RDT job aid
IMCI-C	CHW Level 2 job aid
PCM/EQ/01	Navy blue cap
PCM/EQ/02	Honeycomb weave towel
PCM/EQ/03	Soap
PCM/EQ/04	Basin
PCM/EQ/05	Beaker 250ml
PCM/EQ/06	Beaker 1l
PCM/EQ/07	Teaspoon
PCM/EQ/08	Spoon
PCM/EQ/09	Pail 12 l
PCM/EQ/09	Timer

Category	Tool
1. Management Tools	Sensitization register
2. Management Tools	Referral form
3. Management Tools	Supply register
4. Management Tools	Monthly report form
5. Management Tools	Individual CHW's form
6. Management Tools	Mothers' register
7. Management Tools	Children's register
8. Management Tools	Performance monitoring form
9. Management Tools	Supervisor self-evaluation tool
10. Management Tools	Supervision grid C-CHW1
11. Management Tools	Supervision grid C-CHW1
12. Management Tools	Supervision grid M-CHW1
13. Management Tools	Supervision grid M-CHW2
14. Management Tools	Supervision report C-CHW1
15. Management Tools	Supervision report C-CHW2
16. Management Tools	Supervision report M-CHW1
17. Management Tools	Supervision report M-CHW2
18. Management Tools	Invoice/delivery slips
19. Management Tools	Purchase order (CSP)
20. Management Tools	CSP stock card
21. Management	Additional child register
RH/Nut/Equip/01	Backpack
RH/Nut/Equip/02	Apron
RH/FP	Training curriculum for Mother Health CHWs
RH/FP	Pregnancy checklist
RH/FP	Sticker
RH/FP	Pre-/post-test
RH/FP	Monthly pre-report form for FP

Category	Tool
RH/FP	Individual FP form
RH/FP	Blue poster
RH/FP	Green poster
RH/FP	Red tickler
RH/FP	Blue tickler
RH/FP	FP job aid
SR/PF/EQ/01	Winnowing basket with FP methods
ARH/01	Youth leaders' guide
Cross-cutting	Health card
Cross-cutting	CHWs' certificate
Cross-cutting	Integrated fact sheet
Cross-cutting	Maternal and child health fact sheet
Cross-cutting	Sensitization form for pregnant women
Cross-cutting	Strengthening the link between CHW and CSB Guide
Cross-cutting	Supervision booklet
c-ONE	Session guide F9
c-ONE/02	Pre-post test

# Annex I 0: Field Technicians' Supervision Tool (FRENCH VERSION)

REGION

ONG

PERIODE COUVERTE

Nom des COMMUNES					
<b>AC enfants</b>					
SUIVIS GROUPE					
ENCADREMENTS RECUS PAR LES AC					
Proportion AC ayant RMA					
Proportion AC ayant BR référés					
Proportion AC ayant Palu = TDR+					
Proportion des AC ayant TDR (+) et/ou ACT >= 8					
<b>AC mère</b>					
SUIVIS GROUPE					
ENCADREMENTS RECUS PAR LES AC					
Proportions AC ayant RMA					
Proportions AC ayant UR>NU					
Décisions au niveau commune					
Décisions au niveau ONG					
Nombre des AC ayant distribué des FAF					

<b>QUALITE SOCIALE / situation des activites planifiees sur offre AC, CSB et genre</b>					
*Est- ce que la réunion d'évaluation communautaire (REC) planifiée ce mois réalisée?					
*Est- ce que la réunion d'auto-évaluation (RAE) planifiée ce mois réalisée?					
Taux de réalisation du plan d'action communautaire					
Rupture de stock en produit OUI=1 ; NON=0					
<b>Système d' Evacuation Sanitaire</b>					
Existe-il un Système d' Evacuation Sanitaire mis en place pour les UONc ?					
Nombre de cas d'UONc référées ayant utilisé le système mis en place	FE: Nné:				
<b>Accusé de reception</b>					
Accusé de réception des outils /matériels et Bulletin Ezaka collecté					
<b>SRA</b>					
Rapport des leaders des jeunes collecté					
Participation effective des Leaders des jeunes dans les réunions des CDS					

<b>CLTS</b>					
Canevas de suivi CLTS collecté					
Fiches ACAW par AC collecté					
Récupération de l'outil en infrastructure en EHA					
<b>Mutuelle de santé</b>					
Nombre adhérents					

**\*OUI=1; NON=0; N/A si activités non planifiées**

# Annex I I: CHW Tools

Training, demand generation (IEC/BCC), service delivery, and management tools used by Santénet2 trainers/supervisors and CHWs in the KM salama program	
Tools	Description
<b>Level 1 Child Health CHW—Nutrition training tools</b>	
<b>Torolalana ho an'ireo mpanentana ara-pahasalamana eo anivon'ny fiaraha-monina ho an'ny zaza (Participant document)</b>	A reference document for Child Health CHWs during the training session
<b>Fiofanana mpanentana eo anivon'ny fiaraha-monina ho an'ny zaza (Training curriculum)</b>	A tool used by trainers during the training session of Child Health CHWs
<b>Child pre-/post-test form</b>	A form to evaluate CHW skills and knowledge on the topic before and after the training session
<b>Brachial perimeter</b>	A small ribbon to measure the perimeter on the level of the arm of a child, it is used by CHWs to evaluate the nutritional state of the child
<b>Baby scale</b>	Equipment for CHWs to measure a child's growth (weight) during the growth monitoring activity
<b>Level 2 Child Health CHW—Training tools</b>	
<b>Fiche de prise en charge Pcime-c (c-IMCI support card)</b>	A card for CHWs allowing them to make a diagnosis and give suitable treatment to children under 5 years presenting fever, diarrhea, and cough
<b>Torolalana ho an'ny mpiofana (c-IMCI participant document)</b>	A document for Child Health CHWs to strengthen their capacity during c-IMCI training
<b>Fiche technique de prise en charge de la pneumonie (Pneumonia technical support sheet)</b>	A technical tool giving more details on case management for child pneumonia for CHWs
<b>Pre-/post-test form</b>	A form to evaluate skills of Child Health CHWs before and after the training
<b>Guide pour le suivi groupé des agents communautaire (CHW group monitoring guide)</b>	A guide used during a group supervision session to help facilitators manage challenges met by CHWs during their activity on the ground
<b>RDT Curriculum</b>	A detailed session plan on the use of RDT for ACT prescription
<b>Suivi individuel de l'AC apprenant (Individual CHW learning monitoring)</b>	A monitoring tool for each CHW that contains the CHW grade since the pre- and post-test and the other grouped supervision
<b>Fiche Pré-rapport Pcime-C (c-IMCI pre-report form)</b>	A report filled out by CHWs showing all the products sold and the number of managed cases throughout the month, necessary to fill out CHW monthly report
<b>Job Aids TDR (RDT job aid)</b>	A memory tool that helps Child Health CHWs remember the essential steps for RDT use
<b>Grille de dépouillement des fiches de prise en charge (Counting grid of support card)</b>	A tool allowing the collection of details on case management of all children under five conducted by CHWs

<b>Fiche d'évaluation des AC (CHW evaluation sheet)</b>	A form to be filled out by every CHW after each training sessions to evaluate the training
<b>Level 1 Mother Health CHW—Training tools</b>	
<b>Torolalana ho an'ireo mpanentanana ara-pahasalamana any anivon'ny fiaraha-monina ho an'ny reny (Participant document)</b>	A document for all Mother Health participants during training
<b>Fiofanana Mpanentana eo anivon'ny fiaraha-monina ho an'ny reny (Training curriculum)</b>	A document used by Mother Health CHW trainers during the training
<b>Fiche pré-rapport mensuel PF (Monthly pre-report form)</b>	A form to be filled out by all Mother Health CHWs before they report their monthly activities
<b>MANOME (FP Counseling step form)</b>	A form used by Mother Health CHWs during their FP counseling activities to promote the freedom of clear choice of all FP users
<b>Fiche de dépistage précoce des femmes enceintes (Early detection of pregnancy form)</b>	A checklist used by Mother Health CHWs to detect early pregnancy with FP users
<b>Fiche pré post test (Pre-/post-test form)</b>	A form used by trainers to evaluate CHW skills before and after the training
<b>Fantaro ireo fomba azonao isafidianana amin'ny FFP (Tiarht free information FP choice poster/Green Poster)</b>	A memory aid for CHWs for FP users to show them all the FP options
<b>Community-based injectable contraceptive job aid</b>	A memory aid for CHWs for DMPA injection
<b>Fisin'ny mpanaraka fandrindrana fiainam-pianakaviana (Individual FP card)</b>	A card distributed by CHWs to all FP users to record all user information
<b>Aoka izay ny fahantatra (Blue Poster)</b>	A memory tool to sensitize people on advantages of FP practices
<b>Echéancier rouge (Red schedule)</b>	Useful equipment for CHWs practicing FP to classify lost users' files
<b>Echéancier bleue (Blue schedule)</b>	Useful equipment for CHWs practicing FP to classify regular users' files
<b>DMPA job aid</b>	A memory aid for CHWs for DPMA injection
<b>Canevas de collecte des informations des AC (Information canvas collection for CHWs)</b>	A canvas used by RTI implementing partners containing all information on functional CHWs in a community
<b>Level 2 Mother Health CHW—Training tools</b>	
<b>Torolàlana ho an'ireo mpanara-maso eny anivon'ny fiaraha-monina (Supervisors' guide to community)</b>	A tool to assist supervisors during their CHW supervision activity in the field
<b>(Torolalana ho an'ireo mpiofana ho mpanentana rapahasalamana (Participant document)</b>	A document used as a reference for Mother Health participants during their training
<b>Toro-làlana ho an'ireo mpanofana ny mpanentana (Mother health trainers' booklet)</b>	A booklet for Mother Health CHW trainers to facilitate training
<b>Fanafody atsindrona ho fandrindràna ny fiainam-pianakaviana ataon'ny mpanentana sy mpizara eto Madagasikara (Injecting FP drugs)</b>	A tool guide for CHWs using injecting FP drugs, all the descriptions and the steps to follow for their use
<b>Pre-/post-test form</b>	A form to evaluate CHW skills before and after the training

<b>Tomban'ezaka momba ny fampiofanana AC DMPA (DMPA CHW training evaluation)</b>	A form to be filled out by CHWs to evaluate the DMPA training
<b>Fiche de validation de stage pratique (Practice validation form)</b>	A form to be filled out by supervisors after CHW practice in the field
<b>DMPA job aid</b>	A memory aid for CHWs on how to use the injecting FP drugs
<b>DMPA checklist</b>	A form to be used by Mother Health CHWs during their DMPA counseling to detect women's pregnancy and their status if they are able to use FP methods or not
<b>Fisy Mpanaraka fomba Fandrindràna ny FP (FP individual card)</b>	An individual form for CHWs for each FP user counseled, serving as a personal record for CHWs
<b>Calendar 2012-2013-2014</b>	A calendar given to each FP user by CHWs to set all the appointments for them to come back
<b>Aoka izay ny fahantrana (Blue Poster)</b>	A memory tool for CHWs used to promote FP practices
<b>MANOME (FP Counseling step form)</b>	A form used by Mother Health CHWs to promote freedom and clear choice to all users
<b>Fantaro ireo fomba azonao isafidianana amin'ny FFP (Green Poster)</b>	A memory aid for CHWs to use with FP users to show them all existing FP choices
<b>Grille de supervision (Supervision grid)</b>	A supervision tool for all supervisors to monitor, in detail, CHW field activities
<b>Echéancier rouge (Red schedule)</b>	A tool used by Mother Health CHWs to record their users. The red color is used to classify the lost users.
<b>Echéancier bleue (Blue schedule)</b>	A tool used by Mother Health CHWs to record their users' files. The blue color is used to classify the regular users.
<b>Canevas de collecte des informations des AC (Information collection canvas for CHWs)</b>	A canvas at the CSB level to monitor CHW activity
<b>Management and monitoring tools for Mother and Child Health CHWs</b>	
<b>Registre sensibilisation (Awareness-raising register)</b>	A register used by CHWs during their awareness-raising activities (home visits, group discussions, interpersonal communication)
<b>Registre approvisionnement (Health commodity supply chain register)</b>	A register used by CHWs to record all supply activities (to monitor the stock of products, the products sold, and the supply)
<b>Registre mère (Mother register)</b>	A register used by functional CHWs with mothers during FP counseling—IFA distribution, nutrition, danger signs, and referral to CSBs
<b>Registre enfant (Child register)</b>	A register used by functional CHWs to record the number of children monitored, referred for malnutrition and for vaccination, and treated; it is used to fill out the monthly report form at the end of the month.

<b>Fiche individuelle des AC (CHW individual form)</b>	An individual form containing the social background of each CHW and information about his/her training
<b>Fiche de référence (Reference card)</b>	A form to be filled out by functional CHWs each time they do referrals at the CSBs
<b>Canevas de rapport mensuel (Monthly activity report canvas)</b>	A canvas to be filled out by CHWs to monitor and to record all their monthly activities
<b>Fiche de suivi des performances (Scorecard performance)</b>	A tool used during supervision to monitor performance of CHWs during their activities in the field
<b>Supervision Guide (Supervision guide)</b>	A guide for supervisors who are conducting supervision in the field
<b>Vanne de méthode (Van method)</b>	Equipment used by all Mother Health CHWs during their counseling where different FP methods are shown to give freedom of choice to women
<b>Cross-cutting tools</b>	
<b>Fiche technique intégrée (Integrated technical sheet)</b>	A memory aid for CHWs containing important notices on nutrition and mother and child health that CHWs can use with the targeted population
<b>Maternal health booklet</b>	A booklet distributed to all mothers at the household level who benefited from the community-based services offered by CHWs through home visits. It serves as a reference for all pregnant women to support CHW activities.
<b>Training guide for expanded maternal health package</b>	A tool used by trainers during training sessions on the expanded maternal health package
<b>Course session plan for expanded maternal health package</b>	A reference document used during expanded maternal health package training
<b>Fiche technique intégrée pour la santé de la mère et du nouveau-né (Integrated technical sheet for mother and newborn health)</b>	A memory aid for CHWs containing technical information on case management and referrals for mothers and newborn babies
<b>Certificat AC (CHW certificates)</b>	A certificate delivered to CHWs after training to acknowledge their performance in taking care of mother and child health

### Tools for community actors

<b>SDC training guide</b>	A guide for trainers to be used during SDC training
<b>SDC fact sheet</b>	A memory aid for SDC members
<b>Health mutual poster</b>	A poster delivering information on health mutuals for communities
<b>Health mutual invitation card</b>	A card distributed to communities by CHWs, SDC members, and CICs to encourage them to enroll in mutual health plans
<b>Health mutual enrollment receipt</b>	A proof document after a member is enrolled in a health mutual
<b>Health mutual membership form</b>	A form to be filled out by all new members in a health mutual
<b>Guidelines for religious leaders on health messages</b>	A memory aid to help religious leaders with health messages during their awareness-raising activities
<b>Community form for collecting CLTS result</b>	A tool used by community leaders to collect all the community results after initiation of CLTS

### Tools for Santénet2 grantees

<b>Grantee CIEL accounting software users' manual</b>	
<b>Grantee training binder/resource policies and procedures manual</b>	