QUARTERLY REPORT

OCTOBER 1, 2021 – DECEMBER 31, 2021

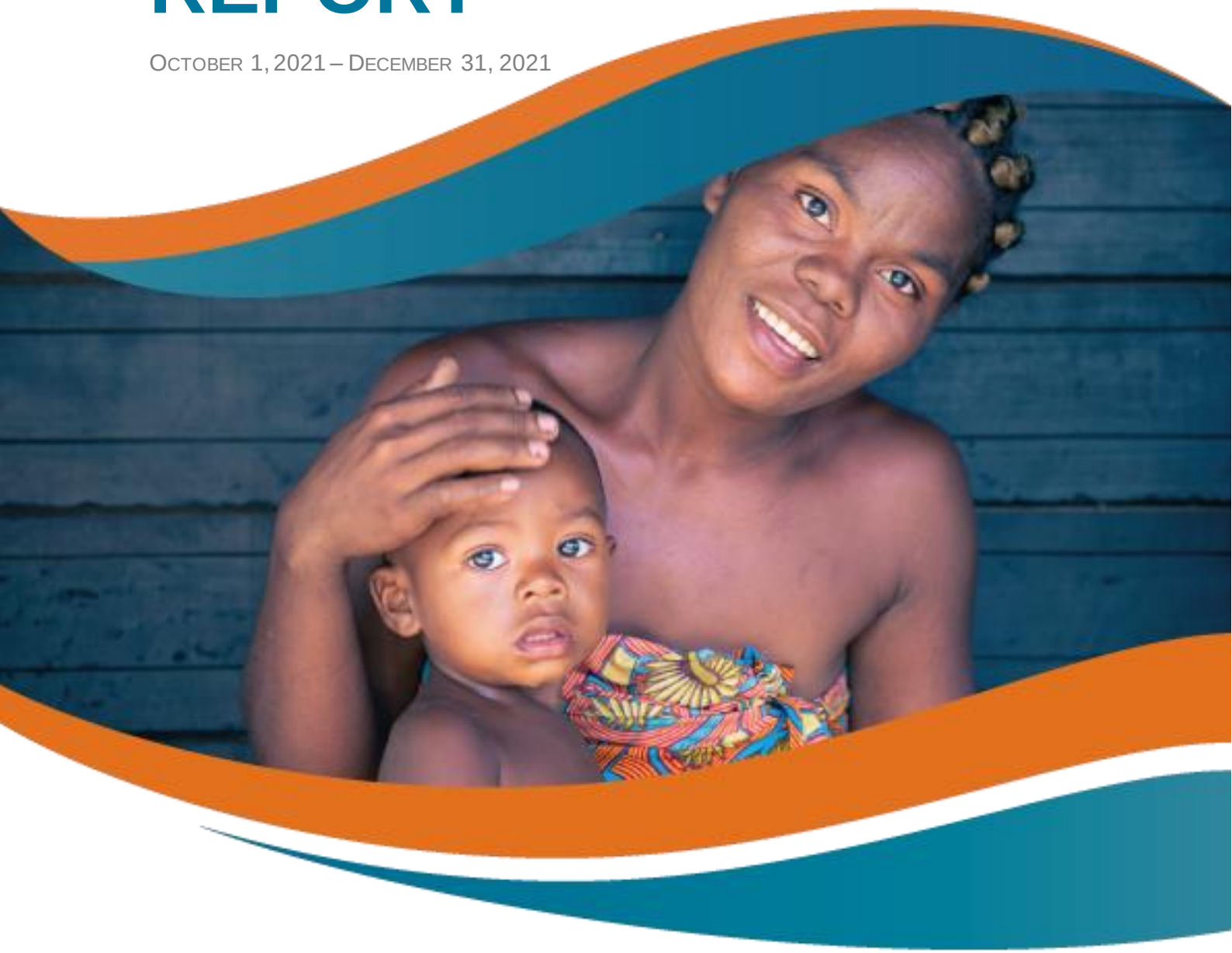

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TABLE OF CONTENTS

ACRONYMS

ACCESS	Accessible Continuum of Care and Essential Services Sustained
ACT	Artemisinin-based Combination Therapy
ADC	Aides Cliniques
AIM	Alliance for Innovation on Maternal Health
AMS	Ankohonana Mendrika Salama (Ménage Champion)
ANC	antenatal care
ANC1	one ANC visit
ANC4	four ANC visits
AOS	Assurance de Qualité de Services
ASC	Accompagnateurs de Santé Communautaire
BRF	Bureaux Régionaux de Formation
CAC	Community Action Cycle
CCDS	Commission Communale de Développement Sanitaire
CHRD	Centre Hospitalier De Référence de District
CHRR	Centre Hospitalier Régional de Référence
CHV	community health volunteer
CHX	chlorhexidine
CLTS	Community-Led Total Sanitation
COSAN	Comités De Santé
CSB	Centre de Santé de Base
CSO	civil society organization
CU5	children under five
CYP	couple years protection
DEPSI	Direction des Études, de la Planification et du Système d'Information
DHIS2	District Health Information Software 2
DMPA	depot medroxyprogesterone acetate
DPEV	Direction du Programme Elargi de Vaccination
DPLMT	Direction de la Pharmacie, des Laboratoires et de la Médecine Traditionnelle
DPS	Direction de la Promotion de la Santé
DREAH	Direction Régionale de l'Eau Assainissement et Hygiène
DRS	Direction Régionale de la Santé
DRSP	Direction Régionale de la Santé Publique
DSFa	Direction de la Santé Familiale
DSSB	Direction des Soins de Santé de Base
DVSSER	Direction de Veille Sanitaire, Surveillance Épidémiologique, et Riposte
EMAD	Equipe de Management de District
EMAR	Equipe de Management de Région
EPI	Expanded Program on Immunization
ETAT	Emergency-Triage-Assessment-Treatment
FAF	Iron Folate
FP	family planning
FSAW	Formation Sanitaire Amie de WASH
FUM	Follow Up Mandona
FY	fiscal year
GAS	Gestion d'Approvisionnement de Stock
GBV	gender-based violence
HCD	human-centered design

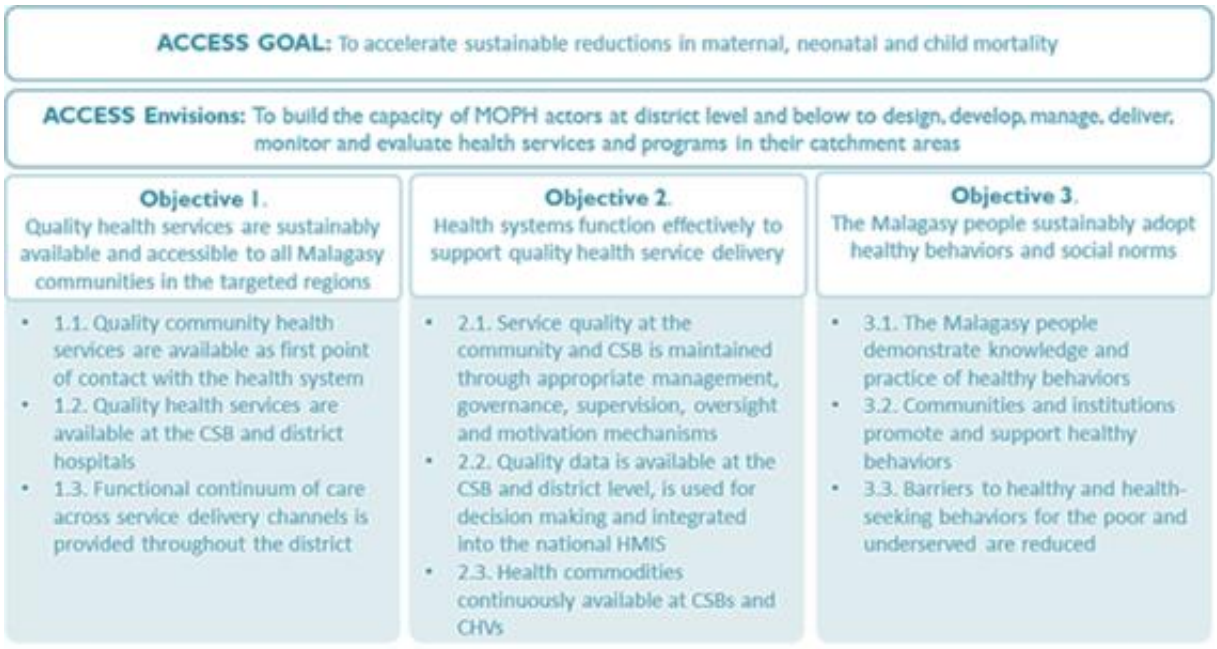
HIS	health information system
HMIS	Health Management Information System
ICN	Intensive Community Nutrition
IMCI	integrated management of childhood illnesses
IMPACT	Improving Market Partnerships and Access to Commodities Together
IPM	Institut Pasteur de Madagascar
IPTp2	Intermittent Preventive Treatment in Pregnancy 2 Doses
IPTp3	Intermittent Preventive Treatment in Pregnancy 3 Doses
IR	intermediate result
IUD	Intrauterine Device
LARC	long-acting reversible contraceptive
LDHF	low-dose high-frequency
LDP+	Leadership Development Program Plus
LLIN	long-lasting insecticidal net
MEAH	Ministère de l'Eau, de l'Assainissement et de l'Hygiène
MEN	Ministère de l'Education Nationale
MERL	monitoring, evaluation, research, and learning
MID	Ministry of Decentralization
MJS	Ministère de la Jeunesse et des Sports
MMS	Mîfankatia Mendrika Salama
MNCH	maternal, neonatal, and child health
MNDSR	Maternal and Newborn Death Surveillance and Response
MNH	Maternal and Newborn Health
MPPSPF	Ministère de la Population, de la Protection Sociale et de la Promotion de la Femme
MOPH	Ministry of Public Health
MSH	Management Sciences for Health
MUAC	mid-upper arm circumference
NU	new user (of FP)
ODF	open defecation-free
ONN	Office National de Nutrition
OSDRM	Organisation de Soutien pour le Développement Rural à Madagascar
PA	Point d'Approvisionnement
PAC	Paquet d'Activités Complet
PANB PF	Plan d'Action Nationale Budgétisé en Planification Finale
PARC	Point d'Approvisionnement Relais Communautaires
PARN	Programme d'Amélioration des Résultats Nutritionnels
PCI	Prévention et Contrôle des Infections
PMI	President's Malaria Initiative
PMM	PMI Measure Malaria
PNC	postnatal care
PNLP	Programme Nationale de Lutte contre le Paludisme
PPH	postpartum hemorrhage
PROGRES	Program for Organizational Growth, Resilience, and Sustainability
PSI	Population Services International
PSP	private service provider
PTF	Partenaire Technique et Financier
Q	Quarter
RCCE	Risk Communication and Community Engagement
RCR	referral and counter-referral
RDQA	Routine Data Quality Assurance

RDT	Rapid Diagnostic Test
RH	reproductive health
RMA	monthly activity report
RU	regular user (of FP)
SALAMA	Centrale d'Achats De Médicaments Essentiels Et De Matériel Médical De Madagascar
SBA	skilled birth attendant
SBC	social and behavior change
SBCC	social and behavior change communication
SDSP	Service de District de Santé Publique
SEIE	Electronic-based Integrated Epidemiological Surveillance
SFP	Service de Formation du Personnel
SILC	savings and internal lending community
SIMR	Surveillance Intégrée des Maladies et Riposte
SMGSSE	Service de la Maintenance, du Génie Sanitaire et de Santé Environnement
SMS	short message service
SMSR	Service de la Maternité Sans Risque
SMSRPF	Service de Maternite Sans Risque et Planification Familiale
SNUT	Service de la Nutrition
SNV	National Strategy for Routine Vaccination
SOMAPED	Société Malgache de Pédiatrie
SSEnv	Service de la Santé et Environnement
TAFA	Tanora Filamatra Aho
TEM	Techniciens d'Entretien et de Maintenance
TMS	Tanora Mendrika Salama
TTM	Tobim-pahasalamana Tomombana sy Mahomby (fully functional service delivery point)
UCP	Unité de Coordination de Projet
UNFPA	United Nations Population Fund
USAID	US Agency for International Development
USG	United States Government
VAR1	first dose of measles vaccine
VPI2	second dose of injectable vaccine against poliomyelitis
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization
WTD	World Toilet Day

ACCESS PROGRAM OVERVIEW

Activity Name	Accessible Continuum of Care and Essential Services Sustained (ACCESS)
Start and End Date	September 27, 2018 – September 26, 2023
Name of Prime Implementing Partner (IP)	Management Sciences for Health (MSH)
Cooperative Agreement Number	72068718CA00003
Name of Sub-Awardees	Action Socio-Sanitaires Organisation Secours (ASOS) American Academy of Pediatrics American College of Nurse Midwives Catholic Relief Services (CRS) Dimagi Johns Hopkins Center for Communication Program (JHU-CCP) Population Services International (PSI)
Main Counterpart	Ministry of Public Health (MOPH), Madagascar
Geographic Coverage	Fourteen regions in Madagascar: Atsinanana, Vatovavy, Fitovinany, Vakinankaratra, Amoron'I Mania, Haute-Matsiatra, Atsimo Andrefana, Menabe, Melaky, Boeny, Sofia, Analanjirofo, DIANA, SAVA.
Goal and Purpose	The goal of the program is to accelerate sustainable health impacts for the Malagasy people–as measured by sustained reductions in maternal and child mortality and morbidity–in 14 regions of the country. The purpose of the program is to build the capacity of MOPH actors at the district level and below in all districts in the implementation regions, to design, develop, manage, deliver, monitor, and evaluate health services and programs in their catchment areas.
Objectives	1. Quality health services are sustainably available and accessible to all Malagasy communities in the target regions 2. Health systems function effectively to support quality service delivery 3. The Malagasy people sustainably adopt healthy behaviors and social norms.

RESULTS FRAMEWORK



AT A GLANCE

Through the US Agency for International Development (USAID)-funded Accessible Continuum of Care and Essential Services Sustained (ACCESS) Program, the United States Government (USG) continues its support to the Government of Madagascar in accelerating sustainable health impacts for the Malagasy people and strengthening the Ministry of Public Health's (MOPH) stewardship of the health sector. The purpose of the program is to build the capacity of MOPH actors at the national, regional, district level and below to design, implement, monitor, and evaluate health services and programs in their catchment areas. Since its launch in October 2018, the five-year program is increasing the availability of quality health services, improving health infrastructure, strengthening the capacity of the health system, and promoting healthy behaviors among Malagasy communities to achieve sustained reductions in maternal and child mortality and morbidity.

Led by Management Sciences for Health (MSH) in close partnership with the Government of Madagascar and its local partners, ACCESS is conducting activities to achieve three intermediate objectives: 1) quality health services are sustainably available and accessible to all Malagasy communities in the target regions; 2) health systems function effectively to support quality service delivery; and 3) the Malagasy people sustainably adopt healthy behaviors and social norms.

In August 2021, during quarter (Q) 4 of fiscal year 2021 (FY21), the region of Vatovavy Fitovinany was officially split into two regions—Vatovavy and Fitovinany. Under ACCESS, one monitoring, evaluation, research, and learning (MERL) staff member and one regional director still cover the two regions and channel support to the districts. In data management and reporting requirements, the split is managed within the system by grouping districts according to their respective region. Though in Madagascar's national District Health Information Software 2 (DHIS2) instance the regions remain one, ACCESS already split them in DREAM@MSH (MSH's DHIS2 instance) for reporting and in preparation for the MOPH's transition.

October 2021-December 2021 marks the first quarter (Q1) of the fourth year (FY22) of implementation for ACCESS. Efforts in FY22 are largely focused on ensuring that the Program's evidence-based approaches and activities to improve access to quality care across the continuum of care, build the capacities of health actors across all levels to manage health system functions, and implement targeted social and behavior change (SBC) strategies tailored to meet district needs, are producing a maximum of sustainable results and are gradually owned by the MOPH.

ACCESS also continues to support Madagascar in COVID-19 prevention and response efforts, including the implementation of national vaccination and sensitization campaigns. The COVID-19 pandemic also resulted in the delays of some activities, as many MOPH staff and health actors at all levels have needed to re-prioritize their activities to focus on COVID-19 response efforts.

Key achievements recorded in Q1 FY22 include:

- Overall, malaria testing and treatment rates remained high in Q1 FY22 at 93% and 90%, respectively, with increases noted at all three service delivery levels.
- The gap in the coverage rate for the first and third doses of the pentavalent vaccine for children aged 0-11 months has narrowed from 8% in FY20 to 3% in Q1 FY22.

- 73% of women giving birth at health facilities received a uterotonic in the third stage of labor, exceeding the annual target of 70%, and increasing from 67% in Q4 FY21.
- 62% of newborns received umbilical cord care with chlorhexidine (CHX), exceeding the annual target of 45% and the FY21 average of 40%.
- In Q1 FY22, the maternal death rate averaged 74 per 100,000 live births, one of the lowest maternal death rates over the past year. In particular, great improvement was observed at the *Centre Hospitalier de Référence de District* (CHRD) level, with a maternal death rate considerably lower than the average rates observed over the past two years.
- As of Q1 FY22, 30 Maternal and Newborn Death Surveillance and Response (MNDSR) committees are operational, representing 70% of the 43 districts trained and 100% of the FY22 target.
- 77% of eSurveillance reports were submitted on time by community health volunteers (CHVs), exceeding the FY22 target of 70% and the Q4 FY21 rate of 62%.
- At the *Centre de Santé de Base* (CSB) level, the average stock out rate for tracer drugs shows improvement from 10.9% in Q1 FY21 down to 8.2% in Q1 FY22.
- 100% of the 49 Water, Sanitation, and Hygiene (WASH) committees in Analanjirofo, Boeny, DIANA, and Sofia were established or revitalized.
- 94 new Savings and Internal Lending Communities (SILCs) groups were formed and 79% of SILC members in Q1 FY22 were women, exceeding the target of 65%.

Progress towards the Program Objectives

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OBJECTIVE 1: QUALITY HEALTH SERVICES ARE SUSTAINABLY AVAILABLE AND ACCESSIBLE TO ALL MALAGASY COMMUNITIES IN THE TARGET REGIONS

Key Activities in Q1 FY22

OBJECTIVE 1.1: QUALITY COMMUNITY HEALTH SERVICES ARE AVAILABLE AS FIRST POINT OF CONTACT WITH THE HEALTH SYSTEM

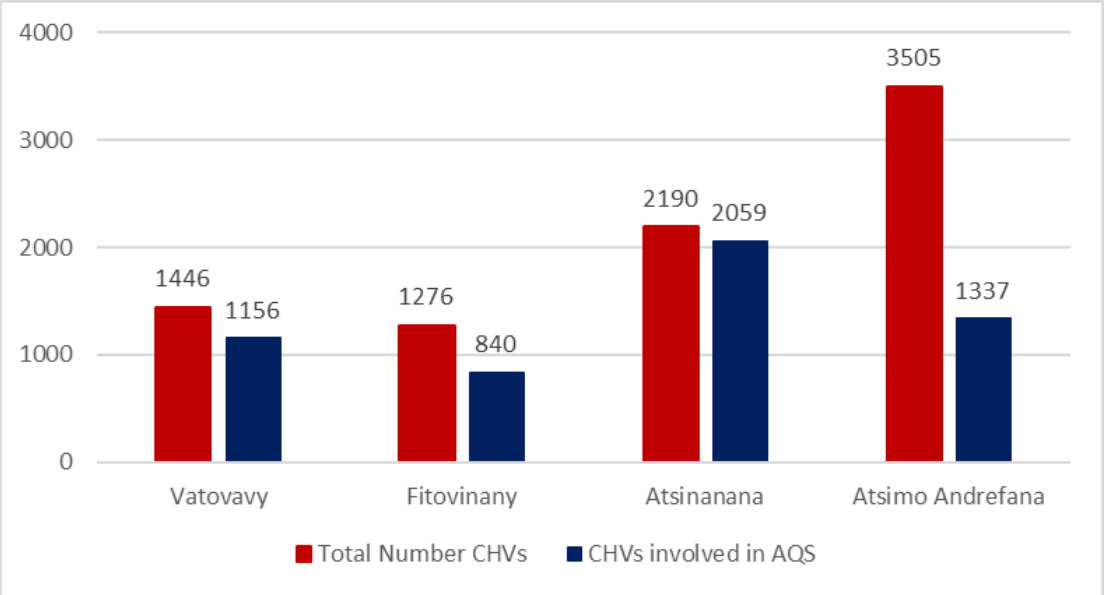
- Trained 987 CHVs on pregnancy test use (413 in Analanjirofo, 68 in Atsinanana, 38 in Melaky, 71 in Menabe, and 397 in Sofia). ACCESS also procured community pregnancy tests for all ACCESS-supported regions, and plans to cover all communes by the end of FY22. After the training, each CHV receives a starter pack of 10 tests that they sell, and the money from these sales serves as their fund to restock at *Points d'Approvisionnement* (PAs).
- Continued training of CHVs on depot medroxyprogesterone acetate (DMPA) intramuscular and DMPA subcutaneous (237 CHVs in Vatovavy Fitovinany) and oral contraceptives (165 CHVs in Boeny and 38 in Melaky). The majority of trained CHVs have validated their competence.
- Supported the monitoring and supervision on family planning (FP) activities as part of *Assurance de Qualité de Services* (AQS) in all full package regions.
- Participated in the series of workshops to finalize the technical content for the *Paquet d'Activités Complet* (PAC) guide and CHV tools. The reference document was

validated in December 2021. The finalization of the trainer's guide for CHV training, as well as the participant's workbook, are expected to be validated in Q2 FY22.

- Provided technical and financial support to the Nutrition Week celebration. To enhance integration efforts with COVID-19 activities, ACCESS supported MOPH to vaccinate 285 individuals against COVID-19 and provide regular Expanded Program on Immunization (EPI) vaccinations for children under 2 years old throughout the week. ACCESS also conducted demonstrations on growth monitoring and counseling and supported an exhibition of SBC communication (SBCC) tools used for sensitization.
- Supported the adoption of the Community AQS approach. The proposed improvement of the AQS cycle is currently being reviewed for validation by the MOPH, which positions the AQS on the pathway for institutionalization in FY22.

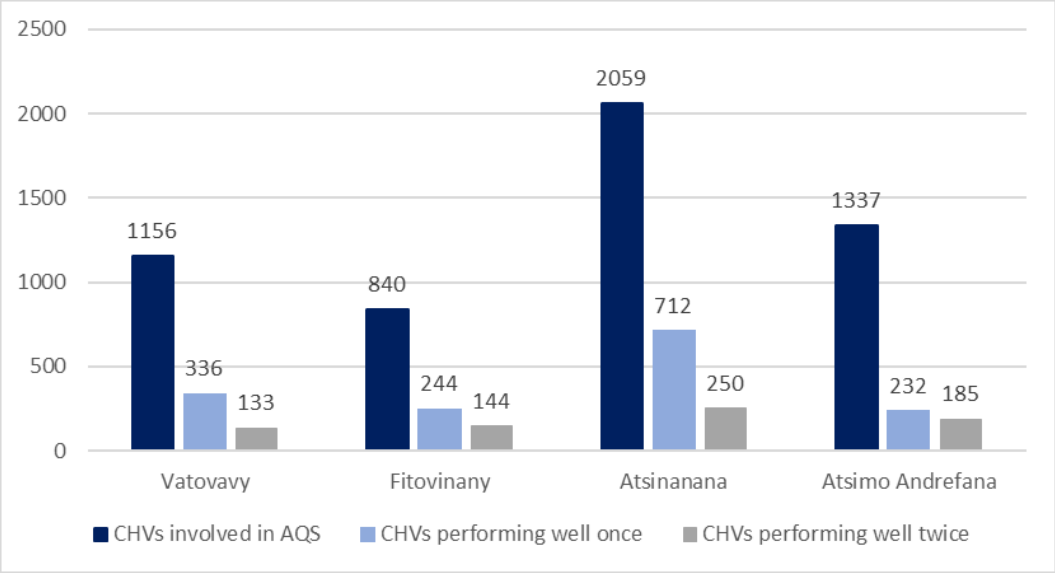
In the four southern regions, on average, 68% of CHVs have been involved in the AQS approach, with the highest proportion of 94% in the Atsinanana region. Following the two vaccination campaigns and the long-lasting insecticidal net (LLIN) distribution campaign, the implementation cycle was greatly disrupted in Atsimo Andrefana.

Figure 1: Number of CHVs involved in AQS in the four southern regions



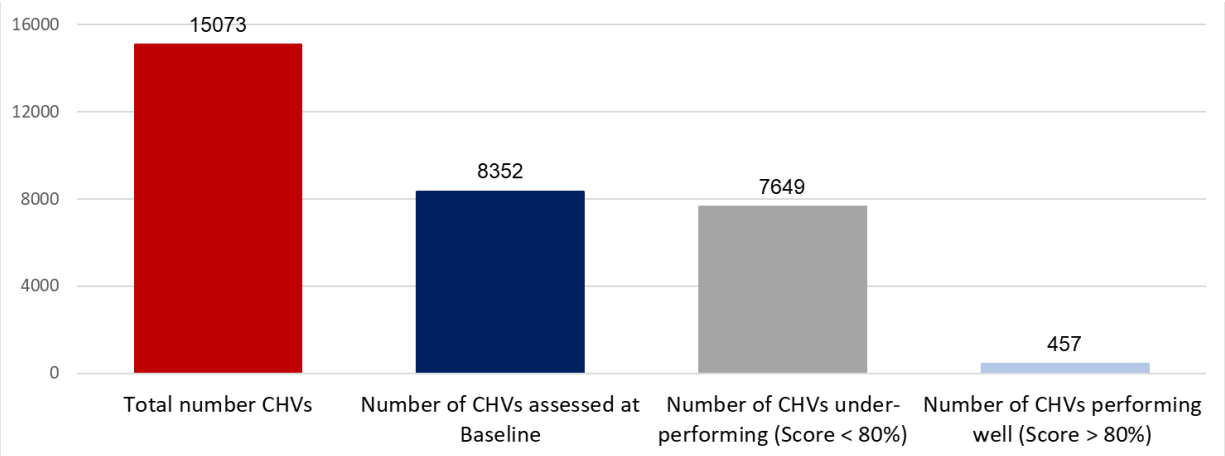
Currently, each region has a list of eligible peer CHV supervisors. However, the peer supervision approach could not be rolled out in Q1 because the *Direction des Soins de Santé de Base* (DSSB) team was not available to lead the process: the technicians were busy conducting training waves with the *Programme d'Amélioration des Résultats Nutritionnels* (PARN) project in September and October 2021, and the revision of the PAC guide was also at the center of their priority. The roll-out of the peer supervision approach with ACCESS has been postponed to Q2 FY22.

Figure 2: Identification of CHVs eligible to become peer supervisors (CHVs scoring 80% or higher on two successive evaluations) in the four southern regions



In the seven northern regions, the AQS baseline was conducted in November-December 2021

Figure 3: Result of the AQS baseline assessment in the seven northern regions



The AQS baseline assessment in the former Mahefa Miaraka-supported regions revealed that almost 90% of CHVs obtained a performance score below 80%. The common causes identified for this include:

- Fairly high number of fokontany/CHVs per *Accompagnateurs en Santé Communautaire* (ASC)
- The AQS approach is not yet fully adopted by the CSB heads and some staff
- The main clinical weakness is related to Integrated Management of Childhood Illnesses (IMCI) management
- The main non-clinical weaknesses are related to non-completion of management cards, unavailability of management tools, and commodity stock outs

- Unfamiliarity with SBC activities. ACCESS continued Mahefa Miaraka's practices for the *Tokantrano Modely* and *Tokantrano Mpiahy*. ACCESS has not changed the approaches implemented by Mahefa Miaraka but introduced elements to align with the current policies and with the new CSC National Strategy. These include additional Champions—Youth Champions, Couple Champions, CHV Champions, and CSB Champions. Additionally, the *Boîte à Images* needed to be updated because some of the messages had changed at the national level (e.g., an updated vaccination schedule, a message on LLIN maintenance). Finally, several regions experienced implementation delays due to COVID-19 restrictions.
- Lack of supervision and coaching by CSBs due to the inability of CSBs to travel to fokontany and community sites to carry out clinical and non-clinical supervision, and the ongoing orientation of the northern CSBs
- Lack of technical support in the handover time between Mahefa Miaraka and ACCESS

- Trained 1,613 CHVs across 14 ACCESS regions (see Table 1 below). This represents 17% of the annual training target. Trainings have nevertheless progressed, as ACCESS prioritized the training of 1,466 CHVs on pregnancy test use in Q1 FY22.

Table 1: Number of CHVs trained per region in Q1 FY22

Region	MNCH	ICCM	Malaria	FP	Pregnancy test	Total	Q1 FY22 proportional target	FY22 Annual Target	% of Annual Target Achievement
Initial full package regions									
Atsimo Andrefana	0	0	0	0	0	0	292	1,167	0%
Atsinanana	53	83	0	0	68	136	233	930	15%
Vatovavy	0	59	0	426	426	426	144	576	74%
Fitovinany	0	0	0	53	53	53	13	53	100%
Additional full package regions									
Analanjirofo	0	0	0	0	413	413	428	1,712	24%
Boeny	0	0	0	79	0	79	204	817	10%
DIANA	0	0	0	0	0	0	56	225	0%
Melaky	38	0	0	38	38	38	58	230	17%
Menabe	0	0	0	0	71	71	61	244	29%
SAVA	0	0	0	0	0	0	160	640	0%
Sofia	0	0	0	0	397	397	275	1,099	36%
FP regions									
Amoron'i Mania				0	0	0	71	284	0%
Haute Matsiatra				0	0	0	201	803	0%
Vakinankaratra				0	0	0	123	491	0%
Total	91	142	0	596	1,466	1,613	2,318	9,271	17%

*Quarterly targets are not set so are estimated as a simple proportion of the annual target. Training dates can switch from one quarter to another.

OBJECTIVE 1.2: QUALITY HEALTH SERVICES ARE AVAILABLE AT THE CSB AND DISTRICT HOSPITALS

Clinical Capacity Building

- On December 7 and 8, ACCESS supported the MOPH in organizing the national consultation meeting for the implementation of the *Politique Nationale de Formation des Agents de Santé*, or the National Policy for the Training of Health Workers. This two-day event was led by the Human Resources Department and the Service de Formation du Personnel (SFP) in order to strengthen the availability of sufficient, competent human resources adapted to the needs of the health and nutrition sector. All of the 22 regions of the country were present at the meeting with representatives of each regional health directorate and members of the *Bureaux Régionaux de Formation* (BRFs), including the 13 BRFs of the ACCESS-supported regions (to date, Vatovavy and Fitovinany share one BRF). Each BRF presented FY21 achievements and challenges and FY22 training prospects. All stakeholders agreed that:
    - The supportive follow-up of trained providers should be systematic
    - The checklists should be consistently used during supportive monitoring and supervision
    - The reference documents on supportive supervision/AQS should be disseminated
    - The BRF trainers should be qualified to ensure the sustainability of quality assurance in training

    In addition, the meeting recommended that:
    - The dashboard is a decision-making tool for improving the quality of services offered and a tool for identifying training needs for the BRF
    - Remote training through e-learning and ACCESS U should be integrated into the MOPH's annual training plan with integrated supportive follow-up for health workers

    As a follow-up to the training, the Secretary General of the MOPH issued a memo (No. 286 MSANP/SG/DGMP/DSFA/MSR-PF) for the efficient use of the dashboard at the health facility level and by the *Equipe de Management de Région* (EMARs) and *Equipe de Management de District* (EMADs) to monitor quality of care indicators. During the week of December 13, 2021, ACCESS supported a team of multidisciplinary central trainers to conduct a series of virtual trainings for regional and district teams on three topics:
    - The use of the CSB dashboard as a tool for data review and use for decision-making at the service delivery point (by the *Direction de l'Etude de la Planification et du Système d'Information* [DEPSI])
    - The AQS approach (DSSB-Direction de la Santé Familiale [DSFa])

— The identification of training needs for health workers (*Direction des Ressources Humaines* [DRH]/SFP) for the efficient use of the dashboard at the health facility level and to help the EMAD and EMAR with follow-up.

The orientation documents for this series of training have been reviewed with the SFP and, as it is a one-day remote training, the intervention methodologies have been adapted to the context. The participants, who were EMAR/EMAD from the ACCESS-supported regions, joined virtually. Six central trainers, including one *Service de la Maternité Sans Risque* (SMSR), one DSSB, three DRH, and and two DEPSI led the sessions with four central ACCESS technicians. 130 individuals participated in the online orientation, representing 11 regions with the following schedule

— December 13: SOFIA, VATOVAVY, and FITOVINANY

— December 14: BOENY and ANALANJIROFO

— December 15: SOFIA, DIANA, AMORON'I MANIA, and MENABE

— December 16: ATSIMO ANDREFANA, MELAKY, and SAVA

Some representatives from SOFIA joined on December 13 and others on December 15 since the training given was identical each day.

- ACCESS updated the Training Tracker for the DREAM@MSH software according to the recommendations of the field team. The ACCESS central team updated the process indicators in the Training Tracker tool during Q1 FY22. Once finalized, ACCESS will hand it over to MOPH. To ensure alignment with the Low-Dose High-Frequency (LDHF) process, some indicators have been added to monitor the *"regroupement," "supportive supervision,"* and "skills validation" approaches with the necessary intervals for the assimilation of the trainees.
- The development of e-learning modules on nutrition, EPI, and maternal and newborn health (MNH) is ongoing. ACCESS presented during the Cellule de Pilotage (CEPIL) meeting to introduce the process in the new regions. The CEPIL is a committee at the national level for the coordination of the implementation of the National Policy for the Training of Health Workers for the reinforcement of the availability and the skills of MOPH human resources. It is represented at the level of each region by the BRFs.
- ACCESS supported the first Alliance for Innovation on Maternal Health (AIM) Program steering committee meeting of CHRD Vatomandry in November 2021 with an attendance rate of 100%. During the meeting, learnings from the AIM orientation in October 2021 were shared, such as four steps of bundles and use of non-pneumatic anti-shock garment and B-lynch sutures. In addition, the four subcommittees were identified: (1) subcommittee in charge of trainings/LDHF, (2) subcommittee in charge of simulation and demonstration in the skills lab, (3) subcommittee in charge of clinical protocols review, and (4) subcommittee in charge of data collection and analysis. Clinical protocols were reviewed, data were validated, and the activities planned for Q2 FY22 were agreed upon.
- ACCESS organized a meeting with the SFP to introduce ACCESS U. One of the recommendations from this meeting was to review the name of the platform to better fit the MOPH's vision. Different suggestions were discussed and one name, *Formation Continue pour les Professionnels de la Santé*, recommended by SFP, will be

presented to the newly appointed Secretary General of the MOPH for her approval. This is an essential step before editing the ACCESS U materials with the new name and launching the platform with four available modules on active management of the third stage of labor, newborn resuscitation, postpartum hemorrhage (PPH) management, and preeclampsia/eclampsia. ACCESS will continue working with the MOPH to build the capacity of the SFP in using and managing the Moodle platform. The development of the additional modules with the support of American College of Nurse-Midwives (ACNM) and American Academy of Pediatrics (AAP) on essential care of the newborn, vaccination, management of newborn infections, antepartum care and postpartum care and IMCI is ongoing. ACNM and AAP are also supporting ACCESS U implementation into the country wide program of LDHF clinical capacity building.

- In response to the baseline conducted in 2019 that identified the lack of basic equipment for newborn resuscitation, ACCESS donated 862 upright newborn bag-masks and 448 newborn suction bulbs to all CSB1, CSB2, and CHRD2 where deliveries are conducted and which did not have them, and to skills labs in the 11 regions of intervention. During supervision visits and AIM introduction visits to the health facilities, this material will be checked for quality and use.
- ACCESS conducted an assessment in November 2021 of the effectiveness of the eight telementoring sessions by administering questionnaires to all the ACCESS technical advisors, Regional Directors, and clinical capacity building coordinators and specialists. The results showed:
    - 70 of 107 (65%) participants responded to the questionnaire
    - 65% of respondents were clinical capacity building specialists and 10% were Regional Directors
    - 61% of respondents were satisfied with the frequency of the session (monthly) and 20% were not satisfied with the internet connection
    - 67% were satisfied with the facilitation (clinical case study and facilitation with the regional and district teams)
    - Changes made to the participants' daily work after these telementoring sessions included improved knowledge and skills, imparting knowledge during supervision visits, more engagement with technical EMAR/EMAD, and improved self-confidence
    - Lack of materials, non-availability of operational plan, and lack of EMAR/EMAD engagement were obstacles respectively for 57%, 21%, and 54% of participants in implementing the changes
    - 54% of participants shared information learned from the telementoring session with ACCESS colleagues, and 74% shared with EMAR and EMAD

  Based on the results of the assessment, the following adjustments will be made for the remaining telementoring sessions in FY22:
    - Sessions held twice per month (increased from once per month)

- Facilitation of the session done by the region with the support of an ACCESS central-level technical advisor and an ACNM/AAP expert, depending on the topic (compared to facilitation by ACNM/AAP previously)
- Facilitation done in both Malagasy and French, but presentation slides only in French (compared to facilitation in French only previously)

- Two hundred (200) health workers were trained in Q1 FY22 across all ACCESS supported regions, (see Table 2 below). This represents 15% of the FY22 target. Trainings currently appear to be behind target during this reporting period, ACCESS focused on validating the skills of 591 health workers trained in FY21 in MNH/FP themes and on training follow-up. In fact, the training implementation plans have not been validated due to the non-availability of BRF trainers at district and regional levels given the COVID-19 restrictions. In Q2, the health workers whose skills were validated in Q1 will receive a certificate from the BRFs.

Table 2: Number of health workers trained in Q1 FY22 by region and module

Region	MNH1	MNH 2	MNH3	MNH4	Malaria	EPI	FP	Total*	Q1 FY22 Target	FY22 Annual Target	% annual achievement
Initial full package regions											
Atsimo Andrefana	0	0	0	0	0	0	0	0	0	0	0%
Atsinanana	0	0	19	29	0	0	0	42	79	314	13%
Vatovavy	0	0	0	0	0	0	40	40	22	87	46%
Fitovinany	0	0	0	0	0	0	0	0	26	105	0%
Additional full package regions											
Analanjirofo	32	32	32	32	32	32	0	32	9	34	94%
Boeny	0	0	0	18	0	0	21	39	45	181	22%
DIANA	15	15	15	15	15	0	0	15	36	142	11%
Melaky	0	0	0	0	0	0	0	0	18	70	0%
Menabe	0	0	0	0	0	0	0	0	22	89	0%
SAVA	0	0	0	0	0	0	0	0	13	50	0%
Sofia	27	32	32	24	24	0	11	32	54	214	15%
FP regions											

Amoron'i Mania							0	0	0	0	-
Haute Matsiatra							0	0	10	39	0%
Vakinankaratra							0	0	13	50	0%
Total	**74**	**79**	**98**	**118**	**71**	**32**	**72**	**200**	**344**	**1,375**	**15%**

*total number of individuals trained (some individuals were trained in multiple modules)

Vaccination

- Provided technical leadership in various workshops and meetings:
    - Two workshops for the country's EPI external review—documentary review workshop and restitution of the external review results after field visits. Among the recommendations issued during the workshop, the most relevant to ACCESS focus mainly on logistics; the importance of improving the feedback of EPI data quality; the integration of EPI strategies into other primary health care services in order to optimize contacts with the community to catch up on under-vaccinated children and zero dose cases; the implementation of a motivation system for CHVs based on performance; and the strengthening of demand generation through partnerships with the Ministry of Communication, the *Autorité Politico Administrative Religieuse et Traditionnelle*, and telephone networks (for free short message service [SMS] on awareness or reminders for vaccination appointments). Most of these recommendations are already being implemented or planned by ACCESS. Promoting the use of community vaccination registers in FY22 will prioritize the search for zero-dose cases and communities with many under-vaccinated children. A training for all CHVs on filling out community vaccination registers is planned in Q3, and CHVs' performance in searching for cases lost to follow-up will be included in the CHV Champion criteria. Finally, CHVs' mastery in filling out the community vaccination register will be included in the individual performance evaluation score for the CHVs in the remit of community AQS.
    - Workshop on the coverage and equity analysis survey. The recommendations highlighted from the analysis for the health facility level include the strengthening of human resources; the strengthening of logistics, including coverage in the cold chain; making the consolidated and validated microplans for the *"Atteindre Chaque Cible"* approach available at the district level; and ensuring timely funding from ACCESS for the training of CHVs on using community vaccination registers, implementation of on-site supervision, and implementation of the microplan via mobile clinic and integrated advanced strategy (partial funding). At the operational level, the main recommendations included ensuring an equitable distribution of existing health personnel, adapting supply to demand, and planning and implementing specific strategies to reach hard-to-reach populations. ACCESS's overall interventions at the operational level contribute to the implementation of all the listed recommendations. For example, in logistics, the latest allocations of solar fridges partly take into account the needs of the ACCESS intervention zones. In addition, ACCESS provides technical assistance to the *Direction du Programme Élargi de Vaccination* (DPEV) in the development of a microplan template integrating routine and COVID-19 vaccination, which will serve as reference tools for resource mobilization.
    - Orientation of the DPEV central teams, followed by training of the EMARs and EMADs on the introduction of the second dose of the injectable vaccine against poliomyelitis (VPI2) in the routine vaccination schedule. VPI2 is appropriate for nine-month-old children at the same time as the first dose of measles vaccine (VAR1).

- Workshop for the situational analysis of COVID-19 and routine vaccination implementation in Madagascar. This was done to prepare for the multi-donor joint mission with the objective of proposing a roadmap with recommendations to strengthen management and performance in COVID-19 and routine vaccination. The roadmap has been validated by the Comité de Coordination Inter-Agence and is currently being implemented.
- Workshop to develop the national strategy for routine vaccination (SNV) for the next five years in parallel with the country's Health Sector Development Plan 2020-2024. To prepare to submit a funding request to the next full Gavi portfolio, the SNV is designed to describe and clarify the ultimate mission of the *Programme Elargi de Vaccination* and propose interventions that tackle the root causes of bottlenecks. The SNV will also help facilitate partnerships and effective partnership strategies.
- Organized a coordination meeting between technical leads from the DSFa (maternal and child health service) and the DPEV for a potential update to the handover plan for the Community Vaccination Register, integrating close monitoring of pregnant women at the fokontany level and orientation on birth plans. The finalization of this document will be scheduled at the beginning of Q2. The objective is to be able to identify the locality of under-vaccinated children, and at the same time to improve childbirth at health center level.
- Provided technical and financial support for the workshop to develop the practical EPI curriculum for health workers.

- Assisted the DPEV in the planning of the installation of 470 solar refrigerators recently received by the MOPH. These include 316 refrigerators planned for dispatch in the 11 USAID ACCESS intervention regions, which falls within the framework of Cold Chain Equipment Optimisation Project 2 and will greatly help to improve vaccination services offered. By the end of Q1 of FY22, 150 of these solar fridges have been installed, including 90 in the 11 ACCESS intervention regions (30 in Sofia, 12 in SAVA, 11 in Menabe, 9 in Melaky, 6 in Boeny, 3 in Analanjirofo, 8 in Atsimo Andrefana, and 11 in DIANA).

FP

- Provided technical leadership in various meetings with the central level FP committee:
  - Situational analysis and identification of strategic axes of the development of the *Plan d'Action Nationale Budgétisé en Planification Familiale* (PANB PF) 2021-2025, in order to reach a common understanding of the questions, needs, and gaps related to FP and to identify the corresponding strategic priority focus.
  - Resource mobilization workshop for the DSFa/MOPH's Improvement of FP Coverage 2022-2023 project. To achieve a contraceptive coverage rate of 60%, the MOPH has launched this project, and is seeking the contribution of the various *Partenaires Techniques et Financiers* (PTFs) to support the activities, including the training of health workers and CHVs, the purchase of contraceptives and management tools, and the mobilization of community

actors. ACCESS's role will mainly be to build the capacity of health workers and CHVs.

- Mobile clinics:
  - Despite the improved security situation in Melaky, the mobile clinic team for the region temporarily reassigned in Atsimo Andrefana is not back to Melaky yet.
  - Improvement in the coordination and planning of field activities between Population Services International (PSI), ACCESS, EMAR, and EMAD was noted in Q4 FY21 and continued to lead to improved activity implementation in Q1 FY22.
  - The key achievements presented in the tables in Annex A show a slight increase in FP clients compared to Q4 FY21, despite the decrease in the number of effective teams and service delivery sessions. The greatest achievements are in Atsimo Andrefana due to the fact that there are two mobile clinic teams that serve this region (the Atsimo Andrefana and Melaky teams).
  - On the other hand, there were no in-person training activities (long-acting reversible contraceptive [LARC] provision for health workers and information for FP promotion for community actors), and there was a slight drop in performance in antenatal care (ANC) compared to Q4 FY21.
- ACCESS conducted integrated and joint supervision with EMARs, and EMADs to build capacity at 24 health facilities and five skills laboratories in Melaky, Sofia, and DIANA. The joint supervision found that the FP and reproductive health (RH) are not high priority enough compared to other public health interventions. Improvement plans are currently being discussed with the regional and district teams..
- Supported the trainings of 21 health workers on intrauterine device (IUD) insertion (Vakinankaratra), 25 health workers on integrated FP (Boeny), and 30 health workers on DMPA subcutaneous in self-injection (DIANA).

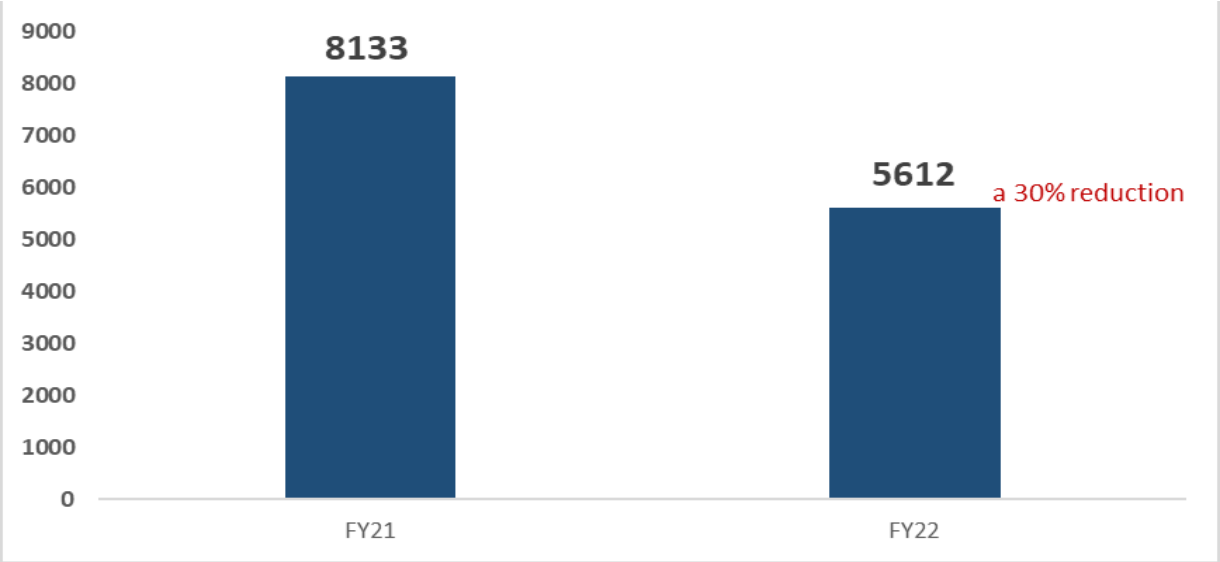
Malaria

- ACCESS actively contributed to the organization of the Malaria Scientific Conference with the leadership of the *Programme Nationale de Lutte contre le Paludisme* (PNLP), in partnership with the Roll Back Malaria members on November 4-5, 2021. The organizing committee, composed of the PNLP, President's Malaria Initiative (PMI), ACCESS, World Health Organization (WHO), and Institut Pasteur de Madagascar (IPM), mobilized seven funding agencies to support the conference. Nine out of eleven ACCESS regions and 15 districts were able to participate remotely. In total, nearly 325 people were able to participate face-to-face, and 180 people participated virtually. During the two day conference, 12 oral presentations were made, alongside 20 posters. One study, "Injectable Quinine Versus Injectable Artesunate And Change Brought By Artesunate In Patients Hospitalized For Severe Malaria," showed that artesunate has fewer side effects and is better tolerated compared to quinine. The use of injectable artesunate has reduced the mortality rate in patients with severe malaria.

Therefore, the conference organizers actively advocated that priority should be given to the use of artesunate for the treatment of severe malaria.

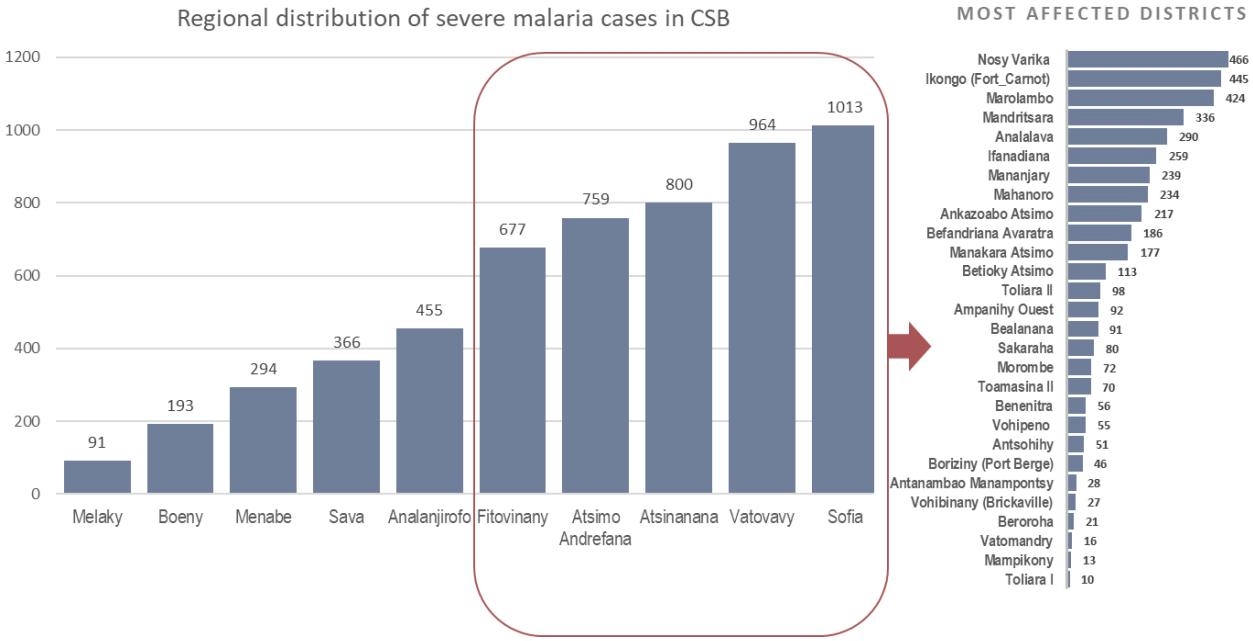
- In Q1 of FY22, 5,612 cases of severe malaria were managed at the CSB level, with a 30% decrease in cases compared to the same quarter last year (see Figure 4 below).

Figure 4: Severe malaria case analysis in ACCESS regions, Q1 FY21 vs. Q1 FY22



While Sofia, Vatovavy, Atsinanana, Atsimo Andrefana and Fitovinany remain the regions with more than 75% of the severe malaria caseload at the CSB level, it is noted that Vatovavy, Fitovinany, and Atsimo Andrefana recorded decreases of nearly 40% since Q1 FY21. There were 1,471 cases referred by CHVs, and 903 of those (61%) benefitted from pre-referral treatment.

Figure 5: The regional distribution of severe malaria cases in all ages in FY22 Q1



- In partnership with Impact Malaria and the PNLP, ACCESS has made great strides in coordinating and synergizing action in the implementation of the elimination program (Antsiranana I and Antsirabe II). To that effect, in October 2021 the Technical Elimination Working Group conducted a joint second supervision visit of the malaria elimination activities in the Vakinakaratra region. The objective of this visit was to see how to improve the implementation of malaria elimination and make recommendations at the national, regional, and district levels based on the findings. In the Vakinakaratra region, ACCESS support is limited to only the FP program, which greatly reduces support within the larger IMCI framework supported by the PARN project. Moreover, the *Direction Régionale de la Santé Publique* (DRSP) and *Service de District de Santé Publique* (SDSP) in Faratsiho requested that ACCESS revitalize the CHV activities from the Mikolo project since they are not integrated into the PARN project. ACCESS has provided the management tools (monthly activity report [RMA], Register). The next step is to introduce the AQS approach to EMADs so that they can support CHVs and their functionality, as well as to discuss with the DSSB introduction of the full AQS package with the PARN project.

Maternal, neonatal, and child health (MNCH) + nutrition

- In November 2021, ACCESS co-presented, with regional MOPH trainers and the *Collège Malgache de Gynécologie Obstétrique* (COMAGO), the AIM approach and best practices for the management and prevention of PPH at the COMAGO scientific conference. The conference took place in Toamasina with the theme "Practical Innovations in Madagascar in Obstetric Gynecology in 2021." The AIM approach was presented by a member of COMAGO, the Honorary President, and best practices for the management and prevention of PPH were promoted during the two days. More than 150 health professionals participated in the conference, and 60 participants strengthened their skills in management of PPH as a result of the session.
- Participated in the validation of the national micronutrient protocol. Public and private sector partners participated in the validation, in addition to MOPH/DSFa/*Service de la Nutrition* (SNUT), *Service de Maternite Sans Risque et Planification Familiale* (SMSRPF), *Direction de la Pharmacie, des Laboratoires et de la Médecine Traditionnelle* (DPLMT), *Office National de Nutrition* (ONN), and PTFs such as *Action Contre la Faim*, UNICEF, World Food Programme, ACCESS, Gret (a French NGO), and the *Ministère de l'Education Nationale* (MEN). The main challenge is the availability of commodities. ACCESS will continue its efforts during follow-up and supervisions to increase the monitoring of the availability of commodities, including the micronutrients Iron Folate (FAF), Vitamin A, and Zinc. ACCESS will participate in the dissemination of the electronic version of the document as soon as it is available.
- Co-led a four-day Emergency-Triage-Assessment-Treatment (ETAT) training for health workers from CHRD Ikongo (region of Fitovinany). Facilitators were from Société Malgache de Pédiatrie (SOMAPED), Centre Hospitalier Régional de Référence (CHRR) Manakara, and ACCESS regional Coordonnateurs en renforcement des compétences cliniques. Six participants (one doctor and five paramedics) attended theoretical and practical sessions. Pre- and post-test scores showed considerable gains by the end of the training. ACCESS also monitored ETAT activities at CHRR Manakara with SOMAPED. After site visits, recommendations focused on establishing a pediatric register book, development of the Accueil -Traitement des Urgences service with boxes for children, and the development and visibility of the treatment protocols. The supervisor also demonstrated the use of equipment available at the hospital but never used: the resuscitation table and phototherapy device.

WASH

- ACCESS provided technical leadership in the development of the Formation Sanitaire Amie de WASH (FSAW) roadmap from December 12-19, 2021, in Toamasina, led by *Service de la Santé et Environnement* (SSENv) and the *Direction de la Promotion de la Santé* (DPS) of the MOPH, with participation of the *Ministère de la Décentralisation* (MID), *Ministère de l'Eau, de l'Assainissement et de l'Hygiène* (MEAH), WHO, UNICEF, urban and suburban communes, and representatives of DRSPs. Two positive cases of COVID-19 among participants disrupted the workshop which will be rescheduled.

- Provided technical leadership in the development of the *Prévention et Contrôle des Infections* (PCI) WASH documents from December 9-10, 2021, in Antananarivo, led by SSENv/DPS with MEAH, WHO, UNICEF, ACCESS, Water and Sanitation for the Urban Poor, Rural Access to New Opportunities for WASH, MEDAIR, and WASH MEN. Five documents pre-established by WHO were reviewed, including technical and operational strategy documents for health facilities, schools, and shelters.
- Participated in the MEAH sector review with the *Direction Régionale de l'Eau Assainissement et Hygiène* (DREAH) in Melaky, DIANA, Sofia, and SAVA on December 7-8, 2021. The MEAH prioritized the search for climate adaptations in the WASH sector, water supply in southern Madagascar, potable drinking water supply in district capitals that do not yet have it, and use of DHIS2 to improve the *Suivi et Évaluation du Secteur de l'Eau* à Madagascar.
- Trained 46 health workers out of 69 planned from 39 CSBs in Menabe and Sofia on FSAW. Four trainers were from SSEnv/MOPH and *Service de la Maintenance, du Génie Sanitaire et de Santé Environnement* (SMGSSE)/DRSP. The SAVA training of 23 health workers is postponed for Q2 FY22 due to a lack of regional FSAW trainers, a main concern. ACCESS supports the MOPH for the regional training of trainers to ensure supportive follow-up.
- Conducted 59 supportive follow-ups at 59 FSAW CSBs led by SMGSSE and the WASH or SDSP leads. Findings include:
    - Lack of a WASH budget remains the main concern for CSBs. Reflection workshops are planned at central and regional levels with the MID, districts, and communes to develop and release the CSB annual work plans and insert budgets into commune budgets.
    - Most CSBs are not enclosed and entries/exits within CSBs cannot be controlled. Although the medical waste management module is covered in the FSAW training; improvements are challenging given limited materials /budget.
- Conducted 14 out of 19 planned FSAW certification assessments in Menabe and Sofia. FSAW assessments are conducted by representatives of SSEnv/MOPH, DRSP/SMGSSE, SDSP, DREAH, and *Direction Régionale de l'Education Nationale*. The 14 CSBs were certified provided that the following changes are made: CSB fencing, enclosing and securing waste pits, CSB building refurbishment (wall painting, roof repair, window and door restoration, DREAH involvement, commune engagement for the sustainability of the WASH services, drinking water treatment).
- Certified nine of 32 targeted CSBs in FSAW in Menabe on November 20, 2021, with representatives of USAID; MOPH/DRSP Ministers; MID; the Minister Coach for Menabe; local authorities such as the governor and prefecture representative; regional directorates; district chief representatives; and mayors. 38 CSBs are preparing for FSAW certification in six other regions.
- Established or revitalized 49 out of 49 WASH committees in Analanjirofo, Boeny, DIANA, and Sofia. Members are trained on the job in the use, maintenance, and management of WASH infrastructure. Members also help CSBs in setting up fences, closing waste pits, and ensuring CSB cleanliness.

- Trained all seven out of seven *Techniciens d'Entretien et de Maintenance* (TEM) in DIANA. Based on experience from other regions, the TEM are made up of CSB health, CSB caretakers/guards, or an inhabitant of the village close to the CSB. The TEMs help CSB Heads in identifying technical problems; in turn, the CSB Heads alert the SMGSSE when problems are not resolved. One problem identified was the lack of tools and personal protective equipment. ACCESS will purchase and dispatch these for committees /TEMs in Q2 FY22.
- Conducted technical assessment of the initial WASH status of 37 CSBs in Boeny, SAVA, DIANA, Sofia, and Analanjirofo with SMGSSE and/or DREAH. Diagnostic results help DRS/SMGSSE prioritize interventions. Results included:
    - 16/37 CSBs do not have water points in the surrounding 500m
    - 3/37 CSBs have drinking water that contain residual chlorine of 0.2mg
    - 22/37 CSBs have containers for storing water
    - 5/37 CSBs have water points inside the treatment rooms
    - 6/37 CSBs do not have cleaning equipment or cleaning registers
    - 33/37 CSBs have latrines in poor condition (do not meet technical /environmental standards)
    - 5/37 CSBs have hygiene committees, improvement plans, or budgets to maintain WASH, even the maintenance plan for the achievements
- Constructed CSB WASH infrastructure:
    - Completed 4 new latrines/handwashing stations, with 12 total
    - Renovated 24 latrines/handwashing stations, with 55 total
    - Completed 5 new water points
    - Renovated 8 water points

  ACCESS completed and provisionally accepted 137 out of 197 planned latrines/handwashing stations (70%) and 43 out of 207 planned water points (21%). 37 water points and 36 latrines/handwashing stations are under construction in Analanjirofo, Boeny, Menabe, and SAVA. Provisional acceptance of infrastructure is planned for Q2 FY22. After several attempts to negotiate with a Tamby construction company in the Analanjirofo region, the work was no longer progressing and the contract was terminated. ACCESS is in the process of a restricted tender to ensure the finalization and acceptance of the work.
- Completed microbial and physicochemical analysis before commissioning eight water points for eight CSBs in Menabe. IPM results include:

— Six out of eight water points did not meet microbiological potability of water standards. An artisanal disinfection chlorine system is already installed for each CSB. The water system will only be put into operation after confirmation of water potability. Monthly monitoring with SMGSSE and DREAH will be done to ensure water quality. Details of the results are in Annex B.

— The vial for CSB Bemanonga's physicochemical analysis sample was broken en route. The analysis will be redone as soon as possible.

Analyses with portable DelAgua and Lovibond kits are awaiting reagents, which have been ordered. Delivery is expected in Q2 FY22.

- Completed 10 of 13 WASH CSB action plans. Field team's actions focus on monitoring construction in Q1 FY22. Three action plans are postponed for Q2 FY22.
- Purchased and dispatched tools for 200 hygiene committees and TEMs.
- Implemented the WASH management models proposed during the workshop for the sustainability of WASH services at the health facility level. According to experiences on the ground, the six months were not enough to confirm that the proposed management model is sustainable or not; ACCESS continues to monitor.
- Following the testing on health worker use of the curriculum conducted in DIANA and Melaky in Q4 of FY21, the pre-validation of the curriculum has been postponed due to COVID-19 restrictions. It is tentatively scheduled for FY22 Q2.

OBJECTIVE 1.3: FUNCTIONAL CONTINUUM OF CARE ACROSS SERVICE DELIVERY CHANNELS IS PROVIDED THROUGHOUT THE DISTRICT

- ACCESS organized a face-to-face training of SBC officers from the seven northern regions in November 2021, following an online introduction done in Q4 FY21. In Q1, there were 3,071 functioning *Toby* CHVs and 2,855 operational emergency transport systems, which is a 43% increase compared to Q4 FY21. This is a result of the dynamism of the CSB teams from the northern region after training.

Table 3: Functional Toby and emergency transportation systems by region in Q1 FY22

Region	Number of functioning Toby CHVs	Number of operational emergency transport systems	Total
Vatovavy	166	189	355
Fitovinany	665	241	906
Atsimo Andrefana	252	273	525
Atsinanana	481	474	955
Boeny	81	91	172
SAVA	214	221	435
Melaky	84	48	132
Analanjirofo	299	300	599
DIANA	135	209	344
Menabe	217	284	501
Sofia	477	525	1002
Total	3071	2855	5926

- CHVs using CommCare in the four regions (Vatovavy, Fitovinany, Atsimo Andrefana, and Atsinanana) continued to improve the use of referral and counter-referral (RCR) cards during Q1 FY22: 2,363 cases were referred, compared to 1,231 in Q1 FY21. 63.14% of cases referred (1,492) have completed referrals at the CSB level, compared to 52.15% of cases referred (642) in Q1 FY21. Counter-referrals back to CHVs remain high (99.40%).

- From the health information system (HIS) routine data, 31% of women and children referred by CHVs were reported as received by the CSB level (an increase from 26% reported in FY21), and 72% were counter referred to CHVs during Q1 FY22 in the 10 regions (an increase from 71% in FY21). Those two indicators are populated from RMA CSB and community RMA. These referrals mainly cover IMCI cases, ANC, delivery, and post-delivery.
- Analyzed the RCR-related results from the TTM baseline assessments (see Table 4) to identify bottlenecks and support priority improvement action plans.

Table 4: RCR results from TTM baseline (in 32 CSB2), second assessment (in 52 CSB2), and third assessment (in 23 CSB2) conducted in Q1 FY22

RCR Standards	Conditions of Allocation of Points	Percent of CSB2 with no compliance to the standard			Percent of CSB2 with compliance to the standard**		
		Baseline (32 CSB2)	Second Evaluation (6 Months After Baseline – 52 CSB2)	Third Evaluation (12 Months After Baseline – 23 CSB2)	Baseline (32 CSB2)	Second Evaluation (6 months After Baseline – 52 CSB2)	Third Evaluation (12 Months After Baseline – 23 CSB2
7.2 (f) The health facility has identified which CHVs are involved in referrals for ANC provision and identified those who are not.	The health facility manager identified the CHVs involved in the referral for the provision of ANC and those who are not.	13%	27%	22%	88%	73%	78%
7.2 (g) The health facility has identified which CHVs are involved in actions related to emergency transport and identified those who are not	The health facility manager identified the CHVs involved in actions related to emergency transport and those who are not during the monthly meetings with the CHVs.	44%	38%	22%	56%	62%	48%
8.2 (a) All referrals of patients to a higher level are documented and the referral sheets are used to complete the RMA of the health facility.	At the health facility level, there is the RMA which collects referral data to a higher level establishment. The referral sheets are used as a source of data for filling in the RMA of the health facility concerning the number of referral cases made to the referral health facility	50%	44%	22%	50%	56%	78%
8.2 (b) Counter-referral sheets issued by the referral health facility concerning patient follow-up visits are available and filed in the health facility that initiated the referral.	Check that there are counter-referral sheets written by the referral health facility when referring back patients to the health facility that made the referral.	78%	67%	22%	22%	33%	30%

**Score at 0% = The CSB2 does not follow the standard; **Score at 100% = The standard is fully applied by the CSB2*

Q1 FY22 Key Data/Results

MALARIA

Table 5: Progress to target for key malaria indicators in Q1 FY22

Indicator	FY22 Target	Q1 FY22 achievement	% of FY22 target achieved
1.0.1 # CU5 with fever tested for malaria	1,033,571	218,326	21%
1.0.1 % CU5 with fever tested for malaria	97%	93%	96%
1.0.2 # CU5 testing positive for malaria who are treated with artemisinin-based combination therapy (ACT)	327,409	58,745	18%
1.0.2 % CU5 testing positive for malaria who are treated with ACT	100%	90%	90%
1.2.4 # of women who received Intermittent Preventive Treatment in Pregnancy 2 Doses (IPTp2) during ANC	392,108	59,134	15%
1.2.4 % women who received IPTp2 during ANC	80%	62%	78%
1.2.5 # women who received IPTp3+ during ANC	294,081	43,867	15%
1.2.5 % women who received IPTp3+ during ANC	60%	46%	77%

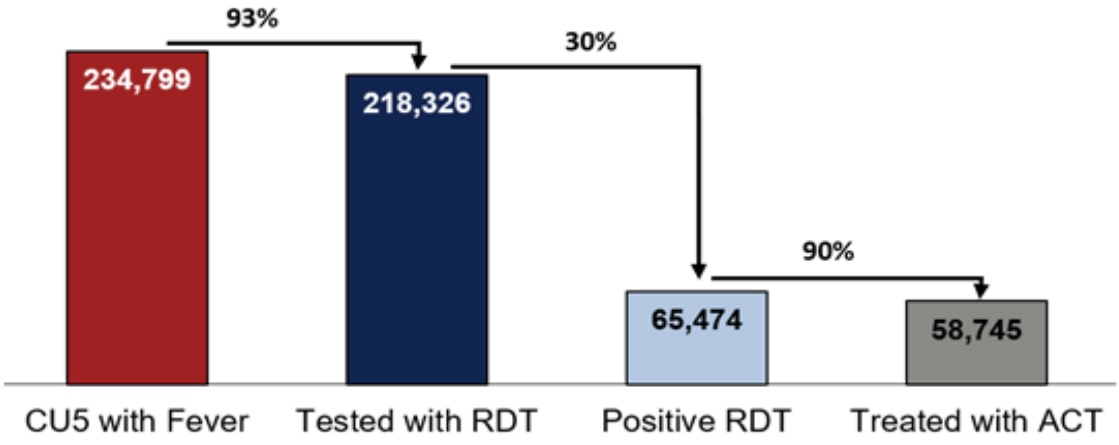
Key Achievements for Q1 FY22

- Overall, malaria testing and treatment rates remained high this quarter at 93% and 90%, respectively.
- At the community level, the malaria testing rate stabilized around 82%, which is much higher than in Q1 FY21 (71%), and the treatment rate increased from 78% in Q1 FY21 to 83% in Q1 FY22.
- At the CSB level, the malaria treatment rate showed improvement this quarter and in comparison to last year, from 89% in Q1 FY21 to 94% in Q1 FY22.

Malaria Treatment Cascade

A total of 218,326 children under 5 (CU5) with a fever were tested for malaria with a rapid diagnostic test (RDT) in Q1 FY22, which is equivalent to a 93% testing rate. This indicator is on track toward the annual target of a 97% testing rate. Of those tested for malaria, 30% of cases tested positive. Among those who tested positive for malaria, 90% were treated with ACT, which is slightly below our annual target of 100% for FY22 but is an increase from the rate reported in Q4 FY21 (85%).

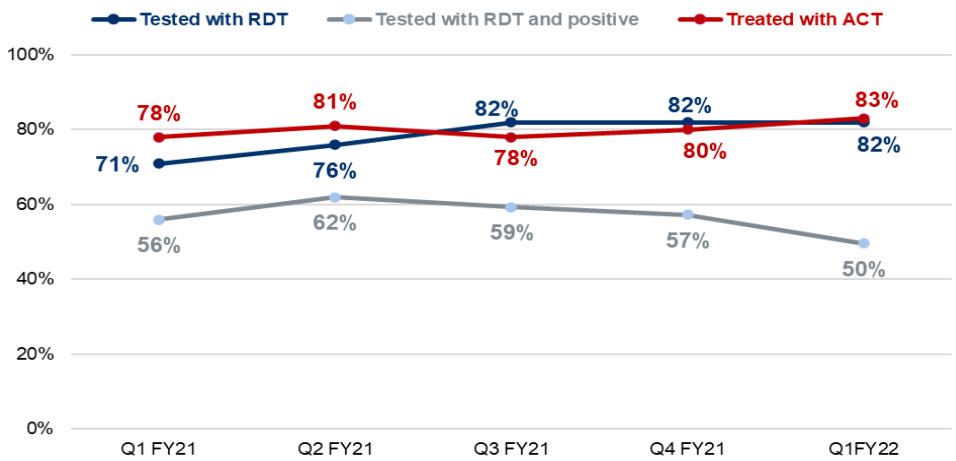
Figure 6: Malaria cascade Q1 FY22, all levels



CHV Level

In Q1 FY22, a total of 78,615 CU5 presented with a fever at the community level, and 82% of them were tested for malaria with an RDT. This rate remains stable in comparison with the last two quarters. Of those tested with RDT in Q1 FY22, 50% (27,778) tested positive for malaria. The treatment rate among positive cases was 83% in Q1 FY22 at the community level. This rate is the highest over the past 12 months and shows improvement in comparison to Q1 FY21 (78%).

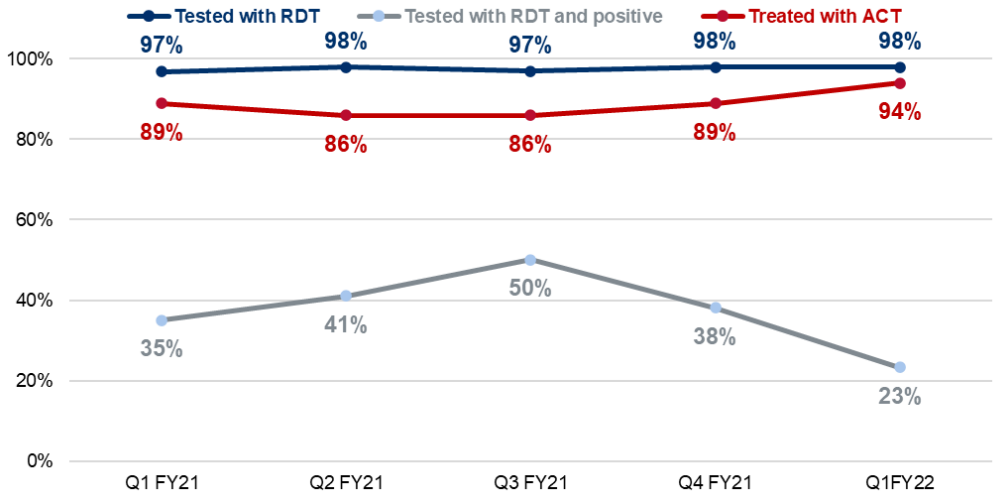
Figure 7: Percentage of CU5 tested, positive, and treated for malaria at the CHV level by Qs



CSB level

This reporting period, a total of 162,816 fever cases in CU5 were reported at the CSB level. Out of those, 98% of cases were tested with RDT for malaria. The testing rate remains high and similar to the rates observed over the past year at the CSB level. The percentage of positive malaria cases among those tested is surprisingly low this quarter (23%). This could reflect the positive impact of activities promoting the use of mosquito nets following the LLIN distribution campaigns that were conducted through the SAHA approach. Among those that tested positive, 94% were treated with ACT at the CSB level this quarter. This is the highest treatment rate observed over the past year and an increase compared to the treatment rate in Q1 FY21 (89%).

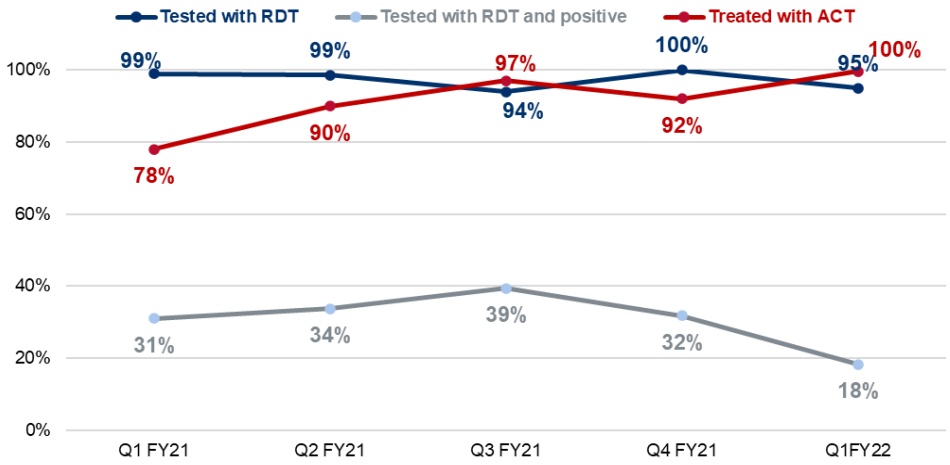
Figure 8: Percentage of CU5 tested, positive, and treated for malaria at the CSB level by Qs



CHRD Level

At the CHRD level, 95% of the 3,576 reported fever cases were tested for malaria with an RDT. Among those tested for malaria, less than 20% were positive, and close to 100% (99.6%) of the positive cases were treated with ACT. This is a notable increase in treatment rates compared to the previous quarter and compared to the 78% treatment rate in Q1 FY21.

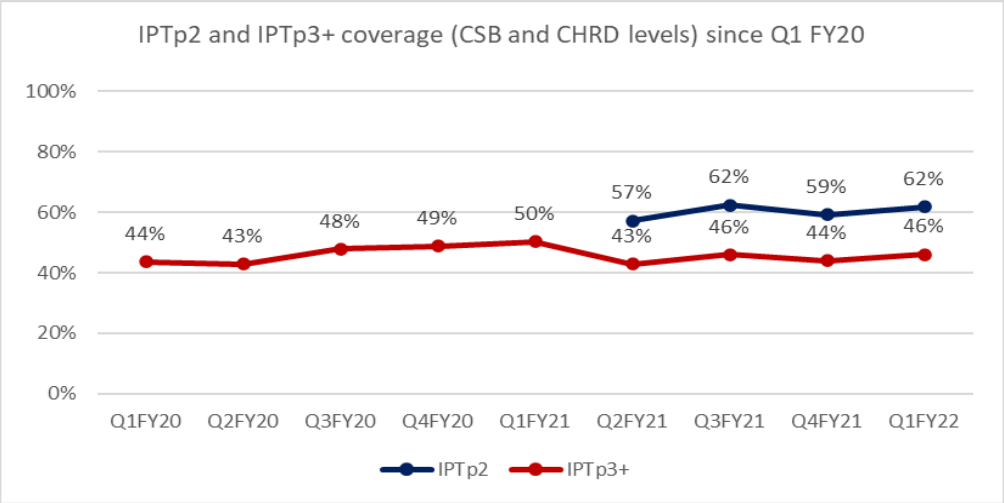
Figure 9: Percentage of CU5 tested, positive, and treated for malaria at the CHRD level by Q



Malaria in pregnancy (MIP), Q1 FY22 (CSB and CHRD levels)

In Q1 FY22, 59,134 pregnant women received IPTp2 during ANC visits at the CSB and CHRD level. This represents 62% of the women who attended at least one ANC visit (ANC1) this quarter and an overall achievement of 78% of our annual target of 80%. This rate remains similar to previous quarters' rates. Similarly, the percentage of women who received IPTp3+ is stable this quarter at 46%. The IPTp3+ results account for 77% of the FY22 target of 60%. Both indicators are lagging behind their target this quarter. To continue strengthening IPTp provision, ACCESS will continue sharing analyses with Roll Back Malaria, supporting the *Gestion d'Approvisionnement de Stock* (GAS) district committees for the permanent and continuous availability of sulfadoxine-pyrimethamine, sharing and implementing best practices for IPTp3 coverage, building capacity of health workers in the promotion and administration of IPTp during ANC, closely monitoring the quality of data recorded at the CSB level (RMA) and at the EMAD level (DHIS2), and advocating for a memo from PNLP/Secretary General on IPTp to clarify data recording guidelines.

Figure 10: IPTp2 and IPTp3+ coverage by Qs since Q1 FY2020



Note: IPTp2 data are only available from Q2FY21 onward

CHILD HEALTH

Table 6: Progress to target for key child health indicators in Q1 FY22

Indicator	FY22 Target	Q1 FY22 Achievement	% of FY22 target achieved
1.0.4 # of CU5 suspected of pneumonia receiving antibiotics	67,773	15,321	23%
1.0.4 % of CU5 suspected of pneumonia receiving antibiotics	95%	92%	97%
1.0.3 # of child cases of diarrhea treated	181,336	33,625	19%
1.0.3 % of child cases of diarrhea treated	95%	85%	90%
1.0.5 # CU5 reached by a specific nutrition intervention	919,737	338,345	37%
1.2.32 # of children who received their first dose of measles vaccine	390,095	65,636	17%
1.2.32 % of children who received their first dose of measles vaccine	90%	63%	70%

Key achievements

- The numbers of CU5 treated for pneumonia and diarrhea in Q1 FY21 (15,321 and 33,625, respectively) are higher than the numbers treated at the same time last year (12,339 and 31,072, respectively).

Pneumonia

In Q1 FY22, 15,321 (92%) of CU5 suspected of having pneumonia were reported to be treated with antibiotics at both CSB and community levels, which represents a 97% achievement toward the annual treatment rate target of 95% and is similar to the treatment rates reported throughout FY21.

Diarrhea

In Q1 FY22, 33,625 (85%) of CU5 presenting with diarrhea were treated across all levels, representing 90% achievement compared to the FY22 target of 95%. The CSB treatment rate was 86% across the ten intervention regions in Q1 FY22, and it was 81% for the CHV level. For diarrhea illness, most cases (82%) are handled at the health facility level as many families prefer to treat at home and only seek care when the cases are more severe at the CSB.

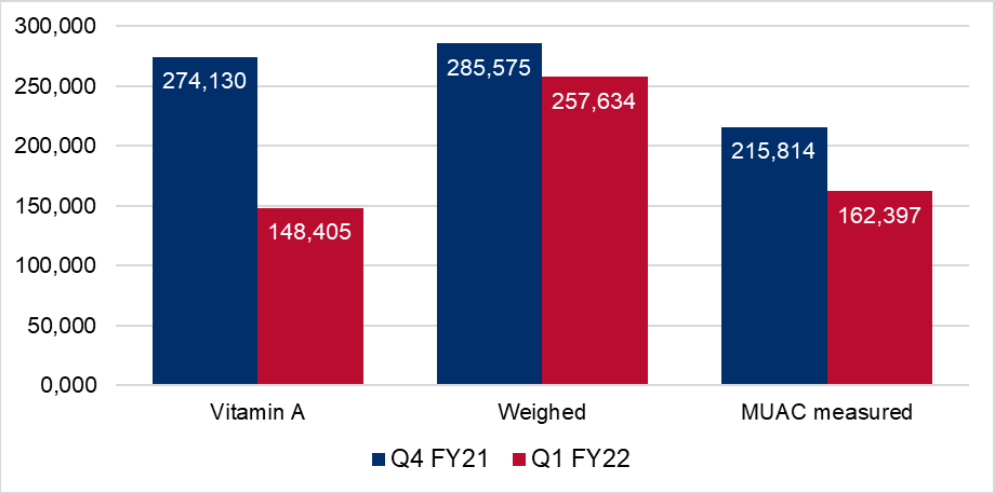
Nutrition

Nutrition specific interventions for children 0-59 months

During Q1 FY22, at the health facility level, a total of 40,081 new mothers benefited from breastfeeding counseling by health workers during postnatal care (PNC) visits, and 148,405 children aged 6-59 months received vitamin A supplementation (only recorded at the CSB level, including mass distribution). During field visits, it was recorded that many CSBs noted increases in Vitamin A stock outs this quarter. Since the end of the last *Semaine de la Santé Mère et Enfant*, vitamin A supplements are not free-of-charge anymore and the supply is now included in routine provision by CSBs. Because the population and the CSBs were accustomed to vitamin A being free, sensitizing parents to purchase vitamin A is difficult and parents hope that there will be free distribution campaigns. CSBs therefore order small quantities of vitamin A because they do not want to use their funds for products that do not generate quick profits.

At the community level, a total of 338,345 CU5 were weighed, and 77,721 had their mid-upper arm circumference (MUAC) measured during Q1 FY22.

Figure 11: Number of children aged 6-59 months reached by preventive and nutrition promotion interventions at the CSB level in Q4 FY21 vs. Q1 FY22



Nutrition specific interventions for children 0-23 months at community level

At the community level, 214,650 children were weighed, while 46,087 children had their MUAC measured to identify malnutrition and refer them to appropriate levels of care depending on their nutritional status. These interventions are systematically reinforced by specific CHV sensitization activities. ACCESS observed a decrease for these two indicators compared to Q4 FY21 results, which were 256,791 and 54,479 respectively. Overall, there was a reduction in services provided at the community level in Q1 as many CHVs were less available as they were busy with the harvest season. CHVs were probably less available for nutrition services during the harvest season because nutrition activities require a larger time commitment. For example, sensitization requires home visits and weighing sessions for groups of children coming for growth monitoring and promotion take a long time.

CHVs sensitization

A total of 57,851 individuals were visited by CHVs during home visits and sensitized on nutrition, and 78,285 people participated in informal talks about nutrition in the 11 intervention regions. Compared to Q4 FY21 results, a decrease is noted for both indicators (70,186 and 96,439 respectively), which could be linked to the reduction in community-level services in Q1 due to the harvest season.

Vaccination

During Q1 FY22, the vaccination coverage rate of children aged 0-11 months with pentavalent vaccine first dose was 73%, while the coverage rate was 70% for the third dose. The gap in coverage between these two doses decreased to 3% from 8% recorded in FY20. The low pentavalent third-dose coverage rate compared to the target (90%) is linked to the shortage of antigens at the national level during Q1 FY22. The national level began supplying vaccines in the second week of December 2021 and ACCESS plans to catch up on achieving the target in the upcoming quarters.

Additionally, 65,636 (63%) children 0-11 months received their first dose of the measles vaccine, which represents a 70% achievement compared to the national target of 90% for FY22. This is a decrease from last quarter, when 77,189 children received their first dose. Between October and December 2021, Madagascar experienced stock outs in antigens for several vaccines including measles due to delays in commitment to the co-financing of the purchase of vaccines. Madagascar has since signed the commitment, and refrigerator installations are in progress which will facilitate the conservation and availability of antigens at the CSB level. Additionally, a national measles campaign will be organized in April 2022.

FP/RH

Table 7: Progress to target for key FP indicators in Q1 FY22

Indicator	FY22 target	Q1 FY22 achievement	% of FY22 target achieved
1.0.7 # of new users of FP (NUs)	612,883	170,987	28%
1.0.6 # of regular users of FP (RUs)	1,602,941	1,716,118	107%
1.0.8 couple years protection (CYP)	788,663	224,150.9	28%

Key achievements

- ACCESS is on track to achieve all FP indicators in FY22.

In general, there was a decrease in all FP indicators this quarter. Among potential reasons is that during Q1, women are busy in cultivation work, and some CHVs are also preoccupied with harvest and farming work, leading to an overall decrease in service utilization. ACCESS plans to reinforce the use of mobile clinics to supplement the absence of some CHVs during these seasons.

NUs of modern contraceptive methods

ACCESS recorded 170,987 NUs of modern contraceptives in the 13 regions supported by the program during Q1 FY22. This is a 7% decrease from Q4 FY21. The NUs broken down by method and age are shown in Table 1, Annex C.

Youth (10-19 years old) represented 31% (53,405) of NUs at all levels in Q1 FY22, with a majority being 15–19-year-olds (45,099). This is a decrease of 6% compared to the previous quarter (56,630).

For Q1 FY22, more than half of the contraceptive methods used (55%) were injectables (Depo-provera and Sayana Press) followed by oral contraceptives at 17%. This reinforces the efforts to expand access to injectables at the CHV level and as a self-care option as essential for meeting the contraceptive needs of women and reducing their barriers to accessing their preferred methods.

RUs of modern contraceptive methods

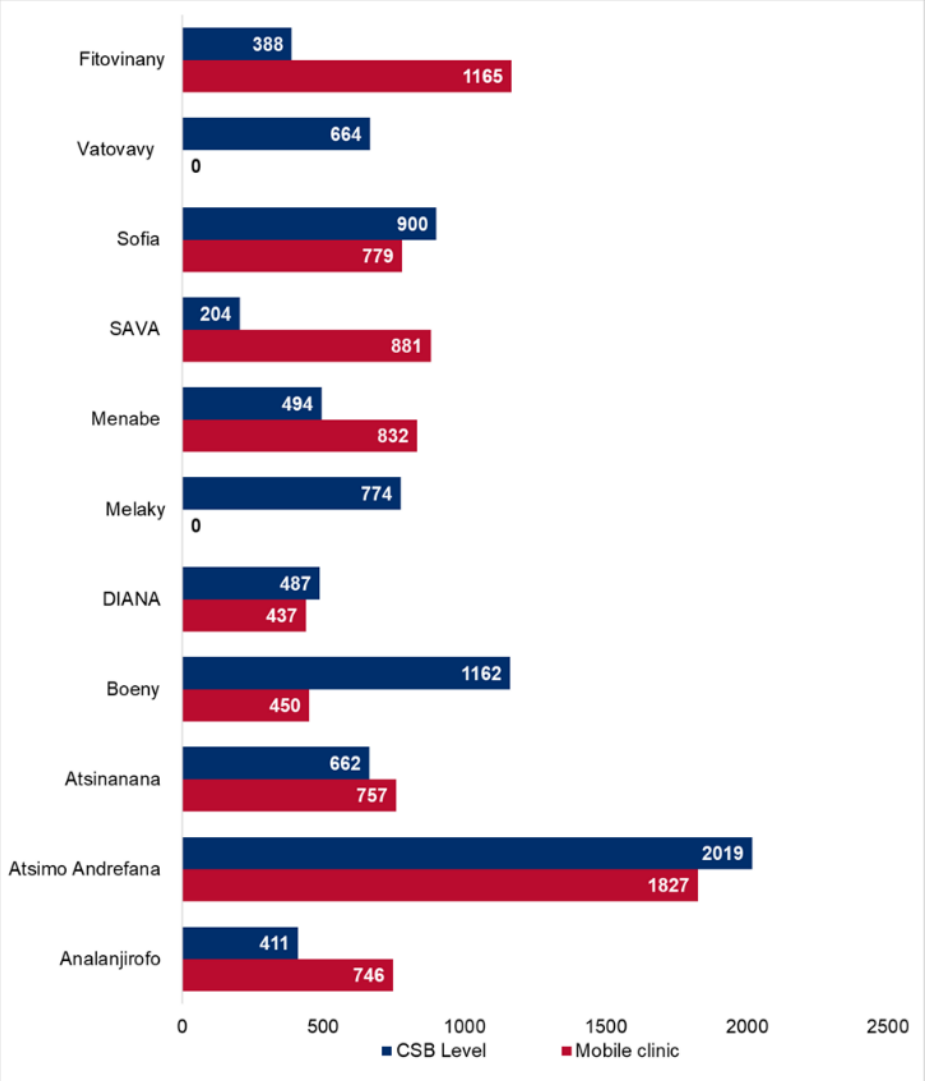
For Q1 FY22, ACCESS recorded 1,716,118 RUs of modern contraceptive methods for all service levels (CHRD, CSB, and CHVs). This is an increase compared to Q4 FY21 (1,706,733 RUs) and has exceeded the annual FY21 target.

While the majority of FP RUs were recorded at the CSB level (due to their ability to provide LARCs), nearly 18% of RUs were recorded at the CHV level in Q1 FY22 compared to 20% in Q4 FY21. ACCESS efforts to expand the provision of injectables to the CHV level may further increase the proportion of RUs that seek services within at the community level.

Mobile clinics

A total of 8,690 women received care from the mobile teams during Q1 FY21 which is a slight decrease compared to Q4 FY21 (8,930 beneficiaries), according to PSI. In addition, 91% (7,874) of the methods offered by the mobile clinics in FP consist mainly of LARCs (implant, IUD, injectables). The comparison of the services offered in long-term contraceptive methods shows that 52% of the IUDs and implants were inserted at mobile clinics, i.e., 7,874 out of 15,265 women beneficiaries total in the intervention region. This is a drop of 3% compared to Q4 FY21 with 8,108 LARCs. In the Atsimo Andrefana, Boeny, and Sofia regions, mobile services offered in mobile clinics surpass those of the CSBs on average by 25%.

Figure 12: Comparison of IUDs and implants offered between mobile clinics and CSBs by region, Q1 FY22



Alongside the provision of services, the agents of the mobile clinics also take the opportunity to strengthen the capacity of health personnel at the level of the CSBs during their visits to the CSB site. Thus, with 79 on-the-job training sessions organized, 6 doctors and 35 paramedics received technical support in FP, while 144 CHVs also benefited from support (including 46 community leaders for the promotion of FP). Please see Annex A for details of mobile clinic service provision.

CYP

Compared to the Q4 FY21 quarter, the number of CYP is almost the same from 225,797 to 224,150.9 in Q1 FY22.

MNH

Table 8: Progress to target for key MNH indicators in Q1 FY22

Indicator	FY22 target	Q1 FY22 achievement	% of target achieved
1.2.2 # pregnant women attending one ANC visit (ANC1)	490,135	95,312	19%
1.2.2 % pregnant women attending ANC1	75%	68%	91%
1.2.3 # pregnant women attending ANC4	333,292	57,546	17%
1.2.3 % pregnant women attending ANC4	51%	41%	81%
1.2.30 ANC coverage gap	20%	27%	91%
1.2.6 % pregnant women who received Fer acide folique during ANC	84%	84%	100%
1.2.8 % deliveries with a skilled birth attendant (SBA)	45%	36%	80%
1.2.9 % of PNC visits within 2 days of birth*	95%	96%	101%
1.2.12 % of newborns not birthing at birth who were resuscitated	88%	86%	98%
1.2.19 % of of women giving birth who received uterotonic in the third stage of labor or immediately after birth	70%	73%	104%

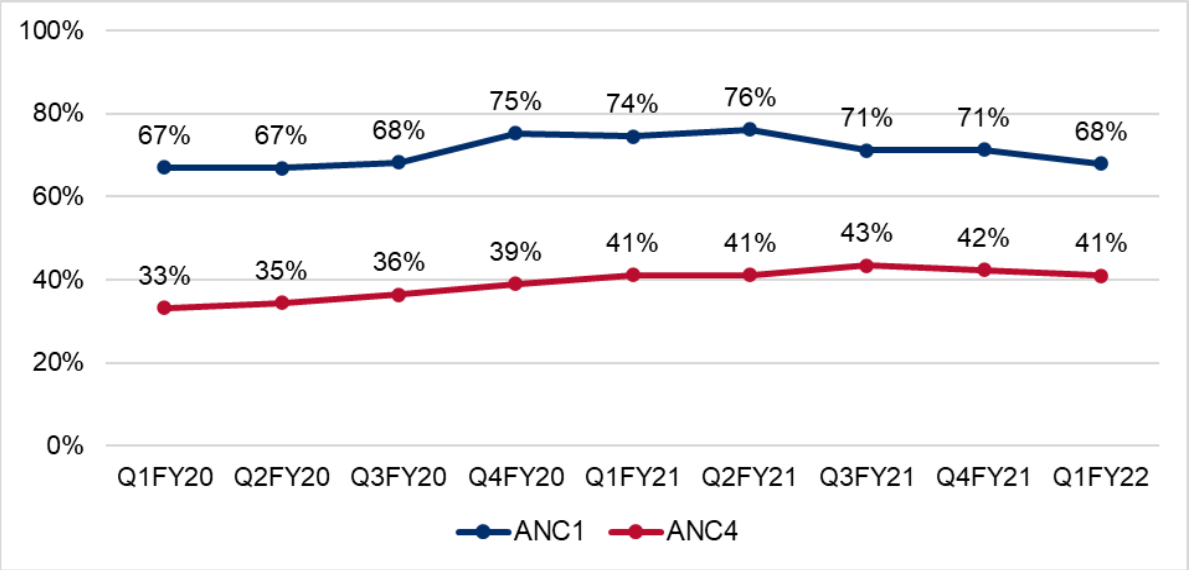
Key achievements

- 73% of women giving birth at health facilities received a uterotonic in the third stage of labor, exceeding the annual target of 70% and increasing from 67% in Q4 FY21.
- 84% of pregnant women received FAF during ANC visits, equaling the annual target.

ANC

In Q1 FY22, a total of 95,312 pregnant women attended ANC1 services at both CSB and CHRD levels, which represents 68% of estimated pregnant women in the 10 regions and a 91% achievement of the objective of 75%. This is a slight decrease compared to performance registered in Q4 FY21 (71%), and ACCESS is investigating further. Additionally, 57,546 (41%) pregnant women attended ANC4 during Q1 FY22, which is similar to the numbers and rates recorded throughout FY21.

Figure 13: Rate of ANC1 and ANC4, quarterly



Iron deficiency

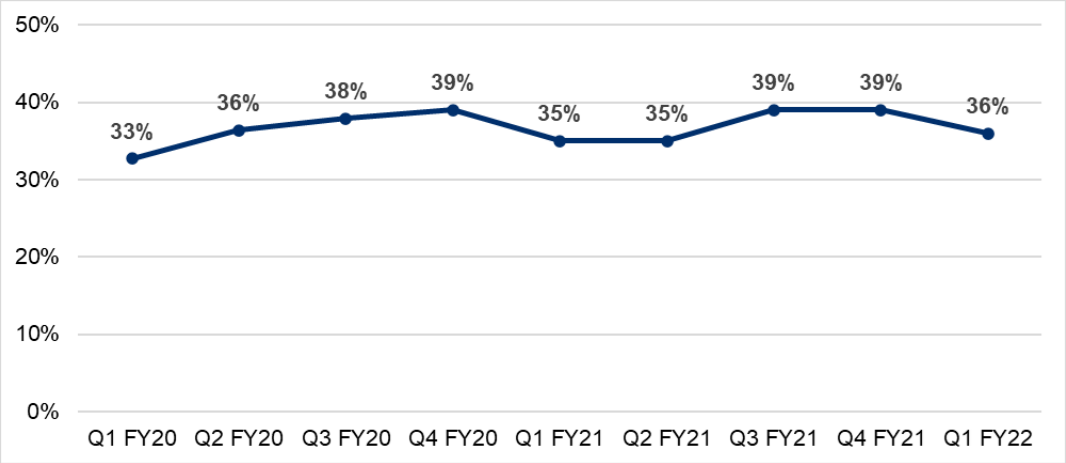
The recommended amount of FE and FAF supplementation during pregnancy to prevent iron deficiency is three doses. To date, the RMA CSB does not capture the number of women receiving all three doses; it only captures the number of women who received a dose during their first ANC visit. Therefore, until the MOPH updates the RMA CSB to include this important measurement in January 2021, ACCESS is reporting only on FAF supplement given at ANC1.

The rate of FAF intake during ANC1 was 84% (79,714) in Q1 FY22, which is a 100% achievement of the FY22 target and is an increase from rates reported throughout FY21.

Deliveries with SBAs

A total of 44,974 (36%) of women gave birth in a health facility during Q1 FY22, which is an 80% achievement of the annual target (45%) and a decrease from the rate reported last quarter (39%). The reasons behind the decrease could be related to the availability of CHVs, and the attitude of women who are busy in cultivation work prefer to deliver at home in the hands of community birth attendants instead of going to the health facility. ACCESS plans to conduct an intensive project-wide effort to address this issue in following quarters, including adding community leaders to community sensitization, as they are permanent and present during all periods of the year.

Figure 14: Delivery with SBAs by quarter, Q1 FY20 to Q1 FY22



Delivery care: uterotonic use

Since Q2 FY21, ACCESS reports uterotonic use at both CSB and community levels. The program focuses on use instead of distribution of uterotonics to ensure quality of care. At the CSB level, 73% of women giving birth received uterotonics in the third stage of labor or immediately after birth which surpassed the FY22 target of 70%, an increase from last quarter (67%).

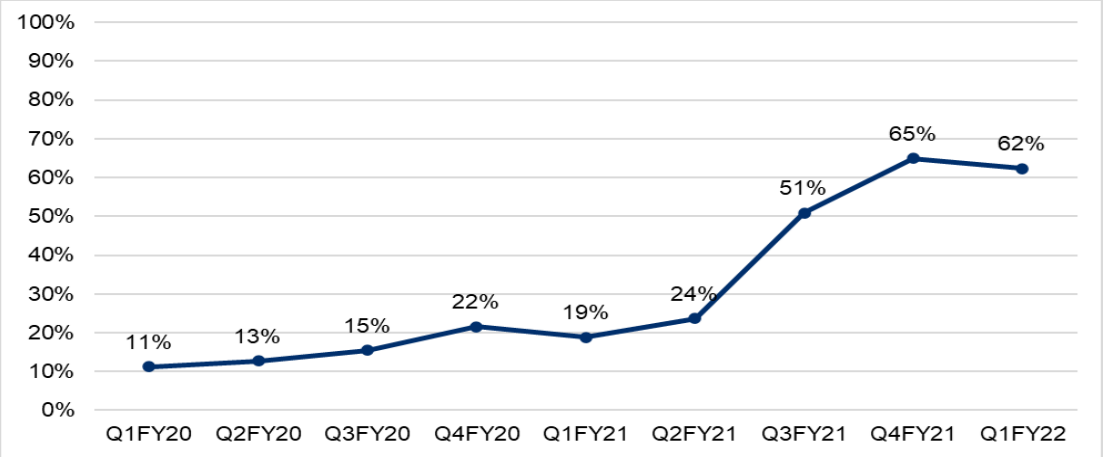
At the community level, among 8,848 home deliveries registered by CHVs, 19% (1,686) reported having administered misoprostol to prevent PPH during Q1 FY22. This is a 63% achievement regarding the annual target of 30% and is a slight increase from the rate reported in FY21 (18%).

Newborn care

In accordance with the indicators monitored by the MOPH within the routine Health Management Information System (HMIS), ACCESS currently tracks two essential newborn care indicators: breastfeeding within one hour of delivery and clean cord care with CHX. Drying the newborn immediately after birth and skin-to-skin contact with the mother are two other key components of the essential newborn care that are unfortunately not captured in the HMIS.

In Q1 FY22, 32,084 (76%) newborns benefited from the practice of breastfeeding in the first hour after delivery. The rate of umbilical cord care with CHX was 62%, which exceeds the FY22 target (45%). While a slight decrease compared to Q4 FY21 (65%), the rate has increased significantly over the past year (19% in Q1 FY21). In Q2, ACCESS will assess the reason for this decrease and identify solutions to maintain past year's progress.

Figure 15: CHX cord care rates at the CSB level, Q1 FY20 to Q1 FY22



PNC

In previous quarters, ACCESS reported PNC visits within six hours after delivery as a proxy for the PNC visits within two days because this information was not available in the HMIS. The new version of RMA CSB currently in use since January 2021 (Q2 FY21 report) reports PNC visits within 24 hours, 48 to 72 hours, 3 to 14 days, and 6 weeks after delivery. ACCESS only reports the first PNC visit within 24 hours.

In Q1 FY22, 40,081 newborns were consulted within the first 24 hours after delivery, which represents 96% of all newborns. The performance obtained during FY21 is maintained in Q1 FY22. This current result is a 101% achievement of the annual target (95%).

Delivery complications and deaths

In Q1 FY22, the maternal death rate averaged 74 per 100,000 live births which corresponds to a total of 33 maternal deaths at the CHRD and CSB levels. This is one of the lowest death rates observed over the past year. At the CSB and CHRD level, the maternal death rate was 33 per 100,000 live births (14 deaths) and 720 per 100,000 live births (19 deaths) respectively. The maternal death rate at the CSB level is stable compared to previous quarters. In contrast, great improvement is observed at the CHRD level, with a maternal death rate considerably lower than the average rates observed over the past two years. The increasing practice of maternal death audits at the CHRD level, which have been particularly high this quarter, may have contributed positively to the decrease in maternal death. Death audits provide recommendations to practitioners on delivering better quality services and strengthen the use of best practices. ACCESS will continue monitoring this trend in the future to confirm a possible effect.

This quarter, a total of 467 PPH cases were reported. This represents 10 cases per 1,000 deliveries. This rate is comparable to the rates observed in previous quarters.

In Q1 FY22, a total of 212 neonatal deaths were reported by CSBs and CHRDs. Overall, this represents 5 deaths per 1,000 live births. At the CSB level, the neonatal death rate was below 4 per 1,000 live births (160 deaths), and at the CHRD level, the neonatal deaths rate was around 19 neonatal deaths per 1,000 live births (52 deaths).

Table 9: Maternal and Neonatal Deaths and PPH at the facility level per region (CSB and CHRD), Q1 FY22

Region	Maternal Deaths (per 100,000 live births)	Neonatal deaths (per 1,000 live births)	PPH rate (per 1,000 deliveries)
Analanjirofo	105	7	15
Atsimo Andrefana	70	3	16
Atsinanana	83	4	13
Boeny	29	4	10
DIANA	99	2	6
Melaky	81	8	8
Menabe	126	3	6
SAVA	151	6	8
Sofia	19	3	11
Vatovavy	88	5	9
Fitovinany	124	13	6
Total*	85	5	10

*Total is calculated by taking total deaths across the ten regions divided by the total live births. Therefore, the total row will not be an average of the individual regions shown in the table.

Maternal and neonatal death audit committees

In Q1 FY22, ACCESS supported the MNDSR training in 13 new districts in collaboration with United Nations Population Fund (UNFPA) in December 2021 in addition to the 30 districts trained in FY21. The 13 new MNDSR committees will be set up and become operational in Q2 FY22. As of Q1 FY22, 30 MNDSR committees are operational out of the 43 districts trained, which represents 70% of committees that are operational. This is a 100% achievement of the FY22 target (70%).

Out of the 18 maternal deaths recorded in Q1 in the districts where committees are operational, 15 deaths were audited. This represents 83% of maternal deaths which were audited at the CHRD and CSB levels. This is above the annual target of 75% for FY22.

Eight maternal deaths were audited in CHRR Fénérive Est and CHRR Manakara (CHRR data are excluded from the target). In addition, 15 audit reports from last year have been reported this quarter (this data is excluded from the calculation as well because the audit happened in FY21).

Tools have not yet been developed to audit neonatal deaths. ACCESS is in the process of advocating with the SMSR for the organization of a design workshop.

Activities Planned for Q2 FY22

OBJ 1.1 KEY ACTIVITIES PLANNED FOR Q2 FY22

- Continue to support the regions on training the CHVs of all the districts on pregnancy test use
- Continue to support the regions for the expansion of DMPA intramuscular and DMPA subcutaneous at the community level
- For AQS:
  - Revise the AQS roadmaps based on current experience an progress
  - Provide refresher courses for non-performing CHVs
  - Conduct monthly RM planning by CHVs
  - Include CHV knowledge tests at each monthly meeting
  - Conduct on-site supervision:
    - Group A in January 2022
    - Group B in February 2022
    - Group C in March 2022
  - Train the CHV peer supervisors already identified
  - Provide continuous capacity building of ASC and *Aides Cliniques* (ADC) on AQS management and other key activities
  - Accompany the ASCs to launch the supervision by CHV peer supervisors, scheduled to start in March 2022
  - Prioritize the low-performing CHVs to be supervised by ASCs
  - Coordinate with EMAD and district GAS committees to improve the availability of commodities

OBJ 1.2 KEY ACTIVITIES PLANNED FOR Q2 FY22

Clinical capacity building

- With the support of SFP, provide orientation to the Secretary General on the ACCESS-U approach and get approval for the new name (*Formation Continue pour les Professionnels de la Santé*, recommended by SFP) and for the launch of the platform
- Train CSB providers in new regions on the use of the dashboard and monitor the use of dashboards in Atsimo Andrefana, Atsinanana, Vatovavy, Fitovinany, Analanjirofo, and Menabe
- Support the virtual orientation of EMARs and EMADs on the new integrated supervision tool by the DSSB
- Certify regional trainers in support of SFP for Atsinanana, Vatovavy, Fitovinany, and Atsimo Andrefana regions
- Follow-up the use of the updated training tracker with SFP
- Finalize the nutrition, PCI, and EPI e-learning modules, as well as the essential newborn care and newborn infections ACCESS U modules
  - Introduce the CommCare and Moodle platform for ACCESS U to the MOPH, followed by the launch of the platform
  - Plan and conduct the telementoring sessions for ACCESS staff and MOPH at all levels

Malaria

- Implement the surveillance system performance recovery plan, which assists in tracking poor performance of the surveillance system and how to adequately respond or correct poor performance
- Monitor the implementation of the IPTp coverage improvement plan
- Orient EMADs and EMARs in an integrated IPTp and proactive community case management (ProCCM) package
- Introduce the e-learning course for the treatment for severe malaria

MNCH + Nutrition

- Introduce the AIM program to four identified regions (Analanjirofo, Sofia, DIANA, and Atsimo Andrefana)
- Support the steering committee for the two AIM pilot districts (Vatomandry and Marovoay) in implementing the program
- In collaboration with SOMAPED, conduct ETAT training for health workers in the two CHRDs in Boeny and Atsinanana regions
- Continue ETAT training in LDHF in the Sofia, Analanjirofo, and Atsimo Andrefana regions' CHRDs and carry out activity follow-up in collaboration with SOMAPED
- Organize a meeting with the MOPH nutrition teams for coordination of nutrition activities
- Support the orientation of regional teams on the revitalization of Initiative *Hôpitaux Amis de Bébé* (IHAB) and support initial assessments and inventory of IHAB-certified hospitals

Vaccination

- Support DPEV in the finalization and validation of the EPI practical curriculum
- Provide technical support to the drafting of the SNV
- Finalize the three e-learning modules in EPI in collaboration with the health tech team
- Organize the training of field trainers on the use of the white register with the updated session guide integrating the monitoring of pregnant women
- Support the design and printing of the lost-to-follow-up notebook
- Organize joint supervision trips to the field with the DPEV team, targeting low-performing regions

FP

- Support the DSFa to launch the Improvement of FP Coverage 2022-2023 project
- Provide technical support to the finalization and validation of the PANB PF 2021-2025 document
- Orient trainers and health workers on the approach and management of adolescent and young people's health in preparation for setting *up Centres de Santé Amis des Jeunes*, or Youth Friendly Health Centers, in the Sofia region
- Support the regions in the training, follow up, and supportive supervision of health workers in integrated FP and LARC
- Conduct integrated supervision with the ACCESS central, regional, and district teams and EMAR and EMAD in SAVA region

WASH

- Train 23 health workers in FSAW in SAVA, and conduct FSAW evaluation
- Evaluate 10 CSBs in FSAW in Analanjirofo and certify 12 CSBs
- Evaluate seven CSBs in FSAW in Boeny
- Conduct FSAW formative follow-up of 99 CSBs in the seven full-package regions;
- Monitor and accept construction work on latrines/handwashing stations and water points currently in progress
- Monitor and provisionally accept construction work on 37 water points and 36 latrine/handwashing stations in the Analanjirofo, Boeny, Menabe, and SAVA regions
- Conduct microbiological and physico-chemical analysis of the 98 water points after IPM before commissioning of the water points for the CSBs concerned
- Monitor 49 hygiene committees in collaboration with the SDSP, DRSP, and DREAH
- Establish and train 27 TEM or TR with already prioritized health establishments
- Finalize and submit technical files to USAID for ESF and construction contracts
- Launch calls for tenders for construction on latrines/handwashing stations and water points for the CSBs prioritized in FY22
- Distribute tools for the hygiene committees and TEMs

OBJ 1.3 KEY ACTIVITIES PLANNED FOR Q2 FY22

- Continue to collaborate with the intermediate result (IR) 3 team in the implementation of RCR activities through the Champion approach
- Continue to collaborate with the MERL and Health Tech teams to optimize the use of the CommCare application in the RCR system
- Continue to evaluate improvements in RCR activities at the health facility level through TTM evaluations

OBJECTIVE 2: HEALTH SYSTEMS FUNCTION EFFECTIVELY TO SUPPORT QUALITY HEALTH SERVICES

Key Activities in Q1 FY22

OBJECTIVE 2.1: SERVICE QUALITY AT THE COMMUNITY AND CSB IS MAINTAINED THROUGH APPROPRIATE MANAGEMENT, GOVERNANCE, SUPERVISION, OVERSIGHT, AND MOTIVATION MECHANISMS

***Commission Communale de Développement Sanitaire* (CCDS) and *Comités De Santé* (COSAN)**

- Supported the quarterly reviews of 380 out of 854 CCDSs, or 44% of the 60 planned SDSPs in Q1 FY22
- Supported the reviews of 384 out of 854 COSANs, or 45% of the 60 planned SDSPs for Q1 F22. Details on these reviews and reasons for non-achievement of targets are provided in Table 10 below.

Table 10: Number of functional CCDS by region, Q1 FY22

Region	# of communes	# of functional CCDS	% CCDS functional	# of functional COSAN	% COSAN functional	Comments
Atsimo Andrefana	122	104	85%	104	85%	18 remote communes to complete in Q2
Melaky	42	18	43%	18	43%	9 Besalampy communes held their reviews, but await the mayors' signatures for the updated communal decrees. 6 Ambatomainty and 4 Morafenobe communes waiting to be paid travel expenses (payments made half-yearly rather than quarterly as they wish) to hold their quarterly reviews
Menabe	56	47	84%	45	80%	3 communes still without communal decrees in Belo sur Tsiribihina 4 CCDS and COSAN awaiting revitalization in northern areas of Miandrivazo 1 interim mayor in Morondava would just like to take care of day-to-day business
Boeny	46	20	43%	26	57%	The formalization of these institutions in Mahajanga I and II will be done in Q2 FY22. 24 CCDS and COSAN communal decrees will need to be updated in Marovoay and Ambatoboeny.
Analanjirofo	71	41	58%	41	58%	Members of 2 CCDS and COSAN from 2 communes in Fénérive Est are not yet available. 4 out of 16 communes were able to revitalize their CCDS and COSAN in Mananara Nord.

						Only 7 out of 20 communes held their reviews in Maroantsetra due to overlapping activities and internal work organization. CCDS and COSAN in 3 communes in Soanierana Ivongo not yet revitalized, with communal decrees being established.
Vatovavy	65	65	100%	65	100%	
Fitovinany	85	85	100%	85	100%	
Atsinanana	91	91	68%	91	43%	Meetings are not held because of the geographical location in Marolambo (fokontany too far from the town), where most CCDS members from the fokontany are not motivated if there is no financial support. Therefore, the CCDS meeting is only held every six months (they only receive per diem and travel expenses every six months, so there is only motivation to hold the reviews every six months instead of quarterly).
DIANA	71	0	0	0	0	Unplanned
Sofia	119	0	0	0	0	Unplanned
SAVA	86	0	0	0	0	Discontinued due to overlapping activities and prioritization of AQS and CommCare activities for the region in Q1
Total	**854**	**471**	**55%**	**475**	**56%**	

Leadership Development Program Plus (LDP+)

- Helped conduct 31 SDSPs out of 34 planned (91%) conduct LDP+ workshops in Q1 FY22. The remaining three SDSPs had to reschedule their workshops due to the unavailability of MOPH staff at the central level. This brings the cumulative total of LDP+ workshops held over the life of the project to 107 out of 240 planned in 60 SDSPs (see Annex D). Of the eight SDSPs having completed their first LDP+ cycles, seven (87.5%) were high-performing as of Q1 FY22 (see Annex D).
- Since LDP+ introduction in Q1 FY20, the health themes most prioritized by SDSPs in the LDP+ are:
    - Maternal health (delivery at CSB, ANC, and TCC): 55%
    - EPI: 32%
    - Malaria (IPTp3, morbidity and mortality): 6%
    - TTM: 3%
    - Outpatient: 3%
- In addition to ACCESS's initial work plan, the DRSPs of Vakinankaratra and Boeny requested assistance in conducting the LDP+ in their regions. ACCESS provided support to these additional activities in FY22 Q1. As a result:
    - LDP+ for FP in Vakinankaratra: results show an increase of 4.4% in RUs in six months (March to September 2021, DHIS2)
    - LDP+ for vaccination in Boeny (August-December 2021):
        - Penta 3: increased from 84.92% to 92.8% (August-November 2021)
        - VAR1: increased from 80.1% to 80.8% (August-November 2021)
        - 41% of unvaccinated children became vaccinated at the end of the regional LDP+ cycle 1 (January-August 2021)
        - Out of 3,114 children to be vaccinated every month in Boeny, there was a reduction from 963 to 489 unvaccinated with Penta 3 from July to November 2021 and a reduction from 1,089 to 568 unvaccinated with VAR1 from July to November 2021

Program for Organizational Growth, Resilience, and Sustainability (PROGRES)

- ACCESS supported the district of Brickaville to complete its second PROGRES cycle in Q1 FY22. This was the only district in this quarter in which ACCESS was able to provide support to do PROGRES cycles.
- As of the end of Q1 FY22, 25 of 60 (42%) SDSPs have begun implementing PROGRES, though only 21% of the planned cycles have been held for two years (Q1 FY20 to Q1 FY22) due to a lack of close monitoring by the EMAD and unavailability of central and peripheral level PROGRES facilitators. One of the 25 SDSPs has completed the first two PROGRES cycles and is considered high-performing. It is worth noting that the EMADs have largely opted to prioritize other activities, but ACCESS will continue to advocate and push for the PROGRES supervision and related activities in coming quarters. Please see Annex E for further details.

MNDSR

- ACCESS participated in the central coordination meeting focused on the extension of MNDSR training in the region of Boeny and the coordination of support among USAID partners. It was decided to increase the number of SDSPs to be included in the training to four (adding Mahajanga I and II) instead of the two initially planned (Marovoay and

Ambatoboeny). The PMI Measure Malaria (PMM) project agreed to contribute to the extension of these trainings. Unfortunately, the training has been rescheduled to FY22 Q2 due to multiple national campaigns.

- Conducted formative follow-up visits in the regions of Analanjirofo and Vatovavy in collaboration with the central SMSR team and EMARs, as these two regions had the lowest rate of maternal death reviews in Q4 FY21. Multiple major campaigns (LLIN, vaccination, etc.) had negative impacts on the culture of systematic reviews that ACCESS tried to develop across the regions. In Q1 FY22, seven SDSPs were visited and supported, including four out of six in Analanjirofo (Vavatenina, Fenerive Est, Soanierana Ivongo, and Sainte Marie) and all three in Vatovavy (Nosy Varika, Mananjary, and Ifanadiana). The follow-up sessions for the SDSPs of Maroantsetra and Mananara in the Analanjirofo region were canceled following the overlapping last-minute DSFa activities in these districts. As a result of these formative follow-up visits, SDSPs were able to to identify good practices and resolve bottlenecks, including the problem of fluidity of communication between the committees and hierarchical managers (to the EMAR and to the DSFa at the central level of the MOPH). Findings during these visits include:
    - The hospitals (CHRR and CHRD) organized periodic staff meetings and all the deaths, including maternal deaths, were reported in their RMA and reviewed according to the files in their possession. However, the completion of the death review forms for maternal death is not systematic, and therefore not reported. In addition, there is no consistent follow-up of the related recommendations.
    - Many of the hospital staff know the purpose of the reviews and no longer have a fearful apprehension to report deaths as in the past. This is not often the case at the CSB level, especially for those who employ volunteers (known as the *bénévoles*). Nevertheless, the completeness of information in patient files still remains a great challenge and requires great awareness on the part of managers at all levels. The elements in the *Fiche de la Surveillance de la Santé de la Mère et du Nouveau Né* (FFSMN) sheet and those in the CHRD observation sheet were used as a reference for the information to be put in the CSB referral sheets for CHRDs.
    - The limited availability of all the committee members, in particular of the EMAR or the EMAD, delays and/or prevents the timely completion of the maternal death review by the committee. The members decided to set 50% as the quorum for holding the review. The commitment and leadership of the EMAD in the maternal death review for the CSB level still remains a great challenge, particularly in the Vatovavy region.
    - Frequent staff turnover necessitates designation of replacements for members of the SDMPR committee. New members are often unaware of their roles and responsibilities. Encouraging participation in maternal death reviews and on-the-job training of new members was encouraged.
    - Communication regarding the submission of maternal death review forms is not very fluid. For example, in the CHRD of Mananjary, the maternal death review sheets were kept and not shared with the EMADs and DRSPs.
    - Some review sheets are partially completed and analysis remains superficial. Thus, factors related to the community are mostly the causes mentioned by the

committees and rarely those related to providers or services. The supportive follow-up visits reminded the importance of in-depth causal analyses and highlighted the causes linked to the service providers and the services.

  - Insufficient equipment, lab reagents, blood, generators (Nosy Varika), qualified personnel, and call centers to notify referrals to CHRDs in advance limit the adequate management of patients. Examples of solutions include purchasing mobile phones to serve as a call center (by PIVOT for Ifanadiana and own funds for other CHRDs), identifying blood donors (in Mananjary) to be called in case of emergency, ordering reagents from *Centrale d'Achats de médicaments essentiels et de matériel médical de Madagascar* (SALAMA) or other suppliers, following up on requests sent for equipment, and repairing or purchasing generators with the hospitals' own funds.
  - Incomplete ANC visits, delay in going to the health facility, and the influence of matrones remain the major causes of frequent uterine rupture, PPH, and eclampsia in the SDSPs visited. Collaboration of the members of the SDMPR committees with the SBC ACCESS team has been strengthened and a schedule for broadcasting radio programs on the themes/areas of concern through local stations and through the Community Action Cycle (CAC) approach has been developed. ACCESS is also strengthening the involvement of CCDS and COSAN in sensitizing midwives to support women who are going to give birth in health facilities.

- Supported the MNDSR trainings in Atsimo Andrefana and Atsinanana regions. Thanks to collaboration with UNFPA, 13 SDSPs were trained in December 2021, including the six remaining SDSPs in the Atsimo Andrefana region (Toliara I, Toliara II, Sakaraha, Benenitra, Ampanihy, and Morombe) and the seven SDSPs in the Atsinanana region, which brings the number of SDSPs trained to 43 across all ACCESS-supported regions. ACCESS regional staff in Atsimo Andrefana joined the team of facilitators along with the central level MOPH and EMAR. Thirty ACCESS staff members also participated in the training and are able to support the EMARs and EMADs in conducting and monitoring the effectiveness of the maternal death reviews.
- Although neonatal deaths have been recorded in a good number of health facilities,and ACCESS has already followed up with the SMSR and UNFPA team on the need to finalize the neonatal death review form, no analysis could be carried out for lack of tools and decision-making. ACCESS will continue to advocate on this.

Fully Functional Service Delivery Point (TTM)

- During Q1 FY22, the TTM methodology was introduced at 34 new health facilities, including 32 CSB2 and two CHRD. The TTM baseline assessment was also conducted for these 34 health facilities. To date, 656 facilities have conducted a baseline assessment (see Table 11 below).
  In Q1 FY22, 76 health facilities conducted half-yearly evaluations, including 53 (1 CHRD and 52 CSB2) second evaluations and 23 (CSB2) third evaluations. As seen in Figure 16 below, among the 23 CSB2 that have conducted three TTM evaluations to-date (since Q4 FY20), average scores increased in all nine domains between baseline and third evaluation, with the average TTM score increasing from 35 at baseline to 58 at third evaluation. These results demonstrate the positive impact of TTM on health service delivery at the health facility level.

Table 11: TTM achievements by region since TTM introduction in Q4 FY20 up to Q1 FY22

Region	Number of health facilities (CHRD and CSB2)			
	EOP Target	# that have conducted baseline assessments	# that have conducted a second evaluation	# that have conducted a third evaluation
Initial full package regions				
Atsimo Andrefana	125	125	28	0
Atsinanana	99	99	83	5
Vatovavy	65	65	76	11
Fitovinany	80	80	47	35
Additional full package regions				
Analanjirofo	65	20	4	0
Boeny	52	52	10	0
DIANA	62	38	1	0
Melaky	39	34	4	0
Menabe	51	30	11	0
SAVA	79	52	5	0
Sofia	103	61	29	0
TOTAL	**820**	**656**	**298**	**51**

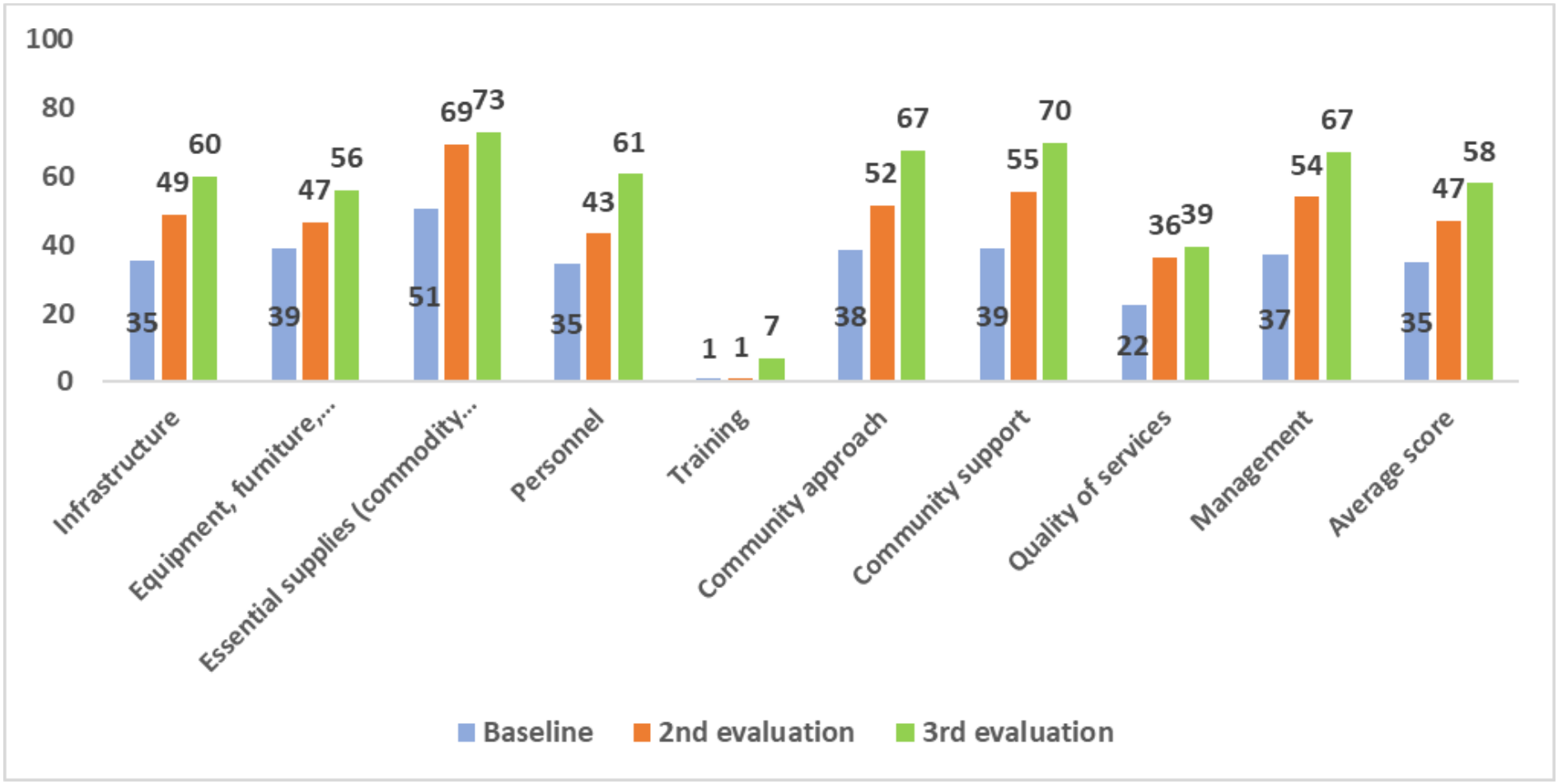
Table 12: Scores achieved by health facilities, per TTM domain in Q1 FY22

Domains	Average scores for CHRDs		Average scores for CSB2		
	Baseline (2 CHRD)	2nd evaluation (1 CHRD)	Baseline (32 CSB2)	2nd evaluation (52 CSB2)	3rd evaluation (23 CSB2)
Domain 1: Infrastructure	51	50	40	57	60
Domain 2: Equipment, furniture, management tools	3	42	33	51	56
Domain 3: Essential supplies (commodity management)	15	45	48	69	73
Domain 4: Personnel	46	50	41	54	61
Domain 5: Training	0	0	1	10	7
Domain 6: Community approach			52	62	67
Domain 7: Community support			45	55	70
Domain 8: Quality of services	19	33	33	38	39
Domain 9: Management	16	43	52	59	67
Average score	**21**	**36**	**41**	**53**	**58**

Table 13: CSB2s' scores by TTM domain and score category in Q1 FY22

Domain	# of CSB2 with score <50%			# of CSB2 with scores 51% - 69%			# of CSB2 with score = or > 70%		
	Baseline (34 CSB2)	2nd evaluation (52 CSB2)	3rd evaluation (23 CSB2)	Baseline (34 CSB2)	2nd evaluation (52 CSB2)	3rd evaluation (23 CSB2)	Baseline (34 CSB2)	2nd evaluation (52 CSB2)	3rd evaluation (23 CSB2)
Infrastructure	22	22	5	9	16	13	1	14	5
Equipment, furniture, management tools	27	22	9	5	25	7	0	5	7
Essential supplies	17	16	5	9	9	3	6	27	15
Personnel	20	25	7	4	10	7	8	17	9
Training	32	51	22	0	1	0	0	0	1
Community approach	15	16	5	7	14	6	10	22	12
Community support	21	26	3	7	11	8	4	15	12
Quality of services	26	38	17	3	10	6	3	4	0
Management	15	13	2	9	24	11	8	15	10

Figure 16: Evolution of TTM average scores of 23 CSB2 between the baseline and the third assessment



National Community Health Policy

- Participated in four series of workshops on community health in Antananarivo (November 2-5; November 23; December 21-22) and Antsirabe (November 29-December 3)] for the finalization of the revision of the PAC guide and reflection on the incentives of actors at community level (CHVs and their supervisors). Following the revision of the PNSC in 2017 and the finalization of the National Strategic Plan for Strengthening Community Health in 2019, the revision of the PAC guide proved essential to determine the packages of activities to be allocated to CHVs according to the offers that they provide (basic package, essential package, and specific package). To this end, UNICEF hired a consultant to support the technical team under the leadership of the DSSB. A series of workshops were conducted and included the participation of ACCESS. A final draft has been shared for final feedback with the members of the select committee. ACCESS provided its remarks and comments on this pre-finalized document. As for the incentives of community actors, although the participants admitted the need for it to be revised, the team has not yet succeeded in harmonizing the scales and more in-depth reflection should still be carried out.

OBJECTIVE 2.2: QUALITY DATA IS AVAILABLE AT THE CSB AND DISTRICT LEVEL, IS USED FOR DECISION MAKING, AND IS INTEGRATED INTO THE NATIONAL HMIS

Support to national health information system governance

- ACCESS provided technical leadership in the development process and the working session to validate the terms of reference for establishing the HIS platform, under the leadership of DEPSI. ACCESS is supporting the MOPH to set up a HIS platform of partners to ensure better coordination and harmonization of activities and stakeholders. This platform will be composed mainly of DEPSI and *Direction de Veille Sanitaire, Surveillance Épidémiologique, et Riposte* (DVSSER), as well as PTFs such as ACCESS, PMM, Dalberg, *Unité de Coordination de Projet* (UCP), WHO, UNICEF, ONN, and *Unité-Programme National de Nutrition Communautaire*. Other departments and entities will be later included according to the topics of discussion and their involvement in the process of improving the HIS.
- Hosted the October 2021 monthly HMIS working group meeting.
- Funded and provided technical support to the technical workshop to update the management tools used in *Surveillance Intégrée des Maladies et Riposte* (SIMR). The workskop was led by the DVSSER and with WHO participating.
- Funded and provided technical support to the technical working session on the update and finalization of the routine health information system (SISR) at the health facility level. The workshop was led by the DEPSI and with PMM participating.
- Participated in the workshop to develop the semi-annual bulletin on the SISR in Madagascar, relating to DHIS2 data for the first half of 2021. This bulletin is the fifth issue developed and published by DEPSI with the support from USAID, ACCESS, PMM, WHO, and UNICEF and summarizes the main indicators by health program, as well as the main activities carried out by the MOPH, DEPSI, and the PTFs during the first half of 2021.
- Donated computer equipment (three laptops, one desktop computer, and one printer) in November 2021 to the DEPSI director to strengthen the implementation of vital activities of the *Service de Suivi et Evaluation* of the DEPSI.

Support for field implementation of the national health information system

- Conducted supportive follow up on the Electronic-based Integrated Epidemiological Surveillance (SEIE) for 27 users in the Nosy Varika SDSP health facilities and 30 users in the Ikongo SDSP health facilities. The supportive follow-up sessions for these 57 SEIE users in the two SDSPs were conducted through telephone calls made by two DVSSER technicians at the ACCESS office, in collaboration with ACCESS technicians from the central level, the region of Vatovavy (for Nosy Varika), and the region of Fitovinany (for the district of Ikongo).
- Supported the DRSPs to carry out regional reviews in Atsinanana, Vatovavy, and Fitovinany. These are bi-annual coordination and data analysis meetings and include participation from central ministries and PTFs, including DEPSI, EMAR, EMAD, ACCESS, Improving Market Partnerships and Access to Commodities Together (IMPACT), and PMM.

- Supported the DEPSI in piloting the electronic RMA for health workers in the CSBs in Nosy Varika and Ikongo districts. These users already have tablets used for electronic surveillance, which were provided by UCP, while ACCESS provided SIM cards with call credit and data packages, and trained the health workers to use the tablets. The DEPSI has carried out pilot activities in a total of six districts during the last two months, with the support of partners. The trainers are central level DEPSI technicians. The evaluation of pilot activities will begin at the end of January 2022, according to the schedule established by the DEPSI.

Table 14: CSB1 and CSB2 health workers trained in electronic RMA CSB (RMAE) in Nosy Varika and Ikongo, Q1 FY22

District	# of CSB1 health workers trained	# of CSB2 health workers trained	Total	Training date
Nosy Varika	9	17	26	October 6-12, 2021
Ikongo	12	17	29	December 13-17, 2021
Total	21	34	55	

Support for COVID-19 information

- Provided technical support in the development of the MOPH's COVID-19 bulletins (Nos. 01-05) to communicate the status of COVID-19 to all actors and authorities involved in the fight against COVID-19.

OBJECTIVE 2.3: HEALTH COMMODITIES CONTINUOUSLY AVAILABLE AT CSBS AND CHVS

- ACCESS provided technical support to the FP logistics subcommittee meetings. Following are the major outcomes of the meetings:
  - PSI distributed 48,999 doses of Sayana Press expiring in January and February 2022 to four private and faith-based organizations and 10 SDSPs.
  - The DSFa reimbursed the loan of 380 IUDs to PSI.
  - Shared the situation of the 1,380,000 doses of Sayana Press purchased by the UNFPA, including 642,000 doses of Sayana Press shipped at the end of October 2021 (438,800 doses for MOPH and 203,200 doses for MSM) and 738,000 doses shipped in December 2021. These doses were provided to the central dispatch system and will be handled as per the standard national guidelines. ACCESS will intervene and support regional and district teams when specific needs are identified. An electronic ordering form is in place to help facilitate and expedite these requests. Coordination as necessary with IMPACT will also take place to ensure delivery of these items to the district level.
  - Oriented the members of the FP logistics subcommittee on practical handling of the online stock dashboard.

- Participated in various meetings on the PA and *Point d'Approvisionnement Relais Communautaires* (PARC) transfer project to Pha-Ge-Com and Pha-G-Dis, with the following resolutions made:
  - Current commodity stocks at the PARC and Pha-G-Dis levels:
    - The stocks currently available at the PARC level will be given to the Pha-G-Dis, and those of the PAs to the CSBs, taking into account the stocks available and usable in these facilities.
    - IMPACT is responsible for valuation of the purchase price of the commodities and payout of the amount to the former holders (both PARCs and PAs) before the transfer of commodities.
  - Although it was originally planned to transfer commodities first to the six high-performing Pha-G-Dis (Antsirabe I, Faratsiho, Antanifotsy, Ambohimahasoa, Mahajanga I, and Toamasina II), the committee decided to defer to the PARN zones, taking into account the voucher system for the IMCI commodities and the uncertainty or misinterpretation of the strategy for the management of FP commodities at the community level. The DPLMT was asked to propose other replacement districts in addition to Mahajanga I and Toamasina I. However, after consultation with the Boeny DRSP, it was decided to start the transfer to Mahajanga II instead of Mahajanga I.
  - PSI initially suggested maintaining the purchase and sale prices applied by PARC and PA for Pha-G-Dis and PhaGeCom, but the MOPH team wants to apply the current MOPH system. Thus, the CSBs will combine CSB and CHV procurement to Pha-G-Dis with the current prices. Then they will sell them to the CHVs at the same prices (i.e., without receiving any profit). The CHVs then sell them to their customers at the same current prices as the CSB. This situation has always been demotivating for the CSBs and has contributed to stockouts with CHVs in the past. Many of the participants at the last DPLMT

meeting were not in favor of this proposal. Nevertheless, the purchase and sale prices from SALAMA and from each stage of the distribution circuit at different levels are subject to change. The absolute value of the profit margin at the customer level will be maintained to the extent possible.
  - A preliminary study on the quantity, volume, and type of the commodities is needed before holding a meeting between SALAMA, USAID, and IMPACT to determine the mode of operation, costs of storage, and distribution of the transfer products and other clauses to be included in the contract. IMPACT will lead this effort.

- Participated in online validation meetings for the shipments to the Toliara axis:
  - 21 SDSPs from four regions were involved in the validation, including four SDSPs in Androy, three SDSPs in Anosy, nine SDSPs in Atsimo Andrefana, and five SDSPs in Menabe. The role of ACCESS will be to support the SDSPs to complete and submit the order forms to ensure the proper items are ordered.
  - Though the purchase order report submission rate is 100% for the SDSPs, it is still just 64% (7 out of 11) for the hospitals. Systematic and repeated follow-up is needed for the hospitals. The role of ACCESS will be to support the hospitals to complete and submit the order forms to ensure the proper items are ordered.
  - Awareness on the completeness of information, particularly the expiry date, needs to be reinforced. 29% (6 out of 21) of the purchase order reports received do not include an expiry date. The role of ACCESS district teams will be to monitor the EMADs and Pha-G-Dis managers on properly reporting the expiry dates of the available stocks that can be used when submitting the purchase order report at the central level.

- Trained 210 health workers in commodity management in seven districts (Beroroha, Tuléar II, Ambato Boeny, Mahajanga II, Marovoay, Mitsinjo, and Antsalova). These districts were prioritized because some health workers in these districts were absent during formal trainings in 2021.

- Participated in 42 district GAS committee meetings. Faced with competing priorities from EMAD and partners for the end of the calendar year, not all districts could not organize the meetings. Examples of decisions made during GAS committees include proposing to MIs and EMADs an inter-district or inter-CSB redeployment plan as appropriate in the case of overstocks, or conducting a stock analysis exercise of all CSBs to develop a distribution plan for existing products in the case of understocks at the district level.

- Completed 15 inter-district redeployments of FP, MNH, and malaria commodities in DIANA, Melaky, and Sofia regions, in collaboration with IMPACT.

- Built the capacity of 2,528 CHVs in GIS during supportive supervisions.

Q1 FY22 Key Data/Results

DATA QUALITY

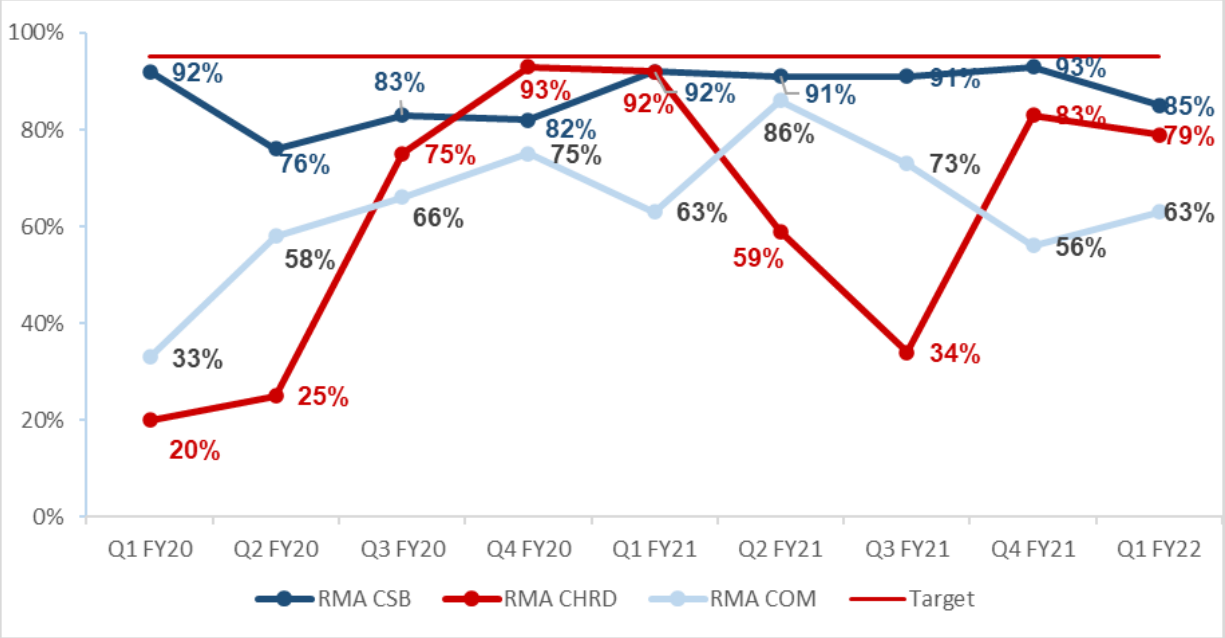
Table 15: Progress to target for key data quality indicators in Q1 FY22

Indicator	FY22 target	Q1 FY22 achievement	% of FY22 target achieved
2.2.1a % USG supported CSB that submit complete reports to the district on time	95%	85%	89%
2.2.1b % USG supported CHD that submit complete reports to the district on time	95%	79%	83%
2.2.2 % USG supported CHVs that submit complete reports to the CSB on time	95%	63%	66%
2.2.3a % of surveillance reports submitted on time by CHVs	70%	77%	110%

Community RMAs submitted on time

63% of community RMAs submitted in the eleven ACCESS-supported full package regions this reporting period were submitted on time. This Q1 result represents 66% achievement toward the annual target of 95%, and is an increase compared to last quarter (56%). ACCESS recognizes that this achievement falls behind expected results and is putting in place efforts to improve this area. Interventions underway include improving capacity of stakeholders in reporting community RMAs in transitioned northern regions, scaling up CommCare implementation (ultimately expected to interoperate with the national DHIS2 instance), and improving on frequency of monthly CHV gatherings. These efforts, paired with closer follow up of reporting rates at all levels, are expected to greatly improve the performance on this indicator.

Figure 17: Percent of RMAs reported on time by level of care



CSB RMAs submitted on time

93% of expected CSB RMAs were submitted across the 14 ACCESS-supported regions during this period. The timeliness of the RMA CSB reporting during Q1 FY22 was 85%, which is a decrease from Q4 FY21 (93%). The decrease is partially because most district HMIS managers were overwhelmed with COVID-19 vaccination data entry during this period. Still the reporting trend appears to have stabilized around 90% in CSBs, and ACCESS is working to define how we can achieve the final incremental increase to reach the 95% target.
CHRD RMAs submitted on time

85% of expected CHRD RMAs were submitted across the 14 ACCESS-supported regions during this period. The timeliness of the RMA CHRD reporting during Q1 FY22 was 79%, a slight decrease compared to 83% in Q4 FY21. ACCESS's priority is to stabilize this reporting rate, avoiding low reporting as seen in previous quarters, and then to find ways to increase it based on best lessons learned from successful reporting sites.

Surveillance reports submitted on time by CHVs

eSurveillance reports show a 77% on-time reporting rate, which is higher than the FY22 annual target of 70%, and is an increase compared to 62% reported in Q4 FY21. This is a successful accomplishment that ACCESS is striving to sustain.

SUPPLY CHAIN

Table 16: Progress to target for key supply chain indicators in Q1 FY22

Indicator	FY22 target	Q1 FY22 achievement	% of FY22 target achieved
2.3.1 Average stockout rate of tracer essential drugs during the reporting period at SDPs	5%	9.1%	96%
2.3.2 Average stockout rate of contraceptive commodities at FP service delivery points	10%	6.4%	104%
2.1.5 Average percentage of CSBs with 2-4 months of stock in the report	15%	16%	110%

Tracer medicines stockouts

In Q1 FY22, the average stockout rate of tracer medicines was 9.1%. This corresponds to 96% of the FY22 target of 5%, and is the lowest rate reported over the last year. Of the three types of service delivery points, the lowest average stockout rate was recorded at the CHRD level with 7.1% stockouts. The CSB level reported an 8.2% average stockout of tracer medicines during Q1, while the CHV level reported the highest average stockout rate with 11.1% in for Q1.

CSB Level

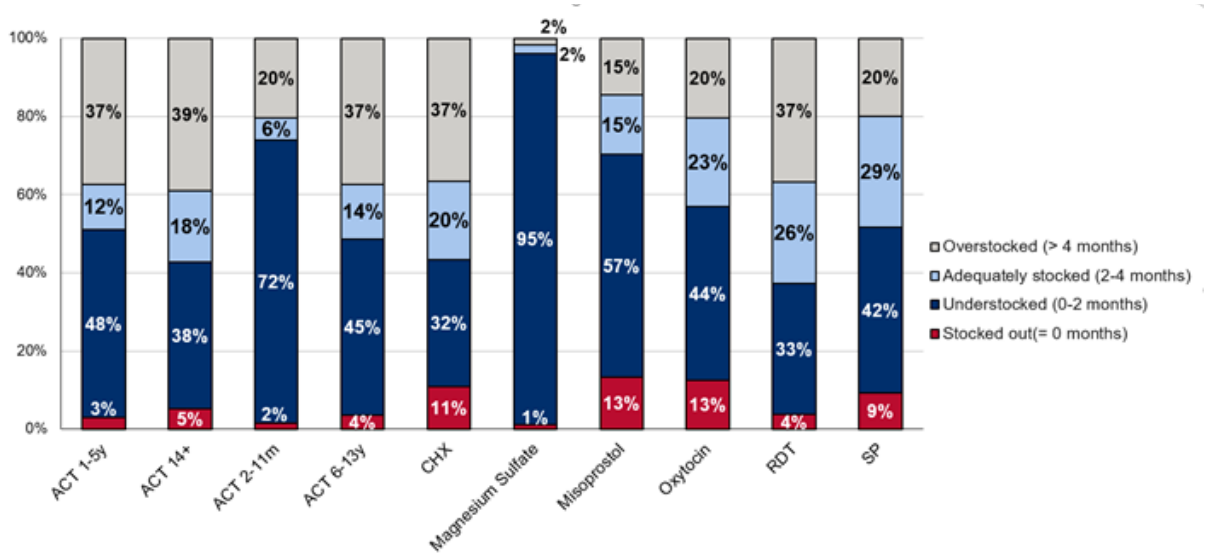
At the CSB level, the average stockout rate for tracer drugs was 8.2% this quarter. The trend over the past year shows improvement in the average stock out rate from 10.9% in Q1 FY21 down to 8.2% in Q1 FY22. The lowest stockout rate for tracers at the CSB level was Magnesium Sulfate at 1.1% and the highest was misoprostol at 13.3%.

Adequate stock levels at CSBs

Across the ten tracer medicines included in this indicator, on average 16% of CSBs had an adequate level of stocks (two to four months of stock available each month) during Q1 FY22. Most CSBs were understocked during the quarter with, on average, 51% of CSBs with less than two months' stock for the different tracers. 26% of CSBs were overstocked (had more than four months of stock), and about 6% were stocked out (exactly zero months of stock). Stock levels by tracer medicines[1] are displayed in the graphic below.

[1] The old CSB and CHDR RMAs, only stockout status for commodities was known. This is why oral rehydration solution, Zinc, Amoxicillin, and FAF were not included in the list of tracer medicines for this indicator, 2.1.5. As one does not know their quantity at the end of the month, nor their CMM, it is not possible to calculate their stock level. In the new RMAs, this calculation is possible for these commodities, and they will be included in this indicator beginning in Q2 FY22.

Figure 18: Stock levels at CSBs by commodity, Q1 FY22



CHRD Level

At the CHRD level, the stockout rate for tracer drugs was 7.1% in Q1. The highest stockout rate was 25% for Oxytocin and the lowest was 0% for Magnesium Sulfate and RDT. However, only a limited number of SDPs reported stock levels for these specific commodities this quarter; therefore, these numbers should be considered carefully.

CHV Level

The average percentage of CHVs stocked out of tracer medicines this quarter was reported to be 11.1%. The stockout rate has been improving slightly over the past three quarters. The highest product stockout rate was 14.1% and the lowest was 7.7%.

FP commodities stockouts

The average stockout rate of FP commodities in Q1 was 6.4%, similar to the annual rate reported in FY21 (6.7%). The highest average product stockout rate across all SDPs was injectables at 10.4%, and the lowest was IUDs at 1.7%.

Please refer to Annex F of this report for further data on FP commodities.

CSB Level

The average stockout rate of FP commodities at the CSB level was 4.9%. The commodity with the highest stockout rate at the CSB level was implants, with 7.2% stockout in Q1 FY22. IUDs and cycle beads continued the trend of remaining under 2% stockout rate this quarter.

CHRD Level

The average stockout rate of FP commodities at the CHRD was 3.6% in Q1 FY22. Among all FP commodities, the stockout rates of calendar beads and IUDs are the lowest at the CHRD level and the highest stockout rate is observed for injectables. CHRD level data reporting began in Q3 FY21.

CHV Level

The average stockout rate of FP commodities at the community level in Q1 FY22 (all ten regions) was 8.7%. At the CHV level, the highest stockout rate reported is for injectables (12.9%). The lowest stockout rate observed in Q1 FY22 is for cycle beads (3.5%).

Please refer to Annex F of this report for further data on FP commodities.

Activities Planned for Q2 FY22

OBJ 2.1 KEY ACTIVITIES PLANNED FOR Q2 FY22

CCDS/COSAN

- Support 854 communes of the 60 SDSPs of the 11 ACCESS full package regions to hold their quarterly reviews. The health themes to be addressed will be MNCH and availability of related commodities.

LDP+

- Conduct 44 LDP+ workshops for 44 SDSPs in the 10 regions, including:
    - 19 second workshops
    - 17 third workshops
    - 8 fourth workshops

PROGRES

- Share the PROGRES orientation plan with the central and peripheral level MOPH and ACCESS trainers to improve coverage and SDSP performance and organizational capacity
- Orient 10 SDSPs in cycle 1 of PROGRES

TTM

- Introduce the TTM approach and conduct the baseline of TTM standards in 150 new CSB2s in the seven northern full-package regions
- Conduct semi-annual evaluations of health facilities (CHRD and CSB2) having carried out their TTM baseline during FY21
- Follow up on action plans developed by health facilities to achieve standards
- Share, at all levels, the results of the evaluations of the TTM standards of the health facilities evaluated during FY21

District Graduation

- Identify promising districts for graduation in the project's working areas, using established criteria and indicators (from the project's performance management plan). Greater emphasis will be put on helping these promising districts achieve graduation. This applies to LDP+ and/or PROGRES, as well as TTM. Through support from the DSSB, the local CSB and Medical Inspectors, and the broader community, the process of certifying a district's graduation will be prioritized in FY22.

MNDSR

- Participate in central level MNDSR coordination meeting
- Conduct supportive monitoring in three SDSPs in Fitovinany region and two SDSPs in the SAVA region
- Orient four SDSPs in Boeny region on MNDSR

PBF

- Participate in the quarterly joint supervision with the Comité de Coordination Technique National Financement Basé sur la Performance team in two SDSPs (Vohipeno and Ikongo)

National Community Health Policy

- Participate in the finalization of technical documents on community health

OBJ 2.2 KEY ACTIVITIES PLANNED FOR Q2 FY22

In general, ACCESS will continue to support the development of the national information system, especially by strengthening its governance (including coordination and sustainability) and ensuring its effectiveness in the field:

- Support DEPSI in the implementation of the HIS platform roadmap
- Support the DEPSI through a coaching system by region and district, as part of the periodic monitoring of the proper functioning and use of the national DHIS2 platform
- Support the DEPSI in the joint evaluation of pilot training on the use of the electronic CSB RMA
- Support the DVSSER in updating and deploying SIMR collection tools
- Support the DVSSER through a coaching system by region and by district, as part of the periodic monitoring of the proper functioning and use of the SEIE DHIS2 platform
- Continue to monitor the production of periodic reporting tools (RMA and registers) at all levels

OBJ 2.3 KEY ACTIVITIES PLANNED FOR Q2 FY22

- Continue district staff and new regional coordinators' orientation in health system strengthening on commodity management
- Hold monthly coordination meeting for ACCESS and IMPACT at central, regional, and district level
- Hold the periodic meeting with the DPLMT team
- Participate in GAS committee meetings (malaria, FP, and SMSR)
- Organize joint supervision with DPLMT, DSFa, and PNLP
- Support the PARC and PA transfer process:
    - Plan and hold the meeting between SALAMA, USAID, and IMPACT
    - Identify other districts for transfer (DPLMT staff)
    - Finalize the protocol with all details resulting from these meetings (IMPACT)
    - Sign the protocol
    - Transfer commodities

OBJECTIVE 3: THE MALAGASY PEOPLE SUSTAINABLY ADOPT HEALTHY BEHAVIORS AND SOCIAL NORMS

Key Activities Q2 FY22

OBJECTIVE 3.1: THE MALAGASY PEOPLE DEMONSTRATE KNOWLEDGE AND PRACTICE OF HEALTHY BEHAVIORS

Social and Behavior Change

- ACCESS facilitated a training to strengthen the technical capacity of 21 SBC Officers in Boeny, SAVA, Melaky, DIANA, and Analanjirofo, enabling them to implement the ACCESS SBC strategy and SBC approaches effectively. The participants:
  - Learned about SBC approaches
  - Became familiar with the National SBC Strategy
  - Learned about the Be M'Ray campaign and how it relates to the National SBC Strategy and SBC tools
  - Mastered communication techniques and how to use project reporting tools
  - Accessed and applied the SBC Dashboard via DHIS2

- Conducted SBC and gender orientation sessions with EMAR/EMAD, CCDS/COSAN, and CAC Committee members. The objective of these orientation sessions is to strengthen the SBC and gender technical capacities of regional and local stakeholders. The number of participants in the SBC orientation sessions increased in FY22 Q1 (9,639 participants) compared to FY21 Q4 (5,666 participants). This increase can be attributed to more people in the northern regions taking part in orientation sessions.

Table 17: Number of people who received SBC training in Q1 FY22

Categories	Total
# Of EMAR/EMAD	168
# Of CCDS	646
# Of COSAN	1,004
# Of CAC Committee	4,237
# Of CHVs	3,584

- Distributed a total of 29,055 job aids and communication materials to communities, compared to 20,150 items in Q4 FY21 (30% increase). The goal this year is to cover all of the remaining equipment, materials, tools, and commodities for all regions.
- Aired 33,464 TV and radio spots and 363 specialized programs at the local level across ACCESS implementation regions. Each district has a budget for four radio spots per day. The broadcasts recorded exceed this objective due to bonuses received and negotiations with media stations. In addition, COVID-19 media activities also increased these broadcast numbers. These broadcasts also included other media programs for special events, International Health Day celebrations, and other health priority campaigns, such as 16 Days of Activism—Gender and World Toilet Day (WTD).

Table 18: Number of spots and programs (radio and TV) aired in Q1 FY22

Categories	Total
# of radio spots broadcast	33,464
# of TV spots broadcast	363
# of radio shows	39
# of TV shows	6

- The themes of the broadcasts varied and were adapted according to data-informed local health priorities. During Q1 FY22, broadcasts focused mainly on the COVID-19 vaccination campaign (18%), followed by malaria and maternal and neonatal health (14%), Be M'ray promotion (11.4%), vaccination (9.5%), RH/FP (6.8%), and gender (8.7%). In addition, misoprostol promotion continued with 670 broadcasts during Q1 FY22.
- Continued to promote the 20 priority behaviors, Be M'Ray, and other campaigns on national media. At the national level, ACCESS broadcasted 2,592 spots and clips, including 1,413 TV spots and 1,179 radio spots, on topics including the COVID-19 vaccination campaign, the 20 Be M'Ray priority behaviors, the *Tanora Filamatra Aho* (TAFA) mobile application, the post-LLIN distribution campaign to promote LLIN use, latrine use, breastfeeding, gender, and FP.
- Received 461,765 calls—of which 460,438 received pre-recorded messages in the voice mailbox and 607 asked specific questions to respondents—via the 910 call center. The most frequently asked questions were about COVID-19, FP, malaria, and diarrhea.
- Reached 91,021 people via the Be M'Ray Facebook page. As the COVID-19 pandemic worsened and Madagascar reached its third wave starting in October 2021, the majority of messages promoted the COVID-19 vaccination campaign.

Youth

- During Q1 FY22, 2,700 youth aged 13 to 24 engaged with the posts and activities on the TAFA Facebook page. This is a decrease compared to Q4 FY21 (4,642 youth engaged). As the 16 Days of Activism took place during the quarter, many posts focused on violence. Unfortunately, this theme did not greatly interest the public. Additionally, there were fewer publications during the festivities, which reduced the number of people engaged. During the quarter, ACCESS integrated new themes such as COVID-19 vaccination and malaria prevention.
- ACCESS certified 3,328 youth champions, or TMS, in the 14 intervention regions.
- Reached 80,800 downloads of the TAFA mobile application in Madagascar during Q1.
- The three recently-opened youth corners in three regions (Atsinanana, Atsimo Andrefana, and Vatovavy) were visited by 2,095 students.

Table 19: Summary of TAFA youth corner visits in Q1 FY22

Youth Corner Location	Number of students who visited the youth corner	Number of youths aged 10 to 19 who visited the youth corners by gender	
		Female	Male
Toamasina (Collège d'Enseignement Général [CEG] Ratsimilaho)	473	312	161
Manakara (reference CEG)	1,276	688	588
Toliara (reference CEG)	346	196	150
TOTAL	**2,095**	**1,196**	**899**

- Organized a workshop to assess available youth outreach tools for the development of the TAFA toolbox and diversify the activities available to youth at youth corners, in collaboration with the MOPH. A total of 40 participants representing 15 different entities—including Humanity & Inclusion, UNICEF, Fondation Mérieux, Mpanazava eto Madagascar, Antily, Fanilo, Ministère de la Jeunesse et des Sports (MJS), and MEN—working in youth outreach from across the county were present. A partnership agreement between Fondation Mérieux and ACCESS is currently being negotiated. After this workshop, it was agreed that the toolbox would be enriched with six new tools, which will be:
  - A life-size “Game of the Goose”
  - A life-size snakes and ladder game
  - A booklet of interactive games
  - Four citizenship deliveries offered by the MEN
  - A question BOX (a game developed by Fondation Mérieux)
  - Menstruation necklaces donated by PSI

Gender

- ACCESS pre-tested the training on prevention of and fight against gender-based violence (GBV) and discrimination in the health environment with health workers from Toamasina I and II. Once finalized, the training tools are ready to be used along with the facilitator's guide, which was designed through a constructivist method after the pre-testing of the tools. The facilitator's guide is available in Malagasy and French.
- Pre-tested the gender e-learning platform and the user guides in Malagasy and French in the field with the first end-users, ACCESS and CSB staff members of the

Atsinanana Region. After the pre-testing and feedback from the Atsinanana staff, final modifications were made to the tools. As a result, 20 regional and district staff members in the Atsinanana Region have already received online gender training and have been certified.

- Continued to support the *Ministère de la Population, de la Protection Sociale et de la Promotion de la Femme* (MPPSPF) and the MOPH in the promotion of gender and health. On November 22, 2021, ACCESS participated in the review and official launch of the National Report on Gender Equality in Madagascar. ACCESS also participated in the pre-validation workshop of the Manual for the Introduction of Gender in the Risk Management Financing Program, an organization attached to the Office of the Prime Minister of the Republic of Madagascar on December 9, 2021.
- 4,237 Gender Champions, or MMS, met the criteria this quarter of model couples—promoting gender equality and equity within the couple, including the absence of GBV within the couple, promoting positive masculinity, egalitarian education of children, etc. Celebration ceremonies for these champion couples were held in several locations.
- Trained 149 EMAR and EMAD members and 3,017 CCDS and COSAN members on gender.
- Participated in the celebration of the 16 Days of Activism Global Campaign on Violence Against Women, and technically and financially supported the MPPSPF on SBCC. ACCESS designed and printed five communication and mobilization roll-ups for the MPPSPF on four themes: gender equality; integration of gender in policies, strategies, and programs; the fight against GBV; and the fight against discrimination. Informative leaflets in Malagasy and French on Law 2019-008, the law related to the fight against GBV, were designed and made available to the MPPSPF for dissemination during the campaign.
- Intensified media efforts during the 16 Days of Activism. The sub-themes promoted were the fight against GBV, the promotion of women's empowerment, the promotion of the right to self-determination, and the fight against early marriage and pregnancy. An information and mobilization video on model couples, co-designed with the MOPH/DPS, was created and disseminated at the national level. This video is available for future use. In sum, 2,039 radio and TV broadcasts were made, publications by influencers; and information, awareness, and mobilization posts were published on the BE M'RAY, TAFA, and ACCESS Facebook pages. With the collaboration of the MPPSPF and the MJS, two sensitization interventions on the fight against GBV and the fight against early marriage and pregnancy were conducted on the national television channel.

OBJECTIVE 3.2: COMMUNITIES AND INSTITUTIONS SUPPORT HEALTHY BEHAVIORS

- ACCESS helped increase the completion of CAC action plans by 11% in Q1 FY22. Compared to the 883 plans that were completed in Q4 FY21 with 27,068 participants, ACCESS completed 996 COSAN CAC plans in Q1 FY22 with 29,577 participants. The most common themes were WASH (33%), malaria (25%), immunization (10%), COVID-19 (6%), MNH (5%), and Toby CHVs (5%).
- Continued behavior change efforts in households and at the fokontany and commune level. The number of new Champions of Change increased by 9% compared to Q4 FY21, with 28,143 new Champions of Change in Q1 FY22.

Table 20: New "Champions of Change" identified in Q1 FY22

Categories	Total
# of AMS	18,239
North Zone: Tokantrano Modely	1,036
North Zone: Tokantrano Mpiahy	47
# Of MMS	4,237
# Of TMS	3,328
# Of CHV Mendrika Salama (CHV MS)	1,066
# Of CSB Mendrika Salama (CSB MS)	50
# Of Fokontany Mendrika Salama (FMS)	97
# Of Kaominina Mendrika Salama (KMS)	7

- Identified 3,071 functional Toby CHVs and 2,855 operational emergency transports in Q1 FY22, 30% more than in Q4 FY21. Sedan chairs, carts, and rickshaws still remain the most used type of emergency transport at 60%.

- Mobilized 97 new partnerships with civil society organizations (CSOs) and NGOs. These CSOs and NGOs developed a quarterly action plan to promote the 20 priority behaviors outlined in the National SBC Strategy according to the local context.
- Implemented the new SBC digital reporting system via DHIS2. With the support of the MERL team, each SBC Officer can enter in this digital report all the data available in each district.
- Participated in team-building activities related to the curriculum development workshop on risk communication and community engagement (RCCE), organized in Ambohidahy by the MOPH in partnership with PTFs, such as the WHO, UNICEF, Malagasy Red Cross, and ACCESS. ACCESS designed “draft 0” of the RCCE curriculum to train all RCCE members in the 23 regions of Madagascar and reviewed the session plan, session guide, and content in the workshop.
- Shared feedback on the communication document on FP shared by email following the commitment of the President of the Republic of Madagascar at the end of the "Round Table" on FP held in September 2021.
- Conducted supportive supervision in the districts of Mananara and Maroantsetra and built the capacity of two SBC Officers, six ASCs, 12 ADCs, 32 CHVs, 39 CCDS/COSAN members, 33 COSAN CAC members, one EMAR, 9 EMAD, 18 CSB Heads, and 22 ACCESS staff on SBC.
- Completed field work for the Human-Centered Design study examining barriers to health facility access for women and young children. In the northern regions, the study was conducted in Mahajanga and Diego until October 7, 2021. After this discovery phase, an Idea Generation Workshop was conducted in Mantasoa from October 25-29, 2021, with the online assistance of the Johns Hopkins Center for Communication Program (JHU-CCP) research team based in Baltimore. A meeting with the IR1 and IR2 teams is planned to jointly identify prototypes during Q2 FY22.
- Participated during the COVID-19 Vaccination Communication Operational Plan Workshop on October 13-14, 2021 at the DPEV. At the workshop, stakeholders identified urgent and routine actions.
- Participated in the Annual Review of the PNLP’s 2021 work plan with the communication subcommittee from December 13-17, 2021.

Community-Led Total Sanitation (CLTS)

- ACCESS supported 130 CLTS community activations (out of 165 targeted) in the 10 regions. Of these 130 villages, 94 are self-proclaimed open-defecation free (ODF) and 47 are ODF verified.
- Carried out 351 *Follow Up Mandona* (FUM) in all 10 regions.

Table 21: CLTS achievements in Q1 FY22

CLTS Stage	Q1 FY22 Achievement
CLTS triggering	130
FUM conducted	351
Villages self-proclaimed ODF	94
Villages verified ODF	47
Number of newly constructed latrines	1,491
Number of latrines renovated	325
Number of unshared improved latrines	426
Total number of people using improved latrines (male and female)	**2192**

- Supported the MEAH in the national celebration of WTD, which took place on November 19, 2021 in Morondava. An official ceremony was attended by representatives of the MEAH, MID, MJP, USAID Madagascar, local authorities, notables, NGOs, and programs working in the WASH sector.
- Participated in preparatory meetings focusing on the WTD celebration, the high-level Institutional Triggering, and the FSAW certification with the MEAH, MSP, DREAH Menabe, and ACCESS central and regional teams to better prepare the organizational, administrative, and technical aspects of these three events.

- Participated in a high-level Institutional Triggering session in Morondava during the national celebration of WTD on November 19, 2021 as requested by the MEAH. The main objective was to effectively engage decision-makers and non-conventional actors in the fight against open defecation. The workshop participants committed themselves and developed an action plan to make the entire region free of open defecation.
- Participated in the workshop on pollution in Madagascar on December 3, 2021 in Antananarivo. The objective of this workshop was to develop a roadmap that will serve as a reference document, a guide, a strategic framework on pollution, and a decision-making tool for stakeholders, PTFs, public and private organizations, and CSOs.
- Participated in the sector review by the WASH sub-sector on December 7-8, 2021. ACCESS was represented by the CLTS Advisor and was involved in the "Sanitation and Hygiene" thematic working group, whose objectives are to analyze the sanitation and hygiene situation, to evaluate performance in relation to the objectives set, and to identify together new ways to fill the gaps noted. At the end of the workshop, priority activities for the next 12 months were identified and a roadmap was developed.

Intensive Community Nutrition (ICN)

- ACCESS conducted and reinforced ICN training in 53 communities in the seven northern regions. With a new strategy to increase triggering during the first two quarters of FY22, ACCESS will increase ICN certifications by the end FY22.
- Conducted 9 three-month and 11 six-month ICN follow-up visits to analyze achievements and progress of communities against their objectives.
- Led eight community change analyses in the three southern regions. ORN, EMAR, EMAD, and CSBs are involved in the community change analyses and certifications based on data collected by CHVs and Community Mobilizers regarding monthly growth monitoring, promotion results, and achievement of community goals during the ICN triggers. A total of 20 communities are ready to certify and are waiting for the results from ORN, EMAR, EMAD, and CSBs.
- Participated in preparation meetings for the National Nutrition Week with ONN and other financial nutrition partners.
- Participated and contributed financially to the National Nutrition Week and the Nutrition Day organized in Atsimo Andrefana and organized a stand to present ACCESS's nutrition activities: promotion of exclusive breastfeeding and dietary diversification, cooking demonstrations, growth monitoring and promotion, etc. Upon ONN's request, ACCESS set up a vaccinodrome to vaccinate and increase demand for COVID-19 vaccinations.
- Experienced challenges with ICN in Q1 FY22 due to a drought affecting most regions and the consequential limited accessibility and availability of food and dietary diversification in communities. This impacted child nutrition, particularly in the southern regions.

Table 22: Summary of Q1 FY22 ICN Objectives and Achievements by Stage

ICN Stage	FY22 Objective (number of communities)	Q1 FY22 Achievement (number of communities)
Activation	250	53
Three-month follow-up	250	9
Six-month follow-up	250	11
Community Change Analysis	250	8
Percentage of communities certified under the ICN	60%	0

OBJECTIVE 3.3. BARRIERS TO HEALTHY AND HEALTH-SEEKING BEHAVIORS FOR THE POOR AND UNDERSERVED ARE REDUCED

- ACCESS conducted an exploratory mission of the Mahefa Miaraka health fund as a way to better understand what had been started under this project and how ACCESS might be able to build upon it. The team identified some areas for improvement, such as improvement in the training and the management tools, but overall was satisfied with what they saw. The team also supported the SILC field teams in SAVA and Sofia.
- Conducted an advocacy mission and coordinated with CARE Boeny in the district of Brickaville. ACCESS supported the Atsinanana SILC team for the relaunch of the groups set up by USAID Mikolo in Foulpointe and followed up and supported the mission of the Analanjirofo SILC team.
- Conducted a follow-up and supervision visit to the Vatovavy and Fitovinany teams and investigated achievements related to the savings and loan model health fund.
- Supported the SAVA team to update the concept and management tools of the Mahefa Miaraka health fund (model based on VSLA platform) for training village agents for the extension of the approach in other communes of the Antalaha district.
- Supported the Sofia team with preparing initial training documents for private service providers (PSPs) in the Bealanana district and remotely conducted team familiarization sessions with facilitation tools and techniques.
- Participated in sharing, coordination, advocacy, and negotiation with various partners for collaborative research:
    - Aga Khan Foundation and *Organisation de Soutien pour le Développement Rural à Madagascar* (OSDRM): continuation of Mahefa Miaraka health fund initiatives (1 VSLA = 1 health fund)
    - Sahanala: implementation of VSLA-PSP in the district of Vohémar
    - Adventist Development and Relief Agency, Fiovana, and Catholic Relief Services: overlapping zones and competition in approach in Vatovavy Fitovinany region
    - OSDRM and UNICEF: overlapping zones and competition in approach in Analanjirofo

Table 23: Q1 FY22 SILC Creation Targets and SILC Groups Achieved

Q1 FY22 SILC Creation Targets and Achieved	
Target	112
Achieved	94
Percent	83%

Table 24: Q1 FY22 SILC Targets and Achievements

	Target	Achievement
Q1 SILC created	112	94
SILC Members	2240	2132
Women Members	1456	1690
Women (%)	65%	79%
Number of groups practicing health savings (Protection Financière et l'accès au Soins [PFS])		37
Number of members practicing PFS		917
Number of women practicing PFS		862
Women (%)		94%
Number of people covered by PFS		3792

Table 25: SILC Financial performance by end of Q1 FY22

Region	Cumulative Number of SILC groups (since project start)	Total amount of savings (Million Ariary)	Current Credits (Million Ariary)	Cumulative number of Loans	Amount of health savings (Million Ariary)
Atsimo Andrefana	220	Ar 339.072.749	Ar 236.709.300	1991	Ar 1 088 000
Atsinanana	224	Ar 290.682.200	Ar 120.952.500	893	Ar 2.900.500
Vatovavy	123	Ar 184.544.100	Ar 101.173.800	1321	Ar 2.169. 200
Fitovinany	134	Ar 199.064.900	Ar 164.262.100	1939	Ar 759.990
Boeny	45	Ar 8.005.200	Ar 3.466.000	58	N/A (SILC savings have not yet begun)
Analanjirofo	12	Ar 5.612.000	Ar 1.518.000	21	N/A (SILC savings have not yet begun)
Total	**758**	**Ar 1.026.981.149**	**Ar 628.081.700**	**6223**	**Ar 6.917.690**

Activities Planned for Q2 FY22

OBJ 3.1 KEY ACTIVITIES PLANNED FOR Q2 FY22

SBC

- Develop and implement a new communication plan for the COVID-19 Vaccination Campaign
- Produce and distribute SBC tools
- Maintain monitoring campaigns (media, digital communication, etc.)
- Install new large format signs: Champion Approach and COVID-19 Vaccination
- BE M'RAY campaign:
    - Develop and broadcast a new set of BE M'RAY videos by health theme
    - Produce and distribute BE M'RAY posters
    - Create a BE M'RAY strategy to guide Be M'Ray through the rest of the project
    - Increase ownership and use of the brand and message by all technical stakeholders in collaboration with the MOPH
- Follow-up and build capacity of the DPS and other SBC actors who were beneficiaries of the Leadership in Strategic Communication training
- Launch the SMS broadcast campaign with messages about the 20 priority behaviors
- Carry out a campaign to promote the MENDRIKA SALAMA approach and encourage targets to become Champions
- Carry out promotional actions at the CSB level and design activities aimed at improving provider behavior
- Promote CAC activities
- Continue the misoprostol-CHX campaign
- Set up panels for pre-testing and information monitoring (training and pre-testing of new materials identified through information monitoring activities)
- Create prototypes based on the insights collected from Human-Centered Design conducted in the northern regions from Q1 FY22
- Develop the training module for providers on behavior change
- Develop an abstract to be submitted to the SBC 2022 Summit that will occur in December 2022

Youth

- Update the TAFA mobile application based on feedback received: insert FP law and include youth-friendly health centers. Recruit providers and collect feedback.
- Set up the remaining TAFA Youth Corners in three regions
- Test the TAFA Toolbox

Gender

- Continue the dissemination of the e-learning platform on gender for the staff in the 12 remaining regions
- Disseminate the new SBC Gender training tools on the module "Fighting and preventing GBV and discrimination in the health environment"
- Participate in the celebration of International Women's Day (March 8, 2022)

- Prepare and implement an emergency plan to integrate gender in the fight against COVID-19
- Propose gender integration in youth corners

OBJ 3.2 KEY ACTIVITIES PLANNED FOR Q2 FY22

CLTS

- Conduct supportive supervision visits to ensure quality CLTS implementation in Atsimo Andrefana, Vatovavy, and Fitovinany
- Continue routine CLTS activities (pre-activation, community activation, FUM, verification of self-proclaimed villages, ODF village maintenance monitoring, ODF village certification)
- Support MEAH in the development of the ODF status sustainability guide

ICN

- Conduct community ICN activations or training in the seven northern regions
- Conduct three- and six-month ICN follow-up visits to observe progress of communities related to their objectives and monitor nutritional status of children
- Continue the community change analysis or ICN precertification in the southern regions to ensure certification of communities activated in FY21
- Carry out certification of communities where community change analyses took place
- Conduct technical supervision of field teams to ensure quality implementation
- Participate in nutrition meetings organized by ONN at the central and regional levels

OBJ 3.3 KEY ACTIVITIES PLANNED FOR Q1 FY22

- Support the SAVA team for the initial training of PSPs in the Vohémar district in collaboration with the Sahanala association
- Initiate SILC activities in the Menabe region with initial training of the ACCESS staff teams
- Hold technical assistance workshop 2 for the Boeny team to prepare the exams and certification of the PSPs set up in FY21
- Launch the updates of the health fund—savings and credit model with the connection with the CSB—for the three southern regions

HEALTH TECHNOLOGY

Q1 FY22 Key Activities

Preparations for deployment of CommCare in the six northern regions

- ACCES obtained clearance of the data from the connectivity study to produce the list of users (CSB and CHV) to be covered in the selected districts and of the phasing for the implementation
- Completed the recruitment process for local trainers with 49 local trainers pre-selected jointly with the EMAD teams from more than 400 applications received
- Planned for the first series of training of trainers to be held in Q2 FY22

Maintaining the performance of current users in the three southern regions

- ACCESS implemented user group activities (CHV and CSB) at the level of the CSBs, including joint supervision with the central MOPH and EMAD representatives, feedback on user performance, and thematic reminders. Technical troubleshooting and an update of the application to the most recent version were also carried out: 92% attendance of CHVs (1,742 CHVs present out of 1,891 expected) and 69% for the CSBs (136 CSBs present out of 197 expected). Overlapping of CSB activities with those at the district level explains the non-attendance of some CHVs/CSBs.
- Continuous monitoring of user performance is ongoing remotely by interns combined with field activities by district teams (staff and SDSP).

CHV performance data

- Of the 1,891 CHVs trained on CommCare, 1,852 (98%) remain functional.
- For routine data:
  - The CHV activity rate increased by more than 6% (from 78.88% in Q4 FY21 to 85.53% in Q1 FY22)
  - The community RMA completion rate remained stable (78.30% in Q1 FY22, compared to 79% in Q4 FY21)
  - Community RMA readiness fell to 74.39% in Q1 FY22, compared to 80% in Q4 FY21. Investigation will be conducted to explain and address this issue.
- For community health surveillance data:
  - The completeness rate of the *Rapport de Surveillance Hebdomadaire* (RSH) remains stable around 82% (81.90% in Q1 FY22 and 82.53% in Q4 FY21)
  - The RSH promptness rate rose to 77.28% in Q1 FY22 (compared to 62% in Q4 FY21)
  - A total of 1,244 alerts were issued by the CHVs through 817 reports, of which 723 were associated with SMS. The same trends have been recorded as reasons for the alerts, namely, cases of malaria with positive RDT (317 alerts), lack of drugs/equipment (175 alerts), and watery diarrhea (140 alerts). Additional alerts include moderate acute malnutrition (95 alerts) and natural

disasters (76 alerts). The notification of severe influenza and influenza-like illness was also noted during Q1 FY22 (16 alerts).

CSB performance data on e-learning

- ACCESS made individualized telephone calls and sent SMS reminders to boost their use of the e-learning application by CSB providers. This special effort resulted in significant improvements in the number of users who started or completed the course (see details in Table 26 below), but the release of an official application memo by the MOPH remains essential to guarantee tangible and long-term performance.
  - CSBs trained who have created at least one e-learning user: 49% (an improvement of 6% compared to the end of Q4 FY21), with a total of 97 CSBs out of the 197 trained
  - Number of e-learning users currently created: 137 (21 additional users created since Q4 FY21)
  - Proportion of users having started at least one course: 70% (compared to 47% in Q4 FY21)

Table 26: e-Learning course completion by users at the CSB level

	Number of users who started the course	Number of users who completed the course	Number of users who obtained a certificate
Malaria - Artesunate Injection	81	57	*0 (* the post-test questionnaire had to be changed; users will be asked to retake the final test after updating in Q2 FY22)*
Newborn resuscitation	63	38	24
Active Management of the Third Stage of Labor	14	6	5
TTM	14	8	7
Using the CSB Dashboard	10	7	4
Management of health commodities – filling in the logistics tools	5	1	N/A
Use of the partograph	5	4	1
Use of the vaccination card	4	0	0
FP - Implants: Levoplant	3	2	0
Data quality assurance	2	0	N/A

Consolidation of access to data from CommCare

- ACCESS conducted a joint mission with the DEPSI technical team in Atsinanana to see the end-to-end process from the CHV to the tracing of community RMA data synchronized via the internet in the MOPH DHIS2. The result was integration of 86% of the expected data. Mapping verification and retesting work are planned and will be finalized in Q2 FY22.
- For community RMAs sent via SMS, the aggregation of data for two CHVs at the fokontany level was carried out on the SMS Gateway application. The next step will be to test sending from the application to the DHIS2 Production instance of the MOPH.

Facilitating the sustainability of CommCare

- ACCESS consulted with the SFP to help release an official application memo covering distance learning platforms developed by ACCESS, i.e., CommCare and ACCESS U. A draft of this memo is available, and the next step will be to present it to the new Secretary General for final approval. Progress made with enhancing user performance on the e-learning modules remains fragile.
- The CommCare targeted skills-building program for the MOPH team has been developed. It is composed of five specific modules: (1) App Building, (2) User Management, (3) DHIS2 Integration, (4) Dashboard and Reporting, and (5) Local Server. The focal points to be trained at the DEPSI level for each of the modules have been identified.
- Two DEPSI team members (out of five designated) and seven independent experts completed the whole process for the first App Building Module on CommCare in December. Gradually they will be involved in the maintenance and update activities of the applications. The second module is planned for February.
- Initial discussions have taken place regarding the needs of the MOPH/DEPSI for support in the update of the national e-health strategy. Draft terms of reference and a roadmap for implementation were jointly produced. The selection of the consultant to do the work and the start of the assignment are planned for Q2 FY22.
- An evaluation study of CommCare has been initiated internally by the team in Madagascar with support from MSH headquarters. The main objective is to document a SWOT analysis of the system in comparison to the targeted objectives, use cases, and key success factors. A pre-test of the planned questionnaires was carried out in Atsinanana with samples from CHVs and CSBs. The final version of the study protocol and tools will be produced in Q2 FY22, and data collection will be carried out.

Use of drones for the delivery of health commodities

- ACCESS revised the terms of reference for the drones activity. The technical and financial offers from the potential service provider have been received, analyzed, and accepted at the project level. Contracting is planned to take place in Q2 FY22, subject to validation by USAID.

Activities planned for Q2 FY22

Continue to strengthen the health technology efforts with the aim to ensure adequate governance (including sustainability) and effectiveness:

- Finalize system interoperability tests and systematic sending of data to DHIS2 MOPH
- Continue capacity building of MOPH on CommCare
- Hold training of trainers in the six northern regions
- Start preparations for user trainings in Analanjirofo and SAVA regions
- Finalize a contract with the drones service provider and start the construction site

MERL

Q1 FY22 Key Activities

Strengthening National HIS/M&E

- ACCESS conducted a series of working sessions with the DEPSI to streamline the exportation of historical community program data (ACCESS and former USAID Mikolo Project) to the national DHIS2, as well as to brainstorm the feasibility and operationalization of transitioning to direct data entry for community program data in the national DHIS2 instance. Current scenarios, challenges, and proposed actions were discussed; and final decisions will be made in Q2. Sustainability of our efforts and alignment with the national HIS, as well as ensuring the availability of quality information for ACCESS adaptive management, are ACCESS's driving principles in this effort.
- Implemented the SBC data reporting system for IR3 by designing and implementing data entry forms in DHIS2/DREAM@MSH, developing a dashboard for data monitoring, and training SBC Officers on the use of this application.
- Contributed to the pilot of the RMAE pioneered by DEPSI, with financial and technical support from ACCESS in Ikongo and Nosy Varika, Vatovavy Fitovinany regions.
- Participated in the workshop held in Antsirabe from November 29 to December 4, 2021, to finalize training curricula and tools for CHVs as well as the management, logistics, and supervision tools required for the implementation of community health programs in Madagascar. This activity was organized by UNICEF in collaboration with the MOPH and other PTFs. The ACCESS MERL team actively contributed to the development of module 4 which focused on data management tools. The community's integrated register has thus been updated and streamlined to increasingly improve the use of the tools by the CHVs.
- In partnership with the DPEV, ACCESS supported the improvement of COVID-19 vaccination data quality reporting by actively participating in weekly COVID-19 coordination meetings, conducting technical support visits in the field, and attending a working session with the DPEV central team in charge of vaccination data management systems.

Data Management and DQA

- ACCESS supported the DPEV team in charge of the COVAX data management system to quickly detect data quality issues. Field supervision visits were conducted in the region of Vakinankaratra, and the findings were used to propose solutions to mitigate data quality issues in other regions.
- In November 2021, in partnership with DEPSI and PMM, ACCESS provided technical and financial support for a two-day workshop to finalize and validate the Routine Data Quality Assurance (RDQA) as a national tool proposed by ACCESS with the aim to transfer its ownership to the MOPH through the DEPSI. The workshop attracted the interest of the DEPSI leadership (including the Director and heads of M&E and statistics units). Current data quality supervision requirement updates were integrated in the data quality supervision tool that was developed in 2017 by the MOPH, WHO,

and PMM. Both tools (the RDQA tool and the data quality supervision tool) were successfully finalized and validated for implementation at national scale.

- The ACCESS MERL team staff at the central, regional, and district levels continued to conduct quality verification and correction of data elements that were entered in existing DHIS2 platforms, both DREAM@MSH and Madagascar's national instance. Since Q1 FY22, this intervention was decentralized and directly managed by district MERL staff with decreased support from the central MERL team. Due to this decentralized approach, there has been a tremendous improvement in the quality of entered data and speed of feedback and communication between M&E staff and other field staff involved in data management interventions at PAs.
- Presented a hard-copy version of the dashboard to the DEPSI team which is intended to be used at health facilities. This is a collaborative effort among ACCESS MERL, IR1, and IR2 teams to improve the quality of services, the use of data for decision-making, and the monitoring of the performance of health indicators by health service providers at the CSB level. The final version of this dashboard was validated by MOPH directorates (PNLP, DSFA/SMSR, SRPF, SNUT). However, the dashboard has not yet been validated for implementation at national scale. The DEPSI recommended presenting it to other IPs and programs so as to determine the necessity of adding more indicators. After that, the validation for national implementation will be decided upon.
- Provided technical and financial support to the PNLP in the implementation of the malaria RDQA (mRDQA)[2] in Atsimo Andrefana. With the DRSP, SDSP, and ACCESS regional and district MERL staff, loopholes in the utilization of data management tools were identified; and the quality of malaria data, associated tools, and application of existing standards were reviewed. It was recommended to the DRSP and SDSP to actively engage in regular and routine DQA in order to detect defects and suggest remedial actions at early stages.
- Trained and built the capacity of Clinical Capacity Building Specialists, District Coordinators, and other field staff on the use of the Training Tracker and developed a video tutorial on the application.
- Gathered information on required enhancements and updates to optimize expected functions in applications developed to support the implementation and monitoring of interventions such as TTM, trainings, PROGRES, and CLTS/CLTN. Once the applications are matured, they will be transferred to MOPH, who already closely follows this file.

Midline Health Facility Survey

- During Q1 FY22, ACCESS submitted the protocol and tools for the health facility component of the midline survey study to Comité d'Ethique de la Recherche Biomédicale Madagascar and PSI Washington's Institutional Review Board (IRB) for approval. After a series of communications and addressing required modifications on

[2] mRDQA refers to malaria-specific RDQA, an intervention mainly initiated and led by PMM. ACCESS provides support (technical and financial), as a collaboration effort. The general RDQA led and initiated by ACCESS addresses all indicators, including malaria. This RDQA was developed by ACCESS and validated by the DEPSI as a national tool, currently in implementation country-wide, depending on DEPSI schedule and needs. Thus, mRDQA is a PMM initiative on which ACCESS collaborates, while RDQA is broader and applicable to any indicator/dataset.

both protocol and associated tools, ACCESS received all IRB approvals to carry on the survey.

- Completed the recruitment of the consultancy firm (CAETIC Development) that was ultimately contracted to conduct the midline health facility study. After contracting, CAETIC embarked on the recruitment and training of the data study team, including data collectors, Quality Controllers, and supervisors. A total of four supervisors, eight Quality Controllers, and 32 data collectors were hired and deployed across the 10 full-package regions. The training was conducted in partnership between the ACCESS team and MOPH staff to ensure quality and accurate use of terminologies in the study and active collaboration/transparency with the MOPH. To ensure that the study team mastered the methodology and tools and to detect minor adjustments needed on the tools, a pre-test of all data collection tools was conducted at easily accessible health facilities in Antananarivo Avaradrano and Atsimondrano districts in the Analamanga region. The data collection began in November 2021 and was expected to last six weeks. The onset of the third wave of COVID-19 and the Omicron variant in Madagascar compounded with delays due to the holiday season affected the data collection because some of the service providers at sampled health facilities were not available. The draft report is planned to be shared with USAID in Q2 FY22.

Active Learning: Data use for evidence-based decision making

- ACCESS conducted the performance reviews at the regional level from FY21, complementing the regular ones done at the central level. These reviews are instrumental to promote the culture of data use for decision making as well as supporting adaptive management of the program.
- Refresher training of field MERL staff was conducted in Atsinanana. The training was attended by four district M&E specialists (Vatomandry, Mahanoro, Antanambao Manampotsy, and Marolambo). Additionally, the regions of Atsinanana and Amoron'i Mania were supported in the development of operational plans to ensure alignment with the full ACCESS work plan. The session was used to equip the participants to use data in analysis, planning, and informed decision-making.

Activities Planned for Q2 FY22

- Support the planning and implementation of DPEV and DEPSI priority interventions focused on improving the data management (collection, cleaning, storage, analysis, access, and dissemination) and data quality of COVID-19 vaccinations.
- With DEPSI, implement the migration of historical community dataset and initiate the data entry to the national DHIS2 instance.
- Conduct field visits to selected districts with the DPEV/DEPSI to improve reporting and data management including data quality improvement.
- Continue supporting the implementation of the RMAE in Nosy Varika and Ikongo.
- Conduct integrated and targeted M&E supervision and data quality verification in selected regions and districts.
- Organize and hold a working retreat for the ACCESS MERL team to improve coordination, planning, and prioritization of MERL interventions.
- For the midline health facility survey, conduct data cleaning and analysis, produce and present the preliminary results, and draft the study report. These activities will be done with CAETIC.
- Conduct a SWOT analysis of CommCare.

COMMUNICATIONS

Q1 FY22 Key Activities

Press tours

In Q1, the ACCESS communications team organized two press tours with the US Embassy and USAID to showcase the US government's support to the country:

- In September 2021, ACCESS organized a press tour with the US Embassy in Analamanga. Journalists from mainstream media were invited to see firsthand the work implemented by USAID-funded projects around COVID-19 vaccination efforts.
- In October 2021, ACCESS joined the US PMI team in Diego during a press tour with USAID-funded projects working in the fight against malaria. ACCESS demonstrated its support to communities, CHVs, health workers, and regional public health leaders in the Diana region.
- The ACCESS communications team seized the opportunity to collect photos, videos, and stories illustrating the program's interventions and impacts in the Diana region.

World Toilet Day

The national celebration of WTD was held in Morondava on November 19, 2021. ACCESS organized a high-visibility event with the Ministry of WASH and the MOPH, which triggered a "high level commitment" to stop open defecation in Menabe. The communications team invited journalists from Antananarivo to cover the event and to join a press visit that helped increase awareness of ACCESS's intervention around WASH.

The following day, ACCESS organized the certification of nine WASH-friendly health centers with the two ministries. The event was covered by the press and posted on ACCESS and USAID social media channels for high visibility.



Video Production

In Q1, the ACCESS communications team worked on a few video projects, including:

- Internal videos: filmed, edited, and published three internal videos for the project staff, featuring the COP and DCOPs inviting the staff to get vaccinated against COVID-19.
- Tutorial videos: filmed two videos that demonstrate FP counseling and reporting. The tutorial videos will be used as a refresher tool for health workers during monthly reviews.

Activities Planned for Q2 FY22

The priorities for Q2 include the following items:

- Produce “health champions” video (filmed in 2021)
- Produce photo essays depicting ACCESS’s interventions around immunization, FP, and newborn health
- Publish photo journals
- Produce visibility materials and equipment for CHVs and health workers