



*A team of CHWs with their supplies in Melaky*

## **Annual Report Program Year 2**

**October 1, 2011- September 30, 2012**

**Cooperative Agreement No. 687-A-00-11-00013-00**

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**Madagascar Community-Based Integrated Health Program: “MAHEFA”**

**Program Year 2: October 1, 2011- September 30, 2012**

**Cooperative Agreement No. 687-A-00-11-00013-00**

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## Acronyms and Abbreviations

<b>AOR</b>	Agreement Officer Representative
<b>ACT</b>	Artemisinin-based Combination Therapy
<b>ARH</b>	Adolescent Reproductive Health
<b>ARI</b>	Acute Respiratory Infection
<b>ASOS</b>	SAVA & Sofia NGO
<b>AUE</b>	Association Utilisateurs d'Eau (Water User Associations)
<b>A/V</b>	Audio/Visual
<b>BC</b>	Behavior Change
<b>BCC</b>	Behavior Change Communication
<b>CA</b>	Cooperative Agreement
<b>CBIHP</b>	Community-Based Integrated Health Program
<b>c-IMCI</b>	Community-based Integrated Management of Childhood Illness
<b>CHW</b>	Community Health Worker
<b>CCDS</b>	Comité de Coordination de Développement Social (Coordination Committee for Social Development)
<b>CCAC</b>	Comité de Coordination des Activités Communautaires (Coordination Committee for Community Activities)
<b>CF</b>	Community Facilitator
<b>CLTS</b>	Community-Led Total Sanitation
<b>CLTS+H</b>	Community-Led Total Sanitation & Hygiene
<b>COP</b>	Chief of Party
<b>CoSAN</b>	COmité de SANTé (Health Committee)
<b>CRS</b>	Catholic Relief Services
<b>CSB</b>	Centre de Santé de Base (Basic Health Center)
<b>DCOP</b>	Deputy Chief of Party
<b>DHS</b>	Demographic Health Survey
<b>DRS</b>	Directeur Régionale de Santé (Regional Health Director)
<b>DSP</b>	Dalles SanPlat
<b>EMMP</b>	Environmental Mitigation and Monitoring Plan
<b>EMMR</b>	Environmental Mitigation and Monitoring Report
<b>ENA</b>	Essential Nutrition Actions
<b>EPI</b>	Expanded Program on Immunization
<b>FAFY NGDC</b>	Sofia NGO
<b>FIVOARANA</b>	Sofia NGO
<b>FP</b>	Family Planning

<b>FTMM</b>	Melaky NGO
<b>GOM</b>	Government of Madagascar
<b>HPN</b>	Health, Population and Nutrition
<b>IEC</b>	Information Education and Communication
<b>INTH</b>	Institut National du Tourisme et de l'Hôtellerie (National Institute of Tourism and Hotels)
<b>IP</b>	Sofia NGO
<b>IPTp</b>	Intermittent Preventive Treatment in pregnancy (against malaria)
<b>IR</b>	Intermediate Results
<b>IMF</b>	Institution Micro Finance (Micro Finance Institutions)
<b>ITN</b>	Insecticide Treated Net
<b>IYCF</b>	Infant & Young Child Feeding
<b>JSI</b>	JSI Research & Training Institute, Inc.
<b>KMSm</b>	Kaominina Mendrika Salama miabo
<b>LAPM</b>	Long Acting Permanent Method
<b>LMIS</b>	Logistics Management Information System
<b>LQAS</b>	Lot Quality Assurance Sampling
<b>M&amp;E</b>	Monitoring & Evaluation
<b>MAHEFA</b>	Malagasy Heniky ny Fahasalamana
<b>MNCH</b>	Maternal, Neonatal and Child Health
<b>MOH</b>	Ministry Of Health
<b>MOU</b>	Memorandum of Understanding
<b>MSIS</b>	Menabe & Sofia NGO <b>MSM</b> Marie Stopes Madagascar
<b>MUAC</b>	Mid-Upper Arm Circumference
<b>MVU</b>	Mobile Video Units
<b>NGDC</b>	Sofia NGO
<b>NGO</b>	Non-Governmental Organizations
<b>NSA</b>	National Strategic Application
<b>NY TANINTSIKA</b>	Menabe NGO
<b>ODF</b>	Open Defecation Free
<b>ONN</b>	Office National de Nutrition (National Nutrition Office)
<b>OR</b>	Operations Research
<b>ORS</b>	Oral Rehydration Salts
<b>PA</b>	Point d'Approvisionnement (PSI Supply Point)
<b>PAFI</b>	Petit Action Faites Important (Small Important Doable Actions)
<b>PENSER</b>	Menabe & Sofia NGO
<b>PMI</b>	Presidents Malaria Initiative

<b>PMP</b>	Performance Monitoring Plan
<b>PNLP</b>	Programme National de Lutte contre le Paludisme (National Malaria Control Program)
<b>PNSC</b>	Politique Nationale de Santé Communautaire (National Policy on Community Health)
<b>PPR</b>	Program Performance Review
<b>PSI</b>	Population Services International
<b>RCA</b>	Rapid Contextual Analysis
<b>RDT</b>	Rapid Diagnosis Test
<b>RFA</b>	Request For Application
<b>RH</b>	Reproductive Health
<b>RTVI</b>	Radio & TV station in SAVA
<b>SAF/FJKM</b>	Melaky NGO
<b>SAGE</b>	SAVA& Sofia NGO
<b>SARAGNA</b>	Menabe NGO
<b>SIVE</b>	Sofia NGO
<b>STI</b>	Sexually Transmitted Infection
<b>SSD</b>	Service de Santé de District (District Health Service)
<b>STTA</b>	Short Term Technical Assistance
<b>TA</b>	Technical Assistance
<b>TIPs</b>	Trial of Improved Practices
<b>TMG</b>	The Manoff Group
<b>TOF</b>	Training of Facilitators
<b>TOT</b>	Training of Trainers
<b>TTM</b>	Technique for the Transfer of Messages
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	United States Agency for International Development
<b>USG</b>	United States Government
<b>VSLA</b>	Village Saving & Loan Associations
<b>WASH</b>	WAter, Sanitation, and Hygiene
<b>ZETRA</b>	SAVA & Boeny NGO

## Executive Summary

The MAHEFA program, *“Malagasy Heniky ny Fahasalamana”*, expanded in multiple ways during FY 2012. This report summarizes the strategic approach and principles applied by MAHEFA to guide this expansion, the regional and central level highlights, the key achievements by intermediate result (IR) and the challenges faced by the program.

During FY 2012, MAHEFA's program activities began in 12 districts of 5 regions (Menabe, SAVA, Melaky, Boeny and Sofia) and were supported by staff in 4 regional field offices<sup>1</sup>, in addition to the central level office in Antananarivo. Total full-time staff grew from 10 at the end of PY1 to 48 by the end of PY2. To support the needs of a growing team and a complex program, systems and procedures were refined to provide quality support for rapid implementation. Procurement of vehicles, computers, equipment and furnishings, technical and programmatic materials, and services from NGOs and other local partners demanded a concentrated effort.

MAHEFA introduced the Kaominia Mendrika Salama miabo (KMSm) approach in 160 communes, and oriented 1,818 community members on participatory planning and approaches to strengthen support to community health workers (CHWs). MAHEFA, with NGO partner support, trained a total of 1,944 CHWs (in all 5 regions) on family planning, reproductive health and interpersonal communication. These CHWs were equipped with essential products and supplies (in *“launch kits”*) to provide services in their villages. Launch kits were designed, procured and distributed to the regional level, ready to supply to a total of almost 4000 CHWs. Pre-positioned launch kits will assist in rapid deployment of additional trained CHWs early in FY 2013.

WASH regional staff initiated Community-Led Total Sanitation (CLTS) events in 4 regions with training of 35 regional level trainers, followed by identification and initiation of training for Community Facilitators (CFs.) Local community facilitators created awareness and demand for latrines and 14 villages have officially *“launched”* CLTS. Market research studies to determine household latrine existence and the availability of local producers and masons for manufacturing the *“Dalles SANPLATs”* (washable latrine models) were also conducted in 5 of the 12 program districts and four of the five PY2 regions (excluding Boeny). In addition, 68 communes in 22 districts have been targeted for water infrastructure rehabilitation or construction, and these activities will begin early in FY2013. MAHEFA has identified 107 *“WASH friendly institutions”* and is working with 50 existing Water Users' Associations and will support creation or revitalization of others.

In order to achieve more sustainable results, MAHEFA continued to expand its network of partners, both formal and informal. Through contracts with consultants, NGO grantees, *“bureaux d'études”* (consulting firms), MoUs with other USG implementing agencies and other partner organizations, and by participating in a large number of technical working groups, MAHEFA identified key partnerships for collaboration and reinforced a strong technical foundation for implementation.

Capacity development for both core staff and NGO and partners was facilitated through multiple trainings and workshops, supportive supervision, and by maximizing coaching opportunities. NGO partners were included in Training of Trainers on technical subjects, as well as monitoring and evaluation; behavior change strategy development; finance and administration orientation; and gender equity concepts. MAHEFA staff benefited from exposure to other Community-Based (CB) programs, such as successful CB-monitoring and evaluation, community fund management and technical updates, e.g. adolescent reproductive health.

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<sup>1</sup> MAHEFA regional offices are established in regional centers to serve target districts. Boeny, where MAHEFA has 10 target communes, was supported from Antananarivo in FY 2012.

The MAHEFA team used a range of innovative approaches for conducting studies to inform the design of evidence-based models for program implementation, particularly for behavior change and approaches to transportation of commodities, health workers and critically ill community members. Key findings - from Trials of Improved Practices (TIPS) to analysis of emergency transport options in remote communities - are shaping MAHEFA's work, and it is hoped they will also impact work in other remote areas.

MAHEFA also built on proven international best practices and momentum from the Nepal Study Tour. For example, the MAHEFA baseline included questions on current umbilical cord care practices to inform program staff and partners on how best to design an approach for improved cord care to prevent infections and neonatal sepsis using 4% chlorhexidine. The knowledge amassed through these various studies contributes not only to better planning and implementation of the MAHEFA-supported programs, but contributes to the body of knowledge available for Madagascar as a whole.

During this year, the team faced many challenges – some within the program control and many beyond. Beyond the manageable interest of the team were problems such as: the deteriorating security situation in some regions; the lack of assured commodity supply; the inability to work directly with the Ministry of Health which prevented timely completion of necessary CHW practical training; the initial absence of social marketing supply points for essential products in MAHEFA regions; the simultaneous program activities for the NSA-supported trainings; and the limited capacity of some local NGOs.

These insights coupled with a greater understanding of the realities of working in isolated and under-served regions will enable our capable team to best guide future programming towards greater impact, scaled-up innovations, and improved capacity in MAHEFA communes.

# 1. Introduction

The Community-based Integrated Health Program (CBIHP) is a five-year program, implemented by JSI Research and Training Institute, Inc. (JSI) and two international partners, The Manoff Group (TMG) and Transaid, with total program duration of 5 years (May 23, 2011 to May 22, 2016). CBIHP is known in-country as **“MA**lagasy **HE**niky ny **FA**hasalamana” (MAHEFA) translated as **“Malagasy Healthy Families”**, but MAHEFA is also a word in the Malagasy language which means powerful and able to achieve results. This document is the second annual report, covering the period October 1, 2011 to September 30, 2012 and highlights MAHEFA’s efforts to lay a strong foundation for achieving lasting and sustainable results in some of the most underserved regions of the country.

The overall objective of the CBIHP/MAHEFA program, as stated in the Cooperative Agreement (CA), is:

*To increase the use of proven, community-based interventions (MNCH, FP/RH -including STI prevention- water, hygiene and sanitation, prevention and treatment of malaria, nutrition) and essential products among underserved populations in 9 northern and western regions of Madagascar.*

CBIHP/MAHEFA will contribute to the achievement of Intermediate Results (IR) 1, 2 and 3 of USAID/Madagascar’s overall core health program mandate: “Use of Selected Health Services and Products Increased and Practices Improved”.

These IRs are comprehensive and state:

IR 1: Increase demand for high-quality health services and products

IR 2: Increase availability of high-impact services and products

IR 3: Improve the quality of care delivered by community-based health practitioners

During the operationalization of the PY2 Implementation Plan, MAHEFA applied five main strategies across its work:

- Emphasize priority setting based on using evidence-based public health interventions and improving service delivery efficiency.
- Apply the principles of the National Community Health Policy and lessons from successful volunteer Community Health Worker (CHW) programs.
- Promote capacity building at the core of every activity.
- Support community ownership and look for ways to test and scale-up the most promising innovations to create a sustainable, enabling environment for public health improvements at the community level.
- Mainstream gender approaches.

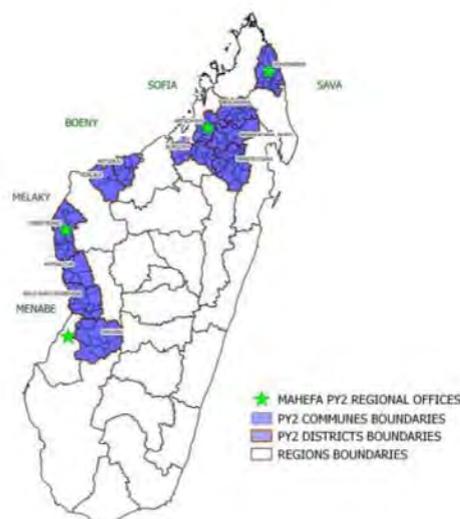
For the implementation of program activities, MAHEFA applies certain guiding principles which are summarized below and are linked with the five main strategies above.

In order to establish the **evidence base** for program activities and to clearly define the baseline situation in our regions, MAHEFA has conducted a number of studies in PY2: formative research for Behavior Change (BC) activities; needs assessment for transport-related issues; large baseline survey (similar in scope to a mini- DHS) which included data collection in all 9 program regions.

To demonstrate our commitment to a **strong, decentralized regional presence** to support program activities and to enhance coordination with local institutions, MAHEFA established four field offices (Morondava/Menabe, Vohémar/SAVA, Maintirano/Melaky and Antsohihy/Sofia) in addition to the main office in Antananarivo. All offices are staffed with technical and administrative personnel to manage the regional level programs and provide support to local Non-Governmental Organizations (NGOs), which have specific scopes of work to support community level activities. Field work in Boeny is supported from the Tana Office.

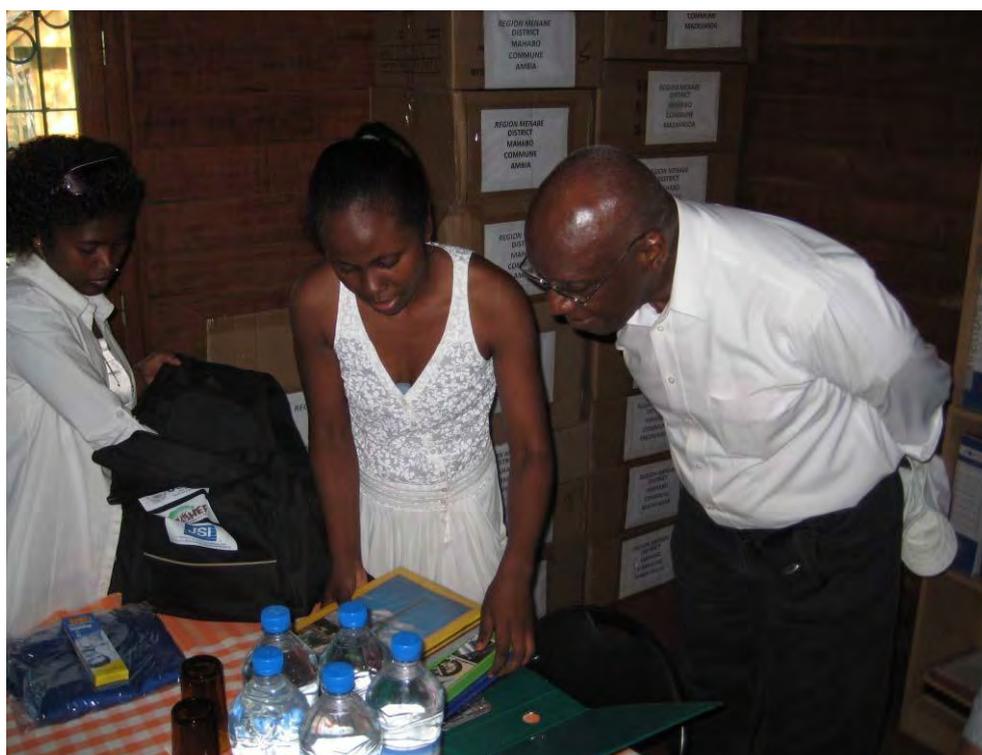


**FGD Participants, Boeny, June 2012**



**Intervention Districts and Regional Offices**

As the MAHEFA regions are among the most remote and underserved in the country they have had limited external technical assistance in the past compared to the south and east and it is sometimes difficult to identify local staff and local NGO capacity. However, to the extent possible, MAHEFA has tried to **utilize and strengthen local organizations and their staff** as a step towards sustainability for regional development. Similarly, for the conduct of trainings, orientations and studies, MAHEFA has identified local consultants and worked to strengthen their ability to carry out certain specific aspects of the program, e.g. triggering events for Community-Led Total Sanitation (CLTS), orientations and participative planning meetings with CoSANs, training of CHWs, data collection for surveys, etc. Hand-in-hand with our approach to increase and strengthen local organizations, MAHEFA is committed to enhance the **capacity of our core program staff** and has identified many opportunities during PY2 for staff to attend trainings, conferences and workshops to increase their knowledge and skills, which in turn will increase their competence to carry out the activities of the program and build a stronger public health capacity for Madagascar in the future.



***USAID Director's Visit to one NGO in Menabe, August 2012***

MAHEFA's approach aims for **inclusive geographic program coverage** and to date has targeted inclusion of **100% of communes** in each district where the program has been launched. Security risks in three districts (Belo-sur-Tsiribihina/Menabe, Mandritsara/Sofia and Soalala/Boeny) have necessitated a slight deviation from this "policy" in PY2.

MAHEFA is an integrated program and is always searching for opportunities to **maximize programmatic integration**.

**Among the various program components:**

- Family Planning (FP)/Reproductive Health (RH)
- c-IMCI, nutrition
- Malaria
- Water Sanitation and Hygiene(WASH)

**And among partner organizations:**

- Social marketing

- National Strategic Application(NSA)
- NGOs (local and international). Memorandums of Understanding (MOU) have been signed with Population Services International (PSI), HoverAid and Marie Stopes Madagascar (MSM) and are under preparation with Peace Corps and Louvain Cooperation (a Belgian NGO) to enhance program synergies.

Ensuring **quality of program activities** is core to MAHEFA – therefore the proper systems had to be put in place before some field-based work could begin, e.g. NGOs had to be trained and qualified staff be ready to support program rollout; essential commodities had to be assured and the mechanism for their delivery (identification, training and stocking of PAs had to be completed before training of the CHWs; training and Information Education and Communication(IEC) materials needed to be reviewed, in some cases adapted and verified technically before replication; launch kits and materials needed to be as near to complete as possible before dispatch to the field. Sometimes this commitment to quality contributed to delays.

While core program activities are being expanded, the MAHEFA partners are actively **exploring innovations to improve service delivery** at the community level. For example, options being explored include: the utilization of *“mutuelles de santé”* (community-managed funds) to ensure availability of funds at the community level potentially linked with improved access to means of emergency transport; partnerships to leverage funds for support that MAHEFA cannot directly support financially; collaboration with other partners to introduce evidence-based interventions, e.g. 4% chlorhexidine (applied on the umbilical cord) for the prevention of neonatal infections and reduction in neonatal mortality. While all of these were not implemented in PY2, the foundations were being laid.

According to the CA, CBIHP/MAHEFA will work in approximately 250 difficult-to-access and under-served communes located in 32 districts of 9 regions: Alaotra Mangoro, Boeny, Betsiboka, Bongolava, Diana, Melaky, Menabe, Sava, and Sofia over the life of program.

In the approved PY2 workplan, MAHEFA proposed to work in 160 communes in 12 districts distributed over five regions: Menabe, SAVA, Melaky, Boeny, and Sofia. MAHEFA attempted to initiate program activities in 163 communes, as the real situation on the ground presented the opportunity to include 3 additional communes due to geographical proximity/access or to a local change in commune definitions and boundaries. On the ground, there were actually more fokontany in some communes than had originally been projected from data available at the central level, which also necessitated an increase in the total number of fokontany covered. The table below shows the proposed/approved communes and fokontany and the numbers in brackets show the actual communes and fokontany covered.

Table 1: PY2 MAHEFA Approved Intervention areas (Internally revised targets)

REGION	DISTRICT	TOTAL NUMBER OF COMMUNES	TOTAL NUMBER OF FOKONTANY
BOENY	MITSinJO	7	58 (59)
	SOALALA	3	40
<b>Sub- total</b>	<b>2</b>	<b>10</b>	<b>98 (99)</b>
MELAKY	ANTSALOVA	5	55
	MAINTIRANO	17	124 (133)
<b>Sub- total</b>	<b>2</b>	<b>22</b>	<b>179 (188)</b>
MENABE	BELO SUR	14	153 (152)
	TSIRIBIHINA		
	MAHABO	11	101 (141)
<b>Sub- total</b>	<b>2</b>	<b>25</b>	<b>254 (293)</b>

SAVA	VOHEMAR	19	153
<b>Sub- total</b>	<b>1</b>	<b>19</b>	<b>153</b>
Sofia	ANTSOHIHY	12	150
	BEFANDRIANA NORD	12	220
	BEALANANA	18	189
	BORIZINY	15 (17)	218 (234)
	MANDRITSARA	27(28)	239 (263)
<b>Sub- total</b>	<b>5</b>	<b>84 (87)</b>	<b>1016 (1056)</b>
<b>TOTAL</b>	<b>12</b>	<b>160 (163)</b>	<b>1700 (1789)</b>

MAP 1 in ANNEX E shows the location of all the MAHEFA program communes in PY2.

To implement program activities, MAHEFA used the integrated development approach, “Kaominina Mendrika Salama miabo (KMSm),” adapted from the KMSm (“Champion Communes”) approach which forms the basis of integration of MNCH, FP/RH, malaria, nutrition and WASH activities. KMSm uses a cyclical combination of advocacy sessions at regional, district and commune levels, including participatory planning that is based on analysis of local problems and reinforced by the results of studies (including barrier analysis), mobilization, management and community participation, as well as progress monitoring. Implementation principles rely on community structures and key actions to develop the process. Each cycle lasts 18 months and consists of different stages, summarized as: introduction of the KMSm approach; training and support/capacity building for CHWs, implementation and review of activities; evaluation and certification.

Community structures that participate in KMSm (CoSANS, CHWs) were selected according to recommendations and criteria established by the “Politique Nationale de Santé Communautaire” (PNSC). Support structures include natural leaders, local facilitators, Centre de Santé de Base (CSB), NGOs, “Points d’Approvisionnement” (PAs), Community Committees for Health and Development (CCDS), and Coordinating Committees for Community Activities (CCAC), at district and regional levels.

Some of the main steps adopted during PY2 were as follows:

1. Selection of KMSm implementation partners (NGOs) and establishment of grants
2. Building capacity of NGOs as needed: training of trainers; finance and administrative orientations, training and coaching; monitoring and evaluation workshops; on-the-ground supervision and coaching, exposure to behavior change strategy development based on research conducted in the regions; inclusion in CLTS activities, etc
3. Assistance with selection of CoSANS and CHWs if none existed (according to the PNSC) and coordination with existing CoSANS and CHWs (e.g. those trained through NSA for c-IMCI)
4. Conduct KMSm orientations and participative planning for the CoSANS and CHWs
5. Conduct training for CHWs on FP/RH and provide the launch kits of supplies and commodities
6. Conduct the first review meeting with the CoSANS to measure progress against targets, in conjunction with the first “Sivi Groupé” for the trained CHWs. Weighing scales, timers and MUAC arm bands (for nutritional status assessment) were provided to the CHWs at this time.

The MAHEFA approach followed the same steps in all regions of intervention. The program was phased in by region, starting with Menabe, followed by SAVA (Vohémar), Melaky, Boeny and Sofia. Detailed

results are shown in the implementation tables (Section 3 of this report) by IR and cross-cutting themes.

While conducting these activities, the CBIHP/MAHEFA team has respected the current rules of engagement with the Government of Madagascar (GOM).

## 2. Regional Highlights

MAHEFA's commitment to decentralized program management and increasing local capacity is reflected in our opening of four regional field offices and deployment of qualified staff (coordinator with technical capacity, M&E and WASH staff plus finance/admin and drivers) this year. Further expansion is planned for PY3.

The region of Boeny does not have a field office, but has conducted many program activities this year – through NGO partners and for field studies. Technical support was provided from the Antananarivo office.

This section presents just some of the achievements in the regions in PY2, reflecting the activities which the regional staff wish to highlight.

As the regions are somewhat diverse, with their own character and identity, they have chosen symbols to represent them. Menabe is represented by the baobab, as they are very common in this region; SAVA chose vanilla, a member of the orchid family, as SAVA is the region of Madagascar with the largest vanilla production; Boeny has the satrana, which is a type of local plant; Melaky, which is home to the largest tsingys in Madagascar, chose these unusual rock formations as their symbol; and Sofia, our biggest region, chose the zebu. The Antananarivo team is represented by the jacaranda tree, a beautiful tree with purple flowers.



***Jacaranda Tree***

In July, 2012, when the COP attended a JSI international division meeting in Washington DC, she presented the President of JSI, Joel Lamstein with a wall hanging depicting these different symbols on a map of *-la grande ile*".



*Personal gift from the staff of MAHEFA*



**Baobab**

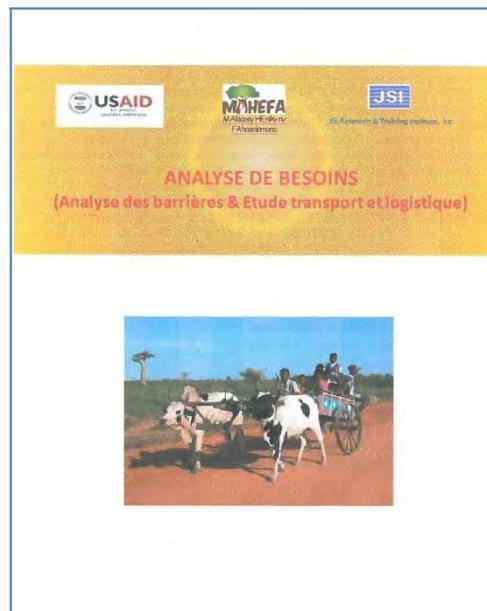
## **2.1. Menabe highlights**

For Menabe, PY2's highlights were marked by the recruitment of the regional coordinator and the opening of the Menabe regional office in Morondava in November 2011. Shortly thereafter, district level MAHEFA program launches were organized in Belo and Mahabo districts.

Additional team members began joining the regional office: the head of Administration and Finance, in December; the driver and housekeeper, in January; and the Regional WASH program head in May. In September, the team was completed with the recruitment of the Regional M&E program head. Four NGOs were selected to assure the implementation of activities, SARAGNA and MSIS in the District of Belo sur Tsiribihina and PENSER and NY TANINTSIKA in Mahabo district. In late February, 2012, staff from these NGOs began working in the regions and thus, the majority of field activities began in March 2012.

To date, the team is excited to announce the following highlights for PY2:

- In February, the regional team hosted a Sharing of Results Workshop to disseminate Barrier Analysis and Transportation and Logistics Needs Assessment research results to partners and stakeholders in Morondava, Menabe. Over 52 individuals from the media, local NGOs, DRS, DR, and others participated in the meeting.



**Brochure Highlighting Menabe Research Findings**

Between March and May, KMSm introductory meetings were held at the commune level for 24/25 Communes (96%) in the two districts, with the only exception being Ambiky.

- The program trained 280/304 CoSAN members (92%); subsequent participatory planning exercises were conducted in the same 24/25 communes.
- MAHEFA is continuing to work with and further train CHWs that were previously trained in c-IMCI by NSA. In the majority of cases, these CHWs were selected at the fokontany level during a general assembly meeting and according to the criteria stipulated in the national community

health policy. The Medical Inspector also shared the final list of CHWs with each member of staff involved in community level activities at the SDSP level.

- In April nine PAs from Mahabo and eleven PAs from Belo sur Tsiribihana were trained in collaboration with PSI. In all, PA agents from 20/25 Communes have been trained.
- Between July and September, MAHEFA trained 535/588 CHWs (94%) from the 24 communes in FP/RH.
- MAHEFA provided the 535 CHWs trained in FP/RH with start-up, launch kits which included PSI products and medicines, such as Viasur (diarrhea treatment with ORS/zinc), PneumoStop (pneumonia treatment with cotrimoxazole), RDTs (rapid diagnostic tests for malaria), Actipal (malaria treatment based on different age groups), safety boxes for sharps, gloves, Sûr'Eau (water purification solution), and FP methods, such as Rojo cycle beads, PiiPlan (oral contraceptive), the condom (Protector), FP demonstration *vannes*, MUAC armbands and management forms and tools.



**Role Play by CHWs during “Suivi Groupé”, Mahabo**

- Ambiky is still a challenge primarily due to the insecurity in the area to date, and MAHEFA's regional team has not been able to introduce itself at the commune level. Because of this, the Belo sur Tsiribihina SDSP Medical Inspector and Ambiky's mayor have written a letter recommending that MAHEFA holds off on beginning program activities in this area until the security situation greatly improves. This letter was also approved by district level political leaders.
- In mid-August, the first CHW review and follow up meetings began at the commune level and to date, 8/24 communes have benefitted from the review, including: Tsimafana, Ampanihy, Bemarivo Ankirodro, Antsoha, Aboalimena, Beroboka, Malaimbandy, and Mahabo. According to program guidelines, at least four to six weeks should have transpired after the training of CHWs in FP/RH before review and follow-up meetings are conducted.
- MAHEFA's regional team conducted supportive supervision visits of the different field activities. In all, 24 visits were conducted by the regional team to supervise activities of four NGOs in the two program districts; these included introductory activities at the commune level, training workshops, and the CHW review and follow up meetings (CoSAN and CHW) for 11 communes (Beroboka, Tsaraotana, Mahabo, Ankilizato, Mahabo, Analamitsivalana, Ankilivalo, Belo, Ampanihy, Aboalimena, Tsimafana). This last activity enabled the performance improvement of NGO partners and community actors.

**USAID Mission Director's Visit:** Of all the activities conducted during PY2, one of the most exciting for the regional team was a visit by the Director of USAID, Mr. Rudolph Thomas conducted in late August 2012. In addition, MAHEFA's AOR, Dr. Jocelyne Andriamiadana, and Madame Claudine Radjaobelina, accompanied the Mission director during the visit to MAHEFA's field activities in Menabe. MAHEFA's central and regional teams prepared a detailed plan, with 'scene setting' information for each site visit and also coordinated the trip for a journalist from the newspaper "L'Express" as well as a cameraman and journalist from TVM (the local TV station). MAHEFA also organized a press conference on August 29<sup>th</sup> in Morondava.



***USAID Director, Mr. Rudolph Thomas viewing IEC materials with Menabe Regional Coordinator Dr. Echah Mady***

Visits to two CHWs in the fokontany of Akirondro Bemarivo in Belo-sur-Tsiribihina district (supported through the NGO MSIS) were lauded as highlights of the visit. The male and female CHWs were dynamic, motivated, knowledgeable and well equipped. They had a Salter scale, a timer to count respiratory rate, MUAC bands (to measure mid-upper arm circumference), medicines and products – oral contraceptives (Pilplan), condoms (Protector), cycle beads, cotrimoxazole – pediatric (Pneumostop syrup), zinc and ORS for treatment of diarrhea (Viasur), antimalarial ACT (zaza and zazakely) for treatment of malaria in children under 5 years of age, Sûr'Eau (water purification solution), mosquito nets, safety disposal box plus other medications which they had purchased for sale at cost – cotrimoxazole-Ped tablets, paracetamol. The walls of their "site", which is really a room of the home of the female CHW, showed their three-month "Action plan" for home visits and service delivery at the site. They alternate their days of duty at the fixed site. They had a map of the fokontany on the wall showing the location of homes, the neighborhood well, the CHW's service site and they also displayed the Malagasy language version of the Tiahrt chart of family planning choices. The visitors asked many questions and appeared satisfied that the CHWs were well prepared to provide services and awareness-raising activities in the fokontany. They are certified (by the Chief CSB) and in July had already managed 41 cases of childhood illness and provided FP services to 25 persons in addition to counseling.



## 2.2. SAVA highlights

At the regional level, MAHEFA's PY2 highlights were marked by the official program launch in SAVA, on December 7, 2011, and the opening of the regional office for SAVA in the district of Vohemar on December 12, 2011. Shortly thereafter, a number of activities were conducted:

### *Vanilla*

- Establishment of a team of local consultants to conduct local training of COSAN members, as well as participatory planning sessions with NGOs; and the subsequent implementation of a Training of Trainers which enabled program field teams to build/reinforce adult learning capacities and exchange experiences before launching the KMSm approach at the commune level;
- Identification of local, NGO implementing partners, SAGE et ZETRA;
- Launching of the KMSm approach at the regional and district level which helped to engage/secure the involvement of local, regional leaders and authorities;
- Training of CoSAN members in 13 communes in which SAGE (10) and ZETRA (3) implemented program activities, followed by participatory planning in each of the 10 communes in which SAGE is working; unfortunately, ZETRA's implementation of participatory planning activities was delayed;
- Of the more than 300 CHWs identified, over 75% had already been trained in c-IMCI by the NSA before MAHEFA, and nearly 50% of these same CHWs were trained in FP/RH by MAHEFA's pool of trainers; those CHWs that were trained in FP/RH also received start-up kits that included: PSI health products and medicines, such as *Viasur (diarrhea treatment with ORS/Zinc)*, *PneumoStop (pneumonia treatments with cotrimoxazole)*, RDT, *Actipal (malaria treatments)*, safety boxes for sharps, gloves, *Sûr'Eau (water purification solution)*, and FP methods, such as cycle beads, *PilPlan (oral contraceptive)*, and the condom;
- Partnerships were solidified with NGOs and associations, such as ASOS and the Malagasy Red Cross for c-IMCI activities, with ONN for nutrition activities, and with PSI for FP supplies, due in large part to the establishment of a district-level committee for the coordination of community activities; this committee is coordinated under the leadership of the Deputy Chief of District and the Medicine Inspector, who serves as the executive secretary. MAHEFA is an active member of the committee and participates regularly in its meetings.



**A CHW with commodities in Vohemar, SAVA**

Amongst its many achievements during PY2, MAHEFA's team in the SAVA region is the most excited by two key successes:

- The team was able to turn a threat into an opportunity after the destructive passing of the cyclone IRINA in February, 2012. They quickly drafted a media partnership agreement with RTVI, the regional public radio and television station, to broadcast radio spots on malaria and diarrhea prevention free of charge during an entire month;
- WASH activities: On the infrastructure side, community mobilization and detailed technical studies were conducted and validated; numerous meetings have been held with potential WASH- friendly institutions in priority communes; regional consultants have been identified and trained as trainers; and most recently and even more noteworthy, kick-off/triggering activities for the Community-Led Total Sanitation (CLTS) approach were held in a total of three villages in two different communes.



*Tsingy*

## **2.3. Melaky highlights**

### **Launching the regional office**

The launch of a regional office in Melaky took place in Maintirano on November 24<sup>th</sup> 2011.

Launches at a district level for MAHEFA's areas of intervention in PY2 also took place, the first in the district of Antsalova on the 7<sup>th</sup> December 2011 and the second in Maintirano on the 9<sup>th</sup> December 2011.

### **Engaging NGOs in Melaky**

In March 2012 NGOs SAF/FJKM and FTMM were selected to support the work MAHEFA is doing in Melaky. Training of Trainers at NGO level was completed with the support of the central team in April 2012. Launching at a commune level was led by the NGOs but supported by the regional team between April 5 and May 17, in all 17 communes in Maintirano and all five communes in Antsalova.

### **Training of CoSAN and NGOs**

Training of the CoSAN took place between the April 5 and May 17 2012, just after the launch in the communes.



*Launch of the regional office in Melaky*

### **Training of CHWs**

The training of the CHWs took place between July 16 and August 18. For Antsalova this covered 101 out of 110 CHWs in the 55 fokontany. For Maintirano this covered 260 out of 266 CHWs across 133 fokontany.

Supportive supervision or *suivi groupé* took place between the 14th September 2012 and the 24<sup>th</sup> September 2012 for 22 communes in two districts of PY2's focus.



*Left: CHWs receiving launch kits*



*Right: COSAN training in Betanatanana*

### **WASH activities**

WASH soft activities, specifically CLTS (Community Led Total Sanitation) training was conducted from September 24<sup>th</sup> to September 29<sup>th</sup> 2012.

A total of five pilot sites were chosen as CLTS ‘triggering’ sites for zero ODF. Information was collected regarding WASH in both Districts (Antsalova and Maintirano) to identify scout groups, churches, youth groups, NGOs and other potential local WASH partners and to make courtesy visits.

Between May and September 2012 the following activities took place:

- Briefing and awareness raising on the WASH friendly approach
- Identified regional trainers and facilitators at commune level for CLTS + H
- Market analysis on sanitation (suppliers and consumers) to identify producers, builders and small contractors and also to identify common WASH infrastructure that required repairs.



*CLTS mapping activities*

### **Supporting studies on BC and Transport and Logistics**

The Melaky regional office also supported a number of studies that took place during PY2. For example a Behaviour Change workshop was conducted in Maintirano in September 2012 and materials were pre-tested in the district. Melaky also supported the ethnographic studies that took place and research on transport and logistics in the region.

The regional team in MAHEFA also participated in the training of PAs in Maintirano and Antsalova in June 2012 and with follow-up field visits. In addition, launch kits were transported directly by MAHEFA to Maintirano and given to the NGOs to distribute to CHWs.

### **Challenges**

The majority of the communes are not accessible from November to May which has been a challenge for the team in Melaky. It has been difficult to find appropriate transport for the team to conduct supervision.



***MAHEFA Supervisor and motorcycle using a canoe to cross the Manambaho River in Maintirano.***

### **Highlights**

The regional team is proud that MAHEFA has launched activities in Melaky. They have observed that MAHEFA is the only implementing partner addressing health issues at a community level in Melaky. Highlights for the team in Melaky are the support to the CoSANs and the CHW community through implementation of the MAHEFA program.



***CHWs in the commune of Bekopaka***



**Satrana**

## **2.4. Boeny highlights**

MAHEFA launched activities in Boeny in early 2012. In February, the partner NGOs were selected and between April and July KMSm was launched. During this period CoSAN orientations and participative planning also took place.

In June, nine PAs were selected and trained by PSI with MAHEFA support. The partner NGO AJPP trained 109 CHWs between August and September 2012 for all communes in Mitsinjo.

While MAHEFA does not have a regional office in Boeny, MAHEFA has been active in this region. A number of studies also took place during PY2, including;

- Transport and Logistics needs assessment in June 2012. As per the transport and logistics needs assessments in other areas this study used participative focus groups and quantitative interviews to build up an evidenced based picture of access constraints in Boeny. As in many other regions surveyed Boeny was found to have serious access issues, especially during the rainy season. It was clear that MAHEFA would need to think about innovative ways to ensure that people who are currently cut off many months of the year can be reached, either for provision of commodities or for health service provision through CHWs.
- As part of the process of evaluating the feasibility of a number of interventions, a Hovercraft feasibility study was also conducted in June 2012. Rivers with the densest populations living nearby were mapped to see what service could be implemented to provide access when the roads are no longer passable and when many rivers are equally not passable in traditional canoes.
- Trial of Improved Practices (TIPs) was also conducted in August and September 2012.



**FGD in Boeny attended by COP Penny Dawson**

At the regional level, in Boeny, one of MAHEFA's PY2 highlights was marked by the TIPs, a formative research study to help the program determine the small, doable and important actions that families can

accept to help them improve their health. The TIPs study focused on negotiating behaviors in the areas of water treatment and proper storage, hand-washing with soap or ash, use of mosquito nets, prevention and care-seeking for childhood diseases. Three sets of visits were conducted with each of 78 families in the region in August and September, 2012. Here is just one of their stories:



*TIPs interviewers talking to families in Boeny*

Marline and her 13-month old son, Edison, live in Mitsinjo, in the Tsararivotra neighborhood. Edison has been sick with a dry cough for the last two weeks and has become slightly anorexic; he is unable to keep any food down and has become quite weak and emaciated. When the TIPs team made its first visit to Marline's house, they learned that she had already taken Edison to the doctor and given him the medicine that had been prescribed by the doctor. When Marline and her husband noticed that his health did not improve immediately, they stopped giving him the medicine, and instead, took him to the « *Mpikaka* » (traditional healer for children). They were convinced that the cause of Edison's illness was due to the « *Hevo* » (open fontanelle) or « *Halofisaka* » (marasme) and thus, the « *mpikaka* » gave them traditional medicines, but after being given these medicines, Edison showed no signs of improvement.

During the team's visit, they noticed that Marline had been using a wood-burner in her small house in close proximity to where Edison plays each day, causing regular inhalation of smoky fumes. The family members all sleep on a dusty mat which seems to be contributing to Edison's continued respiratory problems.

During the first TIPs visit, Marline was queried as to how she could improve the situation for Edison. Some of the ideas that Marline and the TIPs team proposed were:

- Remove the wood-burner stove from the house, do not cook in the house
- Lightly water the dirt where the child sleeps just before sleeping
- Go back to visit the doctor and finish the complete cycle of medicine for Edison

After two days, Marline has stopped cooking in the house and she and her husband have even decided to construct a small kitchen area outside of their house. Also, the sleeping area in the house has been cleaned and no longer appears dusty. The parents appear to have different ideas about taking Edison back to the doctor. Edison's father thinks that Edison has contracted jaundice and that his condition is only treatable by the « *Mpikaka* ». Marline, on the other hand, insists on taking the child to the doctor. She tells the TIPs team that her husband told her that if she insists on taking the child back to the doctor, she must find her own means of covering the treatment and transportation costs. With the encouragement of the team, Marline holds her ground and she has already begun soliciting help from neighbors to take Edison back to the doctor.



**Zébu**

## **2.5. Sofia highlights**

### **Launching the MAHEFA program in Sofia**

The MAHEFA program was launched in Sofia in March 2012. The approach was to focus on the introduction of KMSm at the regional level and then at five selected districts. The regional office in Sofia was opened in mid-April in 2012 and was operational at the beginning of May.

Out of all of the MAHEFA regions, Sofia has the largest number of CHWs, 2150 in total. MAHEFA planned for a phased opening of regional offices deliberately so that it could learn from the experiences in smaller regions and ensure the rollout was as effective as possible.

### **Identifying partner NGOs and launching KMSm**

The regional team contributed to the selection of NGOs that would work in Sofia in the following five districts (Antsohihy, Bealanana, Befandriana North Port Bergé and Mandritsara). In March, eight NGOs led the implementation of KMSm in the community. These partner NGOs were: ASOS, SAGE, PENSER, SIVE, IP, FAFY NGDC, FIVOARANA and MSIS. During this period a series of meetings were held with NGOs to ensure quality and consistency for the implementation. In addition, the regional team organized briefings for local stakeholders during June and July to ensure community buy-in. The commitment to the implementation of KMSm by some local authorities has been encouraging.

In the commune of Andreba in the district of Antsohihy a real dynamism was noticed during the introduction and orientation meeting to KMSm. CoSAN members were observed queuing up for the meeting and there was a genuine feeling that participants were convinced of the program's importance and were ready to lead activities to improve health within the district.

Coordination meetings with NGOs are held at the beginning of each month, during which there are reorientations on activities as well as the promotion of sharing of best practices among NGOs. The technical reports of NGOs are compiled and analyzed regularly to be aware of the field situation and to review the progress of activities at each intervention site.

### **Training and capacity building**

Training was provided for the regional team and 17 regional trainers from the partner NGOs during May 2012. KMSm was rolled out between June and late September and during the same period sessions of participatory planning and training of members of the CoSAN also took place.

### **Supporting studies during PY2**

Participation in studies on transport and logistics and barrier analysis by the regional teams took place in the districts of Antsohihy, Befandriana, Boriziny and Mandritsara took during June and July 2012. In Mandritsara ethnographic studies in the districts of Analalava and Bealanana took place in July 2012.

## **Product availability**

MAHEFA had to proactively work to set up PAs in Sofia during PY2 as part of our commitment to ensuring product availability in MAHEFA regions. This involved training 63 PAs in collaboration with PSI staff. There are 24 communes which do not have a PA identified and trained to date. The distribution of CHW kits was carried out by NGOs on the last day of the FP/RH training and currently 816 ACs have received their respective kits in Sofia.



***CHWs receiving launch kits in Sofia***

## **WASH activities in Sofia**

Briefings on the establishment of WASH friendly institutions took place in the three districts of Mandritsara, Boriziny and Bealanana.

- The process of identifying and/or establishing Water User Associations (WUAs) has started in 23 communes.
- CLTS started in September with the recruitment and training of 16 trainers. In the last two weeks of September training of 25 facilitators in the communes of Befandriana, Avaratra, Tsiamalao, Ambararata, Antsakanalabe, Ambodimotso, Maroamalona, Tsarahonenana and Ambalakitajy took place.



***CLTS program in action in Sofia***

## Highlights

The regional team in Sofia is most proud that they have launched KMSm in five districts in Sofia as planned. The regional team has focused efforts on implementing MAHEFA activities and has achieved this in 86 out of 87 communes selected, despite some challenges which are referenced in the Challenges' section of this report. The team is looking forward to scaling up activities in PY3 and providing high quality services to people living in remote areas.

### 3. Technical Activities

The following sections highlight the achievements and status of program activities by IR and crosscutting elements.

#### **3.1. IR 1: Increase demand for high quality health services and products**

MAHEFA's approach to increase the demand for high quality health services and products is multi-faceted and includes working closely with its priority communities to:

- 1) Determine major barriers and enablers to health product and service use,
- 2) Identify appropriate regional-level strategies to address these barriers and accentuate the enablers,
- 3) Adapt existing IEC materials proven to be effective by other programs and develop new materials and innovative approaches to behavior change where necessary,
- 4) Support NGOs, CHWs, and other community stakeholders' activities to implement and follow-up these strategies in order to assure demand and ultimately, maintain long-term behavior change.

In PY2, a combination of research approaches (barrier analyses, ethnographic studies, and TIPs) were utilized by the program to provide a complete picture of major barriers and enablers to the use of health products and services, and for certain behaviors, to help identify important, doable actions. The behaviors studied included correct use of LLITNs, SP and IPT use, correct care-seeking for fever, correct care-seeking for pregnant and post-partum women, immediate and exclusive breast-feeding, complementary feeding and feeding of the sick child, latrine use, hand-washing with soap, proper storage and use of treated water, pre-natal visits, use of Iron-Folate tablets, assisted deliveries, family planning method use, DTCHepB Hib and TT2 vaccinations, Vitamin A, diarrhea treatment with ORS and/or Zinc, prevention and treatment of STIs. Because of its similarities in terms of ethnic groups, the program grouped Menabe, Melaky and Boeny together, conducting a BA in Menabe, an ethnographic study in Melaky, and TIPs research in Boeny. Each research built upon the previous study's information base, enabling MAHEFA to further hone its qualitative data regarding key barriers, enablers, significant positive and negative cultural influences, and potential important, doable actions leading to ideal behaviors.

In Menabe, during the BA, MAHEFA contracted a research group whose team conducted 1350 individual interviews with mothers and pregnant women from nine different communes. As a result, barriers and motivators, and influencing groups were identified for 15 of the program's key behaviors. In Melaky, MAHEFA collaborated with graduate-level sociology students whose month-long research in two different communes, Belitsaky and Betanatanana, helped elucidate important cultural barriers and motivators regarding key health behaviors. To further complete the behavioral picture for this grouping of regions, MAHEFA conducted TIPs research with approximately 78 families in Mitsinjo district of Boeny region to help determine potential, important, doable actions for hand-washing, water treatment and storage, exclusive breast-feeding, complementary infant feeding, treatment of diarrhea, prevention of AR and ITN use. This wide research base informed the strategy developed for Melaky during a Regional BC Strategy Design Workshop which brought together 17 representatives from NGOs and local program collaborators in the design of appropriate and innovative strategies for accelerating and maintaining behavior change in the region. The result of this workshop was the drafting of a regional behavior change strategy for Melaky; this strategy will be further refined and finalized during Q1 of PY3. Also during this time, Regional Strategy Design Workshops will be conducted for Menabe.

Due to the size and diversity of the program intervention area in Sofia, both BA and ethnographic studies were also conducted in this region during PY2. During the BA in Sofia, approximately 1843 mothers and/or pregnant women were interviewed in four districts regarding their barriers and motivators with respect to 19 different key behaviors. As was the case for Melaky, MAHEFA collaborated with Ankatso University graduate students to conduct a month-long ethnographic study in two different communes, in Bealanana and Analalava district.

In Q1 of PY3, MAHEFA will complete TIPs research in Sofia, as well as in the SAVA region thus further honing in on the identification of barriers, enablers, cultural influencers and especially potential small doable actions for these PY2 regions. The BC Strategy Design Workshops for these regions (and for Boeny, whose representatives will be included in the Strategy Design Workshop in Antsohihy due to its relative proximity for Boeny residents) will be conducted shortly following the analysis of research results, also anticipated for Q1 of PY3.

Region	Total
Menabe	1350
Boeny	78
Melaky	122
Sofia	1885
<b>Total</b>	<b>3435</b>

**Table 2: Number of people interviewed by region**

The program encountered the following challenges in completing all of the research phases and design workshops during PY2:

1. Scheduling conflicts and conflicting demands for the time of NGO and regional staff members.
2. Additional time needed to plan, implement, analyze and document results from each research phase.

Since the regions are beginning to implement the regional BC strategies in early PY3, annual assessments of the impact of these strategies and related activities have been postponed until late PY3.

While TIPs had been thought to be an effective approach for discerning barriers to safe and clean delivery behaviors, including cord-care practice, once MAHEFA colleagues began utilizing the approach with women regarding other behaviors, they realized that another type of research might be more time-effective and better suited to study these provider-centered approaches. Thus, during Q1 of PY3, the MAHEFA colleagues will strategize as to the best approach which may include conducting focus groups and individual interviews with health cadres and mothers having recently given birth in a sample of communes in the program's intervention regions. In addition, MAHEFA has begun discussions with and decided to collaborate with MCHIP and PSI to conduct feasibility trials in two or three program districts regarding the use of chlorhexidine to prevent neonatal sepsis due to improper cord care.

The behavioral research conducted by MAHEFA during PY2 has revealed knowledge gaps which may require additional rapid contextual assessments, either in the form of focus groups, individual interviews, or a combination thereof. Some of the gaps already identified are in the area of STI preventive measures, delay in the initiation of sexual relations, and seeking treatment in case of STI symptoms. Since these behaviors are considered sensitive topics in most rural areas, MAHEFA will carefully build upon the themes provided during the ethnographic studies to further explore key determinants of behavior for these areas and design culturally appropriate interventions to address them.

Since WASH activities are a major component of MAHEFA's program, in addition to the above mentioned research activities, community-level surveys to determine feasibility of WASH activities (and to identify local entrepreneurs) were conducted in 10 of the program's 12 districts of Menabe, Melaky, Sofia, and SAVA. Primarily due to the additional challenge of conducting program activities in a region without MAHEFA staff, WASH surveys in the two districts of Mitsinjo and Soalala in Boeny region will not be conducted until Q1 of PY3.

As part of the needs assessment, the availability of vitamin A and iron/folate for women was assessed but the data was not analyzed to date, as MAHEFA cannot procure products nor work directly with the MOH to improve supply chain.

Mainstreaming gender approaches is considered a key cross-cutting theme in MAHEFA programming; and reducing gender inequities, while promoting gender equality will likely have a significant impact on women's abilities to make long-term behavior changes. In this area, MAHEFA has begun a series of exciting activities which will continue during PY3 and culminate in gender analyses and programmatic recommendations for all program regions. During their initial KMS-m training, representatives from 14 NGOs (from all five PY2 regions) were trained in basic gender concepts, 14 gender point persons were identified, and two local gender experts with extensive international, as well as national, experience were recruited in PY2. Thanks to their diligent efforts, the consultants produced detailed action plans for conducting gender analysis training of NGO members, MAHEFA staff and external data collectors. In collaboration with MAHEFA colleagues, the gender specialists also developed training tools and a training curriculum for conducting gender analyses at two levels:

1. Within NGO organizations
2. Within representative ethnic groups for each of the program's regions.

During Q1 of PY3, the training plan will be rolled out for all PY2 regions beginning with Menabe and SAVA and continuing until all PY2 regions have participated.

### **BC Materials Review and Materials Development**

MAHEFA's approach to materials development is to build upon and adapt existing materials where possible and to reinforce local capacity to design innovative behavior change interventions, based on key barriers and enablers identified during formative research.

As an important first step to determine existing IEC and BCC resources in each health area, the literature review provided MAHEFA the opportunity to review the majority of articles and on-line publications currently available regarding maternal, child, infant, neo-natal health, family planning and reproductive health, and community mobilization within their intervention regions. This enabled the program to begin to develop a knowledge base for its work while determining some of the major gaps in information regarding these geographic regions of the country.

The IEC inventory enabled the program to further build on this "knowledge base" by identifying existing IEC/BCC materials produced by other USAID and non-USAID partners in health and development. A detailed report on the IEC materials inventory process was written and will be disseminated to partners in Q1 of PY3 during a Dissemination Workshop. Due to delays in setting up a MAHEFA website from JSI's Boston-based headquarters, the on-line library will be established to enable partners to access existing and update resources on-line was postponed until PY3, Q2.

The primary result of the IEC Materials inventory which included the review of over 300 materials was the identification of three materials that the program felt could be technically updated and culturally adapted for appropriate use in its regions, the *Livret d'Animation* (Health Worker flip chart) and the *Carnet de l'Enfant* (Child health card) and *Carnet de la Femme* (Woman's health card). After in-depth pretesting, revisions, and technical reviews in two of the program's regions, the "Livret d' Animation" was adapted and 4000 copies were produced and are being distributed to CHWs (3722 copies were delivered to NGOs and MAHEFA's regional offices for delivery to CHWs). In collaboration with the MOH and partners, MAHEFA has also conducted extensive technical reviews of the health booklets for women and children, overseen the drafting of revised versions, and conducted pretesting of these revised versions in Menabe region. The program expects to complete the analysis of their pretesting results in Q1 of PY3 and anticipates that health cards will be finalized and produced shortly thereafter. Since the MOH has been coordinating the process and many organizations are involved in technical revisions and pretesting, the finalization and production process has suffered from continuous delays.

The decision as to which new materials MAHEFA will develop is pending. The outcome of the remaining regional BC Strategy Design Workshops is planned for Q2 of PY3. At that time, the program will also combine its regional strategy plans to create an overarching behavior change strategy which would provide details on regional commonalities and differences in specific activities and approaches for promoting the program's key health behaviors. While certain standardized BC activities such as interpersonal counseling/message transmission between CHWs and households has been underway since the training of the CHWs (refer to IR2), roll out of specific, regionally-designed BC activities began only in Melaky during PY2. This was primarily due to the need to have a complete picture of barriers, motivators and small, doable, important actions in the other PY2 regions, as earlier mentioned. Once research in the regions has been completed, and all regional strategies have been designed during Q1 and Q2 of PY3 (described above), MAHEFA's team anticipates that all specific regional BC activities will be rolled out.

One component of the regional and overarching BC strategy will be the program's communications plan. As part of this plan, MAHEFA has already begun to make key contacts with radio representatives and even developed mechanisms with some stations to broadcast key behavioral messages free-of-charge. Some of the achievements in this area include:

1. Conducting a workshop in Menabe region with eight radio representatives from local media
2. Developing six radio spots (three for malaria prevention and three for diarrhea prevention) in both Sava and Melaky regions.

MAHEFA's team anticipates that once the remaining BC Strategy Design Workshops have been conducted and depending on the strategy content, tailored malaria prevention and treatment radio spots (as well as spots on other health topics) will be developed based on the barriers, motivators and small, doable, important actions.

During the pretesting/adaptation phase of the initial CHW materials development, the EPI content of the Livret d' animation and the two health cards was reviewed and updated. Should additional EPI materials be adapted or developed, their EPI content will be reviewed and updated.



***Pre-testing in March 2010 in Mahabo***

As earlier mentioned, once design of the regional strategies has been completed (Q1 of PY3), the BC team will identify the need for and program (if necessary) a workshop for materials development. At that time, if supplementary MCH materials are deemed necessary, they will be developed based on the barriers, motivators and small, doable, important actions revealed during the research phases. These workshops are tentatively planned for Q2 and Q3 of PY3.

In addition to, easy-to-use pictorial visual aids, such as the *Livret d'Animation*, were provided to CHWs in their launch kits. For more details about the contents of the launch kits, see the section on IR3.

As earlier mentioned, the production of additional Audio/Visual (A/V) materials will depend primarily on the results of the BC Strategy Design Workshops, the majority of which will be conducted in PY3, Q1. Thus the adaptation, reproduction, and/or development of four types of materials identified in MAHEFA's PY2 activity and implementation plan are pending the outcome of these workshops. These materials include:

1. Vaccination diplomas
2. Supplementary A/V materials and/or interventions for youth regarding STI prevention, delaying sexual relations and delaying first birth
3. Youth Red Card and carrying case
4. Behavior Change Communication (BCC) materials for early identification of common STIs treatable through social marketing kits.

During the IEC Inventory, MAHEFA collected samples of materials and learned from partners' experiences enabling them to make the following determinations: vaccination diplomas may not be very useful by themselves, in encouraging mothers to get their children vaccinated, thus (again depending on barriers and enablers identified during the formative research), other complementary materials will also be considered during PY3 (vaccination flag, vaccination invitation card, radio spots, etc.).

With respect to the need for supplementary A/V materials for delaying sexual relations and first births and for STI prevention and BCC materials for early identification and treatment of STIs through social marketing kits, if developed, these materials and interventions will likely be accompanied by other components of a peer educators approach. This approach will take into account the barriers, motivators and cultural influences revealed during the research phases, especially the ethnographic studies.

While MAHEFA's WASH activities appeared to get off to a somewhat slower start than had been anticipated, quality activities are being implemented with increasing momentum in the regions. The delays were primarily due to challenges in identifying highly qualified regional staff, both versed in hard and soft components of the WASH sector. Now that the team is in place, regional WASH program heads are diligently working with communities, local entrepreneurs, study agencies, media partners, and quickly developing WASH friendly partnerships. Of the numerous courtesy visits made to local scout branches, churches, youth groups, NGO partners, and other potential local WASH partners in the program's communes, over 107 entities have already been identified as WASH-friendly institutions. This means that they are considering entering into a partnership agreement with MAHEFA to promote the three key WASH messages to their constituents (i.e. Hand-washing with soap or ash, improved latrine use, and proper water treatment and storage); 18 have already done so and another 20 are expected to sign in early PY3.

One of the reasons that MAHEFA was unable to secure more than 18 of these signed partnerships during PY2 is that many of their members felt that they should receive financial remuneration as service providers. The WASH team has been strategizing and experimenting in order to identify the best practice in negotiating a "volunteer approach to further community development" for these partners. As part of their agreements and as a motivating factor, MAHEFA will support the training of each WASH-friendly partner and assist them in action-planning exercises with respect to specific WASH community/institutional activities and promotion of small doable important actions at the household level in their communities. To date, seven institutions have been trained and ten are expected to be trained in early PY3. These activities have been conducted in four of the five PY2 regions; similar activities will be conducted in Boeny region in Q1, PY3. Since in PY2 MAHEFA main focus was to complete the WASH team, initiate WASH-friendly partnerships at the community level, and conduct WASH surveys to identify local entrepreneurs, the WASH team has not had time to investigate potential collaboration with MVU teams to facilitate mass communication campaigns to promote WASH behaviors. The program will, however, explore the feasibility of MVU use in its remote, rural areas and the mechanism for collaborating with PSI to implement this activity.

In the area of nutrition, the nutrition content of both health cards for women and for children and for the CHW material, *Livret d'animation*, were reviewed and updated by MAHEFA colleagues to ensure a focus on high impact Essential Nutrition Actions (ENA) during the pretesting/adaptation phase of initial CHW materials development. As earlier mentioned, the two health cards are still undergoing partners' modifications in collaboration with the MOH; however, the *Livret d'animation* has been completed, printed, and 3722 copies distributed to NGO and MAHEFA regional offices for CHWs. As per the result of the Regional BC Strategy Design Workshops, should the need for developing supplementary materials for MCH be identified, MAHEFA will ensure they include accurate ENA content (Q2 of PY3).

### **BC Message Development and Dissemination**

As referenced earlier, MAHEFA's approach to development and dissemination of messages depends on the outcome of the Regional BC Strategy Design Workshops, the majority of which will be completed in Q1, PY3. Depending on the strategy content for each region, targeted messages will be developed based on the barriers and motivators to use of modern FP methods revealed during the research phases. Additional research may be necessary to determine specific barriers to LAPM use, (these methods were not fully explored during the program's initial research phase) in which case this will be conducted in collaboration with Marie Stopes - Madagascar (MSM) in regions where services are available in Q2 and Q3, PY3).

During the transport and logistics needs assessment, MAHEFA assessed the availability of STI treatment products at public facilities (hospitals, CSBs). As mentioned above, BCC messages and materials for early identification and treatment of STIs through social marketing kits, if developed, will likely be accompanied by other components of a peer educators approach. Should the program reproduce existing materials as part of the regional strategies, the materials currently in the STI social marketing kit will be updated to reflect new treatment protocols in collaboration with PSI and MSM.

### **Community mobilization and participation**

In PY2, introductory advocacy meetings, as the first step in the KMSm approach, were conducted in 12/12 (100%) of districts and the program was launched in 160/163 communes (98%). The three communes where no program activities were launched were related to security and safety issues, described in other parts of this report (Introduction and IR2). At the regional, district and commune levels, according to the PNSC, there should be coordinating mechanisms, led by the MOH (DRS, SSD). In all five of MAHEFA's P2 regions there was no such formal structure during most of PY2, but in Melaky the process has been initiated. Once the implementation plan for the actual program to strengthen the CHW support is finalized by the MOH and partners (hopefully early in PY3) this advocacy platform should be established in all regions and districts. MAHEFA is not actively involved in public-private partnerships but may be able to once restrictions on working with the GOM are lifted.

CHW selection was completed and the MOH validated lists of CHWs for inclusion in trainings. A total of 3,356 CHWs were selected in the five regions for PY2. Among them, 1,944 (58%) have been trained on FP/RH and interpersonal communication skills.

### **Community Led Total Sanitation and Hygiene**

Despite its seemingly slow start, MAHEFA's WASH team has accelerated the introduction of the Community Led Total Sanitation and Hygiene (CLTS+H) approach in several target communities. The approach utilizes community facilitators (CF) to help raise community awareness and solicit local ownership in problem resolution regarding the links between open defecation and disease, ultimately leading to an open defecation free (ODF) community, with improved latrine use and hand-washing during

critical moments. During PY2, 35 regional trainers have already been recruited and 597 CF's have been identified for all PY2 regions except Boeny. Again due to the challenge of conducting program activities without MAHEFA regional staff on the ground, recruitment and training for Boeny was delayed, but will be completed in early PY3. In terms of achievements, both a Training of Trainers (TOT) and a Training of Facilitators (TOF) were conducted in Menabe, Sofia, Melaky, and SAVA regions (Boeny is expected in Q1 of PY3). Even more exciting is that ten CFs have already completed CLTS triggering/kick-off activities throughout their communes with technical supervision provided by the regional trainers. While this number may appear relatively insignificant compared to the total number of CFs identified, it is indeed important since CFs are encouraged to only conduct triggering events when they feel fully qualified (after training and supportive supervision by regional trainers); this is key to the overall potential success of the CLTS+H process.

### **MNCH, FP and WASH reinforcement at Festivals and "International days"**

In accordance with current USAID policy, the program collaborated with USAID organized thematic events at the regional level. In addition, in Menabe, the Regional Coordinator interviewed the highest ranking woman in the regional judicial system for International Woman's Day; the interview was broadcast on the regional public radio station. At the central level, the Senior Advisor for BC, Gender, and Strategic Partnerships was invited as the key speaker to address a group of women journalists at the National Press Club regarding gender equality and MAHEFA's strategy for mainstreaming gender approaches in its programming. During PY3, at both the central and regional levels, MAHEFA colleagues will continue to participate fully in the planning meetings for these events including MNCH weeks, FP Day, International Women's Day, International Hand-washing with Soap Day, Latrine Day, Water Day, etc. As these activities are organized at the commune level, MAHEFA's NGO partners will be encouraged to participate fully in planning and implementing related community events as part of the KMSm approach. In Q3 and Q4 of PY3, as communes become certified as ODF, (after six months of being ODF) recognition events will be organized to highlight the successes of community leaders, CHWs, and other key individuals who contributed to the process.

### **Community health workers: role in BCC, counseling and setting community norms**

The role of the CHWs for BCC, counseling and helping to set community norms is closely linked with other parts of the CHW program, as described under IR2 and IR3. In support of the overall program, national and local level NGOs were awarded grants to carry out the KMSm approach in their selected communes. MAHEFA awarded a total of 18 awards to 14 different organizations to cover the five regions in PY2. The list of NGOs selected can be found in the description of the financial and administrative activities in of this report.

As part of the capacity building plan for NGOs, different TOT sessions were conducted for 33 regional trainers and 82 technical staff from NGOs. The content included introduction to KMSm, technical aspects for conducting MNCH trainings, approaches to behavior change and gender. At least five members of staff from each of the 14 different NGOs were included. NGO involvement continues with expansion of the program and their staffs are included in other trainings and orientations: expansion of the CLTS +H approach as it is rolled out in the MAHEFA regions; utilization of the results of the various formative research studies and the design of regional BC strategies; introduction of monitoring and evaluation approaches.

The NGOs carried the KMSm orientations forward in the new districts and in PY2 conducted 160 commune level orientations, including 1,818 members of CoSANs. CoSAN members were given the necessary skills and supported in the preparation of quarterly action plans for their communes and process of review and assessment of progress has been initiated in the first round of KMSm review meetings. Tools for community level supervision are being planned late in PY2 and will be field tested,

refined and then introduced in PY3. Active community involvement in the planning and assessment of community achievements is at the core of the KMSm approach.

One concrete step and sign of true commitment will be the financial participation of the CoSANs, to ensure that funds are available in the case of medical emergencies (primarily maternal, newborn and child health related) with a need for urgent referral. This will be linked with initiative for the “mutuelles de santé” and also to the extent possible with the improved availability of emergency transport systems.

**Table 3. Workplan IR1 Increase demand for high quality health services and products**

WP #	Planned Activities	Quantified Achievements	Status/Comments
1.1.1.1	Identify barriers and enablers to correct use of LLITNs and design BC strategy to address the barriers	Barriers to ITN used identified in 4 out of the 5 regions (Menabe, Melaky, Boeny, and Sofia). BC strategy designed to address barriers in 1 of the 5 regions. 1 Regional Strategy Design workshop held with 17 NGO participants	<p>This activity is almost complete. 2 Barrier Analysis research studies were conducted (1 in Menabe and 1 in Sofia) which helped identify major determinants, both barriers and motivators to correct ITN use. 2 Ethnographic studies (Melaky &amp; Sofia) further elucidated cultural barriers and motivators for the 2 regions. TIPs research conducted in the last quarter of PY2 provided additional insight to ITN use (barriers, motivators &amp; PAFI) for Boeny this insight also helped inform the BC strategy for Melaky &amp; will provide insight for Menabe.</p> <p>1 Regional BC Strategy Design Workshop was completed with 17 representatives from NGOs in Melaky region; during PY3, Q1, Regional Strategy Design Workshops will be conducted for Menabe, Boeny &amp; Sofia.</p> <p>During PY3, Q1, TIPs will also be conducted in Sava region &amp; the Regional BC Strategy design workshop will be conducted shortly following the analysis of research results addressing ITN use.</p>
1.1.1.2	Identify barriers and enablers for IPTp and explore options for PAFI	Barriers & motivators to IPT & SP used explored during Barrier Analysis studies in 2 out of the 5 regions (Menabe & Sofia). Strategies designed to address the barriers developed in 1 out 5 regions -Melaky (due to similarities of the ethnic groups)-	<p>This activity is ongoing. Regional strategy to address barriers to IPT &amp; SP use developed in Melaky during BC Strategy Design Workshop in Q4 of PY2. Regional strategies to address barriers to be developed in Q1 of PY3 for Menabe, Sofia &amp; Boeny.</p>
1.1.1.3	Identify barriers and enablers to correct care-seeking for fever and design BCC to address	Barriers & motivators to correct care-seeking behavior identified in 4 out of 5 regions (Menabe, Melaky, Boeny & Sofia). BC strategy designed to address barriers in 1 out of 5 regions (Melaky).	<p>This activity is almost complete. 2 Barrier Analysis studies (Menabe &amp; Sofia) and 2 Ethnographic Studies (Melaky &amp; Sofia), and TIPs research (Boeny) helped identify barriers, motivators and PAFI. These studies helped inform the Regional strategy to address barriers to care-seeking developed for Melaky and will provide insight for strategies to be developed for Menabe, Boeny, Sofia &amp; Sava in Q1 of PY3. TIPs research will also be conducted in Sava to help determine the PAFI &amp; further inform the regional BC strategy</p>

WP #	Planned Activities	Quantified Achievements	Status/Comments
1.1.1.4	Utilize TIPs to identify PAFI for safe and clean delivery behaviors that take into account local obstacles	N/A	Studies have helped inform the Regional strategy to address barriers to care-seeking developed for Melaky and will provide insight for strategies to be developed for Menabe, Boeny, Sofia & Sava in Q1 of PY3.
1.1.1.5	Assess traditional cord care practices and design BC actions to address dangerous behaviors	Baseline complete	Chlorhexidine protocol development ongoing
1.1.1.6	Design and carry-out surveys in representative regions/districts	Surveys completed in 4 regions out of 5 and in 10 districts out of 12 for PY2	Only the districts in MITSINJO et SOALALA have not been completed due to a lack of a regional office in BOENY. This will be completed in the first quarter of PY3
1.1.1.7	Assess supply chain options and product pricing and availability for vitamin A, iron and folate for women	N/A	This activity has been postponed. The GOM is not promoting post partum Vitamin A dosing. Iron folate is not a product currently available through social marketing.
1.1.1.8	Identify existing knowledge gaps and conduct rapid contextual assessments and community mapping exercises of populations/areas to fill them	This activity is still in the planning phase	This activity is still in the planning phase. In Q1 of PY3, BC team will analyze which behavioral areas need additional research (identify knowledge gaps) & design a plan to address these gaps.
1.1.1.9	Conduct gender analysis with NGO partners	Representatives from 14 NGOs have been oriented in key gender equity concepts; 14 focal point persons identified.	During their initial KMS-miabo training, representatives from 14 NGOs (from all 5 regions) were trained in basic gender concepts; 14 gender point persons identified, 2 gender experts recruited in PY2 - detailed action plan developed for conducting training of NGOs, MAHEFA staff & data collectors -training tools/ curriculum drafted. During Q1 of PY3, training plan to be rolled out for all 5 PY2 regions - Gender analysis to be conducted following regional trainings
1.1.1.10	Perform annual assessment of BCC impact	N/A	This activity has been postponed until PY3, Q2 & 3 in order to provide time for the regions to begin implementing the BC activities designed during the Strategy Development workshops

**Pillar 1.2.: Consistent, customized support to community advocacy and mobilization**

**1.2.1. Behavior Change Strategies**

**Existing BCC Materials Review and Materials Development**

WP #	Planned Activities	Quantified Achievements	Status/Comments
1.2.1.1	Identify all existing BCC resources (in each health area) and determine what can be adapted to program needs (replicated & disseminated) and what new resources will be required	IEC Materials Inventory completed including approximately 300 materials	This activity is almost complete: IEC materials inventory completed, report finalized (for dissemination to partners in Q1, PY3) -mechanism established for accessing resources on-line - partners' link to on-line library pending MAHEFA website design (JSI/Boston) & expected for PY3, Q2
			3 materials identified for adaptation (flip chart, Health card - mother, health card - child)
			Decision regarding the need to adapt new materials is pending the outcome of the Regional BC Strategy Design workshops & planned for Q2 of PY3
1.2.1.2	Create overarching behavior change strategy for project identifying key target behaviors for each health area and specific activities and approaches for promoting each	1 Regional strategy for Melaky has been drafted	This activity is ongoing. Due to scheduling conflicts in the regions, 3 out of 4 of the Regional Strategy Design Workshops were postponed to PY3, Q1 (Menabe, Sofia/Boeny & Sava) - Once all the regional BC Strategy Design Workshops have been conducted, the BC team will refine the strategies & incorporate them into an overarching BC strategy
1.2.1.3	Develop/adapt tools and resources for BC	1- materials for Community Agents developed 2- materials for families developed (child & mothers health cards) 4,000 copies have been produced of the CHW flip charts	After in-depth pretesting, revisions and technical reviews, 3 materials are being adapted (the material for community health agents, " <i>Livret d' Animation</i> " (flip chart) has been completed & produced) - the health cards for mothers and children are being subjected to additional pretesting and additional partners' reviews as per the MOH oversight - health cards should be finalized & produced in Q1 of PY3

WP #	Planned Activities	Quantified Achievements	Status/Comments
1.2.1.4	Roll-out of BCC activities in communities and districts	BC activities are being rolled out according to the Regional strategy in 1 of the 5 regions.	This activity is ongoing. Due to the need to have a complete picture of barriers, motivators & PAFI in the regions, the official roll-out of BC activities was delayed until most research in the regions was completed. The official BC activity roll-out is expected for Q1 & 2 of PY3 for all regions (except for Melaky which began BC activities roll-out in Q4 of PY2). However, certain BC activities such as interpersonal counseling/message transmission between health workers and households has been underway since the training of these workers
1.2.1.5	Adapt malaria radio spots to local dialects and local behaviors	2 workshops with radio representatives were held in PY2 with representatives from local media. 2 radio spots were developed in SAVA based on these workshops	This activity is ongoing. Once the Regional Strategy Design workshops have been completed in each region, depending on the strategy content, tailored malaria spots will be developed based on the barriers, motivators & PAFI revealed during the research phases
1.2.1.6	Test and update (where required) EPI BCC content for all existing materials	EPI BCC content reviewed & updated for 3 materials	This activity is almost complete. During the pretesting/adaptation phase of materials development, EPI content of the Livret d' animation and the 2 health cards was reviewed & updated
1.2.1.7	Conduct materials development training to create supplementary materials for Maternal and Child Health for NGO partners if required	N/A	This activity has been postponed. Without first identifying the needs for additional materials (as part of the Regl Strategy Design), this workshop would have been premature. Once the regional strategies have been designed (Q1 of PY3), the BC team will identify the need for and program (if necessary) the workshop for materials development (these workshops are tentatively planned for Q2 and 3 of PY3).
1.2.1.8	If required create supplementary materials for Maternal and Child Health	N/A	This activity has been postponed. Once the Regional Strategy Design workshops have been completed in each region, depending on the strategy content, supplementary MCH materials (if needed) will be developed based on the barriers, motivators & PAFI revealed during the research phases

WP #	Planned Activities	Quantified Achievements	Status/Comments
1.2.1.9	Test supplementary materials for Maternal and Child Health	N/A	This activity has been postponed. Once the Regional Strategy Design workshops have been completed in each region, depending on the strategy content, supplementary MCH materials (if needed) will be developed based on the barriers, motivators & PAFI revealed during the research phases
1.2.1.10	Reproduce and distribute supplementary materials for Maternal and Child Health	N/A	This activity has been postponed. Once the Regional Strategy Design workshops have been completed in each region, depending on the strategy content, supplementary MCH materials (if needed) will be developed based on the barriers, motivators & PAFI revealed during the research phases
1.2.1.11	Reproduce/print sufficient copies of CHW BCC materials for launch kits (flip charts, etc.)	Materials for CHWs developed; Materials for families developed (child & mother health cards); 4000 copies have been produced of the flipchart for CHWs	After in-depth pretesting, revisions, and technical reviews, 3 materials are being adapted (the material for CHWs and flip chart guides have been completed & produced) - the health cards for mothers and children are being subjected to additional pretesting and additional partners' reviews as per the MOH oversight - health cards should be finalized & produced in Q1 of PY3
1.2.1.12	Distribute launch kits (bags, drugs, timer, MUAC, safety box, etc.)	1944 launch kits provided to NGOs/Regional offices for CHWs	Launch kits include: health commodities, management tools and work tools. As training continues to be rolled out for PY3, launch kits will continue to be supplied. Those CHWs who were targeted but not yet trained during PY2 include those residing in communes with security problems or issues of NGO non performance
1.2.1.13	Disseminate maternal and child health booklets to target communities and districts	N/A	This activity is ongoing as the results of the field tests of the health booklets are pending
1.2.1.14	Reproduce vaccination diplomas and distribute in the communities (ONG, private sector)	N/A	This activity has been postponed and may need modification. BC team determined that this material may not be very useful in encouraging mothers to get their children vaccinated, thus other ideas are being explored during PY3

WP #	Planned Activities	Quantified Achievements	Status/Comments
1.2.1.15	Determine need for supplementary A/V material, interventions for youth STI prevention, delaying sexual relations and delaying first birth. Pre-test Youth Red Card and develop/produce (if required) PAFI, especially for delaying first births and STI prevention (e.g. radio spots, puppets and skits and pamphlets)	N/A	This activity has been postponed. Once the Regional Strategy Design workshops have been completed in each region, depending on the strategy content, supplementary A/V materials & /or interventions for youth STI prevention, delaying sexual relations & first births will be developed based on the barriers, motivators & PAFI revealed during the research phases; if additional research on barriers & motivators is needed, the BC team will conduct this in Q2 of PY3
1.2.1.16	Assess feasibility of using Youth Red Card and developing a carry case (if needs assessment shows required)	N/A	This activity has been postponed. Once the Regional Strategy Design workshops have been completed in each region, depending on the strategy content, supplementary A/V materials & /or interventions for youth STI prevention, delaying sexual relations & first births will be developed based on the barriers, motivators & PAFI revealed during the research phases; if additional research on barriers & motivators is needed, the BC team will conduct this in Q2 of PY3
1.2.1.17	Reproduce Red Cards (if necessary)	N/A	This activity has been postponed. Once the Regional Strategy Design workshops have been completed in each region, depending on the strategy content, supplementary A/V materials & /or interventions for youth STI prevention, delaying sexual relations & first births will be developed based on the barriers, motivators & PAFI revealed during the research phases; if additional research on barriers & motivators is needed, the BC team will conduct this in Q2 of PY3
1.2.1.18	Expand BCC development and/or dissemination for early identification of common STIs treatable through social marketing kits	N/A	Once the regional strategy design workshops have been completed in each region, depending on the strategy content, BCC materials & /or interventions will be developed & disseminated to promote early identification & treatment of STIs treatable through SocMktg kits prevention, delaying sexual relations & first births will be developed based on the barriers, motivators & PAFI revealed during the research phases; if additional research on barriers & motivators is needed, the BC team will conduct this in Q2 of PY3

WP #	Planned Activities	Quantified Achievements	Status/Comments
1.2.1.19	Identify and make courtesy visits to local scout branches, churches, youth groups, NGO grantees as local WASH partners in selected communes/districts	107 WASH friendly institutions identified in 4 regions out of the 5, 10 out of the 12 districts for PY2.	This activity is ongoing. It was not possible to conduct this activity in BOENY (Soalala et Mitsinjo) due to the lack of a regional office. This activity was completed for each MAHEFA district (except Mitsinjo and Soalala) in order to identify WASH friendly institutions who could sign a partnership agreement with MAHEFA in order to sensibilise them on the 3 key WASH messages.
1.2.1.20	Conduct WASH training and action planning for each group	107 WASH friendly institutions identified in 4 regions out of the 5, 10 out of the 12 districts for PY2.	This activity has been in its planning stage during PY2 - it is ongoing. The training for the WASH friendly institutions will be made after the signing of contracts with partners.
1.2.1.21	Mobilize communes, local partners and media & establish contract with each	17 'partnership agreements' with partners signed	This activity is ongoing. The number of 'partnership agreements' with partners signed with the WASH friendly institutions was lower than expected because there was an expectation in some institutions that they would be paid for this participation
1.2.1.22	Partners carry out community/institutional WASH programs and Household PAFI promotion	N/A	This activity is ongoing. The number of contracts with partners signed with the WASH friendly institutions was lower than expected.
1.2.1.23	Collaborate with MVU team for mass communication campaigns	N/A	This activity has been postponed. This will be explored further in PY3 once the BC team has determined the mechanism for collaborating with the MVU teams.
1.2.1.24	Review content of Child and Maternal Health Cards to determine if messages on nutrition are adequate (focus on high impact behaviors)	Nutrition content of both child & mothers health cards reviewed & updated	This activity is complete. During the pretesting/adaptation phase of materials development, the nutrition messages in the 2 health cards and the CHW' s material (flip charts) were reviewed & updated
1.2.1.25	Ensure that supplementary material includes high impact nutrition messages as required	N/A	This activity is ongoing. Should supplementary materials for MNCH be developed, the BC team will work with the MNCH team to ensure they include accurate ENA content (Q2 of PY3)

WP #	Planned Activities	Quantified Achievements	Status/Comments
1.2.1.26	Review CHW's material to assess ENA content	Nutrition content of both child & mothers health cards reviewed & updated	This activity is complete. During the pretesting/adaptation phase of materials development, the nutrition messages in the 2 health cards and the CHW' s material (flip chart) were reviewed & updated
1.2.1.27	Update CHW's material to ensure focus on high impact nutrition behaviors as required	Nutrition content of both child & mothers health cards reviewed & updated	This activity is complete. During the pretesting/adaptation phase of materials development, the nutrition messages in the 2 health cards and the CHW' s material (flip chart) were reviewed & updated

**BC Message Development and Dissemination**

1.2.1.28	If necessary, develop and disseminate targeted messages to address barriers and enablers for use of modern methods	N/A	This activity has been postponed. Once the Regional Strategy Design workshops have been completed in each region, depending on the strategy content, targeted messages will be developed based on the barriers, motivators to use of modern FP methods revealed during the research phases
1.2.1.29	Verify availability of long-acting methods in health services (needs assessment)	The transport and needs assessment study included an high level assessment of product availability	From a transport and logistics perspective this assessment is fully complete. Further analysis can be done on existing data for programmatic needs.
1.2.1.30	If required increase knowledge level of long acting and permanent methods through message development and dissemination	N/A	This activity has been postponed. Once the Regional Strategy Design workshops have been completed in each region, depending on the strategy content, targeted messages to reduce barriers & reinforce enablers of LAPM adoption will be developed based on the barriers & motivators to use revealed during the research phases - this activity will be conducted in collaboration with MSI in regions where services are available (PY3, Q2 & 3)
		N/A	Additional research may be necessary to determine specific barriers to LAPM use, in which case this will be conducted in PY2

WP #	Planned Activities	Quantified Achievements	Status/Comments
1.2.1.31	Verify availability of STI treatment services at potential referral sites (needs assessment)	The transport and needs assessment study included an high level assessment of product availability	From a transport and logistics perspective this assessment is fully complete. Further analysis can be done on existing data for programmatic needs.
1.2.1.32	Update existing materials in STI social marketing kit to reflect new treatment protocols	N/A	This activity has been postponed. Collaboration with MSM and PSI is being explored.
1.2.1.33	Develop and disseminate new messages / materials for early treatment of STI symptoms as required	N/A	This activity has been postponed. Once the Regional Strategy Design workshops have been completed in each region, depending on the strategy content, BCC materials & /or interventions will be developed & disseminated to promote early identification & treatment of STIs treatable through SocMktg kits prevention, delaying sexual relations & first births will be developed based on the barriers, motivators & PAFI revealed during the research phases; if additional research on barriers & motivators is needed, the BC team will conduct this in Q2 of PY3

### **1.2.2. Community mobilization and participation**

<b><u>KMS</u></b>			
1.2.2.1	Conduct introductory meeting at target district level	12 districts out of the planned 12 were launched and in 160 out of 163 communes.	This activity is almost complete. The first step of KMSm is a meeting to introduce KMSm at the commune level. In 1 commune in Soalala (Ampohipaky) was not possible due to insecurity and physical access issues (bridge broken). Two other communes in Belo/Tsiribihina and Mandritsara were not possible due to insecurity.
1.2.2.2	Develop a support through KMS for advocacy platforms	In one of the 5 MAHEFA regions (MELAKY) MAHEFA have been proactive in reviving the regional coordination mechanism.	In the other four regions MAHEFA understands that there is already a coordination system with health stakeholders in place. It is important to note that the official release of guidelines for the implementation of the PNSC will also address issues of advocacy.

WP #	Planned Activities	Quantified Achievements	Status/Comments
1.2.2.3	Form and maintain partnerships at community level with religious groups, traditional leaders, local authorities and CoSAN members	160 out of 163 communes complete	This activity is almost complete. It was carried out informally during the introductions at the community level with the implementation of CCSD, the official release of the implementation of the NCPP (17-18 October 2012) should be a guide for the approach in the 'zones rouges' (insecure areas)
1.2.2.4	Establish and maintain public-private partnerships between decentralized government and NGO grantees (when allowed)	N/A	This activity is postponed. MAHEFA is still not allowed to work directly with local government.
1.2.2.5	Identify and select CHWs from target fokontany	3618 CHWs have been identified and expected to be trained but MAHEFA was able to target for training 3,356 CHWs	CHWs have been identified for all the MAHEFA intervention fokontany and have been expected to be trained except for communes in 'zones rouges' red areas. For the fokontany where the CHWs have already been identified by the programme c-IMCI, these are the same CHWs who will be working with MAHEFA.
1.2.2.6	Develop and facilitate trainings for type 1 and 2 CHWs to receive training in provision of high quality BCC and counseling	1,944 CHWs trained in Techniques of conveying messages and FP/RH. From the 3,356 targeted: MENABE: 535 out of 572, SAVA: 131 out of 140, MELAKY: 353 out of 376, BOENY: 109 out of 118, SOFIA: 816 out of 2,150 (Reference table in narrative IR2)	In the regions of Melaky and Menabe, training has been completed, with the exception of one communes not accessible due to insecurity; for the regions Boeny and SAVA, there are still trainings to do in the communes of intervention that NGO ZETRA was responsible, For the region of Sofia, 38% of the CHWs had received training by the end of September 2012

**Community Led Total Sanitation and Hygiene**

1.2.2.7	Identify CLTS+H regional trainers and commune facilitators	35 regional trainers recruited and trained and 44 commune facilitators trained.	The commune facilitators are in the process of identifying CoSAN who wish to be actively involved in the implementation of the CLTS approach, the regional trainers are already recruited for 4 regions (SAVA, SOFIA, MENABE, MELAKY)
1.2.2.8	Conduct training of trainers and training of facilitators	4 ToTs and 4 ToFs completed in the 4 regions where there are regional offices.	ToT in CLTS completed for MENABE, SOFIA, MELAKY, SAVA

WP #	Planned Activities	Quantified Achievements	Status/Comments
1.2.2.9	Facilitators conduct commune-wide CLTS+H process	10 trainers have already started the triggering event; 14 villages have been launched in CLTS	The community facilitators launched the triggering events in their communes from the moment where they were deemed trained and capable. If they were not, they were assisted by a regional trainer. It is for this reason that the number of triggering events was low.

**MNCH, FP and WASH reinforcement at Festivals and "International days"**

1.2.2.10	Participate in semi-annual MCHW activities (BC and service outreach)	Twice a year	Activity complete. This activity is done twice a year with MAHEFA participation
1.2.2.11	Plan WASH themed high visibility community events	N/A	This activity is still in the planning phase. They will be planned to take place during the global days (hand washing with soap-latrines-water), in the communes of KMSm intervention
1.2.2.12	Celebrate communities certified as "ODF"	N/A	This activity is postponed. The celebration will taken place when the ODF sites are certified.

**Motivation of communities**

1.2.2.13	Celebrate "Days" with events and media	N/A	This activity is still in the planning phase. They will be planned to take place during the global days (hand washing with soap-latrines-water), in the rural and urban areas.
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**Pillar 1.3.: Strong community health system**

**1.3.1. Community health workers: role in BCC, counseling and setting community norms**

**KMS Implementation**

WP #	Planned Activities	Quantified Achievements	Status/Comments
1.3.1.1	Select KMS implementing partners and disburse grants	18 awards for 14 local NGOs or Associations were issued and KMSm launched in 160 communes	This activity is complete. 18 awards to NGOS made to launch KMSm. Sofia: IVOM-PANDROSOANA, ASOS, FAFY NGDC, FIVOARANA, MSIS, PENSER, SIVE, SAGE Boeny: AJPP, ZETRA Menabe: MSIS, PENSER, SARAGNA, NY TANINTSIKA Melaky: FTMM, SAF/FJKM SAVA: SAGE, ZETRA
1.3.1.2	Create and implement a capacity building plan for NGO partners	33 regional trainers and 82 technical staff from NGOs have been trained	This activity is complete. The training of trainers is the first step of launching the NGOS. It involves training the NGOs on KMSm, the techniques for running training on MNCH. Approaches to Behavior Change and gender are also integrated in the curricula of this training of trainers. The participants include technical representatives from the NGOs and regional trainers (at least 5 members for each NGO, the 14 NGOs have been trained in ToT)
1.3.1.3	Provide capacity building trainings for NGO grantees to implement BC and community mobilization techniques	81 technicians from 14 NGOs in 5 Regions trained in BC & community mobilization techniques	This activity is complete. During their initial training in KMSm, the BC team trained representatives from 14 different NGOs from all 5 regions in BC message transfer, IEC & community mobilization techniques; in PY3, it is anticipated that additional refresher training will be conducted in this area according to the results of the Regional Strategy Design workshops
1.3.1.4	Conduct KMS orientation for CoSAN	160 communes out of 163 planned have received KMSm orientation 1818 members of CoSANs have been trained	This activity is almost complete. Training for CoSAN members in the basic principles of the KMSm approach, what it consists of, other cross cutting components such as (BC, WASH, community managed funds), planning and supervision. This has been carried out except for in the 'zones rouges' where there has been insecurity (Ambiky, and Ambodiadabomaitsohely Ampohipaky (remote commune in Soalala)

WP #	Planned Activities	Quantified Achievements	Status/Comments
1.3.1.5	Provide capacity building trainings for CoSAN to develop and refine skills to plan, budget and monitor actions	160 communes out of 163 planned have received KMSm orientation 1818 members of CoSANs trained	This action is almost complete. Action plans have been developed and conventions signed. This is still outstanding in the 3 communes that could not be reached during PY3.
1.3.1.6	Create and implement a capacity building and integrated supportive supervision plan for CHWs	Supervision tools currently being pre-tested	This activity is ongoing as supervision tools have been developed and are now being pre-tested.
1.3.1.7	Needs assessments, activity planning, budgeting and monitoring led by community leaders (CoSAN) with solid community participation	152 communal action plans developed	This activity is ongoing for each fokontany (CHW) with the following indicators to be achieved; financial participation in the case of MNCH emergencies ( <i>Mutuelle Santé</i> ).
1.3.1.8	Measure progress against KMS objectives, certify and celebrate results	N/A	This activity is still ongoing. The KMSm rollout is still at the training and review stage and review, the first certification will be in the first month of November 2012.

### **3.2. IR2: Increase availability of high-impact services and products** The

MAHEFA approach to increase the availability of services and products at the community level is closely linked with and consistent with the guidelines laid out in the PNSC (National Policy on Community Health).

#### **Community Health Workers**

MAHEFA works with CHWs and strengthens the existing community-based structures to support them, namely the CoSAN and local coordination committees. In addition, as the MAHEFA program promotes the integration of MNCH, nutrition, malaria, FP/RH and WASH messages and services, our commitment is to work with the same CHWs as those selected by their CoSANs for the NSA/Global Fund supported program to train CHWs on c-IMCI.

The NSA program was initiated in March 2011 with the aim of training 2 CHWs per fokontany throughout the country on c-IMCI (to include assessment and management of malaria, pneumonia and diarrhea plus nutrition counseling in children under 5). During PY2, the NSA trainings were rolling out in MAHEFA regions starting in Menabe in November 2011. In some cases the NSA trainings preceded the launching of MAHEFA activities, sometimes followed and often coincided with the MAHEFA-planned activities. On the ground, this meant that the two initiatives were often vying for the time and attention of the same CSB chiefs and CHWs.

As PY2 marked the introduction of the MAHEFA program activities, a critical initial step involved determining the 'baseline' situation, to learn if CoSANs had already been established and the CHWs selected, as the NSA program was also being expanded at the same time. In areas where the selection had not already been completed, the NGOs and MAHEFA staff facilitated the process following the NPSC guidelines. The final number of CHWs identified in the 1789 fokontany of the 12 districts selected for MAHEFA's PY2 program implementation was 3356. Almost all of these CHWs have now been trained on c-IMCI through the NSA-supported program, although final numbers are not available yet and are being requested through the NSA partners. Not all CHWs received a full launch kit from NSA/Global Fund nor have they all completed their "*stage pratique*" (practical training).

COSANS have been established or strengthened in 160 of the 163 communes and 1,818 CoSAN members have participated in MAHEFA – supported orientations and participative planning meetings. The three communes where activities have not yet been established are: Ambiky Commune in Belo-sur-Tsiribihina district of Menabe district due to high security risk (supported by documents from the mayor and medical inspector stating that it is not safe to work in this commune at this time); Ambodiadabomaitsokey in Mandritsara District of Sofia, also for security reasons, letter pending from the local authorities; and Ampohipaky commune of Soalala district in Boeny Region due to safe access during the rainy season, followed by the non-performance of the NGO selected to work in that district. For the latter commune, this will be addressed in PY3 when a new NGO is selected to continue the work there.

In order to strengthen the overall MOH leadership and coordination of the CHW program, MAHEFA participates as a member of national-level working groups, along with other partners, to assist in the development and/or adaptation and finalization of materials for the national program to support CHWs, including the implementation plan for the overall NCHP. Materials used for the training of CHWs were approved and validated by national working groups.

In line with MAHEFA's policy to incrementally increase the knowledge and skills of the CHWs who were already trained on c-IMCI, trainings on new technical areas were conducted for 1944 CHWs in 102 communes in the 5 regions. Overall, sixty percent (1160) of these CHWs are male and 40% female. However, it is interesting to note that in Melaky (53%) and Vohemar/SAVA (57%) female CHWs outnumber males.



**CHW practicing record keeping, Melaky**

The distribution of CHWs trained on FP/RH and interpersonal communication skills is presented below by region.



The five-day training consisted of the following: principles of interpersonal communication and message transfer techniques;

- Introduction to four temporary family planning methods (oral contraceptives, condoms, cycle beads and lactational amenorrhea (LAM)), including indications, screening and counseling techniques using job aids which show the full range of family planning options available;
- Female and maternal health issues following a life cycle approach and including adolescent reproductive health, FP, STIs, and antenatal, perinatal and postnatal care, including essential newborn care messages and violence against women.
- Launch kits were also provided for the CHWs at this time (contents are listed under IR3 in the “improved quality of care” section of this report.



**CHW demonstrating cycle beads use during sensitization, Melaky**

Before trainings could be conducted, MAHEFA had to ensure the availability and resupply of essential products. In most of MAHEFA’s regions there were almost no PAs in existence and USAID’s social marketing partner was not funded to expand to these regions. An MOU between PSI and MAHEFA clarified mechanisms whereby joint efforts would be made to identify and train the necessary supply points and this had to be completed before the training of CHWs could begin. PSI (with support from MAHEFA) trained 130 PAs in 127 communes in the 5 MAHEFA PY2 regions between April and July 2012. The reason for the difference in the number of PAs and the number of communes is accounted for by the fact that there were 2 PAs each trained in Marohazo and Maintirano districts (Melaky) and 2 in Antongomena Bevary commune (Boeny).

The MAHEFA program expanded region by region, after the setting up of regional offices and selection of NGOs. Not all of the family planning trainings were completed in PY2 but are ongoing early in PY3 and will be completed during November 2012.

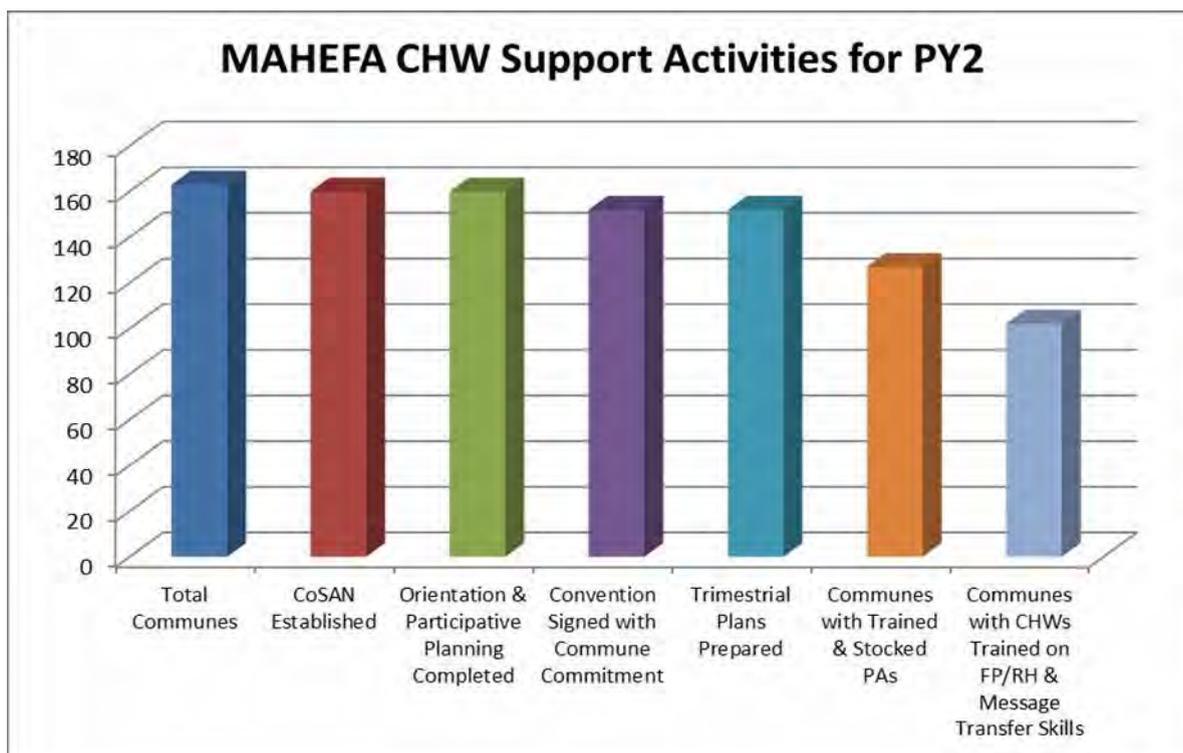
As part of the following up after training a “*suivi groupé*” is conducted within 6 weeks after the initial training to reinforce skills learned in the FP/RH training and this provided an opportunity to conduct some refresher on skills needed for the assessment of the sick child and MAHEFA distributed Salter scales, timers for counting respiratory rate, MUAC arm bands for nutritional status assessment, IEC/BC and reporting materials.

Nineteen “*Suivi groupé* session” have been completed in PY2 including 368/1944 (19%) of CHWs who received the initial MAHEFA-led training. The remainder will be conducted early in PY3. The “*suivi groupé*” were conducted, with support from the NGOs and MAHEFA staff and consultants, in the same week as the first KMSm review meeting at the commune level. The ACs also attended the KMSm review meeting where progress toward targets was reviewed and planning for the next trimester finalized.

ANNEX G presents a summary of MAHEFA CHW support activities and the rate of completion for PY2. The following graph just summarizes some of these achievements.



**Suivi Groupé, Menabe**



A major challenge in MAHEFA regions, following the FP/RH training, has been the delay in completion of the *“stage pratique”* (practical training) at the level of the local health post/clinic (CSB) which must be conducted by the chief of the CSB to validate the CHWs’ ability to provide the service. Only after successful completion of the *“stage pratique”* are the CHWs allowed to provide services independently and they become fully functional. This stage and the impact that delays in completion have on the ability of the CHWs to provide services has been a major reason why services are still not provided in many communes of the MAHEFA regions. Reasons for the delay in the conduct of the *“stage pratique”* are discussed in Section 5 Challenges.

During the preparation of the PY2 workplan, MAHEFA defined CHWs as “functional” if the following three conditions were met: Training complete; necessary equipment and supplies provided; supervision conducted. Applying this definition for PY2, the results are shown by region below.

**Table 4: Functionality of CHWs – Results by region**

Region	Menabe	SAVA	Boeny	Melaky	Sofia	Total
# CHWs Identified and Expected to be Trained	588	306	198	376	2150	3618
# CHWs MAHEFA was able to Target for Training	572 <sup>1</sup>	140 <sup>2</sup>	118 <sup>3</sup>	376	2150	3356
% of CHWs MAHEFA was able to Target for Training	97%	46%	60%	100%	100%	93%
# CHWs Trained by Sept 30	535	131	109	353	816	1944
% of Targeted CHWs Trained	94% <sup>1</sup>	94% <sup>2</sup>	92% <sup>3</sup>	94%	38% <sup>5</sup>	58% <sup>6</sup>
# CHWs Functional by MAHEFA definition <sup>4</sup>	161	62	37	35	73	368
% Functional as of Sept 30 (of those targeted for training) <sup>4</sup>	28%	44%	31%	9%	3%	11%
% Functional as of Sept 30 (of those expected to be trained) <sup>4</sup>	27%	20%	19%	9%	3%	10%

#### Notes

1. Ambiky's 16 CHWs excluded, 535/588 (91%) of CHWs trained if these communes not excluded
2. ZETRA communes (SAVA) excluded, 131/306 (43%) of CHWs trained if these communes not excluded
3. ZETRA communes (Boeny) excluded, 109/198 (55%) of CHWs trained if these communes not excluded
4. Functional is defined by MAHEFA as: trained, equipped and supervised (first “suivi groupe” completed)
5. Sofia is the largest region and was the last to start trainings, thus, although the team in Sofia has trained the largest number of CHWs, the percentage is low but trainings are ongoing and it is anticipated that all initial trainings will be completed in Q1 of FY2013
6. 1944/3618 (54%) of CHWs trained if all the aforementioned communes not excluded

In Q1 of PY3, the remaining FP/RH trainings and “suivi groupe” will be completed for the remaining CHWs in the PY2 communes.

The next trainings planned for the CHWs in MAHEFA's PY2 districts will be on the use of Depo Provera and will begin in November 2012. To further expand the FP choices available to the clients of the CHWs, MAHEFA has developed a MOU with MSM to increase the access for clients in MAHEFA regions to Long Acting FP methods – IUDs, implants and permanent methods. Marie Stopes offers outreach services and informs MAHEFA and partner NGOs in advance so the CHWs in MAHEFA regions can make potential clients aware of the services that will be offered at the outreach clinics. In two MAHEFA regions (Menabe, Melaky) MSM has access to space in the MAHEFA regional offices for storage of equipment and sterilizing of items needed for their outreach services. Some discussions have included the possibility of MSM using office space in MAHEFA's office in Vohemar, SAVA but this has not occurred to date.

#### Motivation and Incentives for CHWs

During PY2, MAHEFA has been working towards ensuring that CHWs are motivated and that any incentives used by the program are well considered, appropriate and sustainable. The issue of what motivates volunteers to be CHWs is a question which challenges program planners in many countries which rely on volunteer health forces to complement formal health systems. Madagascar (MOH and partners) have been faced with deciding what types of incentives can be used within the NCHP and the

pros and cons of financial and non-financial incentives have been debated. At the present time it has been decided that non-financial incentives will be used and in line with this approach, MAHEFA has provided the CHWs with backpacks, name badges, caps, blouses (with the name CHW in Malagasy printed on it; program materials and launch kits with essential materials and supplies. At subsequent review meetings, other non-financial incentives will be provided, e.g. raincoats, peaked caps (like baseball caps), certificates, etc. MAHEFA is also working hard to ensure that the resupply mechanisms for essential commodities are in place, as stockouts will be demoralizing for CHWs and will mean a loss of credibility with their clients and community members as well as missed opportunities to provide essential services.

### **Pilots for new life-saving interventions – transport related**

During PY2 a needs assessment in Transport and Logistics was conducted. This covered three areas; emergency transport for MNCH, community logistics (access to commodities for people living in remote areas) and CHW mobility. The approach, methodology and data collection tools were designed to cover these three diverse areas. Ethical approval was granted and a pilot was conducted in November/December 2011. Using the lessons learned from this pilot, MAHEFA refined the needs assessment tools. It was necessary to wait until the end of the rainy season to roll out the study and to ensure a wide range of geographical contexts with different accessibility constraints were represented. The study focused on five cluster areas covering eight of the original nine regions of MAHEFA intervention. MAHEFA used two research agencies to conduct the needs assessment interviews which targeted women, men and local leaders in local communities, health centers, pharmacies and local transport providers. The assessment consisted of 115 focus group discussions with participation from over 900 people across eight regions. In total 174 health facilities were interviewed to understand their transport capability and referral processes as well as 518 pharmacies, grocery stores and other sales outlets in order to gather information about what commodities were available and in stock in MAHEFA's areas of interventions.

MAHEFA has used the preliminary findings to develop the concept for four transport and logistics research Operational Research (OR) pilots. Operational Research planning is ongoing and two of the OR activities are to start 1st quarter of PY3 with all four being rolled out in PY3.

### **Increasing availability of potable water and sanitation infrastructure and products**

In conjunction with the CLTS+H approach, MAHEFA is conducting Sanitation Marketing (SANI-Marketing) research. During PY2, SANI-Marketing activities included conducting a market study regarding sanitation (both suppliers and consumers) and identifying producers, such as masons and small entrepreneurs from each commune in close collaboration with NGO staff. Market studies to determine household latrine existence and the availability of cement workers for manufacturing the "Dalles SANPLATs" (washable latrine models) were also conducted in 5 of the program's 12 districts and four of the five PY2 regions (excluding Boeny).

In Q1 and Q2 of PY3, these local producers will be trained in how to manufacture the "Dalles SANPLATs" (DSP-washable latrine models) and in how to construct improved latrines. Community-level demand will be generated through social mobilization events organized by the CHWs, the community facilitator (CF), and the study agency regarding the construction and utilization of the latrines made using the DSPs. As MAHEFA completes situational studies in WASH, the SANI-marketing strategies - including the monitoring of production and sales of slabs and other products – will be designed for each region. The products "at market price" will be promoted and managed ultimately by producers; this activity has begun to take place after the triggering events in the communes.

In PY2, the WASH team learned that local micro-finance institutions are not interested in the sales of DSP; therefore, this approach is being reconsidered. MAHEFA has determined that it may be more appropriate to consider Village Savings and Loan Associations (VSLAs) or other alternatives in order to

support the development of simple financing instruments/systems for household latrine construction. This approach will be further explored in Q1 and Q2 of PY3 and technicians and latrine construction entrepreneurs will be trained in finance options.

### **Improving facility-level sanitation and hygiene (fokontany and communes)**

In PY2, 76 communes were identified (in four of the program's five PY2 regions, with only Boeny as the exception) as potential recipients for MAHEFA's water infrastructure activities. The choice of communes was based on the total number of potential beneficiaries, the number of fokontany in the commune, and the current rate of access to water infrastructure. Over 54 local producers were identified: 28 entrepreneurs (including masons), 12 study agencies, and 4 NGOs. As mentioned above, in Q1 and Q2 of PY3, small entrepreneurs and other specialized construction workers will be trained in the manufacturing and sales of the DSP as the CLTS +H triggering events are completed. Shortly thereafter, existing facilities will be rehabilitated and new facilities will be constructed; the scopes of work for the construction and rehabilitation were nearly completed by the end of PY2 and will be finalized in order to launch the request for offers in early PY3; as soon as service providers are identified, facility management contracting will be established. So as to ensure community ownership of the entire process, these activities will be implemented in coordination with the CLTS+H process. In terms of water users associations, 50 local associations already in existence were inventoried during PY2. Other water users associations will be created or re-energized via the NGO and study agency intermediaries in PY3.

### **Community and Household Drinking Water Supply**

During PY2, the WASH team explored the feasibility of adding the sales of WASH products (Sur'Eau), in addition to the promotion of the three key WASH messages, to the CHW responsibilities. During their initial training, 1944 CHWs were trained in the use and promotion of Sur'Eau and the related messages.

### **Supply chain and community logistics and LMIS**

As part of the needs assessment the current situation and obstacles for community logistics and successful supply chains were studied. One OR activity in PY3 will address how to improve essential commodity delivery in hard-to-reach areas. It was intended to initiate a strategy for improving logistics management and data transmission at community level (e.g. using of mobile phones) during PY2, but this has been postponed until PY3 and will be piloted after some MAHEFA members attend the USAID-FP meeting in Tanzania in November 2012, where mobile phone technologies will be spotlighted. Three mobile phone companies from Madagascar are also attending that conference and it is hoped that they will be interested in improving their coverage in some of the remote areas in MAHEFA regions.

In PY2 a routine data collection, paper based system, was put in place throughout the five MAHEFA regions along with the general M&E system. The M&E approach and manual have been finalized and shared with NGO partners.

### **Community Financing to Increase Financial Access**

During PY2 MAHEFA conducted literature reviews for "mutuelle de santé" or community managed funds in order to design appropriate models for "mutuelle de santé". From the results of this literature reviews, three pilot sites were proposed for the implementation of operational researches in "mutuelle de santé" during PY3, including Mitsinjo district (Boeny region), Morondava district (Menabe region) and Antsohihy district (Sofia region). MAHEFA has started the feasibility study in one of the pilot sites, namely Mitsinjo district during PY2, and will continue in the two remaining sites from the start of PY3 (October 2012). MAHEFA was also able to draw upon experience and lessons learned in community managed funds from Nepal, during the Study Tour which took place during PY2.

## **Nutrition Related Activities**

As part of MAHEFA's integrated approach to improve maternal and child health services, nutrition messages are included in ongoing trainings and reviews as appropriate and in PY3 there will be a training for CHWs which is specific to nutrition-related issues (maternal nutrition in pregnancy and postpartum, stressing the importance of iron/folate supplementation along with adequate diet; child feeding including early and exclusive breastfeeding, IYCF with appropriate complementary feeding practices, feeding during and after illness, etc). MAHEFA has distributed weighing scales and MUAC for use by CHWs and included training on appropriate use during the first "civi groupe".

PSI is in the early stages of piloting the use of micronutrient powder (like Sprinkles) in one district of Madagascar and following release of the results MAHEFA may consider including this in the products available to communities through CHWs (socially marketed).

While MAHEFA cannot actively participate in the Mother and Child Health weeks at the level of the CSB, through the CHW network we actively encourage families to take their children to the CSB for the semi-annual vitamin A distribution and deworming program and encourage pregnant and postpartum women to obtain their iron/folate tablets. The MOH is no longer promoting the postpartum vitamin A dosing for new mothers, so MAHEFA will drop this from our indicators and program activities for PY3.

**Table 5. Workplan . IR2: Increase availability of high-impact services and products**

**Pillar 2.1: Delivery of packages of high-quality, integrated services in communities**

WP #	Planned Activities	Quantified Achievements	Status/Comments
<b><u>2.1.1 An appropriate range of high-impact services</u></b>			
<b><u>Right-sizing of the CHW Workforce</u></b>			
2.1.1.1	Perform needs assessments in each district and commune to determine CHW/CoSAN coverage	3618 CHWs have been identified and expected to be trained but MAHEFA was able to target for training 3,356 CHWs. 2022 members of CoSAN identified.	
2.1.1.2	Assist in establishment of CoSAN	CoSAN identified in 160 communes ; 1818 members of CoSANs trained	This activity is almost complete. Training for CoSAN members in the basic principles of the KMSm approach, what it consists of, other cross cutting components such as (BC, WASH, community managed funds, ...), planning and supervision. This has been carried out except for in the 'zones rouges' where there has been insecurity (Ambiky/Menabe, and Ambodiadabomaitsoke/Sofia and Ampohipaky/Boeny (remote commune in Soalala)
<b><u>Community Health Workers</u></b>			
2.1.1.3	Introduce guidelines for standardization of recruitment, training and supervision for CHWs	Guide for recruitment and training of CHWs available Guide for supervision still being pretested	This activity is almost complete. The guide for the recruitment and training is completed and has been validated. The guide for supervision of CHWs is in the process of being pretested and finalized.

WP #	Planned Activities	Quantified Achievements	Status/Comments
2.1.1.4	Identify CHW candidates that meet requirements to receive highest level of training for treatment provision	1944 CHWs trained in interpersonal communication and key message transfer and FP/RH	Launch kits have been send to the NGOs and regional offices in order to supply the CHWs
2.1.1.5	Conduct CHW refresher training	19 <i>suivis groupés</i> (follow up training) have taken place; 368 CHWs have been supported through the <i>suivi groupé</i> .	The <i>suivi groupé</i> is the initial follow up and supportive supervision training for FP/RH, it is based on the evaluation and correction of technical skills (where applicable) after one month of working. It is also an opportunity to asses the strengths, weaknesses, opportunities and threats to the implementation of community health activities.
2.1.1.6	Reinforce CHW training in provision of injectables	N/A	Planned to start in November 2012
<b><u>Motivation and Incentives for CHWs</u></b>			
2.1.1.7	Establish motivation and/or incentives system for CHWs and community-based practitioners	N/A	MAHEFA are working with other stakeholders on the 'guidelines to implementing the Politique Nationale de la Santé Communautaire'. This will be effective from the end of 2012. This will include and standardized approach to non-financial incentives such as certificates, t-shirts, caps etc. Incentives are bring addressed through this process as are issues of harmonization, coordination, sustainability etc.

WP #	Planned Activities	Quantified Achievements	Status/Comments
<b><u>Expansion of new life-saving interventions</u></b>			
2.1.1.8	Implement Pilots for sustainable referrals and emergency treatment transportation (linkages between sectors and health system levels)	Using the findings from the needs assessment 2 OR pilots for emergency transport have been designed	This activity is ongoing and is part of the PY3 work plan: two Emergency Transport System Operational Research pieces to be conducted before the end of PY3.
2.1.1.9	Pilot through OR, community level referral transport arrangements for pregnant women, newborns and children	Using the findings from the needs assessment 2 OR pilots for emergency transport have been designed	This activity is ongoing and is part of the PY3 work plan: two Emergency Transport System Operational Research pieces to be conducted before the end of PY3.
2.1.1.10	Develop referral methods for LAPM	MoU developed with MSM	This activity is ongoing. MOU with MSM developed on outreach services for Long-acting family planning methods.
<b><u>Pillar 2.2: Consistent, customized support to community advocacy and mobilization</u></b>			
<b><u>2.2.1. Increasing availability of potable water and sanitation infrastructure and products</u></b>			
<b><u>Production and marketing of low-cost household sanitation products</u></b>			
2.2.1.1	Conduct Sanitation Market Research (suppliers and consumers)	Market research conducted in 5 districts out of 12	This activity is ongoing. Market study on the sanitation situation of households with latrines, availability of skilled workers for the manufacture of concrete (Sanplat slab). This activity should be done for all MAHEFA Districts, so far it has only been conducted in the districts of Maintirano Antsalova, Vohémar, Belo and Mahabo.
2.2.1.2	Design Sanitation Marketing strategy	N/A	This activity is still in the planning phase. The Sanitation Marketing strategy depends on WASH situation in each district

WP #	Planned Activities	Quantified Achievements	Status/Comments
2.2.1.3	Design and carry out marketing and promotion of products	N/A	This activity has been postponed. It is planned for each commune after the launching of the village strategies
2.2.1.4	Design and carry out monitoring of production and sales of slabs and other products	N/A	
2.2.1.5	Identify and contact local microfinance institutions	N/A	This activity has been postponed. The IMFs were not interested in selling the SanPlats as a result it is necessary to look for other approaches such as Village Saving loan Associations.
2.2.1.6	Support development of simple financing instruments/systems for HH latrine construction	N/A	
2.2.1.7	Train technicians and latrine construction entrepreneurs in finance options	N/A	This activity has been postponed. It is planned for each commune after the launching of the village strategies
<b><u>Improving facility-level sanitation and hygiene (fokontany and communes)</u></b>			
2.2.1.8	2.2.1.8 Identify communes with new and/or existing facilities needing repair	68 communes identified in 22 districts for the construction/repair for water infrastructure	This activity is almost complete. 68 out of 75 communes have been initially identified for WASH hard activities. Communes have been chosen based on based on the size of the population, the number of fokontany in the commune, the rate of water supply and the incidences of diarrheal diseases.

WP #	Planned Activities	Quantified Achievements	Status/Comments
2.2.1.9	Identify producers, masons, small entrepreneurs	54 producers have been identified, 28 businesses, 12 consultants , 4 shortlisted NGOs including 16 contracts for seven offices and one NGO Study.	This activity is ongoing. Partners for the delivery of WASH hard activities have been pre selected (Businesses, Consultants, NGOs)
2.2.1.10	Train small entrepreneurs	N/A	This activity is still in the planning phase. Once sites have been launched or 'triggered' skilled workers will be trained in manufacturing and selling Sanplat slabs .
2.2.1.11	Rehabilitate and build facilities	N/A	This activity is still in the planning phase. Specifications for building and rehabilitation are being developed for the launch of a tender.
2.2.1.12	Establish Water Users Associations and train and periodically update members on how to manage local infrastructure	50 'AUE' (Water User Associations) identified	This activity is ongoing. 50 Water User Associations (WUA) already existing have been surveyed. Other WUAs will be created or revitalized through NGOs responsible for water management (in progress)
2.2.1.13	Facilitate and Monitor facility management contracting	N/A	This activity is postponed. Management contracts for the construction and repair will be issues as soon as the providers are selected.
<b><u>Public-Private, Fee-for-Use "Blocs Sanitaires"</u></b>			
2.2.1.14	Carry out orientation/training on PPP and infrastructures contracting management for commune leaders	N/A	This activity has been postponed

WP #	Planned Activities	Quantified Achievements	Status/Comments
<b><u>Community and Household Drinking Water Supply</u></b>			
2.2.1.15	Coordinate with other ICH social marketing and commodity efforts to add WASH products and promotion to community outreach workers (CHWs) training and support	N/A	This activity has been postponed. (Water purification solution, Sanplat slabs) will be included among the products for sale by the CHW's revolving fund system
2.2.1.16	Put in place product delivery and reporting system taking into account community best practices	N/A	WASH products (water purification liquid, Sanplat slabs) will be included among the products for sale by the CHW's revolving fund system. The resupply and monitoring will be integrated into the distribution systems in place for other health products.
<b><u>Pillar 2.3: Strong community health system</u></b>			
<b><u>2.3.1 Supply chain and Community logistics</u></b>			
<b><u>Participative supply chain management</u></b>			
2.3.1.1	Consolidate tools, instruments and approach for needs assessment	Tools, instruments and approaches developed for the following studies: - Baseline Study - Transport and Logistics Needs Assessment - Behavior Change studies (Barrier Analysis, Ethnographic Study, TIPS)	This activity is complete. Ethical Approval was given to all studies by the MoH Ethical Committee.  For the Transport and Logistics Needs Assessment and the Barrier Analysis study, a pilot study was conducted in Menabe region before development of final tools, instruments and approaches.
2.3.1.2	Conduct assessment of barriers to timely patient transfer from the community level	1 pilot region complete (Menabe) Needs assessment carried out in 5 study areas (SAVA/DIANA, Bongolava, Sofia, Melaky/Boeny and Alaotra Mangoro)	This activity is almost complete. The field research is complete but the final analysis and report writing is ongoing.  Results currently being used to develop OR strategy and results to be shared with stakeholders (at central and regional level) between October and November 2012.

WP #	Planned Activities	Quantified Achievements	Status/Comments
2.3.1.3	Conduct assessment of supply chain for socially marketed drugs and health products for CHWs and to community members	Data collection done in 5 study areas (SAVA/DIANA, Bongolava, Sofia, Melaky/Boeny and Alaotra Mangoro)	This activity is almost complete. The field research is complete but the final analysis and report writing is ongoing.  Results currently being used to develop OR strategy and results to be shared with stakeholders (at central and regional level) between October and November 2012.
2.3.1.4	Conduct assessment of supply chain options and product pricing and availability for vitamin A, iron and folate for women	Data collection done in 5 study areas (SAVA/DIANA, Bongolava, Sofia, Melaky/Boeny and Alaotra Mangoro)	This activity is almost complete. Analysis and report writing ongoing.  Results currently being used to develop OR strategy and results to be shared with stakeholders (at central and regional level) between October and November 2012.
2.3.1.5	Meeting to disseminate results of product availability and supply chain assessment and determine strategy	N/A	This activity is almost complete. Dissemination meeting planned for November 14th 2012 but strategy was already developed and will be subject of Operation Research. Dissemination in the regions will commence in November 2012
2.3.1.6	Develop and implement guidelines for supply chain management for community programs in Madagascar	Resupply process and instructions developed and included in the CHW training	For accessible areas, guidelines for CHWs are included in the CHW training guide and are related to the use of PSI Point of supply. For remote areas, guidelines will be developed in PY3 as part of the Operational Research.

WP #	Planned Activities	Quantified Achievements	Status/Comments
<b><u>Logistics Management Information System (LMIS)</u></b>			
2.3.1.7	Roll out and monitoring strategy for logistics management and data transmission and sharing at community level (e.g. use of mobile phones)	Data collection process and Monitoring and Evaluation Manual developed and included in the CHW training manual	Routine data collection system using paper tools was put in place along as part of the overall M&E system. Use of new technologies will be piloted in Q1 of PY3
<b><u>2.3.2 Community financing to increase financial access</u></b>			
<b><u>Mutuelles</u></b>			
2.3.2.1	Expand <i>mutuelles</i> model to community level financing	3 regions have been identified for community based financing : Boeny, Sofia and Menabe	OR in progress for Mitsinjo; from October 2012 this will be expanded to Miandrivazo, Mahabo, Morondava, Antsohihy, Mandritsara
2.3.2.2	Expand <i>mutuelles</i> in selected districts	N/A	This activity has been postponed and will take place after the evaluation of OR.
<b><u>Microfinance</u></b>			
2.3.2.3	Establish partnerships with micro-finance organizations to expand access to microcredit at community level	N/A	In line with the conduct of " <i>mutuelle de santé</i> " (community based financing) operational research during the first quarter of PY3, MOUs will be established with MFIs to expand community level access to microcredit
2.3.2.4	Provide grants to micro-financing and credit programs for health care, targeting women and other financing schemes	N/A	As the collaboration with community managed funds is still in planning phase provision of grants to MFIs has been postponed
2.3.2.5	Complete micro planning for access to potable water and expanded sanitation infrastructure	N/A	WASH activities are integrated into the community action plan with other health priorities of the community.

**2.3.3 Involvement of a wide-range of actors committed in implementing the appropriate range of services to achieve these goals**

**Communes/Fokontany and Partners Involvement**

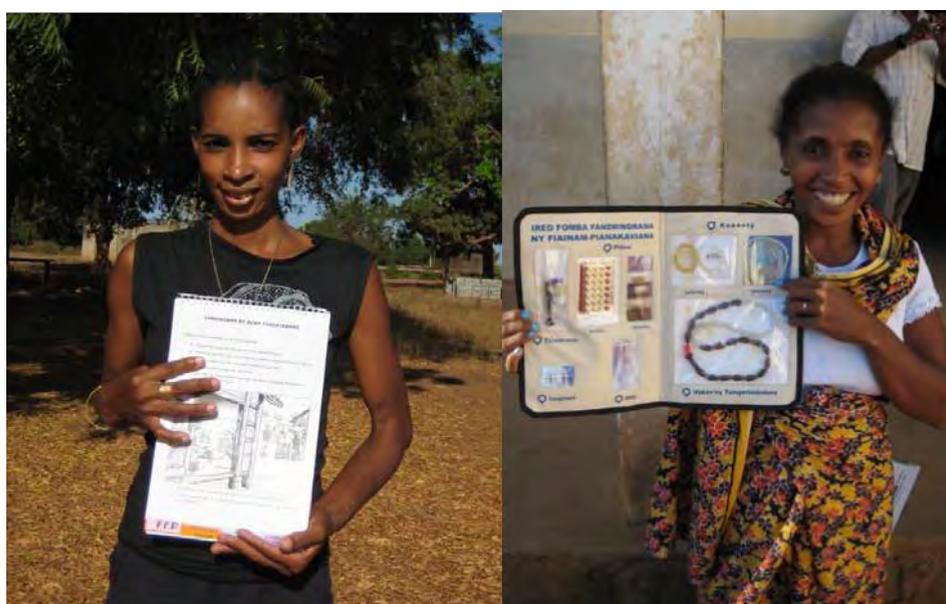
2.3.3.1	Complement social marketing product promotion as needed	During PY2 the promotion of SurEau (water purification solution), Hydrazine, STI treatment, & socially marketed FP products (OC, condom, depo) were included in BC strategies	This activity is ongoing. Within their Regional BC Strategies, MAHEFA will continue to complement the promotion of all socially-marketed products as they contribute to intended behavior change.
2.3.3.2	Establish PPP for better access to micro-nutrients, integrated Essential Nutrition Actions BCC	Promote participation by CHWs in the distribution of micro nutrients during the Mother and Child Health Week 2 times per year for children under age 5	This activity is ongoing. Distribution during the Mother and Child Health Week 2 times per year for children under age 5 has been taking place without MAHEFA direct involvement. However, for post partum women, the national maternal health policy no longer advocates taking vitamin A.
2.3.3.3	Establish and maintain collaboration within KMS framework with Seecaline and other trained nutrition volunteers to increase support for IYCF (Infant, young Child Feeding) practices	The MAHEFA approach is integrated with the work being conducted by the National Nutrition Office (ONN). In Melaky MAHEFA are working with NGO FTTM, who have been working on gardening initiatives. CHWs trained by MAHEFA are able to refer malnourished children for treatment.	The MAHEFA approach is integrated with the work being conducted by the National Nutrition Office (ONN). In Melaky MAHEFA are working with NGO FTTM, who have been working on gardening initiatives. CHWs trained by MAHEFA are able to refer malnourished children for treatment. Some Seecaline volunteers have also become CHWs.

### **3.3. IR3. Improve the quality of care delivered by community-based health practitioners**

#### **Protocol and materials updates**

Many activities contributed towards building a strong base to improve the quality of care delivered by CHWs in MAHEFA regions. This starts with a commitment to the quality of the tools and materials used to train the CHWs and to conduct motivational activities at the community level.

To this end, MAHEFA conducted an inventory of existing IEC materials, to allow for review, adaptation if needed and more rapid utilization of materials that were ready for replication. From this review the „*Livret d'Animation*” (flipchart), and mother and child health cards were adapted and the flipchart has been replicated and distributed during training. The mother and child health cards are being field testing before final validation by a large review committee of partners, led by the MOH.



**Left: CHW with a flipchart**

**Right: CHW with the modified „yanne” to show a range of family planning methods**

A decision was made to modify the ‘yanne’ used to demonstrate the choice of family planning methods and MAHEFA designed a new and more durable type of material.

Similarly, existing training curricula for CHWs were reviewed by MAHEFA team members along with the MOH and other partners to ensure that all were up to date technically and necessary revisions made. The training curriculum for FP and RH has been revised, field tested and validated by the MoH and is ready to be printed.

Copies of the approved final version were used for the training of the CHWs in MAHEFA districts. Other curricula for CHW level – nutrition, c-IMCI, WASH activities and Depo-com have been drafted and reviewed but not yet validated.

#### **Training and supportive supervision**

Utilizing the approved revised version of the FP curriculum, MAHEFA and partner NGOs conducted FP/RH trainings in all 5 regions for CHWs. As the regions for implementation were phased in, the

trainings were also conducted in a phased manner. Sofia, which is the largest region, with 2150 CHWs, was last and not able to complete all trainings in PY2, but is on track to finish them early in PY3, and the first KMSm review meetings and “suivi groupé” for those trained is ongoing at the same time. During the “suivi groupé” the use of various BC materials, assessment tools including the “check list to rule out pregnancy” and registers for documenting services given were explained. Many practical exercises and role play were used to reinforce skills.

For more detailed results of training and supervision activities refer to section IR2 in this PY2 annual report.

The staff of MAHEFA’s NGO partners has been trained on MAHEFA’s monitoring and evaluation system and their practical skills were reinforced during a workshop conducted by MAHEFA’s M&E team in Tana in August 2012. This was important to ensure the NGO staff was familiar with the type of supervisory support required to ensure the quality of care at the community level. Initially, some NGOs did not dedicate adequate supervisory staff (technicians or TAs) to adequately cover all of the CHWs but MAHEFA has requested that there be at least one TA per commune to provide regular support to the CHWs. A schedule of quarterly supervision at different levels – Center to Region, Region to District, District to Commune and to CHWs has been established. Monthly reporting from the CHW to the NGO and CSBs is also in place.

Reliable availability of essential products and supplies is essential for the smooth functioning of any health system, particularly at the community level where there are few alternatives. MAHEFA’s approaches to ensure the supply of essential products are described further below.

### **Quality of care for CHWs**

Continuing with the strategy of capacity building and responding to the policy of decentralization during PY2, MAHEFA has continued with activities to improve the quality of services provided by the CHWs in MAHEFA’s areas of intervention.

As part of this process MAHEFA’s approach was to develop systems to monitor community health performance, track and record data collected and analyzed, and use information recorded in conjunction with Extranet. These activities have started and a community based M&E system was at the core of the approach. The M&E system put in place during PY2 used firstly paper-based tools and simple excel sheets. This was to allow for improvement and refining of the system before moving to electronic approaches which will be rolled out in quarter one and quarter two of PY3. The grantee’s staff involved in the system were trained and orientated in the practical use of all monitoring tools (the M&E system) during a 3 day workshop which took place between the 21st and the 22nd August 2012.

See the Crosscutting section of this report for further information about the flow of M&E data within MAHEFA.

**Table 6: Number of PSI products distributed to MAHEFA regions during PY2**

Commodities	BOENY	MELAKY	MENABE	SAVA	Sofia	Grand Total
SITES	117	179	294	153	1,083	1,826
CHWs	234	358	588	306	2,166	3,652
Pilplan (oral contraceptive)	1,180	3,580	5,880	3,060	21,660	36,36
Condoms	118	358	588	306	2,166	3,636
Cycle beads	590	1,790	2,940	1,530	10,830	17,68
Sur'Eau (Water purification solution)	1,180	3,580	5,880	3,060	21,660	35,36
VIASUR (diarrhea treatment)	1,180	3,580	5,880	3,060	21,660	35,36
RDTs (malaria testing kits)	0	0	11,760	6,120	0	17,88
Gloves	0	0	47,040	24,480	0	71,52
PNEUMOSTOP (For treatment of pneumonia)	0	1,790	2,940	1,530	10,830	17,09
ACTIPAL ZAZA (malaria treatment for children)	708	2,148	3,528	1,836	12,996	21,216
ACTIPAL ZAZAKELY (malaria treatment for babies)	354	1,074	1,764	918	6,498	10,608
Boîte de sécurité (sharps boxes)	118	358	588	306	2,166	3,652

**Table 7 : Other key MAHEFA products distributed to regional offices and partner NGOs during PY2 as well as stock held in Tana**

ARTICLES	BOENY	MELAKY	MENABE	SAVA	Sofia	TANA (in stock)	Grand total
FP card	468	716	1,104	612	4,064	1,036	8,000
Stock card	23,400	35,800	55,200	30,600	203,026	51,974	400,000
Guide for cycle beads	234	358	552	306	2,032	518	4,000
Flip chart	234	358	552	306	2,032	518	4,000
FP Register	234	358	552	306	2,032	518	4,000
Register for sensitisation	468	716	1,104	612	4,064	1,036	8,000
Register mother	234	358	552	306	2,032	518	4,000
Child register	234	358	552	306	2,032	518	4,000
Monthly report	234	358	552	306	2,032	518	4,000
Ground mat	117	179	276	153	1,016	259	2,000
MUAC	234	358	552	306	2,032	518	4,000
Demonstration kit for a range of FP commodities	234	358	552	306	2,032	518	4,000
Large note book	2,808	4,296	6,624	3,672	24,384	6,216	48,000
Folder with USAID, MAHEFA & JSI logos	234	358	552	306	2,032	518	4,000
Clip board	234	358	552	306	2,032	518	4,000
Wooden pencil	2,808	4,296	6,624	3,672	24,384	6,216	48,000
Eraser	468	716	1,104	612	4,064	1,036	8,000
Calculator	117	179	276	153	1,016	259	2,000
Badge	234	358	552	306	2,032	518	4,000
Blue pen	2,808	4,296	6,624	3,672	24,384	6,216	48,000
Red pen	2,808	4,296	6,624	3,672	24,384	6,216	48,000
Pencil sharpener	468	716	1,104	612	4,064	1,036	8,000

ARTICLES	BOENY	MELAKY	MENABE	SAVA	Sofia	TANA (in stock)	Grand total
Blouse	234	358	552	306	2,032	518	4,000
CHW cap	234	358	552	306	2,032	518	4,000
Backpack	234	358	552	306	2,032	1,778	5,260
Blue poster (all choices of family planning)	234	358	552	306	2,032	518	4,000

There were challenges with warehousing space at a central level for MAHEFA commodities. It was not possible to use USAID warehousing space and so MAHEFA had to rent space in Antananarivo, in order to assemble and repackage the large volume of supplies before distribution to the regions and districts.



***MAHEFA commodities in storage in Tana before shipping to regions***

**Table 8 - Workplan IR3 Improve the quality of care delivered by community-based health practitioners**

WP #	Planned Activities	Quantified Achievements	Status/Comments
<b><u>Pillar 3.1: Delivery of packages of high-quality, integrated services in communities</u></b>			
<b><u>3.1.1 Quality of care for CHWs</u></b>			
<b><u>CHWs Existing Program Protocols and Standardized Materials Update (as required)</u></b>			
3.1.1.1	Review job-aids, training and facilitative supervision materials	CHW flip chart on FP/RH updated and available	This activity is almost complete. From the CHW training guides scheduled for PY2: * CHW Training curriculum on FP/RH has been created and tested but not yet printed. * For depocom, nutrition, c-IMCI material has been created but not yet tested. * The supervision grid has been completed and tested but the supervision guide is still being drafted
3.1.1.2	Design CHW protocols as necessary to ensure full compliance to policies and integrated best practices	Compliance workshop held in June 2012	This activity is being completed in line with the workplan. A workshop for compliance in line with national took place on the 6th and 7th June 2012.
3.1.1.3	Work with other partners to develop standard CHW training materials that reflect protocols	CHW training guides for FP/RH, nutrition, WASH, c-IMCI dépocom have been developed with technical working groups which include the MoH.	This activity is complete. CHW training guides for FP/RH, nutrition, WASH, c-IMCI dépocom have been developed with officials from the Ministry of Health.
3.1.1.4	Conduct water quality testing on annual basis	N/A	This activity has been postponed. Water analysis will take place after the construction of wells
<b><u>CHW Training and Supportive Supervision</u></b>			
3.1.1.5	Conduct Quality of Care pre and in-service training and comprehensive supervision for CHWs	All the NGOs have been visited.	This activity is ongoing. All the NGOs have been visited. Some sites have been visited but the majority have only just be launched and so the quality has not yet been assured.

WP #	Planned Activities	Quantified Achievements	Status/Comments
3.1.1.6	CHWs trained using standard training curriculum to implement high quality evidenced based practices	1,944 CHWs trained in techniques of conveying messages and FP/RH. From the 3,356 targeted: MENABE: 535 out of 572, SAVA: 131 out of 140, MELAKY: 353 out of 376, BOENY: 109 out of 118, SOFIA: 816 out of 2,150 (Reference table in narrative IR2)	This activity is almost complete. All the communes of MAHEFA intervention for PY2 have been launched except where there are access difficulties or where access is difficult as a result of insecurity. This training of CHWs is first level training. It comprises of Reproductive Health (ARH, FP, prevention of STIs and HIV, pregnancy without risk, cervical cancer and addressing violence against women) the last two components are just made reference to during training as part of awareness raising.
3.1.1.7	Identify and train CHWs to provide better hygiene and sanitation BCC	1944 CHWS trained	This is part of the CHW strategy - WASH messages are integrated into CHW training on FP/RH.
3.1.1.8	Identify and train CHWs and local entrepreneurs in infrastructure quality and maintenance	N/A	Training of local entrepreneurs in infrastructure quality and maintenance has been postponed. The entrepreneurs need to be identified first.
3.1.1.9	Establish supportive supervision and on-site technical assistance by NGO and program staff	All the NGOs have been visited/supervised. The NGOs and regional teams are supervising the CHWs.	This activity is complete. All the NGOs have been visited at least once by the central staff but the supervision of the CHWs by the NGOS and the regional staff is much more frequent.
3.1.1.10	Provide Regular formative supervision to CHWs with assistance of KMS NGO grantees and CBIHP staff	Supervision of CHWs has been provided every 3 months	The frequency of supervision of CHWs is every 3 months, sometimes combined with ' <i>suivi groupe</i> ' (follow up training) during PY2
3.1.1.11	Provide Supportive supervision for all FP providers on choice of method and FP tools including "ruling out pregnancy check list"	19 <i>suivi groupe</i> (follow up training) groups established. 368 CHWs have participated in their first <i>suivi groupe</i>	This activity is ongoing.
3.1.1.12	Create a network of CHWs and organize regular peer exchanges	N/A	This activity has been postponed.

WP #	Planned Activities	Quantified Achievements	Status/Comments
	to encourage competition among different communities		
<b><u>Pillar 3.3 Strong community health system</u></b>			
<b><u>3.3.1 Quality of Care for CHWs</u></b>			
<b><u>Quality as Part of Community Monitoring and Management</u></b>			
3.3.1.1	Establish "Quality Groups" facilitated by CHWs and health workers	Literature review in progress	This activity is ongoing. A consultant will be recruited for the feasibility study for Community Score Card implementation
3.3.1.2	KMS implementing NGO grantees work with communities to raise awareness of quality standards	N/A	This activity has been postponed until the results of the feasibility study are available, the Community Score Card available and NGOS trained on the Scorecard
3.3.1.3	Incentivize communities to maintain the quality of services and infrastructure (latrines, wells)	N/A	Communities will be sensitized through WUAs
<b><u>HMIS for Community Health</u></b>			
3.3.1.4	Develop Systems to monitor community health performance, track and record data collected and analyzed, and use tracked and recorded information in conjunction with Extranet	A system to follow up on the performance of CHWs has been developed.	The activity is ongoing. The M&E system put in place used firstly the paper-based tools and simple excel sheets for the grantees to be rolled on and able to manage the system. This will allow for improvement before moving to the electronic approaches (to be implemented in Q1-Q2 PY3)
3.3.1.5	Establish a community-based M&E system and monitor in program target areas	Community-based M&E system put in place during PY2	This activity is complete. The grantees staff involved in the system were trained and orientated in the practical use of all monitoring tools (M&E system) during a 3 days workshop (21-22 August)

WP #	Planned Activities	Quantified Achievements	Status/Comments
3.3.1.6	Conduct needs assessment of CHW mobility constraints	CHW mobility assessment completed in Menabe during PY2	<p>This activity is ongoing. Results from larger qualitative study already conducted being used to determine OR strategy, as delays in CHWs training didn't allow for CHW mobility assessment to be part of the wider study.</p> <p>Assessment for CHW mobility completed for Menabe in September 2012 and assessment in SAVA regions planned for October 2012. These studies will be the sample for the 9 regions and other smaller assessments may be conducted before implementation of activities if there is a need.</p>
3.3.1.7	Pilot, with support from OR, methods designed to improve CHW mobility	PY2 was the planning phase for pilot studies.	<p>This activity is ongoing. OR for CHW mobility constraints scheduled to start in first quarter of PY3.</p> <p>Discussion about option to be chosen ongoing and to be completed by the end of September 2012.</p>
3.3.1.8	Develop/adapt curricula and materials to support scale up and ongoing capacity building	N/A	This activity is postponed. To be completed as OR activities are conducted and after each OR results are evaluated.
3.3.1.9	Involve community leaders/CHWs in designing, implementing and evaluating community led-program performance tools	N/A	This activity is ongoing. Evaluation tools still to be developed.
<b><u>Job Aides for CHWs</u></b>			
3.3.1.10	Distribute Job aids and management tools widely to CHWs and community practitioners (if required for the later)	Management tools have been sent to NGOs and regional offices for the CHWs.	List of job aids and management tools included in the launch kits dispatched include: tools IEC FP (demonstration kits, folders for maintaining FP records, cycle bead flip charts and demonstration beads, flip charts, 'blue' poster); CHW work tools: shirt, backpack, blue and red pens, pencil, large notebook, badge, calculator, clipboard, management tools (register for women's consultations, register for women, register for FP follow up, FP card, stock card, template for monthly report).

WP #	Planned Activities	Quantified Achievements	Status/Comments
3.3.1.11	Coordinate with other NGO grantees the dispatch and availability of the standard quality control tools	N/A	This activity has been delayed, the tools are still being developed
<b><u>CHWs Launch Kits</u></b>			
3.3.1.12	Design (update where necessary) CHW "Launch Kit"	Launch kits have been designed and 4,000 procured during PY2. These are being distributed to regional offices and to trained CHWs by partner NGOs.	Launch kits distributed include: health commodities for children: 'pneumostop' (pneumonia treatment with cotrimoxazole) , 'viasur' (diarrhea treatment with ORS/zinc), Actipal zaza (malaria treatment for children with artemesin), Actipal zazakely (malaria treatment for babies artemesin ) , Sur'Eau (water purification solution), TDR (Rapid Diagnostic test kit for malaria), 'boîte de sécurité' (sharps disposal boxes); produits PF: 'pilplan', (oral contraceptive) protector plus (condoms), tools for IEC FP (demonstration tool showing all methods), folders for maintaining FP records, flip chart and cycle beads for demonstration, flip chart - mother and child, Tiaht 'blue' poster with all the FP methods); work materials for the CHWs: CHW blouse, backpacks, blue and red pen, pencil, large notebook, badge, calculator, clipboard, management tools (IEC register, register of women's consultations, register of children's consultations, register of FP follow, FP card, stock card, template for monthly reporting.
3.3.1.13	Purchase supply and re-supply CHWs with launch kits	In total 12 providers were selected for approximately 4000 CHWs	Launch kits were taken to district level and distributed to CHWs through NGO partners. Aside from the commodities and the tools already distributed others were awaiting delivery and will be sent out as soon as possible: timer, balance scales, penile model for condom demonstration, raincoat, baseball cap, T-shirt, card for referral. The FP injectable product Depo-provera is already available in stock at central level but will only be distributed when the CHWs are trained in this product; KMS work documents and KMS tools for WASH/CLTS are in the process of being finalized and will be distributed as soon as complete and duplicated.
	<b>Subtotal for IR.3</b>		

### **3.4. Crosscutting**

#### **MAHEFA M&E system**

MAHEFA has complex information needs due to its diverse program elements (MNCH, FP, malaria, nutrition and WASH), along with its other focus areas such as gender, transport and logistics. To support program interventions, the MAHEFA M&E unit has developed its M&E system by utilizing and strengthening existing M&E systems and capacities, and built on the strengths and lessons learned from other programs. This development activity figured under IR3 but implementation was a cross-cutting activity.

The M&E system was designed to measure the program indicators and is made up of both routine monitoring data and survey/assessment results, using a variety of sources of information to monitor and evaluate progress. Ensuring quality of data is fundamental to MAHEFA's approach.

#### **Routine monitoring system**

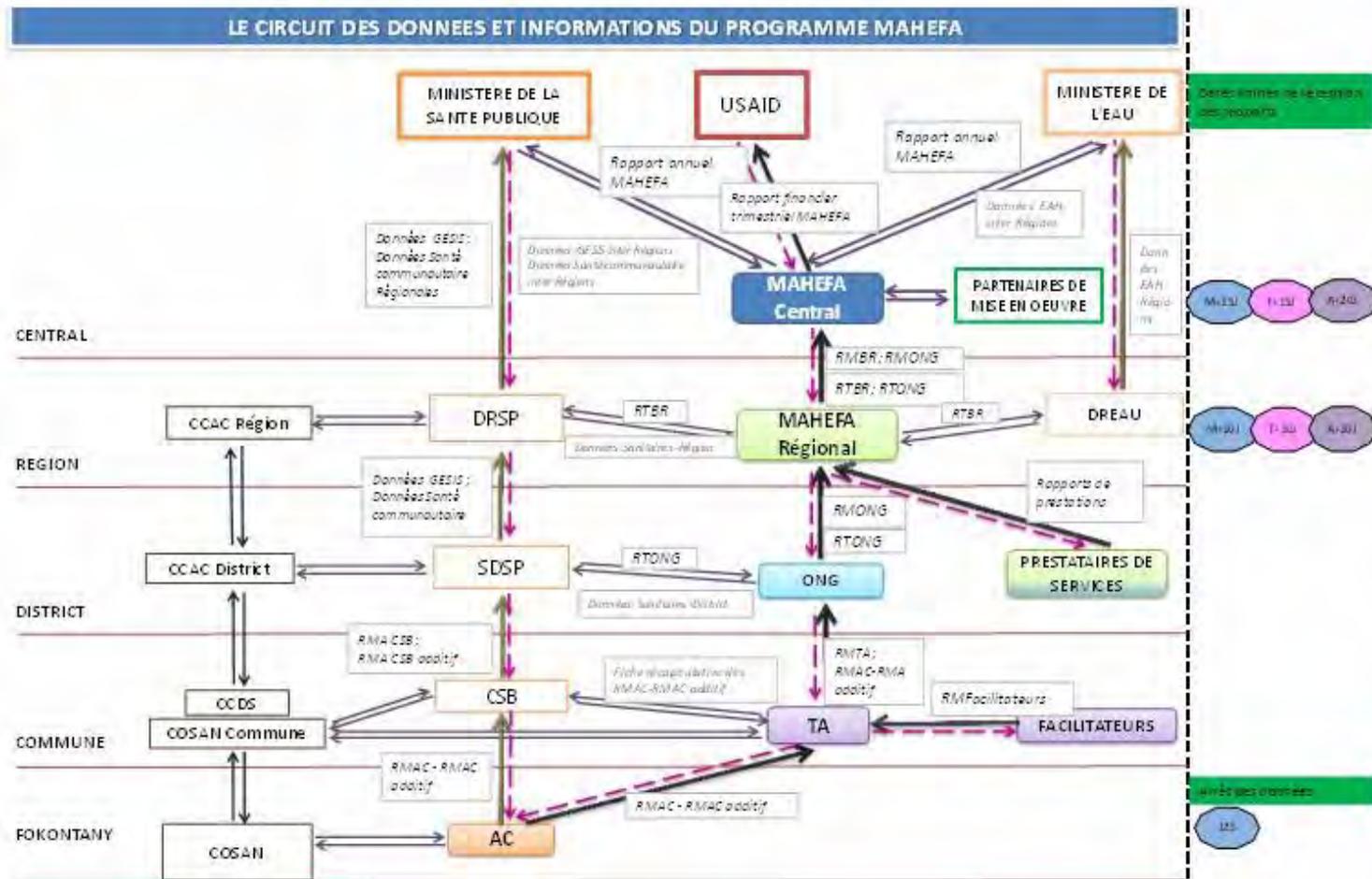
MAHEFA's M&E approach has been designed to rely on existing data tools where possible, while working towards a strengthened, streamlined and collaborative system with the GOM and other stakeholders for collecting program data for performance at commune level. For example, there were c-IMCI tools already used by some of the CHWs in the MAHEFA regions and as such MAHEFA's c-IMCI tools were developed in a way that would not disturb existing systems.

Paper-based tools and simple excel spreadsheets have been used during PY2 to allow program grantees to get familiar with the process and to manage the system. An electronic system will be implemented in PY3 as will the use of new technologies such as using cell phones for reporting.

A MAHEFA M&E manual has been developed during PY2. This manual describes the M&E approaches for MAHEFA, outlines proposed mechanisms for monitoring progress and for measuring and evaluating MAHEFA's effectiveness in achieving results contributing to USAID Madagascar's overall core health program mandate as well as to the project objectives and Intermediate Results. This M&E manual will be updated as required during the course of the program.

In addition, training and harmonization of data collection processed and the M&E approach was carried out with grantees involved in the M&E system. This was done during a three day workshop in August 2012. For WASH, standard tools for CLTS were used and improvements will be made in Q1 PY3, if required.

Supervision relating to M&E was conducted along with the technical supervision of CHWs, Supervisory Staff and NGOs. The following is MAHEFA'S detailed M&E framework.



## Baseline survey

MAHEFA engaged PENSER Madagascar to conduct a baseline survey to collect quantitative data on the program's indicators relating to various areas of health, namely: malaria, diarrhea, pneumonia, family planning, maternal and neonatal care, nutrition, water and sanitation. Data collection was completed in June and July 2012 and covered 14,720 households, with the exception of the district of Besalampy due to access constraints. Data collection for Besalampy will be conducted in October 2012. First report (excluding Besalampy) will be available at the end of October 2012.

**TABLE 9 : Summary of Key Deliverables, deadlines and status for MAHEFA Baseline Survey (as of November 7, 2012)**

<b>Deliverable</b>	<b>Deadline (per contract)</b>	<b>Date of Actual Completion</b>	<b>Observations</b>
Ethical Board approval			March 30 <sup>th</sup>
Contract awarded to PENSER		May 11 <sup>th</sup>	
Data collection guide finalized	May 14 <sup>th</sup>	May 14 <sup>th</sup>	
List of surveyors List of sites Data collection timeline Training surveyors reports	May 21 <sup>st</sup>	May 26 <sup>th</sup>	
Data collection Mid-term report	June 15 <sup>th</sup>	July 25 <sup>th</sup>	Delayed
SPSS format database on CD Data frequency Data collection final report	July 8 <sup>th</sup>	Sept 3 <sup>rd</sup> August 8 <sup>th</sup>	Version with data inconsistencies and missing data was submitted. Feedback given. Data collection in Besalampy was not done
Final report including JSI/CBIHP recommendations  Dissemination report	Aug 31 <sup>st</sup>	August 21 <sup>st</sup> September 6 <sup>th</sup> September 20 <sup>th</sup>	1st version 2 <sup>nd</sup> version 3rd version Report will only be completed after dissemination meeting on November 14 <sup>th</sup>
Meeting on data quality and data analysis quality		September 3 <sup>rd</sup>	
Negotiation on new timeline for the Report without Besalampy, Data collection in Besalampy, Final report		October 5 <sup>th</sup>	Report without Besalampy : October 23 <sup>rd</sup> Data collection in Besalampy : October 13 <sup>th</sup> -23 <sup>rd</sup> Final report : December 11th 2012
Follow-up		October 18 <sup>th</sup> October 25 <sup>th</sup>  November 6 <sup>th</sup> November 7 <sup>th</sup>	Version with data inconsistencies and missing data Meeting on the data inconsistencies and missing followed by an official letter to PENSER 5 indicators submitted 11 indicators

## **Innovations, replication and scaling up**

During PY2 a transport and logistics needs assessment was conducted. As a study of this nature (transport and logistics in rural areas) and scale had not been conducted in Madagascar before there was a need to build the capacity of the agencies supporting MAHEFA with the needs assessment. Training was provided, pre-testing of materials conducted and close supervision of data collection activities was done by MAHEFA. The data analysis itself was conducted by MAHEFA.

MAHEFA completed the needs assessment in PY2 and used the preliminary findings to develop the concept for four transport and logistics research Operational Research (OR) pilots. Operational Research planning is ongoing and two of the OR activities are to start 1st quarter of PY3 with all four pilots being rolled out in PY3. These pilots will be monitored and evaluated closely in order to quickly scale up those innovations which are showing evidenced based results.



*Example of difficult to access areas in Boeny*

## **Knowledge management / documentation and dissemination**

During PY2, MAHEFA had planned to develop a Knowledge Management Plan but this has been postponed until quarter one of PY3. Several USAID success stories have been identified and can be found within Annex D of this report. Results of various assessments, Barrier Analysis, Ethnographic Research, TIPS, Annotated Bibliography and the IEC inventory to develop BC strategy will be disseminated in November 2012. The results of the transport and logistics needs assessment will also be presented in November 2012. New approaches developed for transport and logistics needs assessment, based partially on the vast geographical variations in Madagascar, have been developed and over the life of the MAHEFA program will be translated and be able to be used to support other programs and similar interventions in other countries.

MAHEFA offered an internship to a U.S. college student from June to August 2012. During this period she visited three field sites, assisted in preparation of some case studies and the finalization of the Nepal study report.



***MAHEFA Intern with the two DCOPs***

A Nepal study tour took place in March 2012. This was an opportunity to build the capacity of a range of public health professionals from Madagascar. It was an opportunity to share lessons and approaches, especially from a country (Nepal) with an estimated functioning 50,000 CHWs who are truly volunteers. Three members of the MAHEFA team, plus one each from USAID, MCHIP, MoH (funded independently) and two from partner NGOs, travelled to Nepal and were able to learn from Nepal's success with low 'turnover' rates of volunteers, how they have approached volunteer incentives and also approaches for program implementation in the most remote and hard to reach areas. The visit highlighted the potential for Madagascar to use misoprostol to prevent PPH as well as 4% chlorhexidine to prevent umbilical cord and general infections in neonates. The trip offered exposure to new innovations and was also a strategic opportunity to gather information on how to implement interventions that can be quickly scaled up to reduce the rates of maternal and neonatal mortality.



***Dissemination meeting following the Nepal study tour***

During PY2 MAHEFA has also actively sought additional capacity building opportunities for staff. These included attendance at:

- JSI M&E conference in Ghana (one staff member)
- USAID Family Planning conference in Senegal (one staff member)
- World Congress on Public Health in Ethiopia (three staff members)

- Transaid annual programs meetings and project management training in London (one staff member)

## **Environmental Mitigation**

In PY2 the EMMR was submitted on November 11<sup>th</sup> 2011 for the previous year (PY1). From August 2012 the EMMP approach will be conducted in line with the M&E manual and include progress and achievements of NGOs and regional offices.

Environmental implications were considered during the implementation of PY2, these include:

- Considerations during the implementation of WASH hard activities such as determining any negative environmental risks associated with the construction or use of potable water infrastructure.
- Studies and research during PY2 have provided MAHEFA with important information on current practices to do with use of Long Lasting Insecticide Treated Nets (LLITNs) and correct home management.
- Practical measures to reduce environmental waste, including:
  - Double sided printing for training materials/questionnaires
  - Electronic versions of presentations/handouts wherever possible and appropriate

For more detail on the EMMR please refer to Annex C.

**Table 10 : Workplan 4. Crosscutting Technical Activities**

WP #	Planned Activities	Quantified Achievements	Status/Comments
<b><u>4.1 M&amp;E</u></b>			
4.1.1	Monitor progress and assess quarterly results, including the EMMP	Quarterly reports have been submitted on time.	This reoccurring activity has been regularly performed. From August 2012 it will be conducted in line with the M&E manual with the achievements of NGOs and regional offices included.
4.1.2	Conduct an assessment of barriers to effective and efficient LLITN distribution and plan to address obstacles	Needs assessment research complete	LLITN distribution being done in the context of the National Campaigns and not by MAHEFA.  Barriers to utilization of LLITN was also studied in BC research.
4.1.3	If required, provide cell phones to CHWs to improve service delivery and reporting	N/A	This activity was postponed until PY3. The M&E system put in place used firstly the paper-based tools and simple excel sheets for the grantees to be rolled on and able to manage the system. This will allow for improvement before moving to the electronic approaches (to be implemented in Q1-Q2 PY3).
4.1.4	Regularly update watsan monitoring and evaluation tools used by NGO grantees and the community	N/A	Standard approaches for CLTS are currently being used and improvement/revision of tools will be brought in Q1 PY3 if needed.
4.1.5	Document results and experiences through standard electronic based data storage	N/A	Simple excel database are currently being used but will migrated to the new databases with the new electronic system in Q1-Q2 of PY3.
4.1.6	Monitor progress and assess quarterly results, including the EMMP	M&E plan developed and implemented in August 2012	This activity is complete.

WP #	Planned Activities	Quantified Achievements	Status/Comments
4.1.7	Conduct regular surveys to ensure service quality	Monitoring the quality of service was included in the supervisions and KMSm reviews. Numbers who participated in the " <i>suivi groupe</i> " review meetings during PY2 were 368	This activity is ongoing. Monitoring of the quality of service was included in the supervisions and KMSm reviews. Quality Improvement measurement and strategy and tools will be developed in Q1-Q2 of PY3.
4.1.8	Conduct annual LQAS/Cluster survey	Baseline study complete, report being prepared and validated.	Data collection is completed except for the district of Besalampy due to the issue of access, Data collection for Besalampy planned for October 2012. First report excluding Besalampy will be available end of October 2012. At USAID request MAHEFA only conducted cluster surveys rather than LQAS.
<b><u>4.2. Innovations, replication and scaling up</u></b>			
4.2.1	Implement Innovations, pilots and operations research	Using Barrier Analysis, Ethnographic Research, TIPS, Annotated Bibliography and the IEC inventory to develop BC strategy is an innovative approach which was used during PY2.	<p>The transport and logistics OR planning is ongoing (2 of the OR activities are to start 1st quarter of PY3).</p> <p>The community managed fund pilots have also been developed and will be conducted in PY3.</p> <p>Planning for the Chlorhexidine pilot is ongoing (in collaboration with MCHIP).</p>
4.2.2	Disseminate Positive results from innovation and replicate throughout appropriate program zones	N/A	This activity will commence as soon as the pilots are underway and showing positive results.
4.2.3	Disseminate Positive results from innovations to other partners and donors	Approaches and lessons learned from OR needs assessment in transport and logistics and in BCC have been shared in April at the World Public Health Conference in Ethiopia.	This activity is ongoing. As soon as positive results from innovations are available they will be shared with other partners and donors.

WP #	Planned Activities	Quantified Achievements	Status/Comments
<b><u>4.3. Knowledge management / documentation and dissemination</u></b>			
4.3.1	Disseminate results at Madagascar regional, district and commune levels	1 dissemination for the Barrier analysis and needs assessment complete in Menabe	This activity is ongoing. Central dissemination of the "ETUDE DES BESOINS SUR LA SANTE MATERNELLE, NEONATALE ET INFANTILE, LA PLANIFICATION FAMILIALE, L'EAU, HYGIENE ET ASSAINISSEMENT DANS LES 9 REGIONS DU PROGRAMME MAHEFA" and MAHEFA baseline survey results sharing will be conducted in November 2012.
4.3.2	Develop knowledge management plan	N/A	This activity has been postponed until Q1 of PY3 and will be undertaken with the assistance of an expert.
4.3.3	Implement a comprehensive knowledge management plan	N/A	This activity is dependent on the knowledge management plan being developed and so is currently postponed to PY3.
4.3.4	Start the implementation of plan	N/A	This activity is dependent on the knowledge management plan being developed and so is currently postponed to PY3.
4.3.5	Develop Newspaper articles, web site on results, quantitative results and success stories for USAID	4 success stories/case studies have been developed for USAID. Updates on the MAHEFA progress on transport and logistics has been disseminated through Transaid's website.	This activity is ongoing. Success stories can be found in Annex D of the PY annual report. Newspaper and website will be developed in PY3.
4.3.6	Conduct one external study tour to learn from successful community based CHW programs	Study tour to Nepal in March 2012 - 7 participants	This activity is complete. The study tour provided an opportunity for public health professionals currently working in Madagascar to learn from the experiences of another country which has approximately 50,000 volunteer CHWs and to share lessons between countries.
4.3.7	In-country travel for program monitoring	During PY2 MAHEFA conducted regular supervisory visits to sites of MAHEFA intervention. This included 36 individual supervisors from Tana travelling to the regions. In excess of 66 supervisory trips from the regions to NGOs	This activity is complete for PY2, but ongoing for the rest of the program. Travel has been carried out according to the schedule or based on emergency.

## 4. Administrative and Financial Activities

MAHEFA had major achievements during FY2 related to administrative and financial activities. These include the full operation of our four regional offices, significant increase in overall staffing at central and regional levels, timely provision of all the required periodic financial reports, acquisition of the needed material and equipment for the program, selection and award of a large number of grantees (18 grants for the implementation of the KMSm activities) and building of strategic partnerships with USG and non-USG entities.

### Set-up offices in regions

Four regional field offices were opened, including Morondava (for the Menabe region), Maintirano (for Melaky region), Vohémar (for SAVA region), and Antsohihy (for Sofia region). The “lunch” for Menabe occurred in PY1 but the actual office opening was early in PY2.

### Identify best candidates for key roles (technical and regional staff)

By the end of PY2, 48 full-time staff were hired in different positions, including 26 central staff (14 female and 12 male) and 22 regional staff (5 female and 17 male). A summary is shown in the table below. ANNEX H of this report is an organogram defining the linkages between the various positions and teams.

**Table 11: Staff at Central and Regional Levels**

N.	Central Staff Positions
1	Chief of Party
2	Deputy Chief of Party (DCOP) Technical
3	Senior BCC, Gender and Strategic Partnerships Advisor
4	Deputy Chief of Party (DCOP) Administrative and Financial Officer
5	Senior Community Health Advisor
6	Senior Human Resources and Administrative Specialist
7	KMS and Community Mobilization Advisor
8	Accountant
9	Senior Monitoring and Evaluation Advisor
10	Cleaner
11	Receptionist
12	Senior Financial specialist
13	Senior Water, Sanitation, Hygiene Advisor
14	MNCH Coordinator
15	MNCH Coordinator
16	Grants Manager
17	IT Manager
18	Senior Driver
19	Program Assistant

<b>N.</b>	<b>Central Staff Positions</b>
20	Transport Coordinator
21	Senior Grants Manager
22	Behavior Changes Strategic Coordinator
23	Monitoring and Evaluation Coordinator
24	Logistics Coordinator
25	Program Assistant
26	Driver

<b>N</b>	<b>Regional Staff Positions</b>
27	Regional Coordinator - Menabe
28	Regional Administrative and Financial Assistant Menabe
29	Driver Menabe
30	Regional M&E responsible - Menabe
31	Regional WASH - Menabe
32	Regional Coordinator - Melaky
33	Driver Melaky
34	Regional Administrative and Financial Assistant Melaky
35	Regional M&E responsible - Melaky
36	Regional WASH - Melaky
37	Regional Administrative and Financial Assistant Sava
38	Regional Coordinator - Sava
39	Regional M&E responsible - Sava / Diana
40	Driver Sava
41	Regional WASH - Sava
42	Regional Technical responsible - Sofia
43	Regional Coordinator - Sofia
44	Regional Administrative and Financial Assistantn Sofia
45	Regional M&E responsible - Sofia
46	Driver Sofia
47	Driver Sofia
48	Regional WASH - Sofia

Given the increasing workload of the project from PY3 and the opening of the last 2 field offices in DIANA and Betsiboka, 20 additional staff will be recruited as listed in the table below, bringing the total projected number of program staff to 68 from PY3.

**Table 12 : New Proposed Project Staff from PY3**

<b>N</b>	<b>Additional staff at central level</b>
1	Senior technical advisor
2	Logistic Assistant
3	MNCH Technical advisor
4	Procurement Officer
5	Finance Officer
6	Grants Manager
7	Driver
	<b>Additional staff at regional levels</b>
	<b>DIANA</b>
8	Regional Coordinator - Diana
9	Regional Technical responsible - Diana
10	Responsible regional en eau, assainissement et Hygiene Diana
11	Regional Administrative and Financial Assistant Diana
12	Driver Diana
	<b>BETSIBOKA</b>
13	Regional Coordinator - Betsiboka
14	Regional Administrative and Financial Assistant Betsiboka
15	Regional M&E responsible - Betsiboka
16	Responsible regional en eau, assainissement et Hygiene Betsiboka
17	Driver Betsiboka
	<b>MENABE</b>
18	Regional Technical responsible - Menabe
	<b>MELAKY</b>
19	Regional Technical responsible - Melaky
	<b>SAVA</b>
20	Regional M&E responsible - Sava

### **Complete quarterly financial reports**

Three SF 425-Quarterly financial reports related to PY2 period were submitted to USAID including, Oct-Dec 2011; Jan-March 2012; April- June 2012. The final quarterly financial report from July to September 2012 will be submitted in October 2012.

VAT reports of local vendors related to the 2 quarters of PY2 in 2012 (Jan-March 2012 and April-June 2012) were also submitted to Ministry of Health department for reimbursement requests.

### **Procure office equipment, furniture and vehicles**

Eight vehicles are operational for the program including three at central level and five at regional level.

IT office equipment and furniture were acquired for the central office and for the four regional field offices during PY2. All the five offices of the project are equipped with powerful internet WIFI technology to improve communication among the staff at any level.

### **Announce the Request for Application (RFA) for local grantees and select local grantees**

RFAs for local grantees were put in the newspapers during PY2 to select local grantees. From this grantee selection process, 18 awards for 14 local NGOs (see table below.) were signed by the project during PY2 for the five regions, including Menabe, Melaky, SAVA, Sofia and Boeny.

**Table 13 : List of NGO awards**

<b>N. Award</b>	<b>Name of NGOs/ per region</b>	<b>Numbers and names of Communes of interventions per NGO/per region</b>
<b>MENABE region</b>		
1	MSIS	7 communes of BELO district including Bemarivo Ankirondro, Ambiky, Amboalimena, Antsoha, Tsimafana, Belinta, Ankiroroky
2	NY TANINTSIKA	5 communes of MAHABO district including Ambia, Ampanihy, Ankilizato, Malaimbandy, Mazavasoa
3	PENSER	6 communes of MAHABO district including Analatsimivalana, Ankilivalo, Befotaka, Mahabo, Beronono, Mandabe
4	SARAGNA	7 communes of BELO district including Beroboka, Tsaraotana, Belo/Tsiribihina, Masoarivo, Andimaky, Berevo, Ankalalobe,
<b>MELAKY region</b>		
5	SAF-FJKM	8 communes of MAINTIRANO district including Maintirano, Andrea, Belitsaky, Maromavo, Antsaidoha Bebao, Berevo/Ranobe, Bebaboky sud, Bemokotra sud
		5 communes of ANTSALOVA district including Antsalova, Soahany, Masoarivo, Trangahy, Bekopaka
6	FTMM	9 communes of MAINTIRANO district including Mafaijijo, Andabotoka, Betanatanana, Ankisatra, Marohazo, Antsondrodava, Tambohorano, Veromanga, Andranovao
<b>SAVA region</b>		
7	SAGE	10 communes of VOHEMAR district including Ampondra, Milanoa, Bobakindro, Fanambana, Daraina, Ambalasarana, Ambinanin'andravory, Nosibe, Maromokotra Loky, Ampisikinana
8	ZETRA	9 communes of VOHEMAR district including Tsarabaria, Andravory, Vohemar, Andrafainkona, Ampanefena, Ambodisambalahy, Amboriala, Antsirabe nord, Belambo
<b>Sofia region</b>		
9	ASOS	8 communes of BEALANANA district including Ambodiampana, Ambatosihy, Anjzoromadosy, Analila, Marotaolana, Ambodiadabo, Ankazotokana, Ambalaromba
		4 communes of ANTISOHIHY district including Andreba, Ambodimadiro, Ampandriakilandy, Ambodimandresy
10	FAFY NGDC	9 communes of BEFANDRIANA NORD district including Befandriana Nord, Tsarahonenana, Maroamalona, Morafeno, Ambodimotso Sud, Tsiamalaho, Antsakanalabe, Ambararata, Ambolidy Be Est
11	FIVOARANA	10 communes of BEALANANA district including Bealanana, Beandrarezona, Antsamaka, Ambatoriha Est, Ambovonomy, Antananivo Haut, Ambodisikidy, Ambararata Sofia, Mangindrano, Ambararatabe Nord
12	IP	9 communes : Andribavontsona, Port-Berge, Ambanjabe, Leanja, Marovato, Ambodimahabibo, Amparihy, Tsaratanana, Maevaranohely du district Boriziny
13	SIVE	4 communes of ANTISOHIHY district including Antsohihy, Antsahabe, Anjalazala, Ankerika

N. Award	Name of NGOs/ per region	Numbers and names of Communes of interventions per NGO/per region
		9 communes of MANDRITSARA district including Tsaratanana, Antsirabe Centre, Antsiatsiaka, Ampatakamaroreny, Antanambaonamberina, Ambodiadabo Maitsokeky, Antanandava, Ambarikorano, Marotandrano
14	SAGE	4 Communes of ANTISOHIHY district including Anahidrano, Anjamangirana, Maroala, Ambodimanary
		8 Communes of BORIZINY district including Tsiningia, Tsinjomitondraka, Ambodivongo, Angoka Sud, Port-Berge Ii, Ambodisakoana, Tsarahasina, Andranomeva
15	MSIS	11 communes of MANDRITSARA district including Mandritsara, Antsoha, Kalandy, Andratamarina, Ambaripaika,, Ambodiamontana Kianga, Antsatramadilo, Ankiakabe-Fonoko, Ambilombe, Ankiabe-Salohy, Pont Sofia
16	PENSER	8 Communes of MANDRITSARA district including Anjiabe, Ambohisoa, Tsarajomoka, Manampaneva, Amborondolo, Amboaboa, Ambalakitajy, Andohajango
		3 Communes of BEFANDRIANA Nord district including Antsakabary, Matsondakana, Ankarongana
<b>BOENY region</b>		
17	ZETRA	3 communes of SOALALA district including Soalala, Ambohipaky, Andranomavo
18	AJPP	7 communes of MITSINJO district including Antseza, Antongomena Bevary, Matsakabanja, Katsepy, Bekipay, Ambarimaninga

One NGO has not performed well, impacting program performance in 12 communes (three in Boeny and nine in SAVA). The program has taken remedial action during PY2.

### **Establish MOU with USAID and USG partners**

During PY2, MAHEFA signed MOUs with the following organizations: PSI, MSM and HoverAid to further strengthen program activities for both parties. Coordination with PSI allowed for well-coordinated planning to identify and train the PAs for CHWs to get their essential supplies in MAHEFA communes. The MOU also defined other areas of collaboration for quantification of needs for essential products. With MSM the MOU outlined areas of collaboration for promotion and expansion of long term family planning methods in the MAHEFA regions. In some locations this included arrangements for MSM field teams to co-habit in the regional offices of MAHEFA. CHWs trained through MAHEFA share information in their communities when outreach services are planned by MSM providers. Collaboration with HoverAid to explore the river networks in some of MAHEFA's most difficult to reach areas may lead to a very innovative approach to try to improve supply of essential commodities into remote areas which are otherwise cut off for six months of the year during the rainy season.

Discussions have been ongoing with Louvain Cooperation, a Belgium NGO working in five communes of Belo sur Tsiribihina district in MENABE region. The Louvain Cooperation works to strengthen health services at the CSB level, which is complementary to MAHEFA's community-based approach. An MOU is almost finalized between the two parties and additional resources will be leveraged from this partnership for the period from early 2012 until December 2013.

MAHEFA also approached NSA to discuss potential areas for fund leveraging in the geographical areas where both parties support the same CHWs. As they are now at the final stage of their current funding

phase NSA could not commit any resources at this time. MAHEFA will continue to follow up with NSA to explore potential cost-share options once they have new funds available. The transport team within MAHEFA has also been exploring opportunities to complement the work that NSA is doing on CHW mobility and the provision of bicycles to CHWs.

MAHEFA has drafted an MOU with Peace Corps which will be finalized early in PY3, and has requested several volunteers to assist with different program activities: CHW training, support and follow up; IT data management to track essential commodity levels (including malaria products) at the level of the CHW and potentially the Supply Points and two Masters International Peace Corps (water or civil engineers) to assist in the WASH hard program rollout.

### **JSI home office support**

JSI/Boston provides administrative, financial and technical support to the MAHEFA field team. The key support positions are senior advisor, finance manager, project coordinator and M&E advisor. In addition other technical assistance is available as required.



***Senior Advisor, Elaine Rossi, visiting Menabe region with field staff***

**Table 14. Workplan Administration & Finance**

WP #	Planned Activities	Quantified Achievements	Status/Comments
<b><u>Administrative and Financial Activities</u></b>			
	Set-up offices in regions	4 regional field offices were opened	The planned activity for PY3 is complete. The 4 regional offices are: Morondava (MENABE region), Maintirano (MELAKY region), Vohémar (SAVA region), and Antsohihy (Sofia region).
	Identify best candidates for key roles (technical and regional staff)	<p>48 staff hired at MAHEFA headquarters and field offices including technical and support staff: Additional staff provisionally planned depending on final workplan approval. Central level: Senior technical advisor, Logistic Assistant, MNCH Technical advisor, Procurement Officer, Finance Officer, Grants Manager, Driver</p> <p>Additional staff provisionally planned depending on final workplan approval at regional level:            DIANA: Regional Coordinator - Antsiranana, Regional Technical Person - Antsiranana, Regional Technical WASH person Antsiranana, Regional Administrative and, Financial Assistant Antsiranana, Driver            BETSIBOKA: Regional Coordinator - Maevatanana, Regional Administrative and Financial Assistant Maevatanana, Regional M&amp;E Technical person - Betsiboka, Regional Technical Wash person Betsiboka, Driver            MENABE: Regional Technical person - Morondava, MELAKY, Regional Technical person - Maintirano            BONGOLAVA: Regional M&amp;E Technical person - Bongolava, ALAOTRA-MANGORO, Regional M&amp;E Technresponsible - Alaotra Mangoro            SAVA: Regional M&amp;E responsible - Sava</p>	This activity is almost complete. The MAHEFA programme will still be expanding its activities during PY3. The last 2 field offices in DIANA and BETSIBOKA will be opened and 15 to 20 additional staff are still going to be recruited.
	Complete quarterly financial reports		This activity is almost complete. The last Quarterly financial report for the period July to September 2012 will be submitted in October 2012.

WP #	Planned Activities	Quantified Achievements	Status/Comments
	Procure office equipment, furniture and vehicles	IT, office equipment and furniture has been acquired for the headquarters and the 4 regional field offices. 8 project vehicles have been purchased for central and field offices	This activity is almost complete. MAHEFA is in the process of purchasing the IT and office equipment for the 2 remaining field offices of DIANA and BETSIBOKA. For their furniture, the acquisition will be done once the regional offices are selected. 2 additional 4WD vehicles plus 6 motorcycles will also be added to the 8 current vehicles.
	Announce the RFA for local grantees	RFA for local grantees was published in the newspapers in order to select PY2 local grantees	This activity is completed
	Select local grantees	18 awards for 14 local NGOs or Associations were issued by the project during PY2	This activity is complete. Sofia: IVOM-PANDROSOANA, ASOS, FAFY NGDC, FIVOARANA, MSIS, PENSER, SIVE, SAGE Boeny: AJPP, ZETRA Menabe: MSIS, PENSER, SARAGNA, NY TANINTSIKA Melaky: FTMM, SAF/FJKM SAVA: SAGE, ZETRA
	Establish MOU with USAID and USG partners	MoUs established with MSM and PSI	This activity is completed. MoU also established with HoverAid.
<b><u>Technical Project Start-Up, Management and Reporting</u></b>			
	Plan and conduct work planning meeting with local partners	18 awards with defined and workplans prepared.	This activity is complete. Coordination meetings have been completed with all NGOs at regional level
	Develop PY3 Workplan, Program Monitoring Plan (PMP) and Environmental Mitigation and Monitoring Plan (EMMP) for PY3	PY3 Work plan completed	This activity is complete. Feedback has been provided by USAID and is being incorporated.
	Select districts and communes according to selection criteria	12 districts and 163 communes have been selected for the first 5 regions and 16 districts and 194 communes have been identified for PY3 - PY5	This activity is complete with 163 PY2 communes selected
		Field visits were completed as part of the selection process	This activity is complete

WP #	Planned Activities	Quantified Achievements	Status/Comments
		194 communes have been selected for PY3-5	This activity was completed in line with the workplan, however the remaining communes for PY3-5 may need to be updated following a request for a change of priority areas from USAID
	Conduct official project launch for three regional offices. Introduce CBIHP to communities	Four regional offices launched	The 4 regional offices include : Morondava (MENABE region), Maintirano (MELAKY region), Vohemar (SAVA region), and Antsohihy (SOFIA region)
	Train project team and grantees on EMMP guidelines	17 awards were made during PY2 and a technical person from each grantee was trained on EMMP	This activity is complete. Regional staff have given local training to NGO technical staff
	Complete annual report	A complete annual report for PY1 was submitted on time	This activity is complete
	Conduct semi-annual performance reviews / strategic planning (internal)	1 strategic planning meeting carried out	MAHEFA decided to hold one review in PY2 with the whole team, including all regions where MAHEFA has launched
	Conduct joint annual management reviews (PPR)	Joint annual management reviews conducted (PPR)	This activity is completed. MAHEFA contributed to USAID joint annual management reviews (PPR) in October 2011 by sending filled PPR templates to USAID

## 5. Challenges

During PY2 MAHEFA was able to move many aspects of program implementation forward, but not always at the rate desired. Therefore, final measurable achievements were sometimes less than targeted. The major challenges which MAHEFA faced which contributed to these delays are summarized below, divided into two main categories: those beyond MAHEFA's control and those which could have been managed better by the MAHEFA team.

### Issues Beyond MAHEFA's Manageable Interest

1. **Security issues** have disrupted, caused changes in venue, and/or forced cancellation of activities; Menabe, Sofia and Boeny were affected.

*In one case, Ambiky in Menabe, there has not been any possible solution since the CHWs could not travel out and no one could travel in to train them. This was due to the activity of "dahalo" – cattle rustlers in the commune. MAHEFA has two letters explaining this from the Mayor of Ambiky Commune and District Medical Inspector, Belo sur Tsiribihina. In the commune of Ambodiadabomaitsokeky, district of Mandritsara in Sofia Region, MAHEFA could not conduct the KMSm launch nor other activities due to the remoteness and insecurity. Letter from local authorities pending. In 1 commune of Soalala (Ambohipaky) in Boeny region, the KMSm launch was not conducted due to insecurity and flooding, but it is anticipated that activities can commence there in PY3.*

2. **Lack of guaranteed adequate commodities** for MAHEFA Regions through USAID and social marketing sources presented early difficulties in quantifying and ensuring essential products for launch kits.

*Responsibility for ensuring an adequate supply of commodities was not clearly assigned by USAID nor their social marketing partner during the startup phase for MAHEFA. MAHEFA held multiple coordination meetings with USAID, PSI and others to clarify needs and working arrangements to ensure commodities. The DELIVER expert from DC was brought in to assist in documentation of current status of products available for MAHEFA regions and to estimate future needs. Obtaining stock for launch kits and resupply was not routine in spite of best efforts by JSI and PSI. MAHEFA does not train CHWs without a reasonable chance of supply since such training then has to be repeated before practical training and provision of launch kits can take place.*

3. **Few or no PAs** for CHWs existed in most of the MAHEFA intervention areas.

*The lack of available supply points was under-stated in the MAHEFA RFA and design. As a result, MAHEFA convened and participated in multiple coordination meetings and worked closely with PSI to plan to address this major gap in our working regions. MAHEFA provided co-funding for training of 130 Supply Points, to try to reach the objective of having one Supply Point in every commune wherever possible. There are currently still 33 communes in the original five MAHEFA regions which do not have Supply Points identified in their commune. Lack of resupply for CHWs can demotivate the CHWs and those seeking their services, sometimes permanently.*

4. **Preferential treatment to NSA activities at district and regional level** has caused delays and cancellations of MAHEFA planned trainings.

*District officials have canceled MAHEFA supported trainings in Menabe and Vohemar when NSA program planning for "suivi groupés" with the CHWs is announced, even on very short notice.*

*(NSA pays higher per diems and includes CSB staff; MAHEFA cannot do either in accordance with USAID directives.)*

5. MAHEFA's **decision not to use data from NSA trained CHWs**, prior to the FP/RH training conducted by MAHEFA from July – September 2012, has decreased reportable results from program regions.

*This service delivery data for CHWs trained on c-IMCI through the NSA program is not verifiable by MAHEFA for the period of time prior to the MAHEFA supported FP/RH training. Therefore we are only reporting data collected through our NGO partner network since the first MAHEFA supported trainings were initiated. CHWs trained by NSA were often trained but not provided with commodities for extended periods of time after their training. This may decrease the likelihood that their skills are retained in the absence of practice. Some of these NSA trained CHWs have also not completed their "stage pratique". Once these CHWs have received followup and support through MAHEFA and a reliable system of supervision and supply has been assured, their data for treatment of childhood illness (pneumonia, diarrhea and malaria) will be included in MAHEFA reporting figures.*

6. The need for **NGO capacity building** has been time consuming, but essential to help build up and strengthen local partners as an investment towards long term sustainability.

*Trainings on financial and administrative management, training of trainers on specific technical areas, plus KMSm and participative planning processes, monitoring and evaluation workshops, on the spot coaching for conduct of trainings, "suivi groupe", KMSm reviews and CLTS have all been provided to NGO staff. **The failure of one NGO** serving 12 communes delayed all activities in those communes (3 in Boeny and 9 in Vohemar/SAVA). This NGO did not complete their activities and is under audit at time of writing. In general, NGOs needed more training and capacity building than was anticipated under the original MAHEFA work plans for PY 1-2, leading to less CHW training and support during PY2.*

7. **Inability of CHWs to complete the „stage pratique ‘** due to non-availability (or non-cooperation) of CSB staff.

*The inability to get this essential step completed has led to lack of necessary CHW certification; therefore a large number of CHWs trained through MAHEFA are still unable to provide services. These problems are partially linked to inability of MAHEFA to provide per-diems/stipends to GOM staff. In addition, more CSBs are closed than in 2010, and some health products (RDTs, gloves, contraceptives) needed for the „stage pratique“ are not available in some CSBs. Overall, MAHEFA insistence on quality of care has impeded our ability to increase number of cases seen during PY2 but will have a positive effect in the future.*

8. Delay in completion of **the final baseline survey** report by the local NGO which conducted the field work.

*Serious delays in the submission of the final Baseline Survey have led to problems for MAHEFA for setting appropriate targets. While JSI followed correct procurement procedures, checked references and analyzed bidders, and has invested heavily in working with PENSER, baseline data are not complete nor is the final report yet available. At this writing, MAHEFA is continuing to work closely with PENSER to resolve this issue, as these figures are essential for finalization of the PMP.*

## **Circumstances MAHEFA Could Have Managed Better or Differently**

- 1. Local procurement of commodities was too slow** and linked to a number of issues, some within the program's control

*MAHEFA faced challenges in recruiting qualified local staff for the position of Logistics Advisor, to take on the enormous task of identifying the needs and preparing the orders for all the essential commodities for almost 4000 CHWs. This responsibility included not only coordinating with the social marketing partner and USAID to determine the needs and availability of essential products, but also the quantification of all of the other commodities provided to the CHWs in their "launch kits" and subsequent "suivi groupé". Some commodities are not available in country, e.g. high quality Salter scales for weighing children, timers for counting respiratory rate. There was also a lack of warehousing space available for commodities as they were procured in bulk and prepared for dispatch to the region. In some cases, there was need for complex procurement procedures due to the size of some of the purchase orders – requiring HQ approvals and signatures as they surpassed the signing authority of the COP. Regarding some of the supplies to be provided to the CHWs, there were delays related to the finalization and validation process, e.g. Women and Child health cards ("carnet de santé") as they were under revision and MAHEFA joined the working group, led by the MOH, facilitated the revisions by contracting the artist and supported part of the cost of the field test for validation.*

- 2. Timely hiring of competent staff ready to work in MAHEFA's regions** was a challenge.

*It was difficult for MAHEFA to recruit qualified technical staff for some regional positions, due to the lack of qualifications and experience of local applicants in the regions or reluctance of people to relocate to some of the areas. This was particularly noticeable by the lack of suitably qualified female applicants. Poor quality staff are costly and recruitment has taken more time than planned especially for WASH and M&E positions at the field level. MAHEFA is committed to establishing a strong regional presence and has invested a lot of time and energy into finding the best possible staff for the regional offices and building up their capacity, through trainings, one-on-one coaching and joint field visits. The Tana based staff spend a large proportion of their time in the field and are dedicated to this process. We acknowledge that a balance must be found between the technical capacity needed at the central level and the field level and perhaps the attempt to keep the center "lean and mean" was restrictive. More central level technical staff are being added to further strengthen the program implementation as the number of regions and districts is increasing rapidly over the next few months.*

- 3. Strategic approach adopted by MAHEFA** left the largest region as the last to be implemented in PY2.

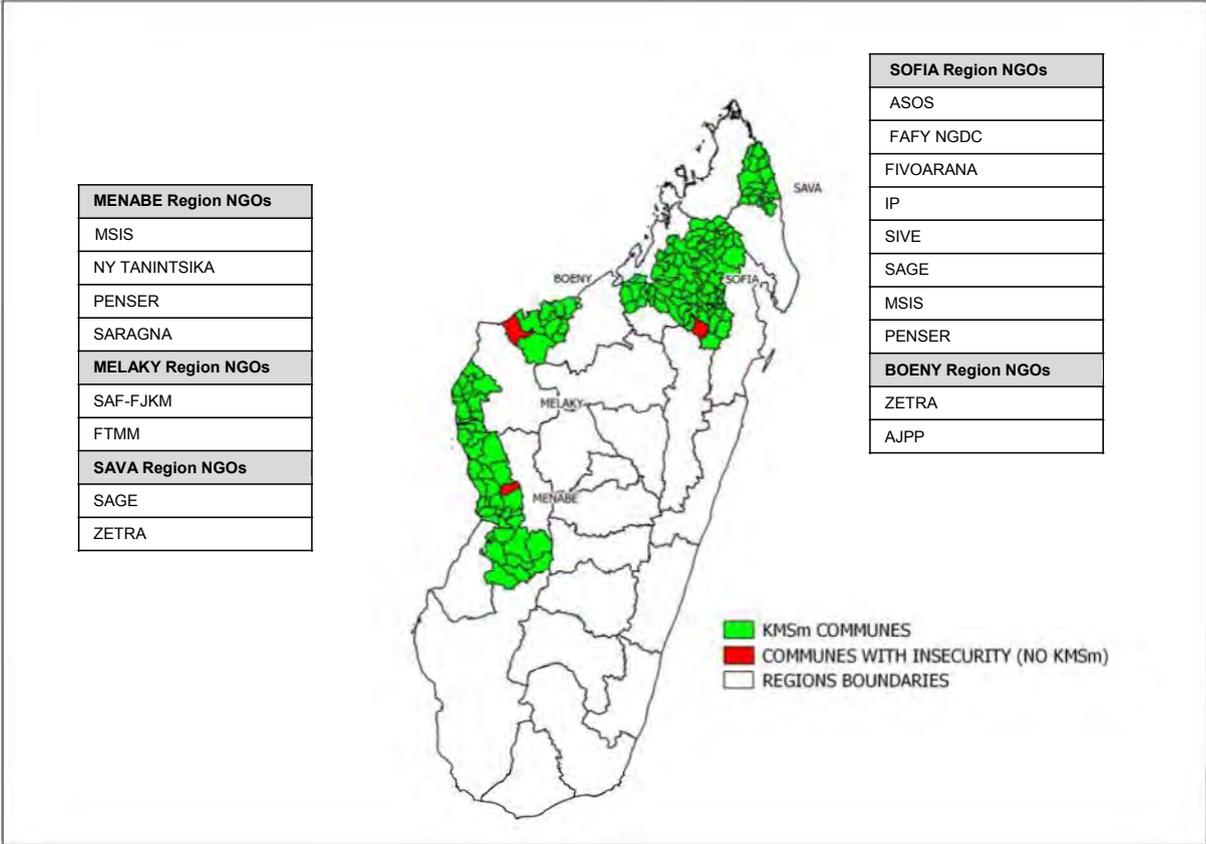
*MAHEFA decided to begin program implementation in Menabe and demonstrated the approach and then moved as quickly as possible for scale up in other regions. Due to difficulty in staff recruitment for Sofia and other delays, this very large region (with over 60% of the targeted CHWs for PY2, 2150/3356) was implemented last of the five regions in PY2. The task to conduct all the trainings and also the "suivi groupé" could not be completed within September 2012, but is continuing rapidly in the first quarter of PY3.*

Many systems are now in place and it is anticipated that some of these challenges will not continue to be major issues for the team in PY3. However, as the relationship with the MOH/GOM has not changed, and is unlikely to change without a change in governance in-country and new directive from the USG, the delays and obstacles linked with the conduct of the *–stage pratique* remain daunting.

## 6. Conclusion

MAHEFA launched the KMSm approach in 160 communes in 5 regions in FY012 (see map below). All of these communes represent new geographical areas for concentrated USAID –supported program implementation and are amongst some of the most underserved in Madagascar. The total population in these targeted regions is approximately 1.9 million.

Eighteen grants were awarded to local NGOs, as depicted below, to assist in the expansion of the program in these communes. MAHEFA has invested considerable resources, both technical and financial, to build capacity and strengthen these institutions.



**Location of PY2 KMSm Communes and NGOs by Region**

MAHEFA’s approach included the establishment of four modest regional offices, to provide technical support close to the field activities and whenever possible qualified local staff were recruited. Careful procurement and excellent financial and grants management procedures assured appropriate use of US government funds. Partnerships were explored and some formed with USG and non-USG partners to leverage funds and to identify effective mechanisms for cost share.

The foundations laid in FY 2012 provide a strong base for rapid expansion of activities in FY 2013. The multiple formative research studies, needs assessment and baseline studies conducted in FY2012 provided essential information and evidence to guide many aspects of future program development. Innovative pilot programs planned include: rural transport options, such as use of a hovercraft to bring essential commodities to hard-to-reach areas; use of bicycles, including repair and maintenance skills, to increase CHW mobility; emergency transport networks/systems; *mutuelles de santé* for community-managed financing, particularly to make funds available for emergency transport; use of mobile phone technology to collect essential data on stock status and possibly for other program aspects, like data

collection and peer education; and introduction of the use of 4% chlorhexidine for umbilical cord care to prevent neonatal infections.

MAHEFA will endeavor to address challenges and any immediate manageable threats, but some will be much more difficult to handle. For example relationships with GOM/CSB level staff in view of the current restrictions which limit direct technical support to GOM; threatened shortages of essential products and the ongoing threats of insecurity in Madagascar.

## **ANNEXES**

Annex A: Performance Monitoring Plan (PMP)

Annex B: Participant Training (including staff development)

Annex C1: Environmental Mitigation and Monitoring Report (EMMR) – Part 1

Annex C2: Environmental Mitigation and Monitoring Report (EMMR) – Part 1

Annex D: Success stories, case studies and publications

Annex E: Maps

- 1- Location of all KMSm Communes by Region
- 2- Communes showing location of all PY2 NGOs
- 3- CLTS implemented communes
- 4- Location of Points d'Approvisionnement (PAs)
- 5- Communes where ACs have been trained by MAHEFA for FP/RH

Annex F: PY1 Implementation Plan Status

Annex G: Summary of CHW Support Activities

Annex H: MAHEFA organogram (as of September 30, 2012)

## Annex A: Performance Monitoring Plan (PMP)

(Updated from MAHEFA baseline survey preliminary results and achievements from program records for PY2)

	IR	Indicator	Indicator Source	Data Source	Frequency of Data Collection	Original Baseline estimate <sup>8</sup>	PY1/Y2 target	MAHEFA Baseline / achievements	PY3 target	PY4 target	PY5 target	End-of-Project Target
<b>MNCH</b>												
<b>1,0</b>	<b>Maternal Care</b>											
1,1	IR1,2	Percentage of women seen at ANC at least 4 times during their last pregnancy with a live birth	AO custom <sup>9</sup>	Cluster survey	Every two years	48%	50%	40%	52% TBD	54% TBD	56% TBD	58% TBD
1,2	IR2,3	Percentage of births attended by a doctor, nurse or trained midwife from USG-assisted facilities	AO custom	Cluster survey	Every two years	49%	50%	41%	52% TBD	54% TBD	56% TBD	58% TBD
1,3	IR1,2	Percentage of women who state they took Vitamin A less than 8 weeks after delivery of their child through USG-supported programs	AO custom	Cluster survey	Every two years	37%	40%	23%	45% TBD	50% TBD	55% TBD	60% TBD
1,4	IR1,2	Percentage of women who received 2 tetanus toxoid shots (or equivalent) during their last pregnancy	Mission custom <sup>9</sup>	Cluster survey	Every two years	54%	55%	47%	58% TBD	62% TBD	66% TBD	70% TBD
1,5	IR1,2	Percentage of women who state they received iron folate supplements during their last pregnancy	Custom	Cluster survey	Every two years	40% <sup>6</sup>	42%	55%	47% TBD	52% TBD	57% TBD	62% TBD
1,6	IR2	Percentage of reporting CHWs who had stock-outs of specific maternal care tracer drugs <sup>5</sup>	AO custom	Program records	Quarterly	N/A <sup>14</sup>	N/A	N/A*	50% TBD	40% TBD	30% TBD	20% TBD

For 1.6: ability to achieve this indicator is based on commodity availability.

\*Regarding the restriction with the GOM, the program would not be able to procure commodities for CHWs with the specific maternal care tracer drugs

PY1/2 is May 23, 2011 to September 30, 2012

PY3 is October 1, 2012 to September 30, 2013

PY4 is October 1, 2013 to September 30, 2014

PY5 is October 1, 2014 to September 30, 2015

End of project is May 22, 2016

	IR	Indicator	Indicator Source	Data Source	Frequency of Data Collection	Original Baseline estimate <sup>8</sup>	PY1/Y2 target	MAHEFA Baseline / Achievements	PY3 target	PY4 target	PY5 target	End-of-Project Target
<b>2,0</b>	<b>Infant and Child Health</b>											
2,1	IR1,2	Percentage of children between 12-23 months of age who received their 3 <sup>rd</sup> dose of DPT <sup>2</sup>	AO custom	Cluster survey	Annual	68%	70%	43%	72% TBD	75% TBD	77% TBD	80% TBD
2,2	IR1,2	Percentage of children under 5 years with diarrhea in the past 2 weeks who were treated with ORS and/or zinc supplements (Based on care-seeking) <sup>2</sup>	AO custom	Cluster survey	Annual	15%	17%	46%	20% TBD	25% TBD	30% TBD	35% TBD
2,3	IR2	Number of newborns receiving essential newborn care through USG-supported programs <sup>12</sup>	Standard	Routine report	Quarterly Annual	N/A <sup>14</sup>	TBD by first LQAS	211	TBD	TBD	TBD	TBD
2,4	IR1	Percentage of children under 5 years with chest-related cough and fast and/or difficult breathing in the last 2 weeks who were taken to an appropriate health provider <sup>2</sup>	AO custom	Cluster survey	Annual	38%	40%	3%	43% TBD	46% TBD	50% TBD	55% TBD

2,5	IR2	Percentage of reporting CHWs who had stock-outs of specific infant and child health tracer drugs <sup>5</sup>	AO custom	Program records	Quarterly	N/A <sup>14</sup>	N/A	Pneumostop/ Cotrim 5%  Viasur/Zinc/ ORS 10%	50%	40%	30%	20%
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For 2.5: ability to achieve this indicator is based on commodity availability.

	IR	Indicator	Indicator Source	Data Source	Frequency of Data Collection	Original Baseline estimate <sup>8</sup>	PY1/Y2 target	MAHEFA Baseline / Achievements	PY3 target	PY4 target	PY5 target	End-of-Project Target	
<b>3,0</b>		<b>Family Planning</b>											
3,1	IR1,2	Contraceptive prevalence rate (CPR) in USG-supported programs (modern methods)	AO custom	Cluster survey	Annual	29%	30%	28%	32% TBD	34% TBD	37% TBD	40% TBD	
3,2	IR2,3	Number of USG-assisted Community Health Workers providing FP/RH counseling or services including STI prevention and referral <sup>2</sup>	RFA	Routine report	Quarterly	N/A <sup>14</sup>	TBD	1944	7454	TBD	TBD	TBD	
3,3	IR1	Percentage of mothers of children aged less than 12 months who stated a desire to wait at least 24 months to have another child or do not want to have another child	Mission custom	Cluster survey	Annual	N/A <sup>14</sup>	TBD by first LQAS	78%	TBD	TBD	TBD	TBD	
3,4	IR2	Percentage of reporting CHWs who had stock-outs of specific family planning tracer drugs <sup>5</sup>	AO custom	Program records	Quarterly	N/A <sup>14</sup>	N/A	Pills 3% Condoms 0% Cycle beads 0%	50%	40%	30%	20%	

For 3.4: ability to achieve this indicator is based on commodity availability.

	IR	Indicator	Indicator Source	Data Source	Frequency of Data Collection	Original Baseline estimate <sup>8</sup>	PY1/Y2 target	MAHEFA Baseline / Achievements	PY3 target	PY4 target	PY5 target	End-of-Project Target
<b>4,0</b>	<b>Malaria</b>											
4,1	IR1,2	Percentage of children under 5 years old who slept under an ITN the previous night <sup>2</sup>	AO standard <sup>9</sup> (PMI)	Cluster survey	Annual	89%	90%	34%	90% TBD	90% TBD	90% TBD	90% TBD
4,2	IR1,2	Percentage of pregnant women who slept under an ITN the previous night	AO standard (PMI)	Cluster survey	Annual	85%	85%	29%	90% TBD	90% TBD	90% TBD	90% TBD
4,3	IR1,2	Percentage of children under 5 years of age with fever in last 2 weeks who received treatment with ACT within 24 hours from onset of fever <sup>2</sup>	AO standard (PMI)	Cluster survey	Annual	3%	6%	3%	10% TBD	15% TBD	20% TBD	25% TBD
4,4	IR1,2	Percentage of women who received 2 or more doses of SP for IPTp for malaria during their last pregnancy in the last 2 years	AO standard (PMI)	Cluster survey	Annual	20%	21%	15%	25% TBD	27% TBD	29% TBD	31% TBD
4,5	IR2	Percentage of reporting CHWs who had stock-outs of specific malaria products (ACT and RDT) <sup>5</sup>	AO custom	Program records	Quarterly	N/A <sup>14</sup>	N/A	ACT/ASAQ infant 4% ACT/ASAQ Child 3% RDT 0%	50%	40%	30%	20%

For 4.5: ability to achieve this indicator is based on commodity availability.

	IR	Indicator	Indicator Source	Data Source	Frequency of Data Collection	Original Baseline estimate <sup>8</sup>	PY1/Y2 target	MAHEFA Baseline / Achievements	PY3 target	PY4 target	PY5 target	End-of-Project Target	
<b>5,0</b>	<b>Water and Sanitation</b>												
5,1	IR1,2,3	Percentage of households that are practicing effective household water treatment	AO Custom	Cluster survey	Annual	48%	51%	17%	55% TBD	60% TBD	65% TBD	70% TBD	
5,2	IR1,3	Percentage of households practicing proper storage of drinking water treated at the household	AO Custom	Cluster survey	Annual	N/A <sup>14</sup>	TBD by first LQAS	19%	TBD	TBD	TBD	TBD	
5,3	IR2,3	Number of people in target areas with access to improved drinking water supply as a result of USG assistance <sup>2,7</sup>	Standard	Point of use, via user-fee records	Annual	0	19 000	0	96600	TBD	TBD	TBD	
5,4	IR1,3	Percentage of households with soap and water available for hand washing	AO Custom	Cluster survey	Annual	N/A <sup>14</sup>	TBD by first LQAS	23%	TBD	TBD	TBD	TBD	
5,5	IR2,3	Number of people in target areas with access to improved sanitation as a result of USG assistance <sup>2,7</sup>	Standard	Point of use, via user-fee records	Annual	0	19 000	0	62155	TBD	TBD	TBD	
5,6	IR1,2,3	Percentage of households using an improved sanitation facility	AO Custom	Cluster survey	Annual	2,5%	3,5%	12%	6% TBD	TBD	TBD	TBD	
5,7	IR1,2,3	Number of communities achieving open defecation-free (ODF) status (custom)	RFA	Program records	Semi-annual	N/A <sup>14</sup>	TBD	12	TBD	TBD	TBD	TBD	

5,8	IR2	Percentage of reporting CHWs who had stock-outs of specific water and sanitation products <sup>5</sup>	AO custom	Program records	Quarterly	N/A <sup>14</sup>	N/A	SUR'EAU 1%	50%	40%	30%	20%
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For 5.8: ability to achieve this indicator is based on commodity availability.

	IR	Indicator	Indicator Source	Data Source	Frequency of Data Collection	Original Baseline estimate <sup>8</sup>	PY1/Y2 target	MAHEFA Baseline / Achievements	PY3 target	PY4 target	PY5 target	End-of-Project Target
<b>6,0</b>		<b>Nutrition</b>										
6,1	IR1	Percentage of children ages 6-23 months fed according to a minimum standard of infant and young child feeding practices <sup>2,3</sup>	AO custom	Cluster survey	Annual	3%	TBD by first LQAS	0%	TBD	TBD	TBD	TBD
6,2	IR1	Percentage of infants aged less than 6 months who were exclusively breast-fed in past 24 hours <sup>2,8</sup>	AO custom	Cluster survey	Annual	3.7%	TBD by first LQAS	34%	TBD	TBD	TBD	TBD
6,3	IR1,2	Percentage of children aged 6-59 months receiving a Vitamin A supplement during the last 6 months <sup>2</sup>	AO custom	Cluster survey	Annual	67%	69%	17%	72%	75%	77%	80%

Reference for 6.1 and 6.2 is the National figure (DHS 2008-2009)

	IR	Indicator	Indicator Source	Data Source	Frequency of Data Collection	Original Baseline estimate <sup>8</sup>	PY1/Y2 target	MAHEFA Baseline / Achievements	PY3 target	PY4 target	PY5 target	End-of-Project Target
7,0	<b>Management and Systems</b>											
7,1	IR1,2	Number of people covered by USG-supported community and health financing arrangements <sup>2,13</sup>	AO custom	Cluster survey	Annual	0	TBD	N/A**	TBD	TBD	TBD	TBD
7,2	IR2,3	Number of functional (trained, equipped, and supervised) community health workers <sup>2,4</sup>	AO custom	Program records	Quarterly	Unknown	3400	368	7454			6752
7,3	IR3	Percentage of project communes reporting into the extranet system	Custom	NGO partner reports	Quarterly	0	50%	N/A***	55%	60%	65%	75%
7,4	IR1,2,3	Percentage of KMS launched by region that achieve annual plan indicator targets	Custom	Program records	Semi-annual	0	In process	In process	48%	60%	70%	80%
7,5	IR3	Number of innovations and models tested with results disseminated to communes	Custom	Program records	Semi-annual	0	In process	6	10	10	2	22

\*\* Health financing arrangements will be functional only in PY3

\*\*\* Electronic system will be functional only in PY3

**Notes and Sources:**

<sup>1</sup> Facility access is contingent upon CBIHP's ability to work with CSBs when USG projects are again working with the GOM.

<sup>2</sup> Disaggregated by gender

<sup>3</sup> Where DHS and LQAS indicator age ranges differ, CBIHP will work with USAID to determine the best method for establishing baseline values and establishing the best LQAS indicator

<sup>4</sup> Disaggregated by technical training area, including Home-Based Life Saving Skills; also disaggregated by geographic area which are to be determined based on estimated population of project communes

<sup>5</sup> CHWs will be supplied with products for community-level service delivery, as well as WASH supplies. "CHW" therefore replaces "service delivery point" as the unit of measurement for this indicator.

<sup>6</sup> Iron supplementation baseline figure only from 2008 DHS, de-worming TBD

<sup>7</sup> Revised according to the study –Document de référence pour l'adduction d'eau potable, assainissement et hygiène" submitted by MAHEFA consultants on September 27, 2011.

<sup>8</sup> Based on CBIHP regional averages from Annex H calculated from 2008-09 Madagascar DHS.

<sup>9</sup> From list of indicators from the Foreign Assistance Objective: Investing in People, Health Sector Assistance Objective, June 2010.

<sup>10</sup> Based on FANTA 2010 Outcome Monitoring Survey: USAID/Madagascar Programs, October 2009

<sup>11</sup> This indicator will be collected at the facility level via LQAS until it is possible to collect facility data on "Number of women who received AMSTL".

<sup>12</sup> Proxy: Report by mother of infant breastfeeding in first hour

<sup>13</sup> Targets will be determined after needs assessments are conducted

<sup>14</sup> N/A: Not Available

## Annex B: Participant Training (including staff development)

(includes all trainings of 2 days or more)

Start Date	End Date	Program Name	Type of trainees	Total Male Participants	Total Female Participants	Total Participants	Total Cost (\$)
11/30/2011	12/02/2011	Formation de l'Agence CAPSULE sur l'analyse de barrière	Rsearch agency staff	6	3	9	262
03/01/2012	03/04/2012	Technicien Accompagnateur Training NGO PENSER Mahabo, Ankilivalo, Analamitsivalana, Befotaka, Mandabe, Beronono	Technicien Accompagnateur	6	4	10	711
07/01/2012	07/03/2012	COSAN Training NGO SAGE MAROALA	COSAN members	7	1	8	91
07/01/2012	07/03/2012	Participative planification NGO ASOS Marotolana	COSAN members	13	3	16	350
07/01/2012	07/03/2012	Participativ planification NGO ASOS Ampandriankilandy	COSAN members	16	4	20	418
07/01/2012	07/03/2012	Participative planification NGO ASOS Ambodiampana	COSAN members	9	1	10	293
07/01/2012	07/03/2012	Participative planification NGO ASOS Marotolana	COSAN members	13	3	16	350
07/01/2012	07/03/2012	Participative planification NGO SAGE AMBODIVONGO	COSAN members	12	0	12	149
07/01/2012	07/03/2012	Participative planification NGO SAGE ANGOAKA SUD	COSAN members	7	2	9	97
07/01/2012	07/03/2012	Participative planification NGO SAGE TSINJOMITONDRAGA	COSAN members	7	1	8	102
08/01/2012	08/03/2012	Participative planification NGO FIVOARANA ANTANANIVO HAUT	COSAN members	7	0	7	386
09/01/2012	09/09/2012	Participative planification NGO PENSER Matsondakana	COSAN members	147	8	155	804
04/02/2012	04/07/2012	COSAN Training NGO NY TANINTSIKA ANKILIZATO	COSAN members	19	3	22	1 566
04/02/2012	04/04/2012	Participative planification NGO PENSER Mahabo	COSAN members	12	5	17	1 500
07/02/2012	07/16/2012	CHW Training NGO MSIS Tsimafana-Bemarivo-Ankinandro	Community Health Workers	10	9	19	503
07/02/2012	07/06/2012	CHW Training NGO MSIS Tsimafana-Bemarivo-Ankinandro	Community Health Workers	30	9	39	303
07/02/2012	07/07/2012	COSAN Training NGO FAFY AMBARARATA	COSAN members	6	12	18	934
05/03/2012	05/08/2012	COSAN Training NGO SAF MAINTIRANO	COSAN members	24	23	47	1 300
05/03/2012	05/05/2012	Participative planification Training FTMM BETANATANANA	COSAN members	24	21	45	1 300
07/03/2012	07/08/2012	COSAN Training NGO FIVOARANA Ambatorika EST	COSAN members	10	2	12	564
09/03/2012	09/07/2012	CHW Training NGO FIVOARANA AMBOVONOMBY	Community Health Workers	8	8	16	1 034
09/03/2012	09/07/2012	CHW Training NGO FIVOARANA BEALANANA	Community Health Workers	8	8	16	1 034
09/03/2012	09/07/2012	Participative planification NGO PENSER Ankarongana	COSAN members	14	4	18	732
06/04/2012	06/06/2012	COSAN Training NGO SAGE DARAINA MAROMOKOTRA	COSAN members	7	0	7	269

Annexes

Start Date	End Date	Program Name	Type of trainees	Total Male Participants	Total Female Participants	Total Participants	Total Cost (\$)
06/04/2012	06/09/2012	Participative planification NGO SAGE Daraina	COSAN members	8	1	9	29
07/04/2012	07/06/2012	Participative planification NGO SAGE MAROALA	COSAN members	7	2	9	63
08/04/2012	08/13/2012	CHW Training NGO SAF Masoarivo	Community Health Workers	13	12	25	834
08/04/2012	08/18/2012	CHW Training NGO SARAGNA GROUP 3 Tsaraotana, Ankalalobe, Belo/Tsiribihina	Community Health Workers	28	15	43	3 410
04/05/2012	04/07/2012	Participative planification NGO PENSER Analamitsivalana	COSAN members	11	0	11	312
08/05/2012	08/12/2012	CHW Training NGO AJJP Mitsinjo - Antongomena Bevary	Community Health Workers	37	49	86	4 112
08/05/2012	08/10/2012	CHW Training NGO PENSER Mandabe	Community Health Workers	11	6	17	884
08/05/2012	08/13/2012	CHW Training NGO SAF Bekopaka	Community Health Workers	21	20	41	1 706
08/05/2012	08/11/2012	COSAN Training NGO FAFY MORAFENO	COSAN members	22	11	33	2 446
07/06/2012	07/30/2012	CHW Training NGO SARAGNA BELO	Community Health Workers	87	54	141	125
07/06/2012	07/08/2012	COSAN Training NGO SAGE Ambodisakoana	COSAN members	17	0	17	250
07/06/2012	07/11/2012	COSAN Training NGO SAGE ANJAMANGIRANA	COSAN members	12	7	19	25
07/06/2012	07/08/2012	COSAN Training NGO SAGE Port Berger II	COSAN members	17	0	17	361
07/06/2012	07/11/2012	COSAN Training NGO SAGE Tsarahasina	COSAN members	10	2	12	165
07/06/2012	07/13/2012	COSAN Training NGO SIVE Antanandava	COSAN members	7	10	17	347
07/06/2012	07/08/2012	COSAN Training NGO SAGE TSININGIA	COSAN members	16	4	20	304
07/06/2012	07/11/2012	Participative planification NGO SAGE ANJAMANGIRANA	COSAN members	10	8	18	300
08/06/2012	08/10/2012	CHW Training NGO NY TANINTSIKA ANKILIZATO	Community Health Workers	45	18	63	2 630
08/06/2012	08/09/2012	COSAN Training NGO PENSER Ambohisoa	COSAN members	11	2	13	225
05/07/2012	05/12/2012	COSAN Training NGO NY TANINTSIKA MALAIMBANDY	COSAN members	6	15	21	1 247
05/07/2012	05/09/2012	COSAN Training NGO SAF Antsaidoha	COSAN members	36	9	45	1 194
05/07/2012	05/12/2012	COSAN Training NGO SAGE NOSIBE AMPISIKINA	COSAN members	9	1	10	210
05/07/2012	05/13/2012	COSAN Training AND Participative planification NGO SAF Antsaidoha - Bebao	COSAN members	40	0	40	700
05/07/2012	05/18/2012	Training of trainers Sofia	NGOs staff and regional trainers	19	12	31	21 214
05/07/2012	05/08/2012	Training on Ressources Management Sofia	NGOs staff	11	8	19	1 989
07/07/2012	07/28/2012	CHW Training NGO SARAGNA Berevo, Beroboka, Andimaky, Masoarivo, Belo/Tsiribihina	Community Health Workers	70	47	117	8 104
07/07/2012	07/09/2012	Participative planification NGO SAGE Daraina	COSAN members	7	2	9	183

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Start Date	End Date	Program Name	Type of trainees	Total Male Participants	Total Female Participants	Total Participants	Total Cost (\$)
08/07/2012	08/11/2012	CHW Training NGO AJJP Mitsinjo	Community Health Workers	24	17	41	4 112
08/07/2012	08/12/2012	CHW Training NGO AJJP Mitsinjo - Antongomena Bevary	Community Health Workers	17	24	41	4 112
08/07/2012	08/11/2012	CHW Training NGO FTMM Tambohorano	Community Health Workers	5	5	10	545
08/07/2012	08/11/2012	CHW Training NGO FTMM Veromanga	Community Health Workers	7	2	9	545
08/07/2012	08/09/2012	COSAN Training NGO PENSER Amboaboa	COSAN members	8	5	13	241
08/07/2012	08/10/2012	COSAN Training NGO PENSER Manampaneva	COSAN members	8	4	12	150
08/07/2012	08/09/2012	COSAN Training NGO PENSER Tsarajomoka	COSAN members	7	3	10	112
07/08/2012	07/11/2012	COSAN Training NGO ASOS Ambatosia	COSAN members	11	3	14	367
07/08/2012	07/11/2012	COSAN Training NGO ASOS Ankazotokana	COSAN members	7	1	8	197
07/08/2012	07/10/2012	COSAN Training NGO SAGE Ambodimany	COSAN members	15	1	16	206
04/09/2012	04/11/2012	Participative planification NGO PENSER Ankilivalo	COSAN members	18	2	20	352
05/09/2012	05/11/2012	Training "Assistants administratifs et financiers régionaux"	Assistants administratifs et financiers régionaux	4	5	9	941
07/09/2012	07/13/2012	CHW Training NGO MSIS Amboalimena/ Antsoaha	Community Health Workers	22	13	35	2 496
07/09/2012	07/13/2012	CHW Training NGO SAGE FANAMBANA AMPONDRA	Community Health Workers	11	15	26	1 266
07/09/2012	07/12/2012	COSAN Training NGO ASOS Ambodimandresy	COSAN members	15	2	17	380
07/09/2012	07/16/2012	COSAN Training NGO SIVE Antsahabe	COSAN members	20	6	26	870
07/09/2012	07/11/2012	Participative planification NGO SAGE AMBODISAKOANA	COSAN members	14	2	16	293
07/09/2012	07/11/2012	Participative planification NGO SAGE PORT BERGE II	COSAN members	14	2	16	246
07/09/2012	07/11/2012	Participative planification NGO SAGE TSININGIA	COSAN members	16	4	20	272
07/09/2012	07/13/2012	Training of investigators to analyze barriers	Researchers	29	18	47	100
08/09/2012	08/13/2012	Suply point Training ANTSOHIHY	Responsible for the Supply point and Technicien accompagnateur	27	18	45	6 997
09/09/2012	09/14/2012	CHW Training NGO Ny Tanintsika Mazavaso	Community Health Workers	10	7	17	1 311
07/10/2012	07/11/2012	Suply point Training BEALANANA	Responsible for the Supply point and Technicien accompagnateur	12	9	21	3 150
07/10/2012	07/11/2012	Suply point Training MANDRITSARA	Responsible for the Supply point and Technicien accompagnateur	14	9	23	2 099
09/10/2012	09/14/2012	CHW Training NGO ASOS Ambodimandresy	Community Health Workers	23	5	28	1 075

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Start Date	End Date	Program Name	Type of trainees	Total Male Participants	Total Female Participants	Total Participants	Total Cost (\$)
09/10/2012	09/14/2012	CHW Training NGO FIVOARANA AMBODISIKIDY	Community Health Workers	13	2	15	1 094
09/10/2012	09/14/2012	CHW Training NGO Fivoarana Ambovonomy	Community Health Workers	11	8	19	1 034
09/10/2012	09/14/2012	CHW Training NGO FIVOARANA MANGINDRANO	Community Health Workers	24	4	28	1 608
09/10/2012	09/15/2012	CHW Training NGO Ny Tanintsika Ambia	Community Health Workers	6	6	12	1 060
09/10/2012	09/14/2012	CHW Training NGO SAGE Tsarahasina	Community Health Workers	19	13	32	788
09/10/2012	09/14/2012	CHW Training ONG FIVOARANA ANTANANIVO HAUT	Community Health Workers	15	1	16	1 573
05/11/2012	05/15/2012	COSAN Training AND Participative planification NGO SAF BEREVO RANOBE	COSAN members	19	10	29	829
05/11/2012	05/12/2012	Participative planification NGO FTMM Ankisatra/ Andobotoka/ Antsondrodava	COSAN members	32	11	43	1 124
06/11/2012	06/16/2012	COSAN Training NGO NY TANINTSIKA MALAIMBANDY MAZAVASOA	COSAN members	8	1	9	1 157
06/11/2012	06/22/2012	Training of trainers 2 ANTISOHIHY	NGOs staff and regional trainers	14	5	19	711
07/11/2012	07/13/2012	Participative planification NGO SAGE AMBODIMANARY	COSAN members	15	1	16	225
09/11/2012	09/16/2012	CHW Training NGO AJJP Bekipay - Antseza - Ambarimanga- Katsepy - Matsakabanja	Community Health Workers	37	49	86	10 290
03/12/2012	03/17/2012	COSAN Training NGO PENSER Mahabo	COSAN members	13	6	19	1 224
03/12/2012	03/17/2012	COSAN Training NGO PENSER Mahabo	COSAN members	13	6	19	1 224
04/12/2012	04/14/2012	Participative planification NGO PENSER Befotaka	COSAN members	16	2	18	378
04/12/2012	04/24/2012	Study Tour Nepal	Program and partners Technical staff	2	4	6	18 807
06/12/2012	06/13/2012	Suply point Training MELAKY	Responsible for the Supply point and Technicien accompagnateur	22	14	36	2 637
06/12/2012	06/13/2012	Suply point Training SAVA	Responsible for the Supply point and Technicien accompagnateur	20	5	25	1 204
07/12/2012	07/20/2012	COSAN Training NGO Ivom-Pandrosoana Tsaratanana	COSAN members	9	1	10	272
07/12/2012	07/14/2012	Participative planification NGO ASOS Ambatosia	COSAN members	8	3	11	323
07/12/2012	07/14/2012	Participative planification NGO ASOS Ambodimandresy	COSAN members	15	2	17	390
07/12/2012	07/14/2012	Participative planification NGO ASOS Ankazotokana	COSAN members	6	1	7	189
01/23/2012	02/04/2012	Training of trainers MENABE	NGOs staff and regional trainers	16	16	32	13 895
02/23/2012	02/24/2012	Training on EMMP	Program and partners Technical staff	9	8	17	786
02/23/2012	02/24/2012	Training on Ressources Management SAVA BOENY MELAKY	NGOs staff	9	8	17	2 105

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Start Date	End Date	Program Name	Type of trainees	Total Male Participants	Total Female Participants	Total Participants	Total Cost (\$)
02/26/2012	03/09/2012	Training of trainers BOENY	NGOs staff and regional trainers	8	8	16	7 408
03/16/2012	03/28/2012	COSAN Training NGO MSIS Tsimafana-Antsoha- Bemarivo-Ankinandro	COSAN members	33	1	34	2 725
03/19/2012	03/22/2012	COSAN Training NGO PENSER Ankilivalo	COSAN members	17	3	20	605
03/19/2012	03/29/2012	Training of trainers SAVA	NGOs staff and regional trainers	9	7	16	5 110
03/20/2012	03/22/2012	COSAN Training NGO PENSER Analamitsivalana	COSAN members	11	0	11	317
03/25/2012	04/01/2012	COSAN Training AND Participative planification NGO SARAGNA BELO TSIRIBIHANA	COSAN members	19	8	27	3 159
03/27/2012	03/29/2012	COSAN Training NGO PENSER Befotaka/Ankilivalo	COSAN members	14	3	17	337
04/16/2012	04/21/2012	COSAN Training NGO SAGE FANAMBANA AMPONDRA	COSAN members	15	1	16	377
04/16/2012	04/21/2012	COSAN Training NGO SAGE Vohemar	COSAN members	23	5	28	884
04/16/2012	04/26/2012	Training of trainers MELAKY	NGOs staff and regional trainers	24	8	32	12 350
04/17/2012	04/28/2012	JSI meeting and International Public Health Conference	Program Technical staff	1	1	2	5 318
04/18/2012	04/24/2012	COSAN Training NGO AJJP Masakabanja	COSAN members	34	20	54	6 656
04/24/2012	04/25/2012	Supply point Training MAHABO	Responsible for the Supply point and Technicien accompagnateur	13	5	18	1 972
04/26/2012	04/27/2012	Supply point Training BELO	Responsible for the Supply point and Technicien accompagnateur	11	7	18	1 838
04/30/2012	05/02/2012	COSAN Training NGO FTMM Betanatanana	COSAN members	23	27	50	444
04/30/2012	05/05/2012	COSAN Training NGO SAGE AMBALASATRANA AMBINANY	COSAN members	9	5	14	289
04/30/2012	05/05/2012	COSAN Training NGO SAGE MILANOA BOBAKINDRO	COSAN members	17	1	18	281
05/13/2012	05/19/2012	COSAN Training NGO SARAGNA BELO	COSAN members	11	4	15	132
05/14/2012	05/19/2012	COSAN Training NGO MSIS Amboalimena- Begidro- Belinta- Ambiky	COSAN members	31	6	37	1 782
05/14/2012	05/21/2012	COSAN Training NGO Ny Tanintsika Ampanihy	COSAN members	10	3	13	940
05/14/2012	05/19/2012	COSAN Training NGO NY TANINTSIKA ANKILIZATO AMBIA	COSAN members	5	4	9	900
05/14/2012	05/15/2012	COSAN Training NGO SAF ANTSALOVA SOAHANY	COSAN members	41	16	57	986
05/14/2012	05/16/2012	Participative planification NGO PENSER Beronono	COSAN members	9	3	12	361
05/14/2012	05/16/2012	WASH Staff orientation	WASH staff	8	0	8	862
05/16/2012	05/18/2012	Participative planification NGO SAF Antsalova/Soahany	COSAN members	0	0	0	573
05/17/2012	05/19/2012	Participative planification NGO SARAGNA BELO	COSAN members	7	1	8	40

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Start Date	End Date	Program Name	Type of trainees	Total Male Participants	Total Female Participants	Total Participants	Total Cost (\$)
05/18/2012	05/23/2012	COSAN Training NGO FTMM Tambohorano, Veromanga, Andranovao, Marohazo	COSAN members	10	4	14	100
05/18/2012	05/19/2012	COSAN Training NGO SAF Masoarivo	COSAN members	32	3	35	647
05/20/2012	05/25/2012	COSAN Training NGO SARAGNA Belo/tsiribihina	COSAN members	15	1	16	448
05/20/2012	05/22/2012	Participative planification NGO SAF Masoarivo	COSAN members	32	3	35	341
05/21/2012	05/22/2012	Participative planification NGO FTMM Tambohorano	COSAN members	12	4	16	186
05/21/2012	05/23/2012	Participative planification NGO PENSER Mandabe	COSAN members	14	3	17	313
05/21/2012	05/23/2012	Strategic Planning Meeting	MAHEFA staff	22	17	39	14 793
05/23/2012	05/27/2012	Participative planification NGO SAF Bekopaka	COSAN members	18	3	21	195
05/24/2012	05/26/2012	Participative planification NGO SARAGNA Andimaky	COSAN members	15	1	16	448
06/18/2012	06/23/2012	COSAN Training NGO FIVOARANA Belanana	COSAN members	14	5	19	1 884
06/18/2012	06/22/2012	Training of Barrier Analysis Supervisor	Researchers	5	3	8	1 512
06/18/2012	06/22/2012	Training of Barrier Analysis Supervisor	Researchers	5	2	7	100
06/19/2012	06/20/2012	Supply point Training BOENY	Responsible for the Supply point and Technicien accompagnateur	12	8	20	2 807
06/21/2012	06/30/2012	COSAN Training NGO FIVOARANA BEALANANA	COSAN members	7	1	8	871
06/27/2012	06/30/2012	COSAN Training NGO ASOS Ambodiampana	COSAN members	8	1	9	301
06/27/2012	06/30/2012	COSAN Training NGO ASOS Marotolana	COSAN members	13	3	16	346
06/28/2012	07/03/2012	COSAN Training NGO SAGE Ambodivongo	COSAN members	12	0	12	96
06/28/2012	06/30/2012	COSAN Training NGO ASOS Ampandriankilandy	COSAN members	16	4	20	415
06/28/2012	07/03/2012	COSAN Training NGO SAGE Andranomeva	COSAN members	7	3	10	109
06/28/2012	06/30/2012	COSAN Training NGO SAGE ANGOAKA SUD	COSAN members	7	2	9	126
06/28/2012	06/30/2012	COSAN Training NGO SAGE Daraina	COSAN members	7	2	9	232
06/28/2012	06/30/2012	COSAN Training NGO SAGE TSINJOMITONDRAKA	COSAN members	7	1	8	93
06/28/2012	07/03/2012	Participative planification NGO SAGE ANDRANOMEVA	COSAN members	7	4	11	111
06/29/2012	07/04/2012	Participative planification NGO SAGE ANAHIDRANO	COSAN members	5	5	10	190
07/13/2012	07/14/2012	Supply point Training BEFANDRINA	Responsible for the Supply point and Technicien accompagnateur	9	11	20	2 589
07/13/2012	07/14/2012	Supply point Training PORT BERGER	Responsible for the Supply point and Technicien	16	9	25	3 955

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Start Date	End Date	Program Name	Type of trainees	Total Male Participants	Total Female Participants	Total Participants	Total Cost (\$)
			accompagnateur				
07/14/2012	07/23/2012	COSAN Training NGO FIVOARANA ANTSAMAKA	COSAN members	7	3	10	396
07/14/2012	07/19/2012	COSAN Training NGO FIVOARANA BEANDRAREZONA	COSAN members	7	3	10	509
07/15/2012	07/20/2012	CHW Training NGO PENSER Mahabo	Community Health Workers	14	1	15	756
07/15/2012	07/21/2012	CHW Training NGO SAF Andrea	Community Health Workers	26	34	60	2 155
07/15/2012	07/18/2012	COSAN Training NGO ASOS Anjozoromadosy	COSAN members	9	3	12	254
07/15/2012	07/18/2012	COSAN Training NGO FIVOARANA AMBARARATA	COSAN members	8	0	8	377
07/15/2012	07/20/2012	COSAN Training NGO FIVOARANA MANGIDIRANO	COSAN members	10	1	11	437
07/16/2012	07/20/2012	CHW Training NGO MSIS Begidro- Belinta	Community Health Workers	15	4	19	1 768
07/16/2012	07/20/2012	CHW Training NGO NY TANINTSIKA ANKILIMIDA AMPANIHY	Community Health Workers	9	15	24	1 700
07/16/2012	07/23/2012	CHW Training NGO SAGE AMBALASATRANA AMBINANY	Community Health Workers	9	4	13	1 280
07/16/2012	07/23/2012	CHW Training NGO SAGE MILANOA BOBAKINDRO	Community Health Workers	9	14	23	2 007
07/16/2012	07/21/2012	COSAN Training NGO ASOS Ambodiadabo	COSAN members	9	6	15	314
07/16/2012	07/18/2012	COSAN Training NGO ASOS Ambodimadiro	COSAN members	10	3	13	342
07/16/2012	07/22/2012	COSAN Training NGO FAFY AMBODIMOTSO SUD	COSAN members	8	4	12	1 412
07/16/2012	07/21/2012	COSAN Training NGO MSIS AMBODIAMONTANA KIANGA	COSAN members	8	0	8	263
07/16/2012	07/21/2012	COSAN Training NGO MSIS Kalandy	COSAN members	8	5	13	436
07/16/2012	07/21/2012	COSAN Training NGO MSIS Mandritsara	COSAN members	12	3	15	570
07/16/2012	07/17/2012	Supply point Training ANTISOHIHY	Responsible for the Supply point and Technicien accompagnateur	13	10	23	2 695
07/17/2012	07/21/2012	CHW Training NGO FTMM Andabotoka	Community Health Workers	10	11	21	621
07/17/2012	07/21/2012	CHW Training NGO FTMM Mafajjijo	Community Health Workers	7	7	14	621
07/17/2012	07/22/2012	COSAN Training NGO FAFY ANTSAKANALABE	COSAN members	8	4	12	1 164
07/17/2012	07/24/2012	COSAN Training NGO SIVE Antsiatsiaka	COSAN members	5	1	6	178
07/17/2012	07/24/2012	COSAN Training NGO SIVE Marotolana	COSAN members	12	5	17	418
07/18/2012	07/20/2012	COSAN Training NGO Ivom-Pandrosoana Ambanjabe	COSAN members	10	4	14	342
07/18/2012	07/24/2012	COSAN Training NGO SIVE Antsohihy	COSAN members	6	5	11	267
07/18/2012	07/20/2012	Participative planification NGO Ivom-pandrosoana Port Berger I	COSAN members	2	7	9	206

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Start Date	End Date	Program Name	Type of trainees	Total Male Participants	Total Female Participants	Total Participants	Total Cost (\$)
07/19/2012	07/21/2012	Participative planification NGO ASOS Ambodiadabo	COSAN members	9	6	15	314
07/19/2012	07/21/2012	Participative planification NGO ASOS Anjozoromadosy	COSAN members	8	3	11	246
07/19/2012	07/21/2012	Participative planification NGO ASOS Ambodiadabo	COSAN members	9	6	15	314
07/19/2012	07/21/2012	Participative Planification NGO ASOS Ambodimadiro	COSAN members	13	3	16	425
07/20/2012	07/30/2012	CHW Training NGO SAF Antsaidoha/Bebao	Community Health Workers	15	9	24	1 015
07/21/2012	07/26/2012	COSAN Training NGO Fivoarana Antsamaka	COSAN members	7	1	8	464
07/22/2012	07/29/2012	CHW Training NGO SAF Berevo/Ranobe	Community Health Workers	36	18	54	1 893
07/22/2012	07/25/2012	COSAN Training NGO ASOS Ambalaromba	COSAN members	7	1	8	252
07/22/2012	07/25/2012	COSAN Training NGO ASOS Analila	COSAN members	9	0	9	252
07/22/2012	07/28/2012	COSAN Training NGO FAFY BEFANDRINA NORD	COSAN members	6	5	11	716
07/23/2012	07/27/2012	CHW Training NGO NY TANINTSIKA MALAIMBANDY	Community Health Workers	10	11	21	1 353
07/23/2012	07/27/2012	CHW Training NGO PENSER Ankilivalo	Community Health Workers	10	8	18	928
07/23/2012	07/28/2012	COSAN Training NGO AJJP Mitsinjo	COSAN members	14	4	18	4 070
07/23/2012	07/25/2012	COSAN Training NGO ASOS Andreba	COSAN members	8	2	10	282
07/23/2012	07/29/2012	COSAN Training NGO FAFY TSARAHONENANA	COSAN members	27	7	34	2 710
07/23/2012	07/25/2012	COSAN Training NGO FIVOARANA AMBARARATABE NORD	COSAN members	8	0	8	374
07/23/2012	07/28/2012	COSAN Training NGO FIVOARANA AMBODISIKIDY	COSAN members	12	0	12	519
07/23/2012	07/28/2012	COSAN Training NGO MSIS Antsoha	COSAN members	15	0	15	508
07/23/2012	07/26/2012	Participative planification NGO FIVOARANA AMBOVONOMBY	COSAN members	8	0	8	380
07/24/2012	07/28/2012	CHW Training NGO FTMM Ankisatra	Community Health Workers	8	4	12	540
07/24/2012	07/28/2012	CHW Training NGO FTMM Antsondrodava	Community Health Workers	11	4	15	540
07/24/2012	07/29/2012	COSAN Training AND Participative planification NGO Ivom-Pandrosoana Andrimbavontsona	COSAN members	6	2	8	340
07/24/2012	07/29/2012	COSAN Training NGO FAFY TSIAMALAO	COSAN members	10	11	21	1 494
07/24/2012	07/29/2012	COSAN Training NGO Ivom-Pandrosoana Leanja	COSAN members	14	1	15	490
07/24/2012	07/26/2012	COSAN Training NGO PENSER Ambalakitray	COSAN members	16	10	26	757
07/25/2012	07/30/2012	COSAN Training NGO Ivom-Pandrosoana Ampanihy	COSAN members	17	0	17	706
07/25/2012	07/30/2012	COSAN Training NGO Ivom-Pandrosoana Marovato	COSAN members	13	6	19	790
07/25/2012	07/26/2012	Participative planification NGO SAGE Tsarahasina	COSAN members	9	3	12	102

Annexes

Start Date	End Date	Program Name	Type of trainees	Total Male Participants	Total Female Participants	Total Participants	Total Cost (\$)
07/26/2012	08/02/2012	COSAN Training NGO SIVE Ampatakamakoreny	COSAN members	9	0	9	245
07/26/2012	08/02/2012	COSAN Training NGO SIVE Anjalazala	COSAN members	12	5	17	476
07/26/2012	08/03/2012	COSAN Training NGO SIVE Antanambaon'amberina	COSAN members	6	2	8	272
07/26/2012	07/28/2012	Participative planification NGO ASOS Ambalaromba	COSAN members	7	1	8	244
07/26/2012	07/28/2012	Participative planification NGO ASOS Analalila	COSAN members	8	0	8	244
07/26/2012	07/28/2012	Participative planification NGO ASOS Andreba	COSAN members	10	2	12	335
07/27/2012	08/03/2012	COSAN Training NGO SIVE Ambarikorano	COSAN members	4	1	5	188
07/30/2012	08/03/2012	CHW Training NGO SAGE DARAINA MAROMOKOTRA	Community Health Workers	19	14	33	894
07/30/2012	08/03/2012	CHW Training NGO SAGE Madirobe/Nosibe	Community Health Workers	11	5	16	1 054
07/30/2012	08/03/2012	COSAN Training NGO FAFY MAROAMALONA	COSAN members	10	2	12	743
07/30/2012	07/31/2012	Technicien Accompagnateur Training NGO SAGE ANTISOHIY	Technicien Accompagnateur	6	2	8	478
07/31/2012	08/04/2012	CHW Training NGO FTMM Betanatanana	Community Health Workers	17	11	28	1 167
07/31/2012	08/04/2012	COSAN Training AND Participative planification NGO FAFY AMBOLIDIBE EST	COSAN members	10	2	12	918
07/31/2012	08/02/2012	COSAN Training NGO PENSER Amborondolo	COSAN members	7	2	9	150
07/31/2012	08/02/2012	COSAN Training NGO PENSER Amdohajango	COSAN members	7	9	16	269
07/31/2012	08/01/2012	COSAN Training NGO PENSER Anjiabe	COSAN members	8	4	12	205
08/13/2012	08/17/2012	CHW review AND SUIVI GROUPE NGO NY TANINTSIKA AMPANIHY	Community H Community Health Workers, PAs, COSAN members ealth Workers	19	15	34	414
08/13/2012	08/17/2012	CHW review NGO MSIS Tsimafana	Community Health Workers	20	6	26	2 920
08/13/2012	08/17/2012	CHW Training NGO PENSER Beronono	Community Health Workers	9	9	18	498
08/13/2012	08/23/2012	CHW Training NGO SIVE Antsahabe	Community Health Workers	38	14	52	2 013
08/13/2012	08/16/2012	COSAN Training NGO PENSER Ankarongana	COSAN members	18	5	23	214
08/13/2012	08/20/2012	COSAN Training NGO SIVE Ankerika	COSAN members	8	8	16	573
08/13/2012	08/18/2012	Training of TIPS supervisor	Researchers	12	5	17	5 220
08/14/2012	08/18/2012	CHW Training NGO FTMM Andranovao	Community Health Workers	3	7	10	580
08/14/2012	08/18/2012	CHW Training NGO FTMM Marohazo	Community Health Workers	8	2	10	580
08/14/2012	08/20/2012	CHW Training NGO SAF Antsalova	Community Health Workers	30	28	58	1 978
08/14/2012	08/17/2012	COSAN Training NGO PENSER Antsakabary	COSAN members	16	6	22	340

Annexes

Start Date	End Date	Program Name	Type of trainees	Total Male Participants	Total Female Participants	Total Participants	Total Cost (\$)
08/14/2012	08/17/2012	COSAN Training NGO PENSER Matsondakana	COSAN members	20	7	27	194
08/17/2012	08/21/2012	CHW Training NGO FIVOARANA AMBARARATA SOFS	Community Health Workers	8	1	9	598
08/18/2012	08/20/2012	Participative planification NGO Ivom-pandrosoana Ambanjabe	COSAN members	9	4	13	363
08/18/2012	08/20/2012	Participative planification NGO Ivom-pandrosoana Tsaratanana	COSAN members	10	2	12	389
08/19/2012	08/24/2012	CHW Training NGO PENSER Ankiliabo	Community Health Workers	10	13	23	700
08/20/2012	08/28/2012	CHW review NGO MSIS BEMARIVO ANKIRONDRRO	Community Health Workers, PAs, COSAN members	27	5	32	174
08/20/2012	08/23/2012	CHW Training NGO ASOS Ampandriankilandy	Community Health Workers	14	7	21	1 270
08/20/2012	08/24/2012	CHW Training NGO ASOS Ampandriankilandy	Community Health Workers	14	7	21	1 270
08/20/2012	08/24/2012	CHW Training NGO FAFY TSIAMALAO	Community Health Workers	13	7	20	2 464
08/20/2012	08/24/2012	CHW Training NGO FIVOARANA BEALALANA BEALALANA	Community Health Workers	9	14	23	2 115
08/20/2012	08/24/2012	CHW Training NGO PENSER Analamitsivalana	Community Health Workers	6	8	14	308
08/20/2012	08/24/2012	CHW Training NGO PENSER Befotaka	Community Health Workers	10	13	23	603
08/20/2012	08/25/2012	COSAN Training NGO MSIS Ambaripaika	COSAN members	6	2	8	539
08/20/2012	08/25/2012	COSAN Training NGO MSIS Ambilombe	COSAN members	9	0	9	565
08/21/2012	08/31/2012	CHW Training NGO FAFY Befandrina Nord	Community Health Workers	6	13	19	1 145
08/21/2012	08/23/2012	M&E workshop	NGOs M&E and Technical staff	24	11	35	5 351
08/23/2012	08/26/2012	Participative planification NGO PENSER Amborondolo	COSAN members	8	0	8	376
08/23/2012	08/28/2012	Participative planification NGO PENSER Andohajango	COSAN members	7	9	16	310
08/23/2012	08/26/2012	Participative planification NGO PENSER Anjiabe	COSAN members	7	5	12	275
08/25/2012	08/30/2012	COSAN Training NGO IVOM-PANDROSOANA Ambodimahabibo	COSAN members	12	4	16	730
08/26/2012	08/30/2012	Participative planification NGO PENSER Amboaboa	COSAN members	9	4	13	541
08/26/2012	08/30/2012	Participative planification NGO PENSER Manampaneva	COSAN members	9	3	12	510
08/26/2012	08/28/2012	Participative planification NGO PENSER Tsarajomoka	COSAN members	4	4	8	205
08/26/2012	09/01/2012	Training of trainers CLTS	NGOs staff and regional trainers	33	23	56	80
08/27/2012	08/31/2012	CHW review NGO NY TANINTSIKA AMPANIHY	Community Health Workers, PAs, COSAN members	23	14	37	1 157
08/27/2012	08/31/2012	CHW Training ONG FIVOARANA ANTSAMAKA	Community Health Workers	15	12	27	1 177
08/27/2012	08/31/2012	CHW Training NGO FAFY Ambodimotso Sud	Community Health Workers	11	16	27	1 131

Annexes

Start Date	End Date	Program Name	Type of trainees	Total Male Participants	Total Female Participants	Total Participants	Total Cost (\$)
08/27/2012	08/30/2012	Participative planification NGO PENSER Ambohisoa	COSAN members	9	2	11	334
08/28/2012	09/02/2012	CHW Training NGO SAGE Ambodivongo	Community Health Workers	22	4	26	847
08/28/2012	09/02/2012	CHW Training NGO SAGE Ambodivongo	Community Health Workers	22	4	26	847
08/28/2012	09/02/2012	COSAN Training NGO Ivom-Pandrosoana Maevaranohely	COSAN members	13	1	14	739
08/31/2012	09/07/2012	Participative planification NGO PENSER Antsakabary	COSAN members	17	5	22	732
09/14/2012	09/19/2012	CHW review AND SUIVI GROUPE 1 NGO SAF FJKM MAINTIRANO	Community Health Workers, PAs, COSAN members	3	21	24	*
*	*	CHW review AND SUIVI GROUPE 1 NGO SAGE AMPONDRA	Community Health Workers, PAs, COSAN members	*	*	*	*
*	*	CHW review AND SUIVI GROUPE 1 NGO SAGE FANAMBANA	Community Health Workers, PAs, COSAN members	*	*	*	*
*	*	CHW review AND SUIVI GROUPE 1 NGO SAGE MILANOA	Community Health Workers, PAs, COSAN members	*	*	*	*
09/12/2012	09/14/2012	CHW review AND SUIVI GROUPE 1 NGO SAGE BOBAKINDRO	Community Health Workers, PAs, COSAN members	10	8	18	*
*	*	CHW review AND SUIVI GROUPE 1 NGO SAGE AMBALASATRANA	Community Health Workers, PAs, COSAN members	*	*	*	*
09/14/2012	09/18/2012	CHW review AND SUIVI GROUPE 1 NGO FTMM ANDABOTOKO	Community Health Workers, PAs, COSAN members	17	14	31	*
*	*	CHW review AND SUIVI GROUPE 1 NGO SIVE ANTSAHABE	Community Health Workers, PAs, COSAN members	*	*	*	*
09/17/2012	09/21/2012	CHW review AND SUIVI GROUPE 1 NGO NY TANINTSIKA MALAIMBANDY	Community Health Workers, PAs, COSAN members	26	18	44	1 000
09/17/2012	09/21/2012	CHW Training NGO ASOS Ambodiadabo	Community Health Workers	14	2	16	1 021
09/17/2012	09/21/2012	CHW Training NGO Ivom-Pandrosoana Andribavontsona	Community Health Workers	13	8	21	1 466
09/17/2012	09/21/2012	CHW Training NGO SAGE Anjamangirana	Community Health Workers	28	8	36	717
09/17/2012	09/21/2012	CHW Training NGO SAGE Tsiningia	Community Health Workers	33	8	41	84
09/20/2012	09/22/2012	DBC Workshop	Program Technical staff	18	3	21	1 243
09/22/2012	09/29/2012	CHW review AND SUIVI GROUPE 2 NGO NY TANINTSIKA MALAIMBANDY	Community Health Workers, PAs, COSAN members	6	4	10	1 005
09/23/2012	09/29/2012	CHW review NGO PENSER Mahabo	Community Health Workers, PAs, COSAN members	8	9	17	328
09/23/2012	09/29/2012	CHW review NGO SARAGNA Beroboka	Community Health Workers, PAs, COSAN members	13	8	21	1 051
09/24/2012	09/29/2012	COSAN Training NGO MSIS Andratamarina	COSAN members	7	0	7	398
09/24/2012	09/29/2012	COSAN Training NGO MSIS Ankiabeny Salohy	COSAN members	15	0	15	756
09/24/2012	09/30/2012	Training of trainers CLTS Ambodimotso-Sud	CLTS trainers	16	2	18	1 099

Annexes

Start Date	End Date	Program Name	Type of trainees	Total Male Participants	Total Female Participants	Total Participants	Total Cost (\$)
09/24/2012	09/30/2012	Training of trainers CLTS Tsiamalao	CLTS trainers	9	2	11	1 106
09/26/2012	09/30/2012	CHW review NGO AJJP Mitsinjo - Antongomena Bevary	Community Health Workers, PAs, COSAN members	20	35	55	8 125
09/26/2012	09/30/2012	CHW Training Ivom-pandrosoana Ambanjambe	Community Health Workers	12	9	21	1 241
09/28/2012	10/02/2012	CHW Training NGO SAGE Maroala	Community Health Workers	14	10	24	539
09/28/2012	10/02/2012	CHW Training NGO SAGE Tsinjomitondraka	Community Health Workers	14	6	20	492

\*Information is still pending with NGOs for some CHW Review and “Suivi groupé”.

## **Annex C1: Environmental Mitigation and Monitoring Report (EMMR) – Part 1**

**Title of the program:** Community-Based Integrated Program

**Implementing Partner:** JSI Research & Training Institute, Inc.

**Country or Region:** Madagascar

**Date:** October 1<sup>st</sup>, 2011 – September 30, 2012

**Cooperative Agreement No. :** 687-A-00-11-00013-00

**Program Area:** HEALTH

**Program Elements and Sub-Elements:**

### 3.1.3 MALARIA PREVENTION AND COMMUNITY-BASED TREATMENT

- Provision and counseling on use of Insecticide-Treated Nets (ITNs) to prevent Malaria
- Treatment with Artemisinin-based Combination Therapies (ACT).

### 3.1.6 MATERNAL, NEONATAL AND CHILD HEALTH

- Community-based Integrated Management of Childhood Illness (c-IMCI).

### 3.1.7 FAMILY PLANNING AND REPRODUCTIVE HEALTH

- Training for Community Health Workers (CHWs) and private health service providers in managing medical waste related to FP products.
- Provision of Family Planning services including injectable FP commodities, and sharp boxes as well.

### 3.1.8 WATER, HYGIENE AND SANITATION

- Small-scale construction or rehabilitation of potable water systems
- Promotion of household drinking water treatment
- Construction of household level latrines, using slabs and community latrines – blocs sanitaires”.

**Life of Activity:** FY2011 – FY 2015

**Fiscal Year of Submission:** FY 2012

<b>Funding Begin:</b> 05/23/2011	<b>LOA Amount:</b> \$ 34,999,935
<b>Funding End:</b> 05/22/2016	<b>Total obligated amount by September 30, 2012:</b> \$ 15,581,569
<b>ESR Prepared by:</b>  Penelope Jean Dawson  Chief of Party  JSI/MAHEFA	<b>Date:</b> 11/12/2012
<b>Date of Previous EMMR:</b> April 18, 2012	<b>Date of Most Recent IEE:</b> August 08, 2003 with a second amendment on June 21, 2010

**A. Status of the IEE**

**No revisions or modifications** of the IEE are needed.

An amended IEE is submitted.

**B. Status of Fulfilling Conditions in the IEE, including Mitigation and Monitoring**

**All mitigation measures were successful at** preventing environmental impact as specified in the original IEE. An Environmental Mitigation and Monitoring Report (EMMR) describing compliance measures taken are attached.

**Improved mitigation measures** were adopted to better reduce environmental impacts. An EMMR describing these improved compliance measures taken is attached.

**Approval of the Environmental Status Report (as appropriate)**

AOTR/COTR \_\_\_\_\_ Date: \_\_\_\_\_

MEO \_\_\_\_\_ Date: \_\_\_\_\_

REA \_\_\_\_\_ Date: \_\_\_\_\_

BEO \_\_\_\_\_ Date: \_\_\_\_\_

## Environmental Status Report Instructions and Format

### Status of Fulfilling IEE Conditions

#### 1. Environmental Mitigation and Monitoring Report – table for activities under Categorical Exclusion.

The present report describes the status of the mitigation measures that are adopted by the program by program element and activity. In line with its PY2 Workplan, the Community-Based Integrated Health Program undertook a series of activities related to the above program elements during the implementing period of FY 2012, and for some of the activities which fall under Categorical Exclusion. These include the following:

- Training of Trainers at central and regional level, orientation workshops for CoSAN members, training of Community Health Workers (CHWs) and group review sessions
- Strategic Planning Workshop
- Launching of the program at regional level, and KMSm introductory meetings at district and commune level
- Data collection for Baseline survey, Barrier Analysis studies and needs assessment for transport and logistics

Classes of actions as per 22 CFR 216.2(c) (2)	Actions implemented	Remarks
(i) Education, technical assistance, or training programs	<p>To reduce environmental waste or effect on using paper or plastic, the following actions were implemented at central, regional and local levels:</p> <ul style="list-style-type: none"> <li>- Used double-side printing for curricula, management, and IEC/CC tools (Livret d'animation (flip chart), check lists, registers,...)</li> <li>- Provided attendees electronic versions of presentations made, as appropriate, during TOT, Strategic Planning meeting</li> <li>- Provided attendees with large bottles of water</li> </ul>	
(iii) Analyses, studies, academic or research workshops and meetings	<p>To reduce paper wastage related to studies and survey data collection during PY2, actions conducted are as follow:</p> <ul style="list-style-type: none"> <li>- Used electronic questionnaires (tablets) for baseline survey.</li> <li>- Used double –side printing copies of questionnaires during barriers and enablers analysis and needs assessment for transport and logistics, and program launch and KMSm introduction, and NGOs briefings</li> </ul>	
(v) Document and information transfers	<p>Whenever possible material and document transfers have been done electronically to minimize the waste of paper and printed materials, including the following actions:</p> <ul style="list-style-type: none"> <li>- Updated the electronic database for storage and use for central and regional staff of technical documents/ reports/photos.</li> <li>- Shared by e-mail for AOR approval reports, and technical documents</li> <li>- Used double-side printing copies and limited number for PY1 report.</li> </ul>	

## 2. Environmental Mitigation and Monitoring Report – table for activities under Negative Determination with conditions.

Activities that may affect negatively the environment are classified under negative determination with conditions in the 22 CFR 216.3 (a) 2 (iii). In the program context of MAHEFA, these activities are as follows

- Implementation of a health program at community level, especially by provision and handling of malaria products and sur'eau (water treatment solution) at the CHW level.
  - Supporting supply and resupply of CHWs for malaria, c-IMCI Family Planning and WASH.
  - Implementation of small scale water infrastructure and latrines in target communes.
- The tables below describe the actions taken during the PY2 period by program element.

### 3.1.3 MALARIA PREVENTION AND COMMUNITY-BASED TREATMENT

- Provision and counseling on use of Insecticide-Treated Nets (ITNs) to prevent Malaria
- Treatment with Artemisinin-based Combination Therapies (ACT).

Planned activities	Recommended mitigating actions	Status of mitigating measures/actions taken	Any outstanding issues relating to required conditions	Remarks
4.1.2 Conduct an assessment of barriers to effective and efficient LLITN distribution and plan to address obstacles.	Assess barriers to effective and efficient LLITN distribution and the constraints of correct home management of used LLITNs	Barrier Analysis and TIP conducted respectively in Menabe and Boeny which include analysis on the use and maintenance of LLITNs at household level.  Level of acceptance of PAFI in practicing correct washing and drying conditions for the LLITNs is high among the participants of the TIPS in Boeny and is expecting to be scaled-up in the other regions during PY3, as part of the Behavior Change strategy Plan developed by each target region.	Findings showed that households had several functions for the mosquito nets, including fishing. Constraints are related to mesh size, correct washing and drying. Regional BC strategies for MAHEFA have been developed to address the correct use and cleaning of LLITNs.	
	Train, through grantees (local NGOs), CHWs and CoSAN on correct procedures for handling LLITNs and destroying the LLITNs' biodegradable packaging, using National Malaria Control Program certified trainers and curricula	This activity was completed for 1944 CHWs during their initial training on IEC/BCC techniques as per the curriculum which has been updated by the MoH (see Part 2. of this annex) technically and normatively) by the MOH.		

Planned activities	Recommended mitigating actions	Status of mitigating measures/actions taken	Any outstanding issues relating to required conditions	Remarks
4.1.2 Conduct an assessment of barriers to effective and efficient LLITN distribution and plan to address obstacles.	Coordinate with USAID partners for the recycling and reuse of old used LLITNs.	To be reported in PY3.	MAHEFA attended PMI partners' periodic meetings. The national campaign for the next round of LLITN distribution will take place in FY2013 by PSI. MAHEFA will use PSI strategies for management of used LLITNs for community sensitization in its areas in PY3.	
1.2.1.12 Procure launch kits (bags and drugs)	<p>Train or provide refresher training to CHWs on malaria case management (ACTs Combo) including:</p> <p>Recognizing general danger signs in children,</p> <p>ACT Combo dosage according to age,</p> <p>ACT and RDT storage,</p> <p>RDTs testing for malaria cases,</p> <p>Managing sharps boxes (safety disposal boxes) according to NPWM<sup>2</sup> and referring to the existing CHWs curriculum and job aids on FP injectable waste management for disposal</p> <p>Managing of household waste packaging</p> <p>-Supervise CHWs through local NGOs and health center agent's support (private or public</p>	<p>1944 CHWs in the targeted PY2 communes were provided with FP initial training (58%) and "sivi groupé" (11%) during which provision of RDTs, ACTs, safety disposal boxes and gloves has been done as part of the launch kit for an integrated package of c-IMCI services.</p> <p>The curriculum has been updated with a specific session related to used syringe disposal and management of expired health products (FP, malaria, diarrhea) as well as packaging.</p> <p>130 Supply Points for 127 communes were trained in the management and correct storage of the products, and introduced to the community and the CHWs.</p> <p>13 NGO implementing partners conducted</p>	<p>CHWs in MAHEFA PY2 districts were already trained by the NSA/GFTAM project on c-IMCI including the malaria component in PY2, but did not or partially did not receive commodities.</p> <p>MAHEFA has developed a MoU with PSI to supply the CHWs with social marketing health products, and to put in place and train Supply Points for CHWs resupply.</p> <p>Resupply of sharps box will</p>	

<sup>2</sup> NPWM: National Policy on Waste Management – MOH, 2005

Planned activities	Recommended mitigating actions	Status of mitigating measures/actions taken	Any outstanding issues relating to required conditions	Remarks
	<p>CSB), including:</p> <ul style="list-style-type: none"> <li>- Checking for expired medicine and updating ACT stock data,</li> </ul> <p>Ensuring that CHWs manage all fever cases by following steps and giving the correct dosage to children &lt; 5 years of age.</p>	monthly follow up supervision at CHW level.	happen in PY3 (1 sharps box per CHW per year).	

### 3.1.6 MATERNAL, NEONATAL AND CHILD HEALTH

#### - Community-based Integrated Management of Childhood Illness (c-IMCI).

Planned activities	Recommended mitigation actions	Status of mitigating measures/actions taken	Any outstanding issues relating to required conditions	Remarks
1.2.1.12 Procure launch kits (bags and drugs)	Train CHWs on potential effects of zinc on the environment, required conditions for storing and handling waste (VIASUR, hydrazinc) using training curriculum developed by the MoH as part of the Integrated Management of Childhood Illness and updated by PSI. This includes checking for expiry dates of medications.	<p>1944 CHWs in the targeted PY2 communes were provided with FP initial training (58%) and "suivi groupé" (11%) during which provision of Viasur has been done as part of the launch kits for an integrated package of IMCIc services.</p> <p>The curriculum has been updated with a specific component related to management of expired health products (FP, malaria, diarrhea), and packaging.</p>	As an ongoing process, and based on the USAID's Best Practices Review (BPR, 2012) preliminary recommendations (June 15, 2012), CHWs's curriculum will be updated in PY3 to include anticipated potential effects of Zinc on the environment.	
1.2.2.6 Develop and facilitate trainings for type 1 and 2 CHWs to receive training in provision of high quality BCC and counseling	<ul style="list-style-type: none"> <li>- Train CoSAN and CHWs on case management of diarrhea using VIASUR, hydrazinc, including:</li> <li>- Handling and storage,</li> <li>- Managing of packaging considered as household waste</li> </ul>		CHWs in MAHEFA PY2 districts were already trained by the NSA/GFTAM project on c-IMCI including the malaria component in PY2, but did not or partially did not receive commodities.	

## 3.1.7 FAMILY PLANNING AND REPRODUCTIVE HEALTH

- Training for Community Health Workers (CHWs) and private health service providers in managing medical waste related to FP products.
- Provision of Family Planning services including injectable FP commodities, and sharps boxes

Planned activities	Recommended mitigating actions	Status of mitigating measures/actions taken	Any outstanding issues relating to required conditions	Remarks
1.2.1.29 Verify availability of long-acting methods in health services (needs assessment)	<p>Use of waste disposal equipment, incinerators, and facilities for hand washing will be assessed</p> 	None of the functioning CSBs located in the PY2 target communes of MAHEFA have an incinerator or appropriate disposal equipment with respect to the environment preservation. Otherwise, FP safety-boxes are available and used to dispose of used syringes and needles in respect of injection security as per the National Policy for Medical waste Management (2005).	13/163 communes of the PY2 were not covered because of the suspension of the NGO implementing partner (12) or for insecurity reasons (1 commune).	
2.1.1.6 Reinforce CHW training in provision of injectables	<p>Train CHWs and provide FP products, using MoH curricula and certified trainers. Training to include:</p> <p>Storage and waste management of FP products (condoms, oral contraceptives, injectables) to facilitate separation of ordinary and contaminated wastes,</p> <p>Use of safety injection steps, Syringes waste management,</p> <p>Assembling of sharps boxes,</p> <p>Managing sharps boxes (syringe, ...) according to NPWM and referring to the existing CHWs supervision tool and job aid on FP injectable waste management for disposal.</p>	<p>1944 CHWs (58%) in the targeted PY2 communes were provided with FP initial training (4 methods) and –suivi groupé” (11%). In addition to the remaining CHWs to be trained in 4 methods of FP, training on Depocom will happen in PY3.</p> <p>The curriculum has been updated with a specific session related to management of expired health products (FP, malaria, diarrhea), and packaging.</p>	MAHEFA will continue to collaborate with PSI and the social marketing system to provide CHWs with contraceptives and sharps boxes, as long as the system is supported by USAID during the life of the project.	
1.2.1.12 Procure launch kits (bags and drugs)	Promote environmental protection and personal safety through: Provision and use of materials: Each CHW should receive two (2) sharps boxes at	Reported in PY3.	MAHEFA anticipates that not every CHW will be able to bring full sharps boxes back to the CSB due to the closure of	

Planned activities	Recommended mitigating actions	Status of mitigating measures/actions taken	Any outstanding issues relating to required conditions	Remarks
3.1.1.11 Provide supportive supervision for all FP providers on choice of method and FP tools including "ruling out pregnancy check list"	the end of the training and be instructed that 75% full sharps boxes must be brought back to the health clinic (CSB) for final incineration.		many CSBs or their remoteness.  In PY3 MAHEFA plans to explore innovative approach by adapting waste management guides for CHWs and setting-up pilot disposal pits at fokontany level for CHW use.	

### 3.1.8 WATER, HYGIENE AND SANITATION

- Small-scale construction or rehabilitation of potable water systems
- Promotion of household drinking water treatment
- Construction of household level latrines, using slabs and community latrines "blocs sanitaires".

Planned activities	Recommended mitigating actions	Status of mitigating measures/actions taken	Any outstanding issues relating to required conditions	Remarks
1.1.1.6 Design and carry out surveys in representative regions/districts	Collect or update hydrogeological information on water resources and watershed preservation status in combination with other surveys/RCA.  -Collect behavioral information related to water and sanitation culture and beliefs.	Eight (8) consulting agencies (Bureaux d'étude) have been hired in PY2 to conduct surveys and inventories of existing water infrastructures in 25 districts of 9 target regions.  This activity has been completed as part of the Barrier Analysis, TIPS and Ethnographic Study in Menabe, Boeny, Sofia, and Melaky.	Formative research showed that populations previously used no covered recipients for water storage, and used different sources for water supply (river, pumps, wells, water rain,...) – it is taboo for a local community to "conserve" defecation in a closed area – Definition of hygiene is limited to body and clothes cleaning The population is able to adopt easily improved practices for water treatment and storage using local materials (Melaky, Boeny, Sofia) for family latrine use if built by external producers (Melaky). Regional BC Strategies will include appropriate sensitizing and promoting best practices in WASH in PY3 (CLTS, WASH key messages).	

Planned activities	Recommended mitigating actions	Status of mitigating measures/actions taken	Any outstanding issues relating to required conditions	Remarks
2.2.1.8 Identify communes with new and/or existing facilities needing repair	<p>Assess the water facility location to ensure that it will meet technical and environmental requirements (e.g. Respecting a minimum distance from pit latrines, minimum distance between wells, sensitive zones, etc.)</p> <p>Develop an ERR for planned WASH construction under moderate risk</p>	<p>322 small scale water infrastructures (PPMH) will be built in 68 communes of 22 districts (7 regions) in PY3, based on the Request For Proposal (RFP) developed by the consulting agencies in respect of the environment preservation.</p> <p>Development of 7 ESF/ERR <sup>3</sup>(7 regions) is ongoing.</p>	<p>The consulting agencies only started to conduct surveys at the beginning of the dry season (August) to optimize the appropriateness of the technical specifications for the construction of drinking water facilities.</p> <p>Based on the study reports submitted by the consulting agencies, finalization, internal review and submission to USAID for approval of the 7 ESF/ERR will be reported in PY3.</p>	
2.2.1.11 Rehabilitate and build water facilities	<p>Follow guideline on construction based on the New Nomenclature of water and sanitation facilities construction and USAID Environmental Guidelines for Small Scale Activities in Africa (EGSSAA)</p>	<p>30 study reports have been submitted to MAHEFA and are in internal review to be in line with the New Nomenclature of water and sanitation facilities construction and USAID EGSSAA.</p> <p>Establishment of the RFP for Building companies and hiring will be reported in PY3.</p>	<p>Construction of water facilities by building companies will depend on the technical feasibility, socio-economic viability, and cost efficiency, in addition to environmental soundness and USAID approval of the ESF/ERR.</p>	
3.1.1.8 Identify and train CHWs and local entrepreneurs in infrastructure quality and maintenance	<p>Train local entrepreneurs on environmental measures related to construction, rehabilitation or maintenance of water points on use, and on regulation/management.</p>	<p>Identification and training of local entrepreneurs in the 22 districts will be reported in PY3.</p>	<p>The consulting agencies hired will be in charge of providing the training for the local entrepreneurs and the Water Users Associations as well.</p>	

<sup>3</sup> ESF/ERR: Environmental Screening Form/Environmental Review Report

Planned activities	Recommended mitigating actions	Status of mitigating measures/actions taken	Any outstanding issues relating to required conditions	Remarks
1.2.1.20 Conduct WASH training and action planning for each group	Train or provide refresher training through local NGOs to CHWs on management of expired or used bottles of Sur'eau, using the c-IMCI curriculum updated by PSI on proper disposal of used bottles	1944 CHWs in the targeted PY2 communes were provided with handwashing initial training (58%), and during which a provision of bottles of sur'eau has been done as part of the launch kit for an integrated package of c-IMCI services.  The curriculum has been updated with a specific component related to management of expired health products (FP, malaria, diarrhea), and management of used bottles of sur'eau.	Initial training and refresher training will be continued in PY3 for the remaining CHWs.	
1.2.2.8 Conduct training of trainers and training of facilitators (CLTS+H)	Train or provide refresher training through local NGOs to CHWs on management of used water, using Diorano WASH platform guideline	Five NGOs, and 79 regional and local facilitators trained.	This activity will continue for the remaining target areas in PY3.	
2.2.1.4 Design and carry out monitoring of production and sales of slabs and other products	Revise slab installation manual as needed to include information on household hygiene promotion strategies(hand washing, environmental measures, distance to be respected between a water point and a latrine location, and procedures related to removing full slabs) Include in trainings, awareness raising about possible contamination of surface water, groundwater, soil, and food by excreta, chemicals and pathogens, inadequate protection of groundwater, and improper operation of sanitation facilities. Plan with CoSAN/communes for maintenance of 'blocs sanitaires', as failure to maintain the facility may lead to contamination of the area and water supplies	Development of latrines construction manual will be reported in PY3.	Based on geographical constraints of MAHEFA target districts during rainy season (Barrier Analysis), it is expected to explore suitable latrines models.  Due to the USAID restriction on working with public facilities, MAHEFA did not make any plans for "blocs sanitaires" construction in its process.	

## Annex C2: Environmental Mitigation and Monitoring Report (EMMR) – Part 2

### TARANJAM-PIOFANANA 27 :

Ny andraikitra ny Mpanentana amin'ny fiarovana ny Tontolo iainana.

#### Tanjona manokana:

Rehefa voaofana amin'ity taranjam-piofanana ity ny Mpanentana tsirairay dia mahay:

1-Mamaritra ny andraikitra ny Mpanentana eny anivon'ny Fiarahamonina momba ny Fiarovana ny tontolo iainana.

**Faharetany: 30mn.**

TANJONA MANOKANA	LAHATENY	FAHA-RETANY	FOMBA FAMPITANA	FITAOVANA
Rehefa voaofana amin'ity taranjam-piofanana ity ny Mpanentana tsirairay dia mahay:  1.Mamaritra ny andraikitra ny COSAN/Mpanentana eny anivon'ny Fiarahamonina momba ny fitantanana ny fako avy amin'ny fanafody sy fitaovana avy nampiasain'ny Mpanentana tao amin'ny Toby.	<p><b>A- <u>Momba ny fanafody sy fitaovana:</u></b></p> <p><b>I <u>Fitantanana ny tavoahangy Sûr'Eau lany:</u></b></p> <ul style="list-style-type: none"> <li>Rehefa lany ny Sûr'Eau dia ariana any amin'ny fanariam-pako ny tavoahangy.</li> </ul> <p><b>I <u>Fitantanana ny kapaoty avy nampiasaina na lany daty:</u></b></p> <ul style="list-style-type: none"> <li>Rehefa avy nampiasaina ny kapaoty dia fatorana ary ariana any anaty fanariam-pako na lava-piringa</li> <li>Ataolavitrinytoeranamety ho lalaovin'nyankizynanybibyfiompybatsyhiparitaka.</li> <li>Ny boaty na ny fonosana nisy kapaoty efa lany na lany daty dia ariana any anaty fanariam-pako na lava-piringa lavitry ny toerana mety ho lalaovin'ny ankizy sy biby fiompy mba tsy hiparitaka</li> </ul>	3mn  2mn  20mn	<p><b>Fametrahana tontolo mahafinaritra.</b></p> <p><b>Famakiana ny tanjona.</b></p> <p><b><u>Asa 136: Asam-bondrona.</u></b> (Travail de groupe)</p> <p><b><u>Dingana a</u></b> : Zaraina vondrona telo (3) ny Mpiofana :</p> <ul style="list-style-type: none"> <li><b><u>Vondrona 1:</u></b> mamaritra ny hetsika atao amin'hiarovana ny Tontolo iainana.</li> <li><b><u>Vondrona 2:</u></b> mamaritra ireo hetsika atao rehefa manamboatra lava-drano hiarovana ny Tontolo iainana.</li> <li><b><u>Vondrona 3:</u></b> mamaritra ireo hetsika atao rehefa manamboatra lavapiringa hiarovana ny Tontolo iainana.</li> </ul>	<p>Taratasy lehibe mirakitra tanjon'ny taranjam-piofanana</p> <p>Markers</p> <p>Masking Tape</p> <p>Taratasy lehibe</p>

TANJONA MANOKANA	LAHATENY	FAHA-RETANY	FOMBA FAMPITANA	FITAOVANA
	<ul style="list-style-type: none"> <li>Tsy azo ampiasaina intsony ny kapaoty efa lany daty.</li> </ul> <p><b>I Fitantanana ny fonon'ny lay misy odimoka na moustiquaire imprégné nampiasaina:</b></p> <ul style="list-style-type: none"> <li>Ny kitapo be nitoeran'ny lay dia azo ampiasaina hanaovana zavatra hafa.</li> <li>Ny sachet plastika nitoeran'ny lay misy ody moka dia tsy azo ampiasaina intsony fa alevina ary atao 30m lavitry ny toerana fantsakàna rano.</li> <li>Ny sachet plastika nitoeran'ny lay misy ody moka dia tsy azo ampiasaina hitehirizana sakafo na rano.</li> </ul> <p><b>B. Fomba fitantanana ireo fanafody lany na efa lany daty:</b></p> <p><sup>3/4</sup> <b>Ho an'ny fanafody pilina sy ny fonosana:</b> Ariana avy hatrany any amin'ny fanariam-pako lavitry ny ankizy sy biby fiompy ny fonosana rehefa lany ny fanafody (pilakety sy baoritra).</p> <p><sup>3/4</sup> <b>Ny fanafody lany daty dia aterina eny amin'ny CSB ho "condamner" araky ny fepetra mifehy izany.</b></p> <p><sup>3/4</sup> <b>Ho an'ny tsindrona (PF sy RDT):</b></p> <p>Ariana ao anaty baoritra (<i>boîte de sécurité = Safety Box</i>) ny séringue avy nanindromana araka ny toromarika.</p> <p>Entina miaraka amin'ny Mpanentana foana ny baoritra rehefa andeha hanindrona izy.</p> <p>Aterina eny amin'ny CSB hodorana rehefa feno hatreo amin'nytelo am-pahefany (<sup>3/4</sup>) nybaoritra.</p> <p>Ny fonona aiguille sy séringue ary ny tranon'ny</p>		<p>Hazavaina amin'ny Mpiofana ny tanjon'ny asa atao:</p> <p><i>f Farito ireo hetsika ataon'ny Mpanentana iarovana ny Tontolo iainana manoloana ireo fitaovana ampiasainy ho fanatanterahana ny asany ao amin'ny Toby.</i></p> <p>Hazavao amin'ny Mpiofana ny fomba fiasa anaty vondrona:</p> <p><i>f Mifidy Mpitarika ny asam-bondrona iray.</i></p> <p><i>f Mifidy Mpitan-tsoratra iray.</i></p> <p><i>f Mifidy Mpitondra teny iray.</i></p> <p><i>f Mamelabelatra ny asam-bondrona eny anoloana rehefa vita ny as any Mpitondra teny.</i></p> <p>Omeo ny ora hanaovana ny asa:</p> <p><i>f 10minitra.</i></p> <p><b>Dingana b:</b> Asao ny vondrona tsirairay hamelabelatra ny asa vita ery anoloana. Tsy asiana fanamarihana ny asa vita.</p> <p><b>Dingana d:</b> Mamelabelatra fohy mikasika ireo hetsika atao momban'ny fiarovana ny Tontolo iainana ny Mpampiofana araka izay voaomana anaty taratasy lehibe.</p> <p><b>Dingana e:</b> Ankasitrahana ny Mpiofana momban'ny zava-bitany.</p> <p><b>Asa 137: Famintinana.</b></p> <p>Manao ny famintinana ny Mpampiofana ary manatiantitra tsara ny antony lehibe ilàna ny :</p> <p>1-Fitantanana ny Fako.</p> <p>2-Fiarovana ny Tontolo iainana.</p>	

TANJONA MANOKANA	LAHATENY	FAHA-RETANY	FOMBA FAMPITANA	FITAOVANA
	<p>fanafody dia ariana anaty fanariam-pako lavitry ny ankizy sy ny biby fiompy.</p> <p><b>Ny aro-tanana na gant</b> dia ariana ao anaty daba-pako misy sachet rehefa avy nodiovina tamin'ny rano misy chore.</p> <p><b>D. <u>Momba ny fanamboarana vovon-drano na "Puit".</u></b></p> <ul style="list-style-type: none"> <li>• Raha mandavaka dia fehezina ny haben'ny toerana ho lavahana</li> <li>• Fehezina ny fanapahana hazo</li> <li>• Fehezina ny fanesorana lobolobo.</li> </ul> <p><b>I ASA TOKONY HATAO:</b></p> <ul style="list-style-type: none"> <li>• Mamboly "vetiver" na zavamaniry miaro amin'ny fikaohan'ny riaka ny nofon-tany.</li> <li>• Manao « <i>mur de soutiennement</i> »</li> <li>• Manao rarivato ho fiarovana sy fitandroana ny fahadiovan'ny lava-drano. (<i>Création des fosses de crête</i>)</li> <li>• Manisy lalan-driaka. (<i>canalisation</i>)</li> </ul> <p><b>E- <u>Momba ny fanamboarana lavapiringa. (WC)</u></b></p> <ul style="list-style-type: none"> <li>• Raha mandavaka dia fehezina ny haben'ny toerana ho lavahana</li> <li>• Atao lavitry ny lava-drano ny foto-drafitr'asa lavapiringa na WC.</li> </ul>	<p>3mn</p> <p>2mn</p>	<p><b><u>Asa 138</u>: Famakiana ny tanjona.</b> Mampamaky ny tanjon'ny taranjam-piofanana ny Mpampiofana, ary manontany na mampaneho fihetsika raha tratra ny tanjona. (<b><u>ohatra</u></b>: manao hiaka)</p>	

## ***Annex D: Success stories, case studies and publications***

During PY2, MAEHFA finalized the IEC Materials inventory and published the Nepal Study tour report in English.

### **Annex D1 - Post-Cyclone Response by MAHEFA - Vohemar, SAVA**

Following the February 2012 cyclone 'Irina' in Madagascar's north-eastern SAVA region, the USAID-funded project, MAHEFA, acted quickly to disseminate water, hygiene, sanitation and prevention of diarrhea and malaria messages to the residents of this underserved rural region. All 19 communes in the district of Vohemar were directly affected by the cyclone and subsequent flooding, putting all 224,000 residents at risk. Sources of potable water were contaminated and the already poor hygiene and sanitation situation was exacerbated, threatening the health and safety of the community. Additionally, the stagnant water left by the cyclone provided breeding grounds for mosquitoes in this malaria endemic region.

The MAHEFA team immediately began collaboration with local health authorities to prepare and disseminate public health messages to prevent morbidity and mortality from diarrhea and malaria. The messages included the three main WASH (water, sanitation, hygiene) messages: safe storage and treatment of drinking water, safe feces disposal, and hand washing with soap, as well as the importance of removing stagnant water within the community to prevent mosquito breeding.

Once the messages were approved by the District Medical Inspector and the Regional Director of Health, with assistance from MAHEFA, several local radio stations were contacted to discuss dissemination. With cost-effectiveness in mind, RTVI station was selected as they agreed to air the messages for free for a period of 60 days.

Cyclone Irina provided MAHEFA with a unique opportunity to reflect on the lessons learned from their collaborative efforts to minimize post-cyclone diarrhea and malaria morbidity and mortality in the district of Vohemar. MAHEFA responded rapidly to the disaster and within 48 hours began discussions to identify messages to raise awareness in the community that more people are likely to die from diarrhea and malaria following a cyclone than from the cyclone itself and that preventive measures are needed. In addition, the collaboration between MAHEFA and the local health authorities on the content of the messages has laid a strong foundation for future collaboration on community based health interventions. The ability of the team to negotiate with the local FM radio stations for airing of the spots led to a commitment by one local station to air 40 messages per day for 60 days free of charge. These were some of the strengths of the initiative.

Should another cyclone severely affect the areas where MAHEFA works, the health messages are ready for immediate dissemination and should minimize delays. Although free airing is ideal, it is important to determine the coverage of local radio stations and ensure they are accessible to the target population.

This community health worker (above right) had a radio, provided by another organization whose program has ended. He continues to listen to health programs on the radio and discusses the content with members of his community. He convened his group, which consists of up to 20 members with more women than men, to listen to the health messages disseminated through RTVI.



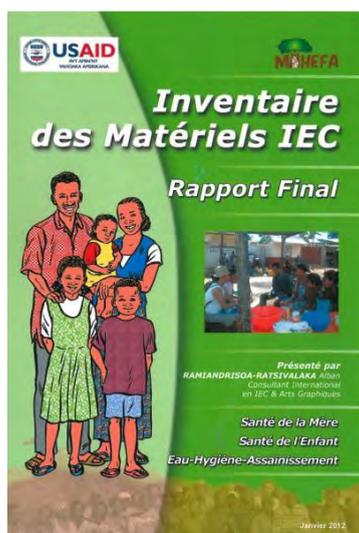
***SAVA Regional Coordinator and CHW listening to radio messages. With thanks to Dr. Frederic Rasoamparany, Regional Coordinator, Vohemar, MAHEFA Field Office and Emily Morash for preparation of this summary***

## **Annex D2 - USAID partner completes the first comprehensive study of existing IEC materials**

MAHEFA, Malagasy HENiky ny FAhasalamana, is a USAID funded integrated community health program which began in May 2011, and will be working in more than 30 of the most remote rural districts of 9 underserved regions of Madagascar over the next four and a half years. The program has recently completed an extremely useful inventory of Information, Education, and Communication (IEC) materials that will be disseminated to partners working in health in Madagascar. The primary objectives of the study were to: i) identify appropriate materials to be utilized by NGOs and community health workers in the MAHEFA program to promote improved health behaviors at the community level, including increased use of health services and products, and ii) to produce a valuable resource for health partners in Madagascar to assist them in determining which materials might be suitable for use in their own programs.

In November 2011, the MAHEFA Behavior Change (BC) team sent out a request for bids to identify an IEC materials development specialist who could conduct the inventory. The MAHEFA team commissioned a well-known, experienced IEC materials expert with more than 20 years of domestic and international experience to conduct the study

After participating in a short working session with an international consultant with more than 30 years of experience in materials development and communications, the Malagasy IEC expert visited representatives from more than 10 different projects at various organizations and reviewed over 180 materials including brochures, flyers, job aids, newsletters, posters, flip charts, counseling cards, instructional guides (latrine construction for example), radio and TV spots, billboards, etc. In order to assure a high quality product, the MAHEFA BC team provided suggestions regarding the types of information to be collected on each material. The IEC materials expert produced a complete report of the process, findings, and his recommendations based on the inventory; in fact, even though his assignment was to inventory only IEC materials, the specialist also reviewed training, management, and evaluation tools.



### ***Inventory of IEC materials***

The MAHEFA team is extremely satisfied with both the results of this comprehensive inventory, and the openness that several health partners showed in participating in the study. The two major findings from the inventory were somewhat discouraging: 1) very few materials have been developed or updated within the past 10 years; and 2) most of the materials inventoried were not submitted to pretesting according to standardized practices with the intended group of users. However, the inventory was helpful in showing that a variety of materials exist from which the program can select, update, adapt, pretest, finalize, and disseminate a couple of key materials for use in its regions of intervention.

The overall impact of the inventory is anticipated to be two-fold: first, for the MAHEFA program, the inventory enabled the program to select three key materials that it will adapt, pretest, finalize, and utilize to improve the health and well-being of women and children under five. Secondly, the MAHEFA team is excited to be able to assist other partners interested in updating or developing their own materials in the future to avoid “re-inventing the wheel” by giving them full access to the inventory via a program website planned for the near future. By providing health and development partners with user-friendly, free access to the inventory via the program’s website, the MAHEFA team hopes to contribute towards enabling partners to be more cost-effective with their IEC budgets, as well as to improving the quality of materials and the materials development process used by other health and development partners in Madagascar.

## **Annex D3 - Belo Case Study**

### **Sharing skills and expertise to contribute to healthier communities in Western Madagascar through Community Health Worker Training**

A group of 20 volunteer Community Health Workers (CHWs) sat attentively around crowded tables listening to a talk on contraceptive use. Outside, the sun beat down and music from the market could be heard in the background. Just down the street, a group of another 20 volunteers were acting out a role-play between a patient and Community Health Worker. These community-selected volunteers were invited to participate in the first Community Health Worker training in the Menabe region of Madagascar. This training was provided by the USAID-funded project; MAHEFA and took place between July 2-6, 2012. The purpose of this training was to educate the volunteers on family planning methods and reproductive health through lectures, role-play, discussion and the use of visual aids. The volunteers indicated that a lack of information about family planning and reproductive health is a real issue in their

communities and expressed their enthusiasm for the newly gained knowledge about reproductive health. The link between child survival and delaying the birth of a second child by two years in countries with limited health care provision is well documented. The MAHEFA program aims to equip families, and especially women, with a range of family planning choices so that they can make informed decisions in the best interests of their family.

Many of the health workers shared that they volunteered because they recognized a need for basic healthcare in their own community. Narcis, a volunteer from Ankirondro Nord, explained that he wanted to gain competence and knowledge from these training sessions. He has many children and wants to take care of his family as well as the community. Another volunteer, Clementine, from Bevoay, stated that she wanted to play a role in spreading health advice to the community. She wants to take care of the needs of women, children, and the elderly in her community, and eventually deliver children, much like a midwife.

At the training's conclusion, the Community Health Workers received health commodities that they will be able to use for their important work in the community. They were presented with condoms, oral contraceptives, and cycle beads. Once the volunteers have completed a refresher course, they will be able to use injectable contraceptives as well. While this training concentrated on family planning, additional materials were also provided including children's antidiarrheals, water purification solution, malaria test kits, gloves, and a box for safe disposal. These consumables will be sold to the public and the proceeds used as a revolving fund to purchase more supplies.

The training was considered a success, and although the long-term effects are yet to be seen, the volunteers expressed a lasting commitment to the project and shared their long-term goals. Many volunteers have the same vision of a village where infant and maternal mortality is reduced and sickness is easily treated. Additionally, volunteers expressed that at the conclusion of the five-year project, they hope for their communities to have latrines, a place to discard household waste, and a source of potable water —issues MAHEFA plans to tackle soon.

As this project will take place over a period of five years, MAHEFA staff will continue to check in, support and provide coaching to the volunteers in an effort to assess the effectiveness of the program in achieving the project goals.



***Volunteer Community Health Workers listen to a lecture at their first training session provided by the USAID-funded project, MAHEFA in the Menabe region of Madagascar. Photo taken by Brianna Engelson –MAHEFA Intern***

## **Annex D4 - Milanoa Success Story**

### **Community Health Workers Receive Lessons in Family Planning and Reproductive Health**

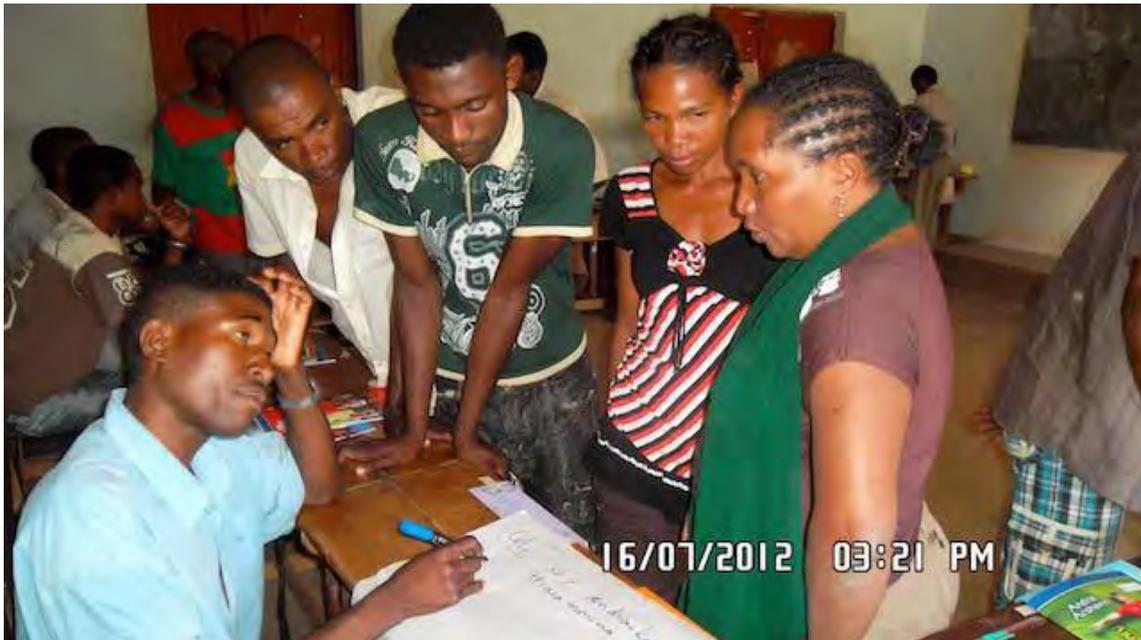
The sun shone brightly on the four-roomed schoolhouse in the small commune of Milanoa. Inside, volunteer Community Health Workers (CHWs) observed a demonstration on proper condom use. The volunteers were gathered in the SAVA region of northern Madagascar between the 16<sup>th</sup> and 20<sup>th</sup> of July 2012 for training provided by the USAID-funded project, MAHEFA. The purpose of this training was to educate the volunteers on family planning methods and reproductive health—a critical step in MAHEFA's mission to reduce infant and maternal mortality among underserved populations in Madagascar.

The community-selected volunteers in attendance were trained in a variety of family planning methods including the use of condoms, oral contraceptives, and the rhythm method. Once trained in a range of methods they were given a variety of health commodities, including condoms, oral contraceptives, and cycle beads. Once they have received a refresher course, the volunteers will also be able to distribute injectable contraceptives. While the focus of this training was family planning, the volunteers were supplied with additional materials including children's antidiarrheals, water purification solution, malaria tests, gloves, and a sharps box for safe disposal. These materials will be sold to the public by the Community Health Workers and the proceeds used as a revolving fund to purchase new supplies. The volunteers were shown how to use these materials through demonstrations and the use of visual aids. In addition, the volunteers also learned together through group activities and role-playing exercises which added an element of fun and dynamism to the training.

The volunteers affirmed an enduring commitment to the program, and those with previous experience and training were praised for their service. Bevita, a volunteer from Ambohibada in the commune of Bobakilo has worked as a CHW for 13 years and has attended eight trainings. He was selected to volunteer because he is known for the good work he has done and is respected in his community. Bevita says he is proud of this and that he wants to continue providing healthcare and advice to the community for many years to come. Another volunteer, Huguette, who is from Anjavibe has worked as a CHW for eight years. Like Bevita, she plans to continue volunteering, stating that she "really likes the work".

While it is too early to observe the long-term effects of this training, it was considered a success, and the volunteers expressed their appreciation for the learning opportunity. Soariny, a volunteer from Rangovato in Ambalashtra who has been working as a CHW since October 2010, stated that she liked the training very much, adding that the information provided was truly important and that many of her questions had been answered.

This program will continue for five years. MAHEFA staff will continue to check in with the volunteers in an effort to assess the effectiveness of the program in achieving the project goals whilst providing supportive supervision to the CHWs.



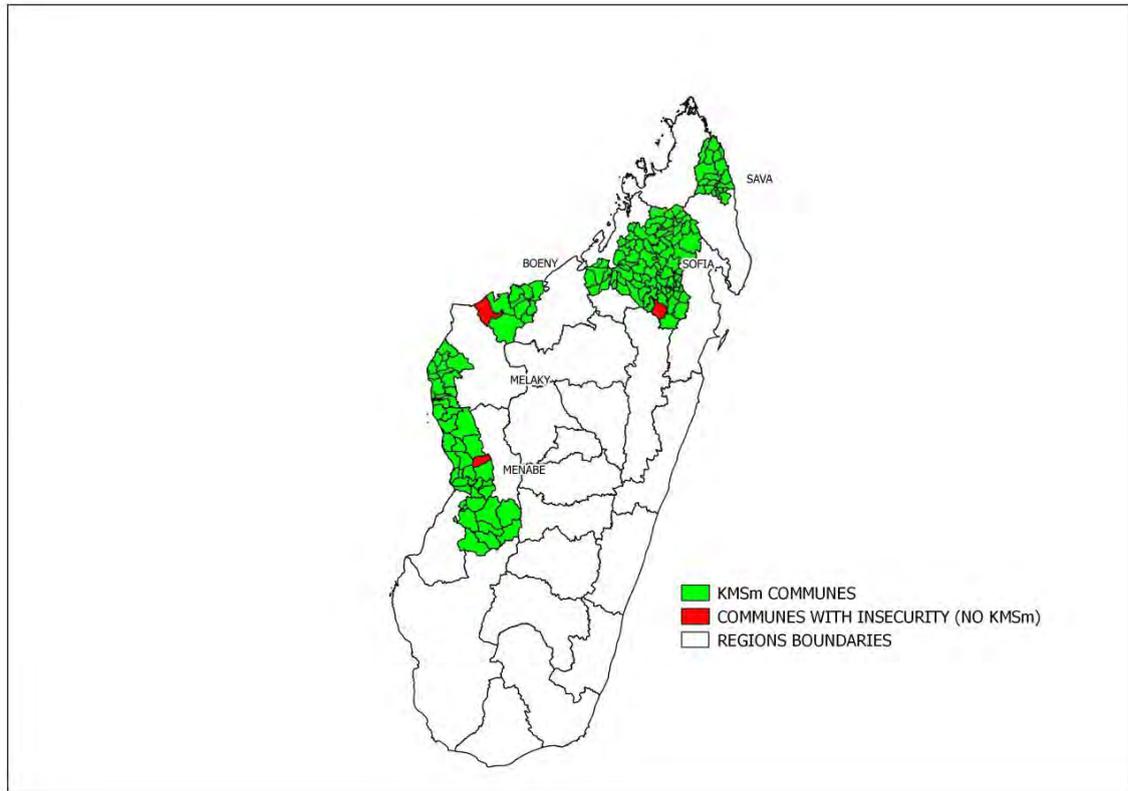
***Community Health Workers discussing family planning options as part of a group activity during a training session provided by the USAID-funded project MAHEFA.  
Photo taken by René Randriamanga –MAHEFA***



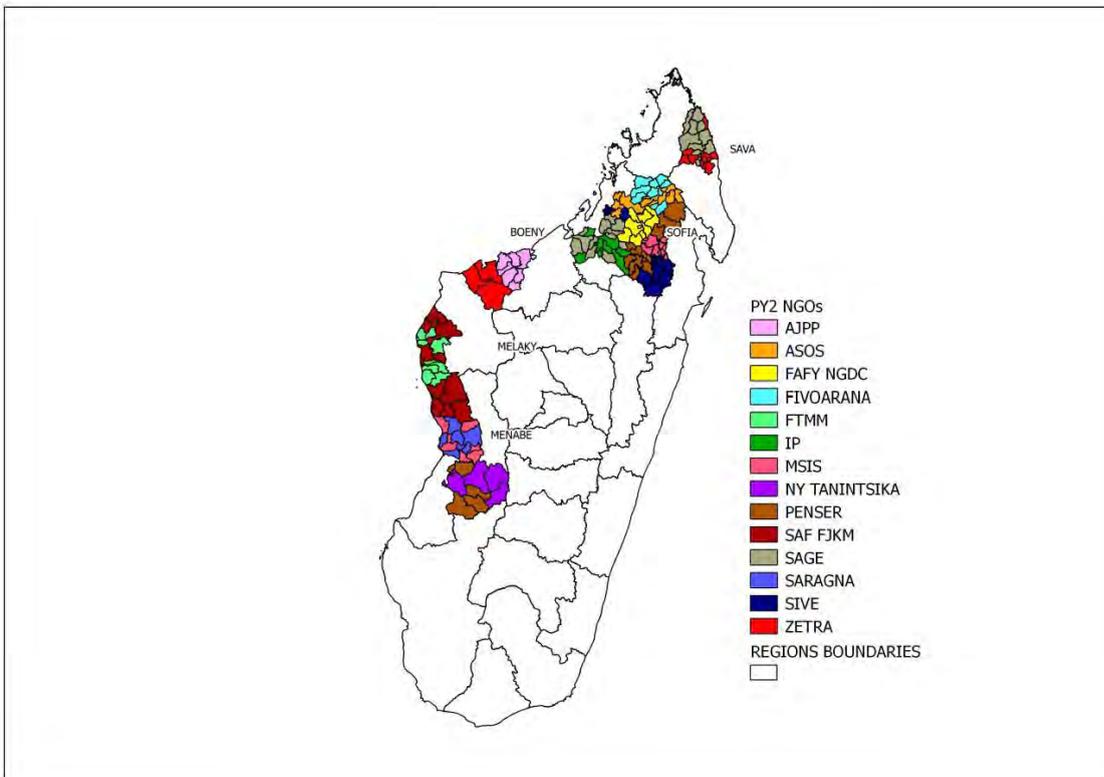
***Community Health Workers show off their uniforms and supplies on the last day of training.***

## Annex E: Maps

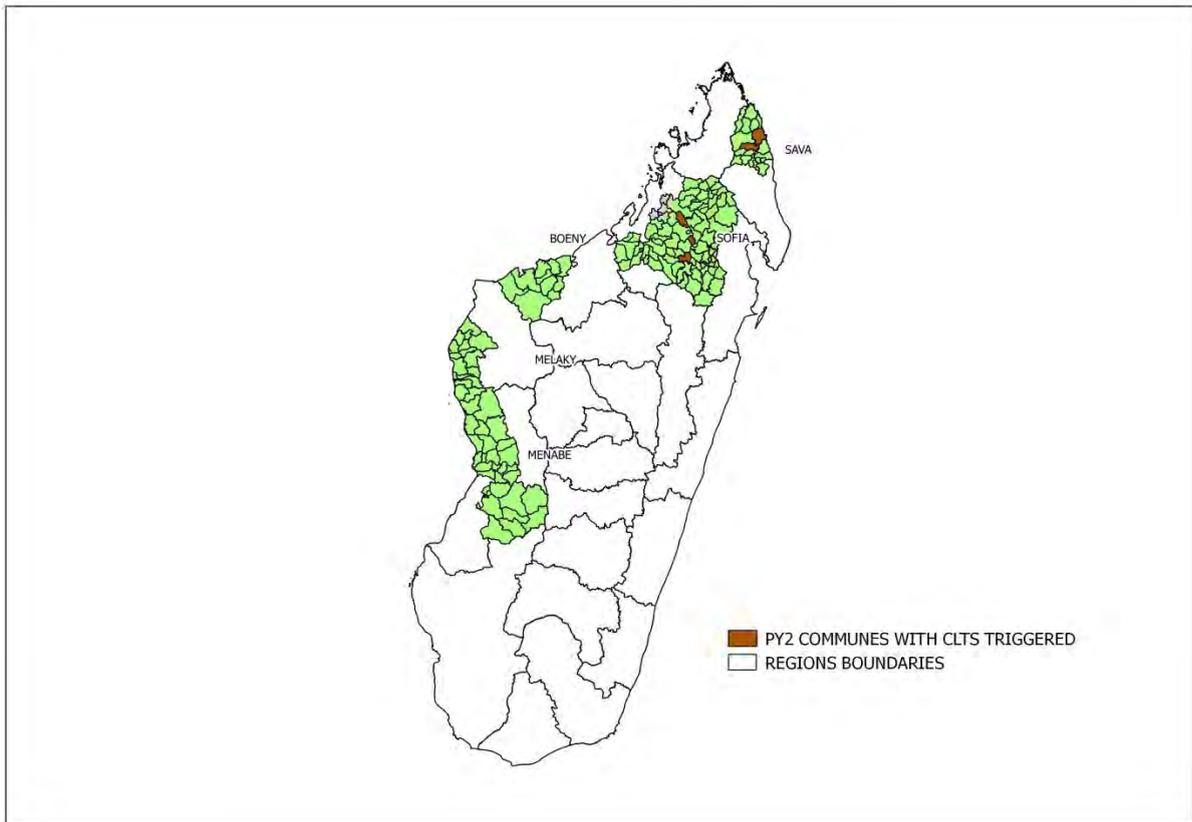
### 1 - Location of all KMSm Communes by Region



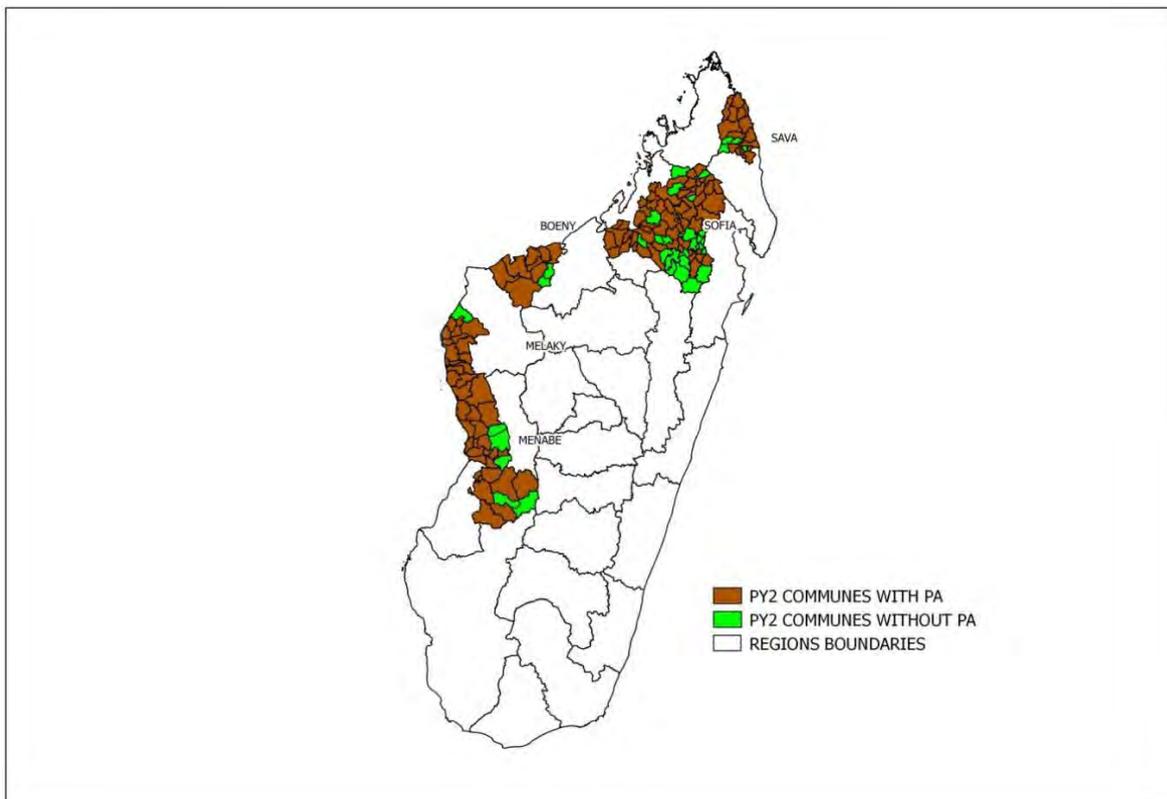
### 2 - Communes showing location of all PY2 NGOs



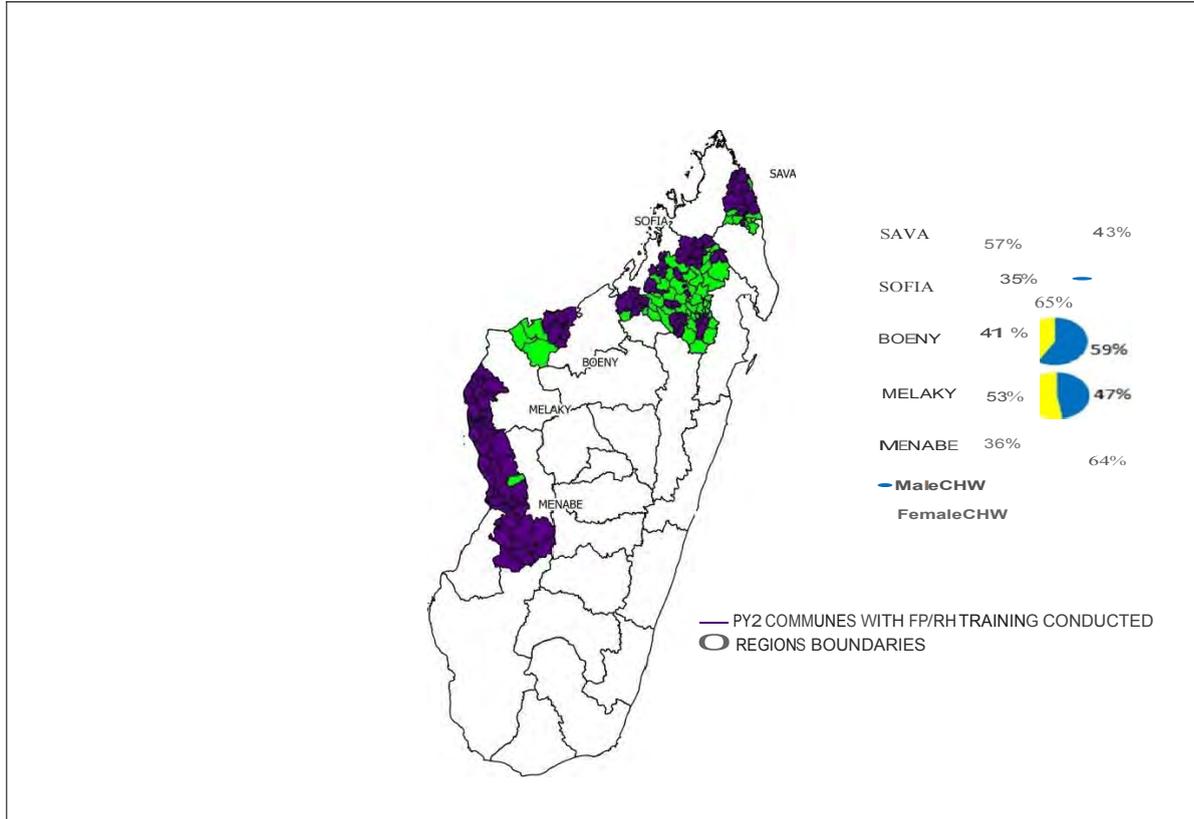
### 3 - CLTS implemented communes



### 4 - Location of Points d'Approvisionnement (PAs)



5- Communes where ACs have been trained by MAHEFA for FP/RH



**Annex F: PY1 Implementation Plan Status**

WP #	Planned Activities	Indicators	STATUS: a) completed b) almost completed c) ongoing d) planning phase e) postponed f) needs modification	Comments	STATUS
<b>Administrative and Financial start-up</b>					
	Initiate project in-country registration	Project in-country registration done	Almost completed	Approval by local government of "Accord de siege" of JSI in Madagascar still pending. Files in process since end of August 2011 and approval expected by end of December 2011	The approval of "Accord de siege" from the local government was finally received end of May 2012  (COMPLETED DURING PY2)
	Set-up office in Antananarivo and in one region	One office open in Tana and one regional field office opened	Almost completed	Menabe regional office will be operational in early November 2011. Menabe launch conducted on September 22, 2011.	MENABE regional office was fully operational in early November 2011  (COMPLETED DURING PY2)
	Hire and train Local Finance and Administrative staff (Chief Accountant, Grants Mgr, Receptionist, Accountant)	Relevant staff hired and trained	Almost completed	Grant Manager, Program Assistant, IT Manager, Drivers and Regional Administrative and Finances staff will be hired in PY2	These positions were filled during PY2 as shown in the table in Section 4. Admin Finance of this report.related to MAHEFA staff list by end of September 2012  (COMPLETED DURING PY2)

WP #	Planned Activities	Indicators	STATUS: a) completed b) almost completed c) ongoing d) planning phase e) postponed f) needs modification	Comments	STATUS
	Identify best candidates for key roles (BC Coordinator, Regional WASH Coordinators (3), Wash Officer, Monitoring and Evaluation Officer, NGO Coordinator, Logistics Officer and other technical officers etc)	Candidates recruited	Almost completed	The remaining technical positions at central and regional levels will be filled during Quarter 1 of PY2, with most of them during October and November 2011	These positions were filled during PY2 as shown in the table in Section 4. Admin/Fin and MAHEFA staff list by end of September 2012  (COMPLETED DURING PY2)
	Procure office equipment and furniture	Office equipment, furniture available	Almost completed	Regional offices equipment and furniture acquisition are ongoing and will be done in Quarter 1 of PY2	This is an ongoing process as new field offices are still being opened. Acquired all the main equipment and furniture of the 5 regional offices during PY2)  (COMPLETED DURING PY2)

WP #	Planned Activities	Indicators	STATUS: a) completed b) almost completed c) ongoing d) planning phase e) postponed f) needs modification	Comments	STATUS
	Process for selection of local grantees defined and disseminated	First round of local grantees selected	Ongoing	Proposals from Menabe potential grantees will be received by mid November 2011 and Menabe local selected grantees will start working in December 2011. The remaining rounds for grantees selection in the other regions (SAVA, Melaky, Sofia, Boeny) will be implemented during PY2	The four local grantees of MENABE region were selected on 27 December 2011 following USAID approval.  These 4 local NGOs constitute the first round of local grantees selected by the program  COMPLETED DURING PY2
	Establish MOU with project partners	MOUs finalized with selected project partners	Planning phase	Discussions with PSI, MSM ongoing in Quarter 1 of PY2. Other MOUs to be developed as per program need	This is an ongoing process as we haven't put the numbers of MOUs to be signed at the indicator table column.  Please refer to PY2 for the achievements related to the number of MOUs signed. HoverAid – Feb. 23, 2012 PSI – May 18, 2012 MSM – May 25, 2012 (ONGOING PROCESS)

WP #	Planned Activities	Indicators	STATUS: a) completed b) almost completed c) ongoing d) planning phase e) postponed f) needs modification	Comments	STATUS
	<b><i>Technical project start-up, management and reporting</i></b>				
	Train project team and grantees on EMMP guidelines	Initial training on EMMP guidelines conducted	Postponed	Reminder to be done to USAID as soon as the Sr. WASH Advisor hired	This activity is complete. Regional staff have given local training to NGO technical staff
	Prepare Joint annual management review (PPR)	Technical inputs prepared for USAID (PPR)	Postponed	Next steps will be defined with USAID	This activity is complete. MAHEFA contributed to USAID joint annual management reviews (PPR) in October 2011 by sending filled PPR templates to USAID
	Initiate procurement plan preparation	Draft procurement plan prepared	Ongoing	US-based DELIVER will provide TA on end November	This activity is complete. A senior technical advisor from JSI-DELIVER gave a technical assistance in November-December 2011, results were debriefed at USAID office on December 2011 and report is available
	<b>Pillar 2: Consistent, customized support to community advocacy and mobilization</b>				
	<b>IR 1: Increase demand for high-quality health services and products</b>				
	<b><u>Technical activities</u></b>				
	<b><i>Existing BCC Materials Review and Materials Development</i></b>				

WP #	Planned Activities	Indicators	STATUS: a) completed b) almost completed c) ongoing d) planning phase e) postponed f) needs modification	Comments	STATUS
	Identify all existing BCC resources (in each health area) and determine what can be adapted to program needs (replicated & disseminated) and what new resources will be required	Online BCC Resource library created	Ongoing	With support of international STTA in late November the webmaster will be hired and the library will be created in early December.	This activity is almost complete as described in PY2 table 1.2.1.1
<b><u>Program elements</u></b>					
<b><u>MNCH</u></b>	Review EPI BCC content for all existing materials	Inventory of existing materials and messages gaps completed	Ongoing	Analysis of the documents is ongoing and will be completed in Quarter 1 of PY2	This activity is almost complete as described in PY2 table 1.2.1.6
<b><u>NUT</u></b>	Review CHW's material to assess ENA content	Material reviewed	Ongoing	Analysis of the documents is ongoing and will be completed in Quarter 1 of PY2	This activity is complete as described in PY2 table 1.2.1.26
<b><u>WASH</u></b>	Review WASH 3 key practices promotional materials and BCC tools	WASH promotional materials reviewed	Ongoing	Analysis of the documents is ongoing and will be completed in Quarter 1 of PY2	This activity is ongoing. Revisions made concern the "Livret d'animation" and the "carnet de santé des enfants". Other tools will be developed during PY3

WP #	Planned Activities	Indicators	STATUS: a) completed b) almost completed c) ongoing d) planning phase e) postponed f) needs modification	Comments	STATUS
	<b>Pillar 3: Strong community health systems</b>				
	<b>IR 3: Improve the quality of care delivered by community-based health practitioners</b>				
	<b><u>Technical Activities</u></b>				
	<b><u>Review Existing CHWs Program Protocols and Materials</u></b>				
	<b><u>Cross-Cutting Technical Activities</u></b>				
	<b><u>M&amp;E</u></b>				
	Develop overall monitoring plan and strategy for CBIHP with inputs from all teams for comprehensive approach	Ongoing monitoring throughout the project	Ongoing	International M&E meeting in Ghana was attended in September 19-23 and Boston TA was done September 27-October 7, 2011. M&E plan will be developed in November	This activity is ongoing. The M&E manual was developed including all tools needed for the program. Adjustment as needed and electronic approaches will be done during PY3.
	<b><u>Barriers and enablers needs assessments</u></b>				
	Initiate project barriers and enablers assessment as well as needs assessment	Process initiated	Ongoing	Orientation of the MAHEFA staff was done and the protocol for the assessment is under development. The first assessment will be conducted in Quarter 1 of PY2	This activity is almost complete as described in PY2 table 1.1.1 section.

### Annex G: Summary of CHW Support Activities Final

#### Summary of MAHEFA CHWs support activities and rate of completion for FY2012 (PY2 for MAHEFA)

No.	Region	OFFICE opening- PY2 workplan under ADM (unnumbered)				NGO recruitment (contract)-PY2 workplan under ADM (unnumbered) and 1.3.1.1				KMS COMMUNE launch-PY2 Workplan 1.3.1.4				
		Quantities		Timeframe		Quantities		Timeframe	Quantities		Timeframe			
		Planned	Status	Planned	Status	Planned	Status	Planned	Status	Planned	Status	Planned	Status	
1	Menabe	1	1	PY1	Nov-11	4	4	Q1,2,3	Feb-12	25	24	Q2,3,4	March-May-12	
2	SAVA	1	1	Q1,2	Dec-11	2	2 but 1 suspended	Q1,2,3	Feb-12	19	19	Q2,3,4	Apr-12	
3	Boeny	-	-	Q1,2	No Office - support from Tana	2	2 but 1 suspended	Q1,2,3	Feb-12	10	9	Q2,3,4	April and July-12	
4	Melaky	1	1	Q1,2	Jan-12	2	2	Q1,2,3	Feb, March-12	22	22	Q2,3,4	April-May-12	
5	Sofia	1	1	Q1,2	May-12	8	8	Q1,2,3	May-12	87	86	Q2,3,4	July-September 2012	

No	Region	COSAN training/pp-PY2 Workplan 1.3.1.5				Convention signed- Not included in PY2 WP				PA trained -Not included in PY2 Workplan			
		Quantities		Timeframe		Quantities		Timeframe		Quantities		Timeframe	
		Planned	Status	Planned	Status	Planned	Status	Planned	Status	Planned	Status	Planned	Status
1	Menabe	304	280	Q1-4	March-June -12	25	24		March-June -12	25	20		Apr-12
2	SAVA	153	65	Q1-4	April-June -12	19	13		April-June -12	19	15		June-12
3	Boeny	124	84	Q1-4	April and July-12	10	7		April and July-12	10	9		June-12
4	Melaky	376	335	Q1-4	May-12	22	22		May-12	22	23		June-12
5	Sofia	065 <sup>1</sup>	054 <sup>1</sup>	Q1-4	June-July-12	87	86		June-July-12	87	63		July-12

<sup>1</sup> source: NGO

<sup>2</sup> Functional is defined by MAHEFA as: trained, equipped and supervised (first *-suivi groupe*" completed)

<sup>3</sup> Expected is based on the number of CHWs on the official MOH list

<sup>4</sup> Planned is adjusted denominator for implementation based on either non accessible communes due to security risks and/or non performing NGO

N°	Region	CHW Training FP/RH & Message Transfer -PY2 Workplan 3.1.1.6					Kits distributed- PY2 Workplan (kit design- 3.3.1.2(Q1); Purchase 3.3.1.13 (Q1);Distribution 1.2.1.12 (Q1 - 4)				Review 1 + Suivi groupé -PY2 Workplan 2.1.1.5			
		Quantities			Timeframe		Quantities		Timeframe		Quantities		Timeframe	
		Expected <sup>3</sup>	Planned <sup>4</sup>	Status	Planned	Status	Planned	Status	Planned	Status	Planned	Status	Planned	Status
1	Menabe	588	572	535	Q2,3,4	July- Sept - 12	572	535	Q1	July- Sept - 12	535	161	Q4	Ongoing since mid-Aug- 12
2	SAVA	306	140	131	Q2,3,4	July- Aug -12	140	131	Q1	July- Aug - 12	131	62	Q4	Ongoing since Sept-12
3	Boeny	198	118	109	Q2,3,4	Aug- Sept - 12	118	109	Q1	Aug- Sept - 12	109	37	Q4	Ongoing since Sept-12
4	Melaky	376	376	353	Q2,3,4	July- Aug -12	376	353	Q1	July- Aug - 12	353	35	Q4	Ongoing since Sept-12
5	Sofia	2150	2 150	816	Q2,3,4	Ongoin g since Aug-12	2 150	816	Q1	Ongoin g since Aug-12	816	73	Q4	Ongoing since end of Sept- 12

No.	Region	CHWs "functional" for FP/RH services <sub>2</sub>				Stages pratiques FP				CHWs Training c-IMCI <sup>1</sup> by NSA			
		Quantities		Timeframe		Quantities		Timeframe		Quantities		Timeframe	
		Planned	Status	Planned	Status	Planned	Status	Planned	Status	Planned	Status	Planned	Status
1	Menabe	572	161	Q4	End of Sept-12		NA, TBD		July-Sept-12	588	524		Oct-Dec-11 (Belo), June-July-12 (Mahabo)
2	SAVA	140	62	Q4	End of Sept-12		NA, TBD		NA, TBD	306	277		Sept-11
3	Boeny	118	37	Q4	End of Sept-12		28						July-12
4	Melaky	376	35	Q4	End of Sept-12		NA, TBD		NA, TBD				Aug-12
5	Sofia	2 150	73	Q4	End of Sept-12		NA, TBD		Ongoing since Sept-12				Nov-11 (432 CHWs), March-July-12 (remaining)

N°	Region	Stages pratiques c-IMCI				Suivi groupé c-IMCI by NSA				% CHWs functional in PY2 (# CHWs functional/ # CHWs MAHEFA could target for training)	Comments
		Quantities		Timeframe		Quantities		Timeframe			
		Planned	Status	Planned	Status	Planned	Status	Planned	Status		
1	Menabe		TBD		TBD		TBD		TBD	<b>28%</b>	<ul style="list-style-type: none"> <li>Regional office opened November 2011 with Reg.Coordinator/Fin.Admin</li> <li>Fully staffed in September 2012.Difficult and delayed recruitment for WASH and M&amp;E.</li> <li>4 NGOs selected by Feb. 2012.</li> <li>KMSm introduction complete May 2012 (except commune Ambiky due to insecurity – letters from the mayor of Ambiky with the chief of district advice and the medical inspector); attached</li> <li>535/ 572 (94%) CHWs trained (16 CHWs not included for Ambiky)</li> <li>161/535 CHWs representing 8 communes completed KMS Review 1 and Suivi groupé by 30 Sept.</li> <li>161/572 (28%) of CHWs considered functional, by MAHEFA definition (trained, equipped, supervised)</li> <li>98/161 submitted monthly status report by September 30, 2012.</li> <li>224 additional CHWs will be functional by end of October and 134 more in November 2012</li> </ul>

2	SAVA		TBD		TBD		TBD		TBD	44%	<ul style="list-style-type: none"> <li>Office opened in December 2011.</li> <li>2 NGOs selected by Feb. 2012.</li> <li>Contract with 1 NGO - ZETRA suspended since 1 July 2012 for non-performance.</li> <li>KMSm introduction complete in 19 communes in April 2012. But only 10 have implementation.</li> <li>131/140 (94%) CHWs trained in 10 communes. (excluding ZETRA area)</li> <li>166 CHWs in former ZETRA communes not yet trained. Awaiting selection of new NGO.</li> <li>62/140 (44%) CHWs functional</li> <li>Remaining 69/140 will be functional by 31 October 2012.</li> </ul>
3	Boeny		TBD		TBD		TBD		TBD	31%	<ul style="list-style-type: none"> <li>No regional office. Technical support from Tana.</li> <li>2 NGOs recruited by Feb. 2012. 1 NGO - ZETRA - suspended since 1 July 2012 for non-performance.</li> <li>KMSm introduction in 9/10 communes by July 2012. 1 commune (Ambohipaky of Soalala) excluded due to insecurity.</li> <li>100% KMSm process and participatory planning (PP) in 7 communes of Mitsinjo. No PP in 3 communes in the ZETRA intervention area in Soalala.</li> <li>109/118 (92%) of CHWs in Mitsinjo trained.</li> <li>37/118 (31%) functional as of Sept. 30, 2012.</li> <li>All the CHWs in Mitsinjo will be functional by end of October 2012.</li> <li>Soalala CHWs will be trained- pending selection of new NGO.</li> </ul>

4	Melaky		TBD		TBD		TBD		TBD	9%	<ul style="list-style-type: none"> <li>Regional Office opened in January 2012.</li> <li>2 NGOs selected by March 2012.</li> <li>22/22 KMSm launches completed by May 2012.</li> <li>353/376 (94%) of CHWs trained.</li> <li>35/376 (9%) functional as of Sept. 30, 2012.</li> <li>300 additional CHWs (total 335/376 (89%) will be functional by 31 October, 2012.</li> </ul>
5	Sofia		TBD		TBD		TBD		TBD	3%	<ul style="list-style-type: none"> <li>Regional Office opened in May 2012</li> <li>8 NGOs selected by May 2012.</li> <li>86/87 KMSm launches completed July – Sept 2012. 1 commune of Ambodiadabomaitsokeky (district of Mandritsara) not achieved due to the remoteness and insecurity. Letter from local authorities pending.</li> <li>24 communes still have no PA</li> <li>816/2150 (38%) CHWs trained by end of September</li> <li>73/2150 (4%) functional as of 30 Sept.</li> <li>1512/2150 (70%) CHWs will be trained by 31 October.</li> <li>“Suivi groupé” ongoing.</li> </ul>

### Functionality of CHWs in relationship with training targets

Region	# CHWs identified and expected to be trained (a)	# CHWs MAHEFA was able to target for training (b)	% of CHWs MAHEFA was able to target for training (c)	# CHWs trained by Sept 30,2012 (d)	% of targeted CHWs trained (e)=d/b	# CHWs functional **** by MAHEFA definition (f)	% **** Functional as of Sept 30, 2012 (of those targeted for training (g)=f/b)	% **** Functional as of Sept 30, 2012 (of all the expected to be trained) (h)=f/a
Menabe	588	572	97%	535	94%*	161	28%	27%
SAVA	306	140**	46%	131	94%**	62	44%	20%
Boeny	198	118***	60%	109	92%***	37	31%	19%
Melaky	376	376	100%	353	94%	35	9%	9%
Sofia	2150	2150	100%	816	38%*****	73	3%	3%
Total	3618	3356	93%	1944	58%*****	368	11%	10%

\* Ambiky's 16 CHWs excluded, 535/588 (91%) of CHWs trained if these communes not excluded

\*\* ZETRA communes (SAVA) excluded, 131/306 (43%) of CHWs trained if these communes not excluded

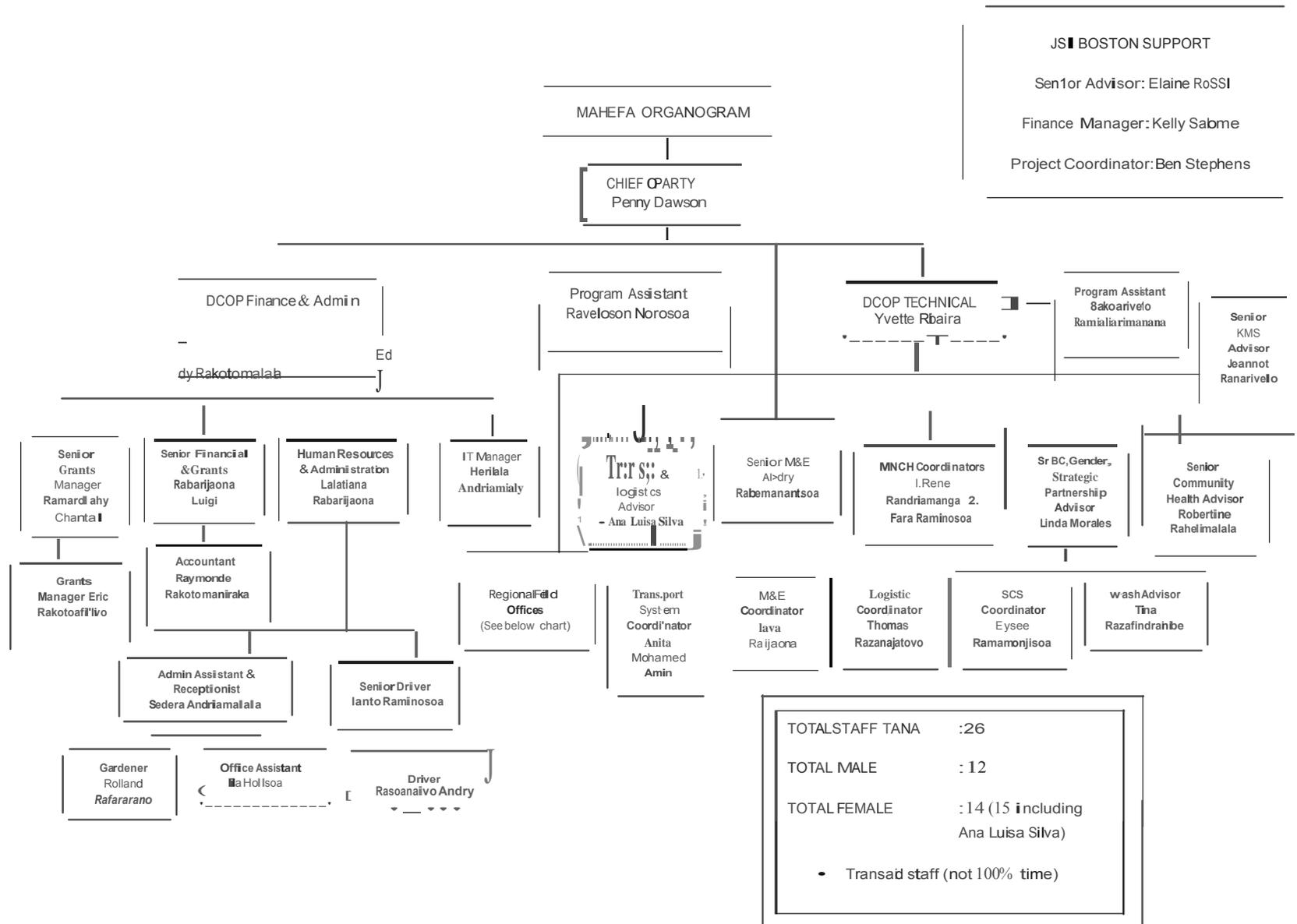
\*\*\* ZETRA communes (Boeny) excluded, 109/198 (55%) of CHWs trained if these communes not excluded

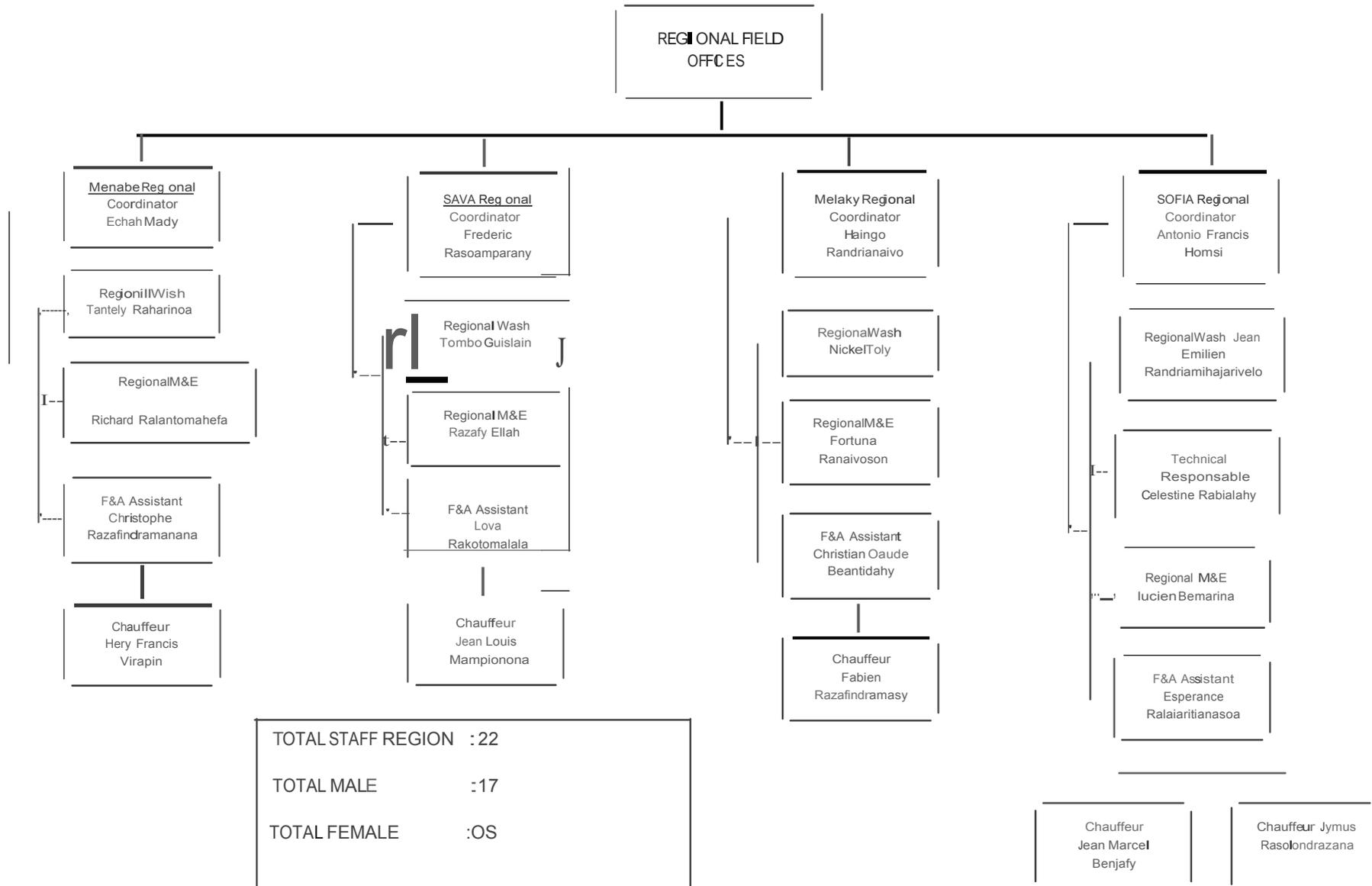
\*\*\*\* Functional defined by MAHEFA as trained, equipped and supervised (first "sivi groupé" completed)

\*\*\*\*\* Sofia is the largest region and was the last to start trainings, thus, although the team in Sofia has trained the largest number of CHWs, the percentage is low but trainings are ongoing and it is anticipated that all initial trainings will be completed in Q1 of FY2013

\*\*\*\*\* 1944/3618 (54%) of CHWs trained if all the aforementioned communes not excluded

**Annex H: MAHEFA organogram (as of September 30, 2012)**







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