

In Review:

A SUMMARY OF MAHEFA'S FOURTH PROGRAM YEAR

October 1, 2013 - September 30, 2014

The USAID-funded Madagascar Community-Based Integrated Health Project (CBIHP), known locally as MAHEFA, is a five-year health program that supports provision of basic, quality health care in six north and northwestern regions of Madagascar (Boeny, DIANA, Melaky, Menabe, SAVA, and Sofia). The program's overarching goal is to increase the use of proven, community-based interventions and essential products among underserved populations.

During the fourth year of program implementation, MAHEFA continued to make significant headway in reaching its goals of ensuring availability and utilization of quality health services for remote communities in the program's intervention areas. Community health workers (CHWs) across MAHEFA's program areas consistently provide integrated health services per the National Health Policy. These include preventive, treatment, and referral services. Communities have started to take an active role in managing their health, and demand for services has increased along with community engagement.

MAHEFA works in **6** regions,
targeting **3.4 million** people

in close partnership with
17 local partner NGOs.

By the close of MAHEFA's FY2014:

97% of fokontany (cluster of villages) in MAHEFA program areas had the integrated package of services in place.

MAHEFA recorded **88,843**
regular family planning users.

Nearly **203,450** children had been diagnosed, treated, or referred for diarrhea, acute respiratory infections, or fever.



A CHW tests a child for malaria, Mitsinjo District, Boeny Region.

MAHEFA's interventions focus on the community health worker (CHW). The project operates within the Madagascar Ministry of Health CHW Framework.

Key Highlights from FY2014:

6,377 CHWs

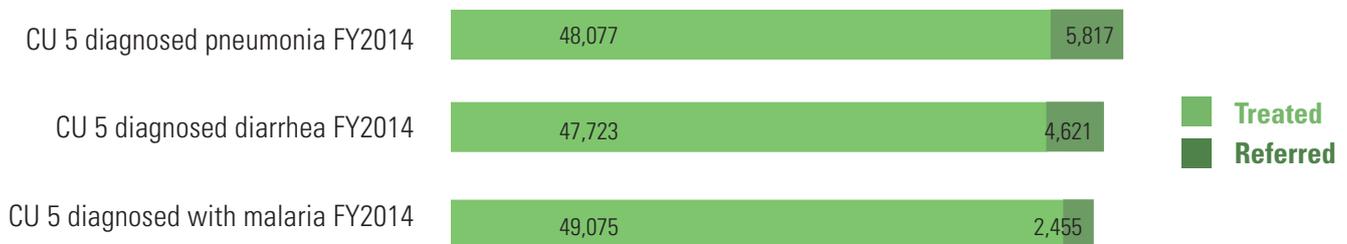
were trained, equipped, and supervised to provide health services at the community level.

CHWs in MAHEFA program areas are trained to provide basic health services, generate demand, and when needed, refer clients to the health center.

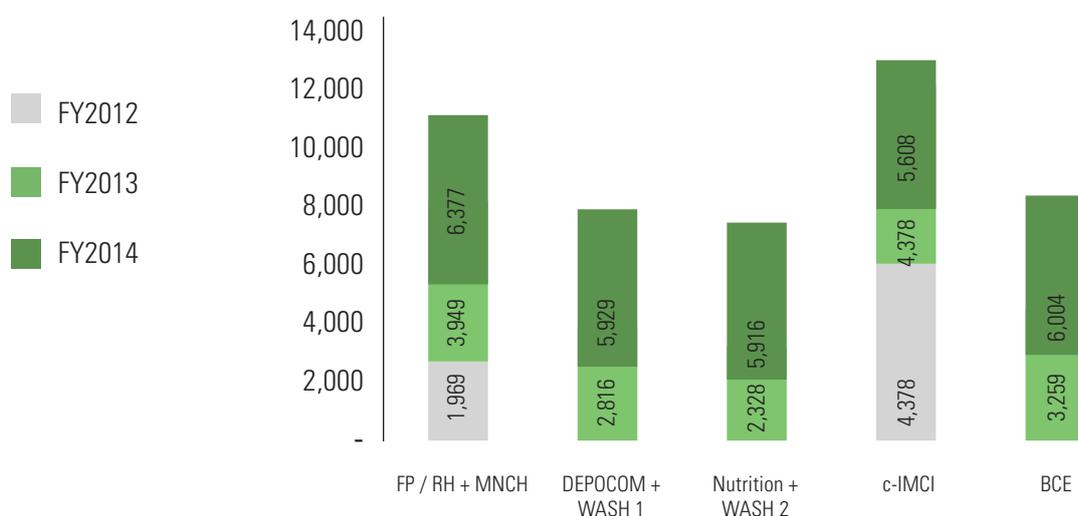


SERVICE ACHIEVEMENTS AND TRAINING

Increasing service utilization among children under five



Building CHW skills in integrated health service areas



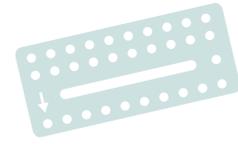
2,996

newborns received 7.1% chlorhexidine on their cord stump immediately after birth.

SUPPLIES, SERVICES, & INFRASTRUCTURE

279

NGO field staff (TAs) trained to train CHWs on stock management.



250,000

health cards for children under five (**150,000**) and women (**100,000**) produced and distributed.

30

communities with functioning emergency transport system and repairs; repair kits and instructions made available.



398

local masons trained in producing washable latrine slabs.

6,263

improved latrines recorded.

313

water points completed and **299** Water Users Associations formed and trained.



COMMUNITY ENGAGEMENT

84

communities certified open-defecation free (ODF).

14,036

latrines constructed through the community-led total sanitation (CLTS) process (**7,773** simple latrines and **6,263** improved latrines).



4,685

households (**2,759** new in FY2014) recorded using tippy-taps* for handwashing.

9,138

households (**5,956** new in FY2014) are practicing handwashing with soap.



* Crafted using a plastic bottle, string, and sticks, a tippy tap is a foot-operated device for hand washing that improves hygiene in communal settings without running water because users' hands touch only the soap

CHWs raised community awareness by facilitating discussions:

Number of people who participated in discussions, by theme:



275

communes achieved champion status through the champion commune (KMSm) process whereby communities achieve self-defined goals for improving health. The KMSm process has been launched in all MAHEFA communes.

76%

of users who participated in **983** community score card (CSC) events reported being satisfied with the quality of services provided by their CHW. The CSC is a process that measures client and community satisfaction, leading to service quality improvement.

21,099

members enrolled in a community health insurance program in **23** communes. **181** committee members trained in community health insurance management

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