

FY 99 Annual Report : Child Survival Project

ADRA Madagascar

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ADRA International

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A) ACCOMPLISHMENTS

KPC Baseline Survey:

A KPC baseline survey has been completed. The survey preparation taking place in December 1998, including the designing of questionnaires, planning, recruitment and training of survey personnel. The 30-cluster survey was performed from 20th to 31st of January 1999 in 30 villages spread throughout the Toamasina II District. The survey results were used for the preparation of the Detailed Implementation Plan (DIP) and as a baseline for the project monitoring and evaluation of impact. Information gaps from the baseline survey have been addressed in a series of 12 Focus Group Studies in three different locations within the Toamasina II district.

Detailed Implementation Plan:

The SSD staff, CSB agents, community members and local authorities were involved in the DIP workshop organized in Toamasina from February 23rd to March 8th 1999. Several issues were raised which were different to those outlined in the original proposal. The most significant was the need to address the malaria problem, and this was taken into account when developing the DIP. A basic SSD action plan was also elucidated from the SSD personnel at the workshop, and was incorporated into the DIP.

The completed DIP was presented to the Toamasina II SSD staff and other partners at a formal meeting on May 26th 1999. Many of the project specific health indicators were also established at that time. Shortly thereafter, in June 1999, ADRA International presented the DIP to USAID Washington for formal review.

Under the second (revised) DIP to be submitted in December 1999, many of the original health indicators will no longer be measured, as the focus of the project will change to focus on management capacity and team-building, in addition to improved inter-personal relations. These have been identified as priorities in the Appreciative Inquiry approach for defining preferred futures, which has since been conducted with the SSD and ADRA project personnel.

Partnership building:

The Minister of Health signed the MOU on June 07th 1999, and the SSD Chief Medical Inspector counter-signed it on June 23rd 1999, thereby enabling the project to officially commence formal collaborative activities with the SSD.

An important part of the process in setting up the project has been building partnerships. The key non-governmental organizations and public departments related to health sector, education and infrastructure were contacted in Antananarivo and Toamasina, including JSI, LINKAGES, USAID, MOH, MoEd, SEECALINE, UNICEF, PACT, GAIN etc..

As two of the largest NGOs in the area, ADRA and SEECALINE have taken the initiative to set up a monthly regional "Nutrition Coordination Committee" in the region of Toamasina, with an inaugural meeting in June 1999. The purpose of this committee is to help coordinate all the nutrition activities throughout the region with a master plan, and

managed by NGOs or private organizations, although CSB management will remain a responsibility of the SSD.

- Improving the newly-mandated cost recovery management system is another important part of helping to strengthen the capacity of the SSD in this project. A situation analysis of the current cost recovery system within the CSBs was conducted. The process of setting up the management committee within the community has been designed. Given that it is a sensitive issue, many discussion meetings have taken place with the SSD Chief Medical Officer.

- Monitoring of FIB sites: the SSD performs periodic monitoring of the model FIB sites every 6 months. Three (3) CSBs (Foulpointe, Ambodibonara, Ambodiriana) using the FIB system have been evaluated in mid September. The management advisor was involved in this activity with the Chief Medical Officer. A pre-designed package of FIB survey tools is used for the assessment, checking on all the aspects of health care system (preventative, curative, cost recovery, personnel) at the CSB level. Such experience is a part of the situation analysis in order to improve health care and management in the other CSBs.

Child to Child Strategy:

This approach is very new in the Toamasina region. The ADRA Child Survival project is the first organization to work with Circonscription Scolaire, (CISCO), Toamasina II in their Child-to-Child strategy. In practice, setting up the approach is based on three main steps. The first stage is to provide the ZAP (Zone d'Administration Pédagogique) directors with TOT in the CTC approach. Next, these trained personnel will go back to train the teachers in their area, while the last stage is to implement the activities in the schools and to conduct monitoring and supervision. A total of 79 of the 139 (functional) primary schools, and all 7 of the 7 secondary schools were selected as targets for the implementing of these activities. Thus 160 of the 287 schools in the district (i.e. 56%) will be trained during the next 6 months, using the CTC approach.

For now, the project has implemented the following activities:

- CTC Program Initiation workshop with the Education Department in Toamasina II, targeting the 14 ZAP directors in the 15 communes, and the CISCO of Toamasina II, July 28th, 1999 in Toamasina.

- Training of Trainers for the 14 ZAPs in the Child-to-Child approach, with the support of the Pedagogic and Research Unit (Ministry of Education): August 31st to September 02nd, 1999 in Toamasina.

(8) thermoses for the vaccinator teams (financed by ADRA Australia) and developed banners related to general immunization that can be re-used for promoting routine EPI activities in the future.

In the SSD of Toamasina II, the official AVA opening ceremony took place in Ampasimbe Onibe. It involved the CSBs (24), private dispensaries (5), and 112 teams of 336 vaccinators and animators (volunteers). UNICEF supported the major share of the AVA budget, in terms of vaccines, training and per diems for volunteers and trainers.

The unofficial coverage rate for the first AVA campaign in September 1999 was estimated at 99%, however, the accuracy of these estimates is still to be determined, as there were also reports of only 42% in some communes. Investigations and analysis are still continuing.

Lessons Learned?

➤ CDD

When a cholera epidemics broke out in the northwest region, and in the capital of Madagascar, the project was asked by the MOH to put some efforts on cholera prevention to be included under the domain of the project's CDD activities.

The main emphasis of the project was an IEC campaign. Although the CS project personnel did not directly implement the activity in the field, a number of activities were implemented in collaboration with the SSD. A tape containing prevention messages was duplicated and distributed to two radio broadcast stations. These radio stations cover a large part of the project area. Messages were broadcast twice a day, early in the morning and in the evening in the official Malagasy language. Even though focused specifically on cholera, the content of these messages still apply to CDD.

ADRA Madagascar, in collaboration with USAID and the national emergency committee produced posters on cholera prevention. These posters were distributed and posted at the CSBs, commune offices, and schools throughout the Toamasina province.

Finally, at the initiation of the SSD, and in collaboration with the District administration department and some NGOs working in Toamasina, an environmental clean up campaign day was organized for removing trash along the main roads around town.

Fortunately, no cholera case has been identified to-date in the Toamasina region.

Research:

To complement the findings from the baseline survey, the project has implemented some additional qualitative research. Orientation training in the focus group methodology was held for the ADRA CS and SSD staff. The health advisors were involved in designing the questionnaire guides, with a focus on nutrition, breast feeding, immunization, malaria, in addition to health beliefs and behaviors in general.

Personnel:

The Health Programs Coordinator for ADRA Madagascar arrived in mid August. Apart from language study, his primary focus has been on establishing contacts with the SSD

Technical constraints:

- The project experienced considerable difficulty finding suitably qualified local staff for the project. In fact, more than half of the technical staff were not found and recruited until July 1999. To make the partnership-building and community-based approaches more efficient, the project wanted to only recruit local (Betsimisaraka) people from the Toamasina area. However, this has not been easy, as there are so few Betsimisaraka people in the local area with the professional qualifications needed to hold positions as advisors and mentors in the project. *Project Action:* The project has employed a mixture of both local (Betsimisaraka) staff and those who are not Betsimisaraka, but who have previously lived and worked extensively in the region, and have a working knowledge of the language, culture, beliefs and practices in this region.
- The DIP review took place in June 1999, and identified the need for more time for planning and preparation, to clarify the program focus, and for management training with the SSD in order to have the project begin on a solid foundation. The approach for development of the first DIP had tried to be very participatory, and democratic, asking the SSD to come up with the priorities, future directions, and an action plan for the project. Unfortunately, this was largely unsuccessful. Also, the Chief Medical Officer was unable to attend many of the most critical DIP planning meetings in February, and in her absence, many of the SSD personnel present seemed reticent to think and plan for themselves, being more used to the typical top-down (bureaucratic approach) to planning and management, where the chief makes all the decisions. *Project Action:* With the signing of the MOU, the passage of time together, many meetings between ADRA and the SSD personnel since then, there is now a high level of respect and trust between the SSD and ADRA. It is evident that the SSD now feels very open and comfortable sharing and planning together with ADRA, knowing that this is truly a collaborative partnership that is seeking their best interests.
- Within the SSD, some of the areas of project intervention still do not have any person in charge with whom to work. The SSD is still based on a very rigid system of vertical programs (such as EPI, CDD, FP, IMCI etc), with a very bureaucratic (top-down) decision making system. *Project Action:* As the SSD staff lacks opportunities to demonstrate their creativity and initiative in all aspects of planning, management and organization, this is something which will be a significant focus in the remainder of this CS project.

Community Constraints:

- Five (5) CSBs still do not have their community-based management committee to control the financial side of the cost recovery system, and most of the CSBs currently have inefficient management committees. *Project Action:* Work is planned to improve the understanding and importance of their role. The project is now contacting local authorities and community leaders as the first step towards helping the SSD to revitalize or to set up new management committees.

APPENDICES

Appendix I: List of CS XIV personnel

Name	Position
Colin RADFORD	Health Programs Coordinator, ADRA Madagascar
Dr. Hajarijaona RAZAFINDRAFITO	Project Director
Denison Reis GRELLMANN	Finance Officer
Dr. Noela Francine FIGARO	Health Advbisor (Nutrition, CDD)
Dr. Fidèle Joseph RANDRIANIRINA	Community Health Advisor
Dr. Camille Gonzague PAMAKA	Health Advisor (EPI, Malaria, IMCI)
Rivohery RAZAFIMAHEFA	Management Advisor
Charly Nirina RAMIANDRAMANJATO	Logistics Assistant
Dina RAKOTOMALALA	Secretary Receptionnist
Joelimina RANDRIANARIVONY	Driver
Herisolo RANDRIAMANANA	Guard
RAMAROKOTO	Guard
JEAN CLAUDE	Guard

Appendix III: Computer Training Participants

Name	Organization	Position
RADELIMANANA Donnelle	SSD Toamasina II	Administrative Responsible
RAJAO Olga	SSD Toamasina II	Personnel Responsible
IANONJARA Micheline	SSD Toamasina II	HIS Responsible
MISY Florentine	SSD Toamasina II	Program Officer (EPI)
BEANJARA Anatole	SSD Toamasina II	Secretary
FIGARO Noela Francine	ADRA CS	Health Advisor

Appendix V: Nutrition Training Participants

Name	CSB Location
BEZANDRY Alphonse	Vohitradiana
RALIVOLOLONA Hajasoa Voahirana	Ampasimadinika
RAVELO Jean Louis	Manambolo
RASOA Monique	Andranovaky
TABOLA Noeline	Tanamena
RABOTO Julien	Sahambala
RADERANDRAIBE Vololoniony	Ampasimbazaha
RALIVAHINY Marie Virginie	Andranobolaha
STANISLAS	Andondabe
RAZAFIMANDIMBIARISOA Marguerite	Ranomena II
RAVONIALIMANANA Laurencie	Mahasoa
RANALISOA Liliane	Ambodilazana
SAKAIZA Corneille	Antenina I
BIVA Eugène	Ankadimparry
RANDRIANANTOANDRO Edmond	Horifatra
RAZAFINDRASOLO Stanislas	Mangabe
RAMINOSOA Felix	Analamangahazo
ZAZA Philibert	Satrandroy

TRAINING SCHEDULES ??????