



USAID | **MADAGASCAR**
FROM THE AMERICAN PEOPLE



SANTÉNET ANNUAL WORKPLAN

October 2007 to September 2008

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SANTÉNET

ANNUAL WORKPLAN

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The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

CONTENTS

I. EXECUTIVE SUMMARY	I
II. OVERVIEW OF SANTÉNET'S INTERVENTIONS IN 2007-2008	3
A. NUTRITION	3
▶ SUMMARY OF INTERVENTIONS IN 2007-2008	
▶ BENCHMARKS TO BE ACHIEVED IN 2007-2008	
B. MALARIA	6
▶ SUMMARY OF INTERVENTIONS IN 2007-2008	
▶ BENCHMARKS TO BE ACHIEVED IN 2007-2008	
C. SEXUALLY TRANSMITTED INFECTIONS AND HIV/AIDS	8
▶ SUMMARY OF INTERVENTIONS IN 2007-2008	
▶ BENCHMARKS TO BE ACHIEVED IN 2007-2008	
D. FAMILY PLANNING/REPRODUCTIVE HEALTH	10
▶ SUMMARY OF INTERVENTIONS IN 2007-2008	
▶ BENCHMARKS TO BE ACHIEVED IN 2007-2008	
E. CHILD HEALTH	12
▶ SUMMARY OF INTERVENTIONS IN 2007-2008	
▶ BENCHMARKS TO BE ACHIEVED IN 2007-2008	
III. ACHIEVING SUSTAINABILITY: STRATEGIES AND ACTIVITIES IN 2007-2008	15
A. STRATEGY 1: CONSOLIDATION	16
▶ OBJECTIVES AND GUIDING PRINCIPLES FOR CONSOLIDATING	
▶ OVERVIEW OF CONSOLIDATION ACTIVITIES	
B. STRATEGY 2: TRANSFER	22
▶ OBJECTIVES AND GUIDING PRINCIPLES FOR TRANSFERING	
▶ OVERVIEW OF TRANSFER ACTIVITIES	
C. STRATEGY 3 : INTEGRATION	27
▶ WHAT SANTÉNET HAS DONE TO DATE IN TERMS OF INTEGRATION	
▶ WHAT SANTÉNET PLANS TO ACCOMPLISH IN 2007-2008 IN TERMS OF INTEGRATION	
▶ OVERVIEW OF INTEGRATION ACTIVITIES	
D. STRATEGY 4 : INSTITUTIONNALIZATION	31
▶ OBJECTIVES AND GUIDING PRINCIPLES FOR INSTITUTIONNALIZING	
▶ OVERVIEW OF INSTITUTIONNALIZATION ACTIVITIES	

IV. ADMINISTRATION AND FINANCE	36
A. ADMINISTRATION AND OPERATIONS	36
B. THE SANTENET FUND	40
ANNEXES	43
A. DETAILED DESCRIPTION OF CONSOLIDATION ACTIVITIES	
▶ INTERMEDIATE RESULT 1: DEMAND	
▶ INTERMEDIATE RESULT 2: AVAILABILITY	
▶ INTERMEDIATE RESULT 3: QUALITY	
▶ INTERMEDIATE RESULT 4: INSTITUTIONAL CAPACITY	
B. DETAILED DESCRIPTION OF TRANSFER ACTIVITIES	
▶ INTERMEDIATE RESULT 1: DEMAND	
▶ INTERMEDIATE RESULT 2: AVAILABILITY	
▶ INTERMEDIATE RESULT 3: QUALITY	
▶ INTERMEDIATE RESULT 4: INSTITUTIONAL CAPACITY	
C. DETAILED DESCRIPTION OF INTEGRATION ACTIVITIES	
D. DETAILED DESCRIPTION OF INSTITUTIONNALIZATION ACTIVITIES	
▶ INTERMEDIATE RESULT 1: DEMAND	
▶ INTERMEDIATE RESULT 2: AVAILABILITY	
▶ INTERMEDIATE RESULT 3: QUALITY	
▶ INTERMEDIATE RESULT 4: INSTITUTIONAL CAPACITY	
E. ORGANIZATIONAL CHART	

SANTÉNET PERFORMANCE MONITORING PLAN (PMP) INDICATORS

STRATEGIC OBJECTIVE-LEVEL INDICATORS

Indicator 1: Contraceptive prevalence rate

Indicator 2: DPT3 coverage

Indicator 3: Vitamin A supplementation

Indicator 4: Condom use at last sexual rapport with a paying partner

Indicator 5: Exclusive breastfeeding rate

INTERMEDIATE RESULTS-LEVEL INDICATORS

Indicator 6: Number of communes that achieve Champion Commune (*Kaominina Mendrika*) status for achievement of health targets

Indicator 7: Availability of IEC/BCC minimum package at CBHC level

Indicator 8: Number of communes in priority biodiversity conservation areas that achieve Champion Commune (*Kaominina Mendrika*) status for achievement of health targets

Indicator 9: Reduction in the number of stockouts of injectable contraceptives at the CBHC level

Indicator 10: Functional cold chain at CBHC level

Indicator 11: Santénet Champion Communes (*Kaominina Mendrika*) have an established distribution system for social marketing products

Indicator 12: Number of social marketing products sold in Santénet's Champion Communes (*Kaominina Mendrika*)

Indicator 13: Proportion of curative consultations provided by CHBC in Santénet Champion Communes (*Kaominina Mendrika*)

Indicator 14: DTCHepB3 coverage rate in remote populations in Santénet's Champion Communes (*Kaominina Mendrika*)

Indicator 15: Availability of social marketing STI treatment kits at CBHC level

Indicator 16: Policies, standards and protocols (PNP) in Santénet technical areas are updated

Indicator 17: MOHFP training curricula updated in each of Santénet's technical areas

Indicator 18: Performance standards achieved by practicum sites in Santénet intervention zones

Indicator 19: Percentage of CBHC meeting "Quality CBHC" criteria in the Champion Communes (*Kaominina Mendrika*)

Indicator 20: CBHCs in in Santénet's Champion Communes (*Kaominina Mendrika*) produce quality monthly activity reports

Indicator 21: Use of routine data at the CBHC level in Santénet's Champion Communes (*Kaominina Mendrika*)

EXECUTIVE SUMMARY

Positive developments in health sector, as noted by increased contraceptive prevalence rate, vaccine coverage rate, STI prevalence drop rate are encouraging, but there is still a long way to go given where Madagascar is today relative to the MDG and MAP goals. The health system remains fragile, especially as resource mobilization remains weak. Poverty rates are still very high. SanteNet supports priority health programs (with an emphasis on endemic infectious diseases, reproductive health, child health and nutrition) and contributes to the strengthening of sector management and administrative capacity within the Ministry of Health and Family Planning and Social Protection (MOHFPS), especially at central and community levels. SanteNet has contributed these results by forward looking, highly favorable policies and promoting good program management, Madagascar's encourage health outcome has resulted in a improving of physical and human capital of health system. Over the past three years, SanteNet has promoted an environment conducive to performance, based on appreciative inquiry of previous USAID assistances.

This fourth year workplan is the last under SanteNet contract. Health sector is one of the eight Madagascar Action Plan challenges. Government of Madagascar has taken steps to improve policy environment and resource allocation to the health sector to strengthen health services delivery capacity, quality and access. Investment made by SanteNet during the past 3 years led to tangible success and best practices. For this fourth year, SanteNet wants to organize the workplan in four parts: consolidation, transfer, integration and institutionalization.

The rationale for this conceptual framework is strong:

- Consolidation and scaling-up of support for basic services in health is essential for Madagascar to achieve progress towards the Millennium Development Goals. The current technical support provided by SanteNet will be exhausted by September 2008. The proposed consolidation activities will be required to sustain and gradually enhance future USAID support as well as leverage other donor technical and financial support.
- USAID, through SanteNet, is in a unique position to help Madagascar position itself to profit from scaling-up opportunities as they arise and play a catalytic role in leveraging additional resources, including those from other developmental partners. Transferring capacity to the health sector will be critical in leveraging a large amount of development assistance from other donors.
- Integration activities support clear opportunities to 'boost' progress on community based and potentially high impact activities, including the immunization of children, control of malaria, and family planning.
- Institutionalization activities are well positioned to facilitate Government work on challenges of the health sector at the policy level. Institutionalization of policies is important to bring Government, civil society, and development partners together around a common vision of effective service delivery and improved accountability.

This presentation adds value to the original matrix results framework of SanteNet (i.e., by intermediate results-demand, availability, quality, capacity-; and intervention areas- child health and nutrition, reproductive health, malaria control and STI/AIDS). Indeed, achievements and lessons learned so far are different by activity. In an effort to strengthen sustainability of achievements, SanteNet proposed a conceptual framework for this fourth year workplan.

SanteNet fourth year workplan represents the next stage with respect to USAID and other development partners' support for the health sector. There is general consensus among development partners that the

Health Sector Development Plan (HSDP) provides comprehensive strategic framework to address challenges in health sector.

The focus in 2008 workplan is to help the government and development partners make further progress on reducing child and maternal mortality by stimulating demand and offering access to reproductive health services, child health services, reducing child malnutrition, improving the availability quality health services, and keeping HIV/AIDS and sexually transmitted disease and malaria rates under control. The approach of the 2008 SanteNet workplan is in alignment with the government program as enunciated in the Madagascar Action Plan, harmonization and coordination with other donors, and integrated sector-wide approach to health.

OVERVIEW OF SANTÉNET'S INTERVENTIONS IN 2007-2008

A. NUTRITION

THE NATIONAL NUTRITION ACTION PLAN

Goal:

Warrant the Malagasy population's right to adequate nutrition in order to improve child survival so that they can develop to the best of their physical and intellectual potentialities as well as to promote mothers and adults' health and well-being.

General objectives to achieve by 2015:

- Reduce by half the prevalence of chronic malnutrition among children under 5;
- Contribute to reducing child mortality

Strategies:

1. Promotion of breastfeeding and complementary feeding
2. Community-based nutrition interventions
3. Micronutrient deficiency control
4. Integration of nutrition intervention to primary healthcare
5. Management of severely malnourished children
6. Improving households' food security
7. Nutrition interventions at schools
8. Communication strategy
9. Convergence of development policies
10. Preparedness to emergencies and responses to food emergencies
11. A national food and nutritional surveillance system
12. Developing the national capacity
13. Development and enforcement of laws and standards related to nutrition and feeding
14. Emergent issues (non infectious diseases, HIV/AIDS)

SUMMARY OF INTERVENTIONS IN 2007-2008

Through the Champion Community (CC) approach, Santénet and its implementing partners **promote breastfeeding and complementary feeding** and reinforce **nutrition interventions at the community level**. Santénet will continue supervising and providing technical support to partners to complete the CC Cycle 2 in the remaining 257 communes implementing the approach and help communities achieve the targeted number of awareness-raising activities (skits, groups discussions, home visits) on Essential Nutrition Actions

(ENA). Given that 9 of CC's 12 actions are included in the Minimum Activities Package defined by the National Community-based Nutrition Policy (NCNP), Santénet will work to convince the National Nutrition Office (NNO) to support the national scaling-up of CC and train their technicians on implementing and supervising the approach.

Santénet will also continue to support the *Positive Deviance* (PD) Task Force in adapting the approach to the Malagasy context in order to scale up the approach. The community-based management of moderate malnutrition through PD will complement other community-based nutrition interventions and will contribute to decreasing malnutrition among children under 5. Santénet will help develop a strategy for scaling up the approach and participate in the trainings of trainers.

As part of **micronutrients deficiency control**, Santénet will continue taking part in the activities of the technical committee and the social mobilization committee to organize the 3rd and 4th edition of the Maternal and Child Health Week (MCHW) which will take place in October 2007 and April 2008 respectively and which will include vitamin A supplementation and deworming for children.

Regarding the supplementation of iron for pregnant women, Santénet will provide support to MHFPSP in conducting a feasibility study in a few pilot districts to determine whether the free distribution of iron folate acid (IFA) tablets during MCHW encourages pregnant women to take all recommended 180 tablets.

In addition, given the successful introduction of the orange-fleshed sweet potato (OFSP), an important source of vitamin A, in 13 pilot sites, Santénet will also technically and financially support the development of cuttings multiplication centers for the sweet potato so that any organization or entity interested in vitamin A rich foods may be supplied with cuttings.

To reinforce **the integration of nutrition interventions to basic healthcare**, Santénet will organize trainings of trainers for the 22 regional and 3 central Integrated Management of Newborn and Childhood Illnesses (IMNCI) focal points. These trainers will in turn support districts in providing cascade IMCNI refresher trainings to community-based health centers (CBHC) service providers.

Santénet will also ensure the availability of *nutrition IEC tools* in CC's CBHCs. The updated IEC Health Messages Guide, to be used as an IEC reference document, will also be made available to IEC officers at all levels of the MHFPSP.

BENCHMARKS TO BE ACHIEVED IN 2007-2008

Level	Benchmarks & Key Results for the FY08
Demand at community level	<ul style="list-style-type: none"> The remaining 257 out of the 294 CC Cycle 2 communes complete their CC cycle and 75% are certified* 80% of children aged 6 to 56 months receive vitamin A in the Santénet's CCs 80% of children aged 12 to 56 months receive deworming medicine in the Santénet's CCs In each CC, community outreach workers conduct a total of 470 home visits on ENA
Demand at national level	<ul style="list-style-type: none"> Two Mother and Child Health Weeks are held (October 2007 and April 2008) during which Vitamin A supplementation and deworming activities for children under 5 are held
Availability at community level	<ul style="list-style-type: none"> 2 cuttings multiplication centers for the OFSP are set up
Availability at national level	<ul style="list-style-type: none"> At least one program input (child health, malaria, nutrition, PF, STI or other programs) is integrated in the SALAMA pipeline*
Quality at community level	<ul style="list-style-type: none"> The Quality Assurance System is introduced in 153 CBHCs and all reach at least 40% of the Child Health – including Nutrition – norms A proposal to introduce the Quality Assurance System – Child Health and Infection Prevention components – in UNICEF's intervention zones is developed and submitted by MHFPSP to UNICEF
Quality at national level	<ul style="list-style-type: none"> 25 central and regional IMNCI focal points train or provide a refresher course in IMNCI, which includes nutrition, to 153 service providers using the revised IMNCI algorithm and training manuals Quality Assurance System data collection system integrated in the National Information System* Santénet's experiences in scaling up the Quality Assurance System in Madagascar documented and disseminated*
Capacity building at community level	<ul style="list-style-type: none"> Santénet conducts supervision visits to 10 DHSPs and a selected number of their CBHCs to review and analyze data and compare to MAP objectives*
Capacity building at national level	<ul style="list-style-type: none"> 7 regional workshops are held to reinforce health data management and use to reach MAP health objectives* 3 issues of the Health Management Information System bulletin are published and disseminated*

* Cross-cutting benchmark

B. MALARIA

THE NATIONAL MALARIA CONTROL POLICY

General Objective:

Reduce malaria-related morbidity and mortality and stop transmission at the national level.

Specific Objectives:

- Improve the quality of malaria management
- Strengthen prevention actions (long lasting bednets, home aspersions)
- Strengthen malaria control among pregnant women
- Strengthen epidemics control

Technical Strategies:

1. Malaria prevention
2. Malaria prevention and control among pregnant women
3. Appropriate management of malaria cases
4. Epidemics control

Support strategies

5. Capacity-building in program management
6. Promotion and implementation of IEC/BCC
7. Strengthening the M&E system and operations research
8. Epidemics control
9. Developing national coordination and partnerships
10. Strengthening and making sustainable an environment favorable to malaria control

SUMMARY OF INTERVENTIONS IN 2007-2008

To prevent malaria, through the Champion Community (CC) approach, Santénet will continue promoting the use of and distributing insecticide-treated nets (ITN) to accelerate the national ITN coverage and achieve the objective of 2 ITNs per household. Santénet will continue supervising and providing technical support to partners to complete the CC Cycle 2 in the remaining 257 communes implementing the approach and help communities achieve the targeted number of awareness-raising activities on malaria prevention and the targeted number of ITNs distributed or sold to households. Santénet will also continue supporting the MHFPSP in monitoring the health *mutuelles* that have been set up and which contribute greatly to the **prevention and control of malaria among pregnant women** by making prenatal care and the intermittent presumptive treatment (IPT) a must to receive health coverage.

Concerning case management as part of the implementation of the new ACT treatment, Santénet will emphasize its application at the community level through the distribution of ACT home-based treatment products by community-based distribution agents' (CBDA) network while its application at the health facilities' level will be carried out through a capacity building of the staff on diagnosis.

Santénet will also assist MHFPSP in updating its IEC tools to inform the public of the new treatment and in ensuring that a minimum package of updated malaria IEC tools is available throughout the CBHCs of the country.

Santénet will also closely assist MHFPSP in implementing the Action Program for the Integration of Health Inputs, or PAIS, so that the distribution of inputs for the different programs is combined with the distribution of Generic Essential Drugs. Malaria program inputs proposed to be integrated to the SALAMA pipeline include Rapid Diagnostic Tests and bed nets.

Regarding epidemics control and as part of implementing the President Malaria Initiative (PMI), Santénet will assist the Malaria Prevention Unit set up its monitoring and evaluation (M&E) unit and train it to make better use of the data from the Health Information System (HIS) and through the use of a Geographic Information System.

As part of the **development of national coordination and partnership**, Santénet will assist MHFPSP in ensuring the application of the "Three Ones" system (one strategic plan, one coordination system and one M&E system) by ensuring better communication and information sharing among all interveners.

BENCHMARKS TO BE ACHIEVED IN 2007-2008

Level	Benchmarks & Key Results for the FY08
Demand at community level	<ul style="list-style-type: none"> The remaining 257 out of the 294 CC Cycle 2 communes complete their CC cycle and 75% are certified* In each CC, community outreach workers conduct a total of 190 home visits on malaria prevention
Demand at national level	<ul style="list-style-type: none"> 100% of CBHCs in Santénet's Champion Communes receive their minimum IEC/Malaria package
Availability at community level	<ul style="list-style-type: none"> 140,723 ITNs and 134,297 antimalarial treatment products sold or distributed in Santénet's Champion Communes
Availability at national level	<ul style="list-style-type: none"> At least one program input (child health, malaria, nutrition, PF, STI or other programs) is integrated in the SALAMA pipeline*
Quality at community level	<ul style="list-style-type: none"> The Quality Assurance System is introduced in all 99 Cycle 2 CBHCs located in malaria endemic zones and all reach at least 40% of the Focused Prenatal Care / Intermittent Preventive Treatment and Malaria care performance norms by the end of 2008
Quality at national level	<ul style="list-style-type: none"> Monitors and teachers apply the paramedics revised training curriculum on Focused Prenatal Care / Malaria Santénet national in-service and pre-service training strategy and results in malaria documented and disseminated Quality Assurance System data collection system integrated in the National Information System* Santénet's experiences in scaling up the Quality Assurance System in Madagascar documented and disseminated*
Capacity building at community level	<ul style="list-style-type: none"> Santénet conducts supervision visits to 10 DHSPs and a selected number of their CBHCs to review and analyze data and compare to MAP objectives*
Capacity building at national level	<ul style="list-style-type: none"> The Malaria Control Unit's monitoring and evaluation plan is finalized 3 new issues of the Roll Back Malaria Madagascar bulletin are published and disseminated 3 issues of the Health Management Information System bulletin are published and disseminated* 7 regional workshops are held to reinforce health data management and use to reach MAP health objectives*

* Cross-cutting benchmark

C. SEXUALLY TRANSMITTED INFECTIONS AND HIV/AIDS

THE NATIONAL STRATEGIC PLAN FOR HIV/AIDS CONTROL 2007 TO 2012

Objective:

Maintain the HIV prevalence rate below 1%

Strategies:

1. Setting up a legal, policy, and operational framework that allows for a response to STI and HIV/AIDS that is multisectoral, integrated, efficient, and respectful of human rights.
2. Improving access to information and quality clinical services for the prevention of STI and HIV/AIDS
3. Mitigating the impacts of HIV and AIDS on infected and affected people
4. Strengthening the management of the local response

SUMMARY OF INTERVENTIONS IN 2007-2008

As part of the promotion of an environment that is favorable to effective multisectoral control, Santénet, in collaboration with ES/NACC, will train more than 30 beauty schools in the region of Analamanga on infection prevention and on HIV/AIDS, and eventually other expand to beauty schools in other regions. Santénet will also continue providing technical support, on demand, to the Religious Platform (PLEROC) in implementing their HIV/AIDS prevention activities and in searching for other sources of financing.

As part of improving access to information on STIs and HIV/AIDS prevention, Santénet will continue supervising and providing technical support to partners to complete the “Champion Commune” (CC) Cycle 2 and achieve the targeted number of awareness-raising activities (skits, groups discussions, home visits) on STI and HIV/AIDS prevention. Furthermore, Santénet will closely monitor the activities of the community-based distribution agents (CBDA) in the CCs, especially with regards to the sales of condoms.

To improve access to information on STIs and HIV/AIDS prevention at the CBHC level, in addition to the picture box that has already been revised, Santénet will assist the STI program in identifying which other IEC tools are to be included in the minimum package of STI prevention IEC tools and in ensuring its availability throughout the CBHCs of the country.

As part of the collaboration with Health Communication Partnership (HCP), Santénet will assist ES/NACC in scaling up the “Ankoay” and “Red Card” approaches in the 119 vulnerable communes identified by CNLS, and will thus provide training to any organization wishing to implement those two approaches as part of their HIV/AIDS prevention activities among the youth. Also, the certification of the *Ankoay* groups in the CCs will be organized jointly with the certification of the CCs.

Finally, Santénet has been developing a HIV/AIDS radio series and will be airing it on a certain number of national and local radio stations.

To improve access to quality clinical services for the prevention of STIs and HIV/AIDS, Santénet will continue providing technical support to the training of CBHCs in accordance with the revised syndromic approach. Santénet will also continue providing support to MHFPSP to monitor the 529 BHCs that have introduced the Quality Assurance System (QAS).

BENCHMARKS TO BE ACHIEVED IN 2007-2008

Level	Benchmarks & Key Results for the FY08
Demand at community level	<ul style="list-style-type: none"> The remaining 257 out of the 294 CC Cycle 2 communes complete their CC cycle and 75% are certified* In each Champion Commune, community outreach workers conduct a total of 90 home visits on STI and HIV/AIDS prevention 80% of the remaining 320 the youth groups implementing the <i>Ankoay</i> approach (Scout, Junior High and Sport) in the Champion Districts are certified 3,000 people participate in HIV/AIDS voluntary counseling and testing during the Champion Commune and <i>Ankoay</i> festivals 200 young peer educators throughout 7 regions are trained in Life Skills and able to raise-awareness among their peers about risky behaviors (substance and sexual abuse)
Demand at national level	<ul style="list-style-type: none"> 50% of beauty schools include the infection prevention approach and IEC in their curricula.
Availability at community level	<ul style="list-style-type: none"> 133,594 units of Protector Plus sold in Santénet's CCs using the network of CBDAs
Availability at national level	<ul style="list-style-type: none"> At least one input (child health, malaria, nutrition, PF, STI or other programs) is integrated in the SALAMA pipeline*
Quality at community level	<ul style="list-style-type: none"> 153 CBHCs providers in CCs updated/trained in STI syndromic approach using the revised training manuals and algorithm
Quality at national level	<ul style="list-style-type: none"> Santénet national in-service and pre-service training strategy and results in STI documented and disseminated Quality Assurance System data collection system integrated in the National Information System* Santénet's experiences in scaling up the Quality Assurance System in Madagascar documented and disseminated*
Capacity building at community level	<ul style="list-style-type: none"> Santénet conducts supervision visits to 10 DHSPs and a selected number of their CBHCs to review and analyze data and compare to MAP objectives*
Capacity building at national level	<ul style="list-style-type: none"> 3 issues of the Health Management Information System bulletin are published and disseminated* 7 regional workshops are held to reinforce health data management and use to reach MAP health objectives*

* Cross-cutting benchmark

D. FAMILY PLANNING / REPRODUCTIVE HEALTH

THE NATIONAL FAMILY PLANNING STRATEGY

Goal:

Improve the quality of life of Malagasy families

General Objective:

Ensure access to information and services about family planning to couples and adolescents

Specific Objective:

Increase the contraceptive prevalence rate by 2 percent per year in order to reach 28% in 2009

Strategies:

1. Increase the demand for family planning services
2. Improve access to quality family planning services
3. Create an enabling political and institutional environment for family planning

SUMMARY OF INTERVENTIONS IN 2007-2008

During the past year, the project centered its efforts on the FP national strategy's priorities. It is now necessary to orient efforts on achieving sustainability in order to meet the increasing FP demand, satisfy unmet needs, and continuously offer quality services to clients, in particular offering the complete range of methods.

To increase demand for FP services, this year, Santénet will continue supervising and providing technical support to implementing partners to complete the KM Cycle 2 and help the communes increase the number of FP users. Santénet will also assist MHFPSP in completing the implementation of the *Samia mitondra telo* (SMT) communication campaign. 900,000 FP invitation cards were distributed to 580 communes, and 6 FP radio spots will be broadcasted daily during the remainder of the campaign. Santénet will closely monitor the effectiveness of the invitation cards and the radio spots in recruiting new FP users. Santénet will also work to make sure that a minimum of IEC materials on FP is available throughout the CBHCs of the country.

To ensure quality FP services, the national RH policy will be revised, FP will be incorporated in the pre-service training curriculum of paramedical schools, and to further achieve this objective, an extension of the QAS is also planned.

To improve service provision, Santénet will continue assisting MHFPSP in expanding the range of methods. The Standard Days Method (SDM), which uses the Cycle Beads, is now included among the methods to be offered in health facilities. While the SDM has been introduced in 153 CBHCs to date and Santénet will continue monitoring these sites, the project will also ensure the introduction of SDM in new CBHCs so as to cover all CCs by providing the Cycle Beads and making certain that the service providers are trained. Santénet will also work with PSI to train CBDAs on this method and will provide them with Cycle Beads. As part of completing the product range, Santénet will also continue to assist MHFPSP in making long-term FP methods, such as the IUD, available in all districts.

For this last year, Santénet will also put an emphasis on reinforcing logistics management skills at all levels of the supply chain and in ensuring that logistics management job aids are available in all CBHCs. Santénet will also closely assist MHFPSP in taking on the challenge of free contraceptive products.

BENCHMARKS TO BE ACHIEVED IN 2007-2008

Level	Benchmarks & Key Results for the FY08
Demand at community level	<ul style="list-style-type: none"> The remaining 257 out of the 294 CC Cycle 2 communes complete their CC cycle and 75% are certified* 25% of the 900,000 FP invitation cards distributed to 580 communes during the FP campaign « <i>Samia mitondra telo</i> » come back to the CBHCs (cardholders come to seek information on FP or to adopt a contraceptive method) 50% increase of the contraceptive coverage rate in Santénét's CCs
Demand at national level	<ul style="list-style-type: none"> 100% of CBHCs in Santénét's CCs receive their minimum IEC/FP package (PMP indicator N°7) 1,500 FP spots are aired on national and local radio stations during the FP campaign "<i>Samia mitondra telo</i>"
Availability at community level	<ul style="list-style-type: none"> 27,539 combined oral contraceptives (COC) are sold in Santénét's Champion Communes using the network of CBDAs
Availability at national level	<ul style="list-style-type: none"> The DMPA stock out rate in public FP sites is reduced to 4% At least one input (child health, malaria, nutrition, PF, STI or other programs) is integrated in the SALAMA pipeline*
Quality at community level	<ul style="list-style-type: none"> 60% of CBHCs and training sites that have introduced performance and quality improvement in Family Planning and Infection Prevention during Cycle 1 reach 75% of the norms and are certified 60% of CBHCs that have introduced the Quality Assurance System in Infection Prevention during Cycle 2 reach 75% of the norms and are certified SDM is introduced in all 294 CCs and 2,000 CBDAs are trained to distribute the Cycle Beads
Quality at national level	<ul style="list-style-type: none"> RH National Policy is revised and validated in accordance to the changes made in the RH Norms and procedures that were revised in 2006 and disseminated in 2007 Regional trainings on facilitative supervision are carried out for 9 districts using the newly revised integrated supervision guide Monitors and teachers apply the paramedics revised training curriculum on FP Santénét national in-service and pre-service training strategy and results in FP documented and disseminated Quality Assurance System data collection system integrated in the National Information System* Santénét's experiences in scaling up the Quality Assurance System in Madagascar documented and disseminated*
Capacity building at community level	<ul style="list-style-type: none"> Santénét conducts supervision visits to 10 DHSPSs and a selected number of their CBHCs to review and analyze data and compare to MAP objectives*
Capacity building at national level	<ul style="list-style-type: none"> 3 new issues of the EZAKA FP bulletin are published and disseminated 3 issues of the Health Management Information System bulletin are published and disseminated* 7 regional workshops are held to reinforce health data management and use to reach MAP health objectives*

* Cross-cutting benchmark

E. CHILD HEALTH

THE NATIONAL CHILD HEALTH POLICY

Goals:

- Reduce child mortality in order to achieve the Millennium Developmental Goal
- Set up a clean environment to allow children to survive, grow, and develop to the best of their potentialities so that they can contribute to the country's economic and social development

General Objectives for 2010:

- Contribute to reducing the neonatal mortality rate to 20‰;
- Contribute to reducing the child mortality rate from 94 to 73 per 1,000 live births and the infant mortality rate from 58 to 45 per 1,000 live births;
- Contribute to the development of an institutional and legal framework that fosters child survival and development

Strategies:

1. Organization and management
2. Prevention
3. Disease management

SUMMARY OF INTERVENTIONS IN 2007-2008

Child health is one of the project's most important components that are supportive of the Ministry's work, especially as regards immunization activities and maternal and child care continuum (prenatal consultations, Vitamin A supplementation, iron/folic acid, child immunization, EBF and nutrition). In addition, through the mutual insurance schemes and Kaominina Mendrika's activities, SantéNet contributes to maintaining the DPTHeP3 immunization cover rate at 90%, to promoting Vitamin A supplementation and deworming, and to controlling the mortality of children under 5.

By participating to all mass campaign activities in Madagascar, Santénet aims to achieve the integration of child and maternal health. For instance, during the maternal and child health week (MCHW), SantéNet works with the Ministry of Health, Family Planning and Social Protection to enhance the products' availability and facilitate access to services.

In terms of reinforcement, with contribution of other partners, Santénet supports the Ministry for Health, Family Planning, and Social Protection in:

- implementing the financial viability plan of the EPI program until 2011,
- managing and organizing the activities' implementation (Complete Multi-Year Plan),
- using the data management system (this activity is aimed at transferring the data analysis culture and effective data use for decision-making) to maintain the EPI completeness rate above 90 %, especially as regards reliability and promptitude,
- working on the EPI logistics to improve the supply system by making the Manual of Procedures available at all levels,
- building the staff's capacities as regards EPI and IMCI through pre and in-service training on EPI program management (Mid-Level Management), EPI management tool implementation, introduction of the RED approach, and formative supervision.

Finally, Santénet will work with partners on activities aimed at introducing community-based control of diarrhea, malaria, and ARI. In order to maintain the achievements made in community-based sales of maternal and child health products, SantéNet will reinforce CBDAs' activities, while keeping on providing support Integrated Management of Childhood Illnesses (IMCI) approach.

BENCHMARKS TO BE ACHIEVED IN 2007-2008

Level	Benchmarks & Key Results for the FY08
Demand at community level	<ul style="list-style-type: none"> The remaining 257 out of the 294 CC Cycle 2 communes complete their CC cycle and 75% are certified* Each Champion Commune either achieves 80% DTCHepB3 immunization coverage rate or doubles the baseline rate
Demand at national level	<ul style="list-style-type: none"> Two Maternal and Child Weeks held in the reporting period (October 2006 and April 2007) 100% of CBHCs in Santénet's Champion Communes receive their minimum IEC/IMCI package (PMP indicator N°7)
Availability at community level	<ul style="list-style-type: none"> The score on the cold chain operational is 4 out of 5 at the CBHC level
Availability at national level	<ul style="list-style-type: none"> At least one input (child health, malaria, nutrition, PF, STI or other programs) is integrated in the SALAMA pipeline*
Quality at community level	<ul style="list-style-type: none"> Performance and quality improvement for Child Health is introduced in 153 CBHCs and all reach at least 40% of the Child Health norms A proposal to introduce performance and quality improvement for Child Health and Infection Prevention in UNICEF'S intervention zones is developed and submitted by MHFPSP to UNICEF
Quality at national level	<ul style="list-style-type: none"> 25 central and regional IMNCI focal points train or provide a refresher course in IMNCI to 153 service providers using the revised IMNCI algorithm and training manuals Quality Assurance System data collection system integrated in the National Information System* Santénet's experiences in scaling up the Quality Assurance System in Madagascar documented and disseminated*
Capacity building at community level	<ul style="list-style-type: none"> Santénet conducts supervision visits to 10 DHSPSs and a selected number of their CBHCs to review and analyze data and compare to MAP objectives*
Capacity building at national level	<ul style="list-style-type: none"> 3 issues of the Health Management Information System bulletin are published and disseminated* 7 regional workshops are held to reinforce health data management and use to reach MAP health objectives*

* Cross-cutting benchmark

ACHIEVING SUSTAINABILITY: STRATEGIES AND ACTIVITIES IN 2007-2008

Although Santénet, by developing and implementing approaches, systems and tools while building individual and institutional capacities, has made important contributions during the past three years to strengthen the health system and improve the health of the population, the challenge for this last year will be to ensure that all the impacts of these important achievements go on beyond the end of the project. In order to achieve **sustainability**, for its last year of implementation, the project has therefore oriented its activities around four main strategies:

1. Strengthening current approaches, systems and tools and identifying best practices through **consolidation**
2. Reinforcing partners' ownership of the approaches, systems and tools as well as their technical capacities to continue using them through **transfer**
3. Optimizing efficiency and impact through the **integration** of complementary approaches, systems and tools
4. Through **institutionalization**, ensuring the existence of institutional frameworks to make the application of the approaches, systems and tools viable

For each of these strategies, the project has defined guiding principles. This section presents the four strategies that will help ensure sustainability, and for each strategy, the corresponding activities that contribute to the four respective intermediate results (IR) but also meet the established guiding principles.

A. STRATEGY I: CONSOLIDATION

OBJECTIVES AND GUIDING PRINCIPLES FOR CONSOLIDATING

Objectives of consolidation:

- To strengthen current approaches, systems, tools
- To identify or confirm best practices

Guiding principles for implementing consolidation activities:

- To strengthen current interventions through close monitoring
- To analyze and assess the effectiveness of these interventions
- To document the process, results, lessons learned, and success stories and to confirm best practices
- To disseminate information at all the levels about these best practices and strengthen advocacy
- To streamline methodologies and tools to better respond to targets or users' needs (communes, districts, regions, health providers, community workers and others)

OVERVIEW OF CONSOLIDATION ACTIVITIES

COP - Chief of Party
 DCOP - Deputy Chief of Party
 COMMOB - Community Mobilization Specialist
 COMM - Communication Specialist
 HAS-CS - Health Systems Access Specialist & Child Health Specialist
 HSL-FP - Health Systems Logistics Specialist & Family Planning Specialist

PS - Private Sector Specialist
 SHMS - Manager, Support to Health Management System
 TC - Technical/Clinical Programs Director
 PRES - Pre-service Training Specialist
 INS - In-service Training Specialist
 QA - Quality Assurance Specialist
 HMIS - Health Management Information System Specialist
 ODM - Organizational Development Manager

RHPM-NUT - Regional Health Programs Manager & Nutrition Specialist
 M&E - Monitoring and Evaluation Specialist
 HIV - HIV/AIDS Specialist
 MAL - Malaria Specialist
 HCP - Health Communication Partnership
 SDM - SDM Specialist

Activités		Q1			Q2			Q3			Q4			Point focal Santénet	Partenaire(s) Clé(s)	Indicateur(s) PMP
		O	N	D	J	F	M	A	M	J	J	A	S			
CONSOLIDATION (CONS)																
IR 1.1 REINFORCE COMMUNITY MOBILIZATION AND IEC/BCC																
CONS1	Assist implementing partners in closing out Champion Community Cycle 2 Objective: To ensure effective community mobilization in the remaining 257 communes implementing the Champion Community approach													COMMOB	Partner NGOs	PMP 1 ; PMP 2 ; PMP 3 ; PMP 4 ; PMP5 ; PMP 6
CONS2	Finish setting up the National Pool of Champion Community Trainers Objective: To have an operational support structure to continue scaling up the Champion Community approach													M&E		PMP 1 ; PMP 2 ; PMP 3 ; PMP 4 ; PMP5 ; PMP 6
CONS3	Assist MHFPSP in validating and disseminating the Minimum IEC Package and the IEC Health Messages Guide Objectives: (1) To ensure the availability of a minimum number of IEC materials in all CBHCs of Madagascar; (2) To provide a reference IEC document to all of MHFPSP's IEC officers and to main health partners													COMM		PMP 7
CONS4	Assist MHFPSP in closing-out the Samia mitondra telo family planning communication campaign Objective: To recruit new FP users in the 580 communes reached by the campaign													COMMOB	HCP	PMP 1

IR 3.1 IMPROVE PROCEDURES, STANDARDS AND PROTOCOLS FOR PUBLIC AND PRIVATE HEALTH SERVICES														
CONS16	Update the National Reproductive Health Policy Objective: To revise the National Reproductive Health Policy in accordance with the reproductive health standards and procedures revised in 2006											TC	PMP 16	
IR 3.2 IMPROVE SERVICE PROVIDERS' ABILITY TO DELIVER QUALITY HEALTH SERVICES														
CONS17	Train district supervisors in facilitative supervision techniques Objectives: (1) To orient supervisors on the use of the revised supervisory checklist; (2) To build the skills of district supervisors (external supervisors) and CBHC supervisors (internal supervisors) in facilitative supervision techniques											INS	PMP 19	
CONS18	Organize a training of trainers in Integrated Management of Newborn and Childhood Illnesses (IMNCI) Objective: (1) To build the skills of the regional and central trainers in IMNCI; (2) To build the skills of service providers in CCs in IMNCI											PRES	PMP 19	
CONS19	Assist NIPCH in conducting refresher trainings on STI for CBHC service providers in the Champion Communities Objective: To build service providers' skills to manage STI cases											HIV	INSPC, CRESAN	PMP 19
CONS20	Organize monitoring visits for the paramedical school instructors, and medical school teachers and supervisors that were trained Objective: To check if skills learned are applied and to make recommendations for possible improvement											PRES	PMP 18	
CONS21	Document Santénet's experience related to pre-service and in-service training Objectives: To disseminate the training strategy used by the project as well as the directory of the health professionals trained as clinical trainers, effective teachers and QAS supervisors											PRES	PMP 18	
IR 3.3 IMPLEMENT OPERATIONAL MODELS FOR QUALITY ASSURANCE														
CONS22	Certify CBHCs that have introduced the Quality Assurance System and achieved the set performance score Objective: To award a certificate of recognition to CBHCs achieving the performance score of 75% on the desired standards											QA	PMP 19	

B. STRATEGY 2: TRANSFER

OBJECTIVES AND GUIDING PRINCIPLES FOR TRANSFERING

Objectives of transfer:

- To strengthen partners' ownership of the established approaches, systems, tools and best practices
- To transfer and reinforce partners technical capacities to apply these approaches, systems, tools and best practices
- To contribute to the effective decentralization of the health system

Guiding principles for implementing transfer activities:

- To reinforce the leadership of partners and beneficiaries at all levels in implementing the approaches, systems, tools and best practices
- To work with and strengthen existing support structures and put to profit the teams and resource people trained to date
- To build or strengthen the capacities and skills of partners and support structures at all levels through trainings of trainers
- To back-up partners and support structures through joint monitoring and supervision visits

OVERVIEW OF TRANSFER ACTIVITIES

COP - Chief of Party
 DCOP - Deputy Chief of Party
 COMMOB - Community Mobilization Specialist
 COMM - Communication Specialist
 HAS-CS - Health Systems Access Specialist & Child Health Specialist
 HSL-FP - Health Systems Logistics Specialist & Family Planning Specialist

PS - Private Sector Specialist
 SHMS - Manager, Support to Health Management System
 TC - Technical/Clinical Programs Director
 PRES - Pre-service Training Specialist
 INS - In-service Training Specialist
 QA - Quality Assurance Specialist
 HMIS - Health Management Information System Specialist
 ODM - Organizational Development Manager

RHPM-NUT - Regional Health Programs Manager & Nutrition Specialist
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Activités		Q1			Q2			Q3			Q4			Point focal Santénet	Partenaire(s) Clé(s)	Indicateur(s) PMP
		O	N	D	J	F	M	A	M	J	J	A	S			
TRANSFERT (TRANS)																
IR 1.1 REINFORCE COMMUNITY MOBILIZATION AND IEC/BCC																
TRANS1	Assist the MHFPSP and the National Pool of Champion Community Trainers in establishing Champion Community trainers in the DHSPSs Objectives: (1) To reinforce the skills acquired by the National Pool of Champion Community Trainers; (2) To build the capacities of the DHSPSs and RHFSPDs to implement the approach and of the core Champion Community team at the central level of MHFPSP to supervise implementation													M&E	National Pool of CC Trainers	PMP 1 ; PMP 2 ; PMP 3 ; PMP 4 ; PMP5 ; PMP 6
TRANS2	Train and provide technical assistance to NGOs and institutions that have adopted the Champion Community approach Objective: To transfer capacities to partners in implementing and scaling-up the Champion Community approach													COMMOB	National Pool of CC Trainers	PMP 1 ; PMP 2 ; PMP 3 ; PMP 4 ; PMP5 ; PMP 6
TRANS3	Support MHFPSP and partners in launching the Samia mitondra telo family planning communication campaign in new regions Objective: To strengthen the Family Planning Promotion Unit's capacities to design and implement FP communication campaigns													COMMOB	HCP	PMP 1
TRANS4	Train and provide technical assistance to partners wishing to continue scaling up the Ankoay and Red Card approaches Objective: To build the partners' capacities to implement the Ankoay and Red Card approaches													COMMOB	HCP	PMP 4 ; PMP 6

IR 2.4 IMPROVE THE NUTRITIONAL VALUE OF AGRICULTURAL PRODUCTS													
TRANS I I	<p>Support development organizations in relaying the dissemination of Orange-Fleshed Sweet Potato in the regions</p> <p>Objective To set up regional cuttings multiplication centers for the orange-fleshed sweet potato to be managed by local development organizations</p>										RHPM-NUT	ERI, Anosy Regional Nutrition Office	PMP 3
IR 2.5 IMPROVE WATER MANAGEMENT FOR AGRICULTURE AND HOUSEHOLDS													
There are no transfer activities that contribute to IR2.5													
IR 3.1 IMPROVE PROCEDURES, STANDARDS AND PROTOCOLS FOR PUBLIC AND PRIVATE HEALTH SERVICES													
There are no transfer activities that contribute to IR3.1													
IR 3.2 IMPROVE SERVICE PROVIDERS' ABILITY TO DELIVER QUALITY HEALTH SERVICES													
There are no transfer activities that contribute to IR3.2													
IR 3.3 IMPLEMENT OPERATIONAL MODELS FOR QUALITY ASSURANCE													
TRANS I 2	<p>Assist RHFSPDs and DHSPSs in monitoring the application of performance standards in CBHCs that introduced the Quality Assurance System</p> <p>Objectives: (1) To strengthen the capacities of the DHSPSs and RHFSPDs in monitoring the Quality Assurance System; (2) To support CBHCs in the CCs in improving the quality of services</p>										QA		PMP 18
TRANS I 3	<p>Transfer the monitoring of Standard Days Method-related activities to DHSPSs</p> <p>Objective: To support CBHCs in improving the quality of services for this newly-introduced FP method</p>										SDM		PMP 1
IR 4.1 IMPROVE DATA COLLECTION AND USE FOR DECISION-MAKING													
There are no transfer activities that contribute to IR4.1													
IR 4.2 EXPAND ACCESS TO HEALTH INFORMATION													
There are no transfer activities that contribute to IR4.2													

IR 4.3 IMPROVE THE CAPACITY OF NGOS TO IMPLEMENT HEALTH PROGRAMS												
TRANS14	<p>Provide support to the planning and the implementation of the activities of the various civil society platforms (PLEROC, FlexFund, SOC)</p> <p>Objective: To reinforce the technical capacities of the members of the civil society platforms</p>										ODM	PMP 2 ; PMP 4
IR 4.4 INCREASE THE CAPACITY OF THE CIVIL SOCIETY TO ADVOCATE FOR PUBLIC HEALTH ISSUES												
Refer to TRANS14												

C. STRATEGY 3: INTEGRATION

WHAT SANTÉNET HAS DONE TO DATE IN TERMS OF INTEGRATION

During the past three years, Santénet developed and implemented various approaches, systems and tools aimed at supporting MHFPSP, ES/NACC and NNO in improving their health program's performance at the community level, and many are already considered to be best practices:

1. Encouraging behavior change and increasing the demand for health products and services through
 1. Champion Community
 2. *Samia Mitondra Telo*
 3. *Ankoay*
 4. Red Card
2. Improving the provision of health products and services through
 1. Improved logistics system: ensuring products availability at the CBHC level
 2. Community-based distribution: ensuring availability of the products and services using community-based workers
 3. Health *mutuelles*: providing financial access to services
 4. Quality Assurance System: improving the services' quality at the CBHC level
 5. Health Information System: management and analysis of health data for decision-making.

On one hand, it has been noted that some of these approaches, systems and tools are complementary in the sense that the spatial and temporal convergence of their implementation produces more significant results – SYNERGY. This is why several of these approaches are currently being implemented, although separately, in the same geographical areas –the Champion Districts.

On the other hand, integration of approaches, systems and tools allows for the optimization of planning and implementation and henceforth for reducing cost – EFFICIENCY. This is for example the case of community-based distribution and the use of data from Monthly Activity Reports (MIS) which were integrated into the *Kaominina Mendrika* approach from the very start of the project.

WHAT SANTÉNET PLANS TO ACCOMPLISH IN 2007-2008 IN TERMS OF INTEGRATION

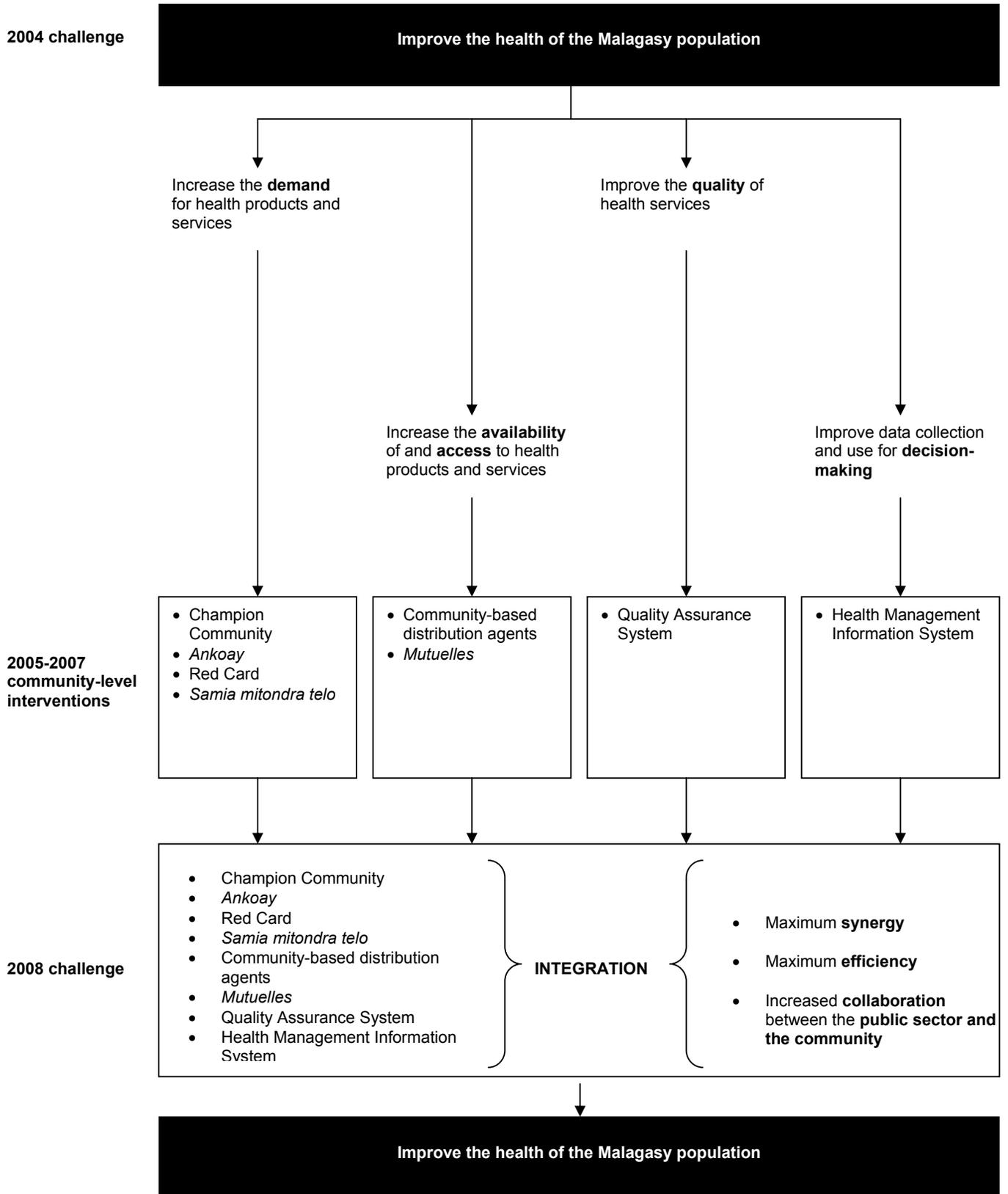
While each IR team will continue to work on improving the different approaches, systems and tools it has developed to help strengthen the health system at the community-level, empower health personnel in improving services or empower the community in resolving health challenges, Santénet recognizes that these different components can be articulated together to form an INTEGRAL WHOLE in order to boost the impact on local health development.

Therefore, for this last year, Santénet plans to carefully explore how ALL the above approaches, systems and tools can be INTEGRATED together so that not only are synergy and efficiency achieved, but links between the different components become more apparent and common health interests become more evident to the public sector and the community.

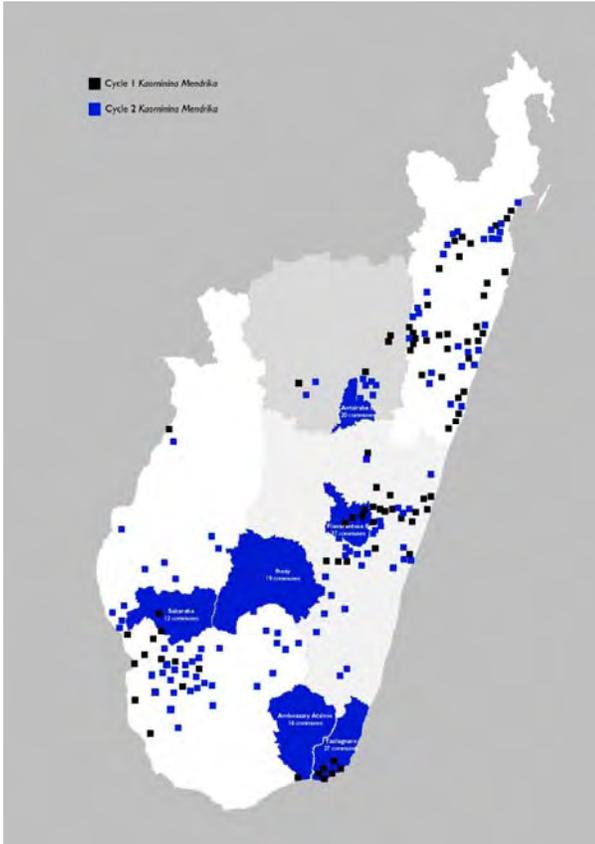
The most eminent examples of integration include the planning and implementation of the Champion Community approach, the Quality Assurance System, and the use of MIS data for the monitoring and evaluation of the results of such integration. In a tangible way, the ToTs and related curricula will be integrated into one single training session intended for health officers from health regions and districts and the KM and QAS methodological guides will be integrated into one single tool where the 5 QAS implementation steps will be integrated to the KM's 7 steps.

In addition, the National Health Promotion Policy (NHPP) – which will be validated imminently and whose goal is to give the individual and the community better control over the determining health factors and therefore improve their health, offers an ideal setting for the integration of the approaches developed by Santénet. To

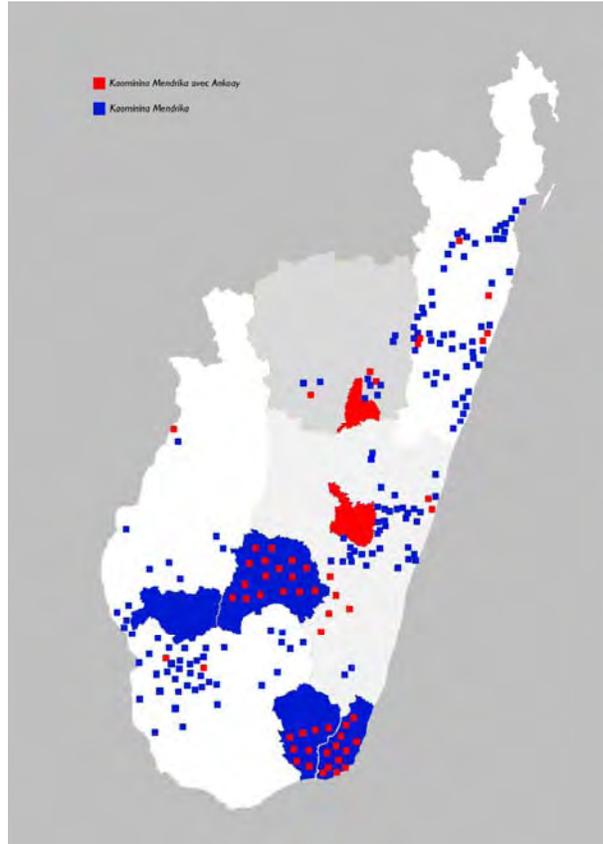
achieve the NHPP vision, several conditions must be achieved, such as the empowerment of individuals and communities, the general involvement and commitment of people to health development, and the equitable access of all people to quality health services. The efforts supplied by Santénet at the community level during the past three years are fully in keeping with the guiding principles of this new National Policy.



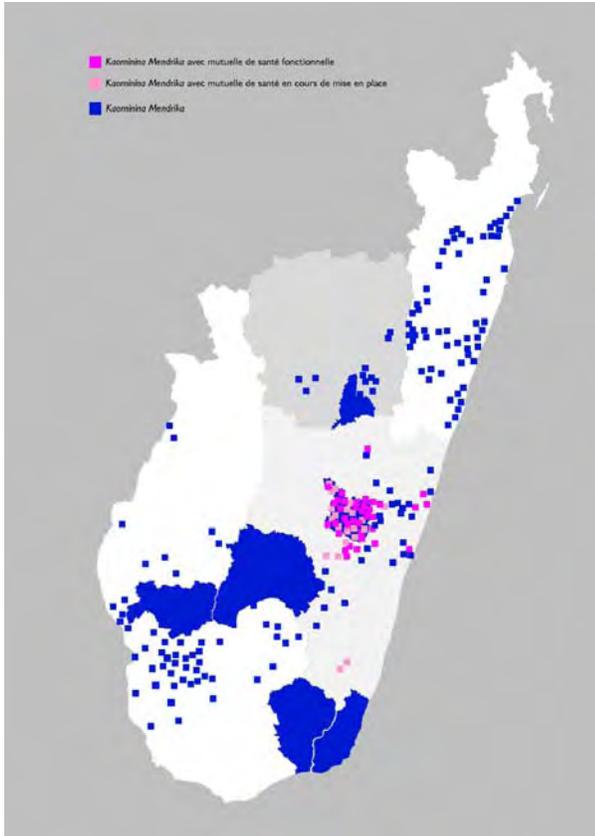
COMMUNES CURRENTLY IMPLEMENTING CHAMPION COMMUNITY



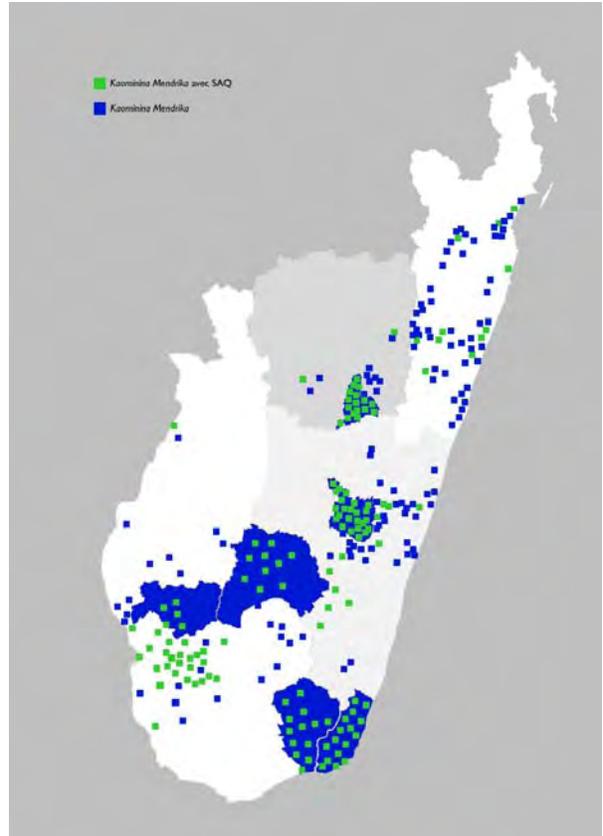
COMMUNES CURRENTLY IMPLEMENTING ANKOAY



COMMUNES CURRENTLY HAVING OR SETTING UP A HEALTH MUTUELLE



COMMUNES CURRENTLY IMPLEMENTING THE QUALITY ASSURANCE SYSTEM



OVERVIEW OF INTEGRATION ACTIVITIES

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Activités		Q1			Q2			Q3			Q4			Point focal Santénet	Partenaire(s) Clé(s)
		O	N	D	J	F	M	A	M	J	J	A	S		
INTEGRATION (NTGR)															
NTGR1	Document results obtained and lessons learned in the Champion Districts <i>Objective:</i> To evaluate results and draw lessons from the implementation of complementary approaches, systems and tools in a same geographical area and determine areas that can be integrated to optimize results													TBD	
NTGR2	Test a new operational integrated model: Champion Community and the Quality Assurance System <i>Objective:</i> To draw lessons from the actual implementation of a new integrated model													TBD	MCDI
NTGR3	Develop a conceptual model integrating all of Santénet's best practices at the community level <i>Objective:</i> To develop a theoretical model combining ALL of Santénet's community interventions													TBD	
NTGR4	Support MHFPSP in implementing the National Health Promotion Policy <i>Objective:</i> Define strategies, based on Santénet's experience and community interventions, to implement the NHPP													TBD	WHO
NTGR5	Support MHFPSP in disseminating the CBHC Tools Package <i>Objective:</i> Support the establishment of a CBHC Key Tools Package which will include IEC materials, job aids and worki tools that are deemed essential for the CBHC's work													TBD	

D. STRATEGY 4: INSTITUTIONNALIZATION

OBJECTIVES AND GUIDING PRINCIPLES FOR INSTITUTIONNALIZING

Objective of institutionalization:

- To set up of an institutional framework conducive to the continuation of good practices

Guiding principles for implementing institutionalization activities:

- To support the development of framework documents such as policies and protocols
- To ensure the application of standards and procedures
- To reinforce structures set up to support approaches and initiatives adopted by MHFPSP
- To ensure the integration of good practices in partners' Annual Work Plans

OVERVIEW OF INSTITUTIONNALIZATION ACTIVITIES

COP - Chief of Party
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 COMMOB - Community Mobilization Specialist
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 HAS-CS - Health Systems Access Specialist & Child Health Specialist
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Activités		Q1			Q2			Q3			Q4			Point focal Santénet	Partenaire(s) Clé(s)	Indicateur(s) PMP
		O	N	D	J	F	M	A	M	J	J	A	S			
INSTITUTIONNALIZATION (INST)																
IR 1.1 REINFORCE COMMUNITY MOBILIZATION AND IEC/BCC																
INST1	<p>Take part in the activities of the Mother and Child Health Week (MCHW) Social Mobilization Sub-committee</p> <p>Objective: To help the Social Mobilization Sub-committee reinforce its MCHWs mobilizing and awareness-raising strategies</p>													COMMOB		PMP 2 ; PMP 3 ; PMP 5
INST2	<p>Take part in the activities of the National Health Communication and Social Mobilization Committee</p> <p>Objective: To strengthen the role of the committee in improving the quality and effectiveness of IEC and mobilization interventions undertaken by the health partners</p>													COMM		PMP 7
INST3	<p>Support the Ministry of Education and Scientific Research (MENRES) in developing a National Policy for HIV/AIDS Control in the School Setting</p> <p>Objective: To take part in the development of the policy document related to HIV/AIDS Control in the School Setting initiated by the MENRS and recommended by the ES/NACC</p>													HIV	HCP	PMP 4
IR 1.2 INVOLVE THE PRIVATE SECTOR IN HEALTH PROMOTION																
There are no institutionnalization activities that contribute to IR1.2																

IR 1.3 TARGET PRIORITY BIODIVERSITY CONSERVATION AREAS														
There are no institutionalization activities that contribute to IR1.3														
IR 2.1 IMPROVE THE LOGISTICS SYSTEM FOR THE PUBLIC SECTOR														
There are no institutionalization activities that contribute to IR2.1														
IR 2.2 EXPAND THE WHOLESALE AND RETAIL NETWORK FOR SOCIALLY MARKETED PRODUCTS														
There are no institutionalization activities that contribute to IR2.2														
IR 2.3 INCREASE ACCESS TO PRIORITY SERVICES FOR REMOTE POPULATIONS														
INST4	Take part in the development of the National Health Mutual Insurance Strategy											PS		PMP 13
	Objective: To develop an institutional framework for the setting up of the mutual health insurance schemes, or <i>mutuelles</i>													
IR 2.4 IMPROVE THE NUTRITIONAL VALUE OF AGRICULTURAL PRODUCTS														
There are no institutionalization activities that contribute to IR2.4														
IR 2.5 IMPROVE WATER MANAGEMENT FOR AGRICULTURE AND HOUSEHOLDS														
There are no institutionalization activities that contribute to IR2.5														
IR 3.1 IMPROVE PROCEDURES, STANDARDS AND PROTOCOLS FOR PUBLIC AND PRIVATE HEALTH SERVICES														
There are no institutionalization activities that contribute to IR3.1														
IR 3.2 IMPROVE SERVICE PROVIDERS' ABILITY TO DELIVER QUALITY HEALTH SERVICES														
There are no institutionalization activities that contribute to IR3.2														

IR 3.3 IMPLEMENT OPERATIONAL MODELS FOR QUALITY ASSURANCE														
INST5	Support the dissemination of all validated documents related to the Quality Assurance System and Desired Performance Standards Objective: To ensure the availability and the use of the documents at all the levels of the health system												TC	PMP 18
INST6	Monitor the integration of Quality Assurance System-related activities in DHSPSs and RHFSPSs' Annual Work Plans Objective: To make sure that Quality Assurance System-related activities are budgeted for in the DHSPSs and RHFSPSs' Annual Work Plans												TC	PMP 18
IR 4.1 IMPROVE DATA COLLECTION AND USE FOR DECISION-MAKING														
There are no institutionnalization activities that contribute to IR4.1														
IR 4.2 EXPAND ACCESS TO HEALTH INFORMATION														
INST7	Assist MHFPSP in editing periodic bulletins to disseminate information and share good practices Objective: To support the publication of bulletins and information documents												HMIS	PMP 20 ; PMP 21
INST8	Assist MHFPSP in organizing workshops for information-sharing and decision-making Objective: To support the dissemination and sharing of information and good practices through workshops												HMIS	PMP 20 ; PMP 21
INST9	Reinforce MHFPSP's capacity to organize and hold monthly meetings with health partners Objective: To support MHFPSP in optimizing the periodic meetings with health partners for information sharing and strategic planning												ODM	
INST10	Assist MHFPSP in holding meetings for the different technical committees (RBM Committee, EPI Inter-Agency Coordination Committee, National AIDS Control Committee, and FP Committee) Objective: To support the different programs in organizing meetings with their technical partners												ODM	

IR 4.3 IMPROVE THE CAPACITY OF NGOS TO IMPLEMENT HEALTH PROGRAMS

There are no institutionalization activities that contribute to IR4.3

IR 4.4 INCREASE THE CAPACITY OF THE CIVIL SOCIETY TO ADVOCATE FOR PUBLIC HEALTH ISSUES

There are no institutionalization activities that contribute to IR4.4

ADMINISTRATION AND FINANCE

A. ADMINISTRATION AND OPERATIONS

Santénet's program management and operations activities will continue to function with extreme efficiency during the remaining year of the project. The Administrative and Financial staff will work together to maintain systems for contract management and to provide adequate and timely administrative and logistical support for all activities and project operations. The unit will continue to ensure that all contractually required reports are prepared properly and submitted to USAID on time and that a healthy and professional working environment is maintained at the Santénet office.

Since this is the final year of operations for Santénet several of the activities highlighted in this section are tasks relating to the close-out of the project office. This is just presented in general terms here, however, shortly following the submission of this final workplan, Santénet will prepare and submit a demobilization plan adapted from the Chemonics project closeout manual which is in accordance with Chemonics as well as USAID procedures and regulations. It will incorporate all the steps needed to close out the project, including the transition of staff, the disposition of inventory, the organization and packing of all administrative files, and the sorting of documents. The Santénet project staff and Chemonics home office project management team will work together on the demobilization plan, ensuring that tasks are completed and deadlines are met. We will also submit a separate property disposition plan for USAID review and approval by the Contracting Officer. Planning and execution of close-out procedures will begin six months before the contract end to ensure a compliant and smooth process.

Personnel Management and Operations

Objective 1: To ensure that the project is adequately staffed and that we maintain the resources and environment for optimal performance.

Ongoing personnel management includes assessing the adequacy of staffing levels as well as monitoring staff performance and helping staff develop professionally. Our management and staffing plan for the remaining period rests on a proven long-term team committed to Santénet's continued success, strong home-office backstopping, and judicious use of short-term expatriate and local expertise.

Santénet will continue to manage the operational processes and procedures for all personnel issues in order to create transparent management and minimize inefficiencies while ensuring compliance with all appropriate USAID regulations, Chemonics policies, and Malagasy labor laws. Since our team building retreat last June, we have developed new communication and reporting mechanisms to ensure greater collaboration, consultation and transparency. We have formalized the existence of an executive team, composed of the COP, Philippe LeMay, the DCOP, Volkan Cakir, and the DAF, Nathalie Albrow, who meet on a weekly basis to review technical activities, the budget, operations and personnel. Issues are discussed in a consultative manner until a consensus is reached. Senior staff meetings have also become more formalized and serve as a mechanism to ensure greater transparency and collaboration among staff.

To further maintain a positive work environment in the final year of operations, we plan to increase the responsibilities of some of Santénet's staff to help them develop and expand their skills. For example our Grants Financial Assistant may take on additional accounting tasks and work directly with the chief accountant to acquire broader skills in the finance arena. The director of finance and administration will also conduct several workshops, in collaboration with the ERI and BAMEX projects, on CV preparation, interview skills, and the like, to help staff prepare for future job searches. Finally, almost all our local staff have begun English classes sponsored by Chemonics to further their language skills. It is expected that all these initiatives will help keep moral high and staff motivated as the project begins to wind down.

Outcomes/outputs: Project adequately resourced, professional development in place, healthy work environment.

Objective 2: To ensure the smooth management of personnel and operations throughout closeout.

Phase out plan

We are proposing to phase out Santénet operations in three steps; closeout of regional offices, technical closeout, administrative closeout. In all cases we will strive to provide staff with as much notice as possible of their termination date, and will comply diligently with local labor law for severance packages.

A. Long Term Expats. We have programmed the departure of COP, Philippe LeMay, and Mariama Barry (under the JHPIEGO Subcontract) for the end of May since at this point most technical activities will have ceased. DCOP, Volkan Cakir, will remain through mid-September as acting chief of party to provide technical assistance to the mission, the MOH, and partners. The idea is to allow for an overlap between Santénet and the next bilateral for the transfer of a maximum of knowledge, best practices and approaches. The DAF, Nathalie Albrow, will stay through July to handle the remainder of the financial and administrative closeout.

B. LT Professionals. At the end of March, we will close our regional offices and begin to downsize the Tana office. The bulk of the technical staff will end in June, except for Santénet's communication Specialist (who will remain on board through July to produce the final report), and our Chief Accountant, who will also remain through July/August to ensure a smooth financial and administrative closeout.

C. Local support Staff. At the end of March, all regional support staff, and some of our Tana program assistants will depart. The remaining support staff will depart at the end of June, along with the remaining technical staff. The logistician is expected to remain to handle the inventory reconciliation and disposition and assist the DAF and Chief Accountant with administrative closeout through July.

Outcomes/outputs: A smooth and transparent termination process in compliance with local labor law.

Objective 3: Consolidation of office spaces for cost reduction and greater efficiency.

In an effort to reduce operational costs and work more closely with the DRS in the regions of Tamatave and Tulear, we plan to move our regional offices into the DRS. This model has proven to be a great success in the Fort Dauphin region, and Santénet believes this strategy is the way forward to ensure a greater integration with the ministry. Our Tamatave office has already made this transition and moved in with the DRS in September. We are currently in negotiation with the DRS in Tulear for a similar arrangement.

We will also give up our current lease on the third floor of our Tana office, and move the finance and administration staff to the fourth floor where the rest of Santénet staff are housed to further reduce our expenditures, and begin streamlining our operations as we move towards closeout.

Outcomes/outputs: Greater project economies and affirmation of relations with regional DRS offices.

Financial Management

Objective 1: To record and track costs accurately

The finance team, which includes the director of finance and administration, the chief accountant and the bookkeeper, handle all field-related financial management activities, including managing cash flow, reconciling advances, tracking expenditures, and reporting expenses to the home office on a monthly basis.

The accountant and bookkeeper make payments and account for field office expenditures under the supervision of the director of finance and administration. The administrative assistants in the regional offices manage petty cash accounts and report regional expenses to the Tana-based accountant. The home office project manager reviews and approves local expenditures and final invoices and monitors the budget.

In November, a home office field accountant will come to the field to conduct an annual internal audit of the project's financial records and bookkeeping system and ensure compliance with Chemonics' standard accounting principles and adherence to all relevant USAID regulations and requirements. He will audit our grant records and payments over the past year, review local account records and work with the field office staff to resolve any outstanding issues as we enter the final year of operations. This accounting visit is scheduled to take place in conjunction with the start-up/accounting set-up of an MCA project Chemonics is implementing in Madagascar in order to cost share travel expenses.

In June, a home office field accountant will return to the field office to conduct a closeout audit of the project's financial records and bookkeeping system and assist with the preparation of the final local accounts submission. Given that BAMEX plans to conduct a closeout audit too, Santénet will coordinate with BAMEX to ensure the accountant conducts both assignments at the same time in order to share travel costs and reduce the budgetary implications for both projects.

Thorough attention to close-out procedures will also be maintained for the financial aspects of the project. The finance team will oversee accounting close-out actions including auditing local accounts records, reconciling local vendor accounts with final invoices, auditing personnel records and final payments, reconciling and closing project bank account access, and preparing final local account submission. All accounting files will be shipped along with project files to the Chemonics Home Office in Washington, DC.

Outcomes/outputs: Accounting system and financial records maintained in good order.

Objective 2: To manage project expenditures, control costs and monitor the budget

Accounting and budget monitoring is done on a monthly basis in the field for a complex budget consisting of four CLINs and six sources of funding. Expenditures will continue to be tracked and reported to the mission each month by funding source and CLIN. Further, a pipeline analysis will continue to be provided to the mission on a quarterly basis or upon request as needed.

Santénet's budget monitor is updated monthly to carefully track expenditures and projections in the final year of operation. The budget is tight, particularly since we've seen a 20% devaluation of the dollar to the Ariary, therefore we are tracking this extremely diligently to ensure that we achieve a maximum of our objectives at minimal cost.

Further we have good controls in place to ensure that we are obtaining the best rates from our suppliers. Indeed, although the project is only mandated to seek three purchase requests for purchases above \$5,000 (and encouraged to do so for purchases above \$500), Santénet typically seeks three pro quotes for all of its purchases to ensure cost conscientiousness at all levels.

Outcomes/outputs: Greater cost conscientiousness will lead Santénet to have more available funding for its project activities.

Administrative Management

Objective 1: Maintain accurate project records and streamline the file reconciliation process.

There are numerous administrative tasks surrounding the closing of a project. After four years of project operations, a key component of project close-out is organizing the project administrative and technical files so that records may be accessed easily for both future projects and government audits. The field office team has

already started sorting and organizing many of the project files, including administrative, programmatic, grants, and financial files. The completion of this task is scheduled for June, once the programmatic and grant activities have ceased. Files will be sorted, cleaned and organized to be combined with Chemonics home-office records. Packing boxes, which are designed for holding files, will be procured. Financial files, including all local account supporting documentation, will be boxed for easy reference and archiving.

Contractually required deliverables, such as Work Plans and Quarterly Reports, have been collated electronically for archiving. Additionally, selected technical reports have been included in a CD-ROM and will be submitted to USAID's Development Experience Clearinghouse.

Outcomes/outputs: Project records organized and maintained for easy future access.

Objective 2: Managing general closeout tasks with external providers.

Project administrative staff will provide assistance as needed to complete all demobilization tasks and finally close-out the office. Under the supervision and guidance of the director of finance and administration, the logistician will oversee the close-out tasks related to the business aspects of the project office. She will be responsible for issuing notifications to landlords, service providers, and vendors of the project end date. The logistician will also ensure that all offices and expat homes are in make ready shape prior to handover back to the landlords and will participate in the inspection to ensure deposits are returned where appropriate.

The project accountant will audit local accounts records, reconcile local vendor accounts with final invoices, audit personnel records and final payments, reconcile and close project bank account access, and prepare final local account submission.

The IT specialist will liaise with all our communication providers to ensure they're aware of our closedown plans. He will also maintain the systems and tools developed to inform external audiences about Santénet's activities, such as the KM website.

Outcomes/outputs: All processes with external providers completed appropriately maintaining the reputation of Santénet and USAID intact.

Objective 3: Subcontractor Management.

As project activities come to an end so will our subcontractors contributions to the project. Both TRG and IRH have finished their billable activities in FY07 and the HO PMU will work with them to finalize their invoices and close out their subcontracts, with anticipated final invoice by the end March. JHPIEGO will continue to support Dr. Mariama Barry's position through June of 2008 at which point the PMU will work with their Baltimore office to finalize their invoicing and begin to close out the contract. We anticipate a final invoice by September of 2008. Similarly, MCDI will continue technical activities through the final stages of the technical implementation of the project. At the end of the first quarter of 2008 the PMU will begin the process of closing out their contract and we anticipate a final invoice by July of 2008.

Outcomes/outputs: All processes with subcontractors completed appropriately maintaining a good relationship between Chemonics and its key partners on Santénet.

Procurement and Property Management

Objective: Manage project equipment and assure the complete return/disposition of all USAID project property.

A property management system has been established to ensure that procurement rules are respected and continue to be managed by the procurement and logistics specialist with oversight by the director of finance and administration.

A full property disposition plan including an inventory report will be submitted for USAID review and approval. The disposition plan will present the project's recommendations for the final destination, timing, and procedures for the transfer of office inventory and equipment. The project's inventory disposition will be developed in consultation with USAID and will take into account the partners with whom the project has worked and the impact to be achieved by disposing of a given item of property to a given local partner and/or USAID funded project. Handover of all items is expected to take place as we close our offices during July 2007.

Information technology network systems maintenance is also included under this category of activities. Our network manager continues to upgrade the computer networking system within the Santénet office and with the regional offices. For example, we are switching internet providers from DTS to Blueline in October having negotiated the same service for a third of the cost of DTS. To obtain this deal, Santénet invited ERI, another USAID funded project, to meet together with Blueline. The prospect of acquiring two new clients gave us both the necessary leverage to negotiate a 20% discount from Blueline's standard offer.

Outcomes/outputs: Inventory disposition executed successfully, report submitted and approved, IT systems efficient and financially advantageous.

Home Office Support

Objective: To provide support to field operations and ensure quality implementation of the project.

Chemonics will continue to ensure strong home-office backstopping through a three-person project management unit (PMU) providing technical, managerial, and administrative support to the field team in accordance with corporate policies and procedures. These include subcontracts management, personnel management of the expatriate staff, recruitment and fielding of short-term consultants, and other quality assurance functions. The PMU will work as an advocate and coordinator, championing the interests of the project and liaising with home-office support departments, including accounting, IT, contract compliance, training, communications, procurement, and travel, to ensure timely, efficient delivery of specialized resources and advisory services.

The services of the PMU are provided at no direct cost to the contract, except when home-office staff are on billable assignments, which will be specifically approved by USAID. The Project Director, Ron Parlato, is planning to make a supervisory visit to the field office in January, to confer with the team, USAID, and other stakeholders and participate in key project activities, as well as a closeout visit in May, when we anticipate to conduct a Santénet closeout event to share the projects results, successes, and challenges with partners. Chemonics will try to coordinate these visits with Mr. Parlato's field visits to Angola so that these trips may be cost shared.

In addition, Project Manager Lara Hensley, will conduct one closeout visit to the field office during the last month of the project to oversee Santénet's demobilization activities, and ensure that all close-out activities are completed in a contractually compliant manner. Ms. Hensley will work closely with the director of finance and administration to oversee all the administrative aspects of project close-out including project files, local vendors, inventory disposition, and personnel termination actions.

We have also programmed two trips for a Chemonics accountant to conduct an annual audit in November and a closeout audit in June (as described under the Finance Management section). Limited LOE for procurement and logistics is budgeted to assist with the LT expat HHE's & repatriation.

Outcomes/outputs: Adequate support to field operations both in the home office and with field supervisory and closeout visits.

B. THE SANTÉNET FUND

As we move into the final year of the project, monitoring the Santénet Fund budget utilization will be a priority, as Santénet aims to fully utilize its funding by project end. Santénet will conduct rolling grants closeouts throughout the year to ease the ultimate Santénet Fund program close-out in June 2007.

Monitoring of the implementation of the cycle 2 grants with NGOs

During the first quarter, Santénet's Grants team will hold working sessions with the managers of all NGOs receiving grants from Santénet, namely:

AINGA with a grant agreement on 4 new communes,

CENTRAL ASOS with a grant agreement on 9 new communes,
ASOS Fort-Dauphin with two grant agreements on 12 new communes,
MALAGASY LINKAJISY with a grant agreement on 20 new communes,
MATEZA with a grant agreement on 4 new communes
MICET with a grant agreement on 2 new communes
NY TANINTSIKA with a grant agreement on 4 new communes
PENSER with two grant agreements 19 new communes
and SALFA with a grant agreement on 4 new communes

Each meeting will focus on the final validation of all the supporting documents already submitted since the start up of cycle 2.

Monitoring of the implementation of Kaominina Mendrika by the Fianarantsoa II & the Amboasary health districts

During the same period, Santénet's Grants team will provide support to the health districts of Fianarantsoa II & Amboasary by sharing the experience of cycle I Kaominina Mendrika with NGOs, in particular as regards financial report preparation and submission of supporting documents.

The session will be put to profit to be informed on difficulties encountered and to find together appropriate solutions in accordance with the procedures of Santénet.

Administrative closeout of cycle 2 grants

At the beginning of the second quarter, each partner will be assisted for the administrative closeout of their grant agreements.

Accordingly, in collaboration with each partner and in accordance with the terms of the grant agreements, Santénet will ensure that all the expenditures carried out within the framework of Kaominina Mendrika cycles 2 are accounted for and that all entered expenditure comes along with the corresponding supporting documents.

When the last supporting documents relating to the purchase of the rewards allotted to the certified communes are received, Santénet's Grants team will complete the final administrative closeout of all the grants under Cycle 2.

ANNEXES

E. DETAILED DESCRIPTION OF CONSOLIDATION ACTIVITIES

- ▶ INTERMEDIATE RESULT 1: DEMAND
- ▶ INTERMEDIATE RESULT 2: AVAILABILITY
- ▶ INTERMEDIATE RESULT 3: QUALITY
- ▶ INTERMEDIATE RESULT 4: INSTITUTIONAL CAPACITY

F. DETAILED DESCRIPTION OF TRANSFER ACTIVITIES

- ▶ INTERMEDIATE RESULT 1: DEMAND
- ▶ INTERMEDIATE RESULT 2: AVAILABILITY
- ▶ INTERMEDIATE RESULT 3: QUALITY
- ▶ INTERMEDIATE RESULT 4: INSTITUTIONAL CAPACITY

G. DETAILED DESCRIPTION OF INTEGRATION ACTIVITIES

H. DETAILED DESCRIPTION OF INSTITUTIONNALIZATION ACTIVITIES

- ▶ INTERMEDIATE RESULT 1: DEMAND
- ▶ INTERMEDIATE RESULT 2: AVAILABILITY
- ▶ INTERMEDIATE RESULT 3: QUALITY
- ▶ INTERMEDIATE RESULT 4: INSTITUTIONAL CAPACITY

E. ORGANIZATIONAL CHART

A. DETAILED DESCRIPTION OF CONSOLIDATION ACTIVITIES

INTERMEDIATE RESULT 1: DEMAND

CONSI. Assist implementing partners in closing out *Champion Community Cycle 2*

Objective: To ensure effective community mobilization in the remaining 257 communes implementing the *Champion Community* approach

Santénet will continue to assist and supervise KM partners in implementing the KM approach under Cycle 2. With the improved monitoring tools, Santénet will monitor closely the evolution of the communes, notify partners of possible problems and propose solutions in order to ensure, with the support of the RHD and DHS, the achievement of objectives in as many communes as possible. The close out of Cycle 2 will be made in a phased way since except for CARE and PENSER that have already completed their cycle, the majority of the partners will finish their cycle in late 2007 and the remainder will finish their KM activities in the first semester of 2008.

Expected result(s):

- All KM partners complete successfully the 7 implementation steps
- At least 80% of the 294 communes of Cycle 2 are certified *Kaominina Mendrika*

Means of verification:

- KM implementation reports of partners
- Evaluation reports of the communes validated by the DHS/FP/SP or the RDH/FP/SP

CONS2. Finish setting up the National Pool of *Champion Community Trainers*

Objective: To have an operational support structure to continue scaling up the *Champion Community* approach

In June 2006, Santénet initiated a training of KM trainers with the aim of setting up a National Pool of CC Trainers. To date, 45 participants from MHFPSP, central and regional level, from partner NGOs implementing the KM approach and from the Santénet staff were trained in adult teaching, training and coaching techniques and the development of training plans. In order for each of the 22 RDHFPSP to have a KM resource person, in July 2007, the fifth and last group of trainers made up of participants from the 12 remaining RDH/FP/SP received the first part of the training. Santénet will give the second part of the training in November 2007, which will bring to 58 the number of trained KM trainers, master trainers and coaches. Upon completion of the training, Santénet will update the first edition of the National Pool of KM Trainers' directory and will disseminate it to health partners.

Expected result(s):

- Training of the 5th group of trainers completed
- 58 CC trainers, master trainers and coaches are fully operational
- National Pool of KM Trainers Directory updated and disseminated

Means of verification:

- Training report
- National Pool of KM trainers Directory

CONS3. Assist MHFPSP in validating and disseminating the Minimum IEC Package and the IEC Health Messages Guide

Objectives:

- To ensure the availability of a minimum number of IEC materials in all CBHCs of Madagascar
- To provide a reference IEC document to all of MHFPSP's IEC officers and to main health partners

With the support of Santénet, the MOH/FP/SP drew up the list of the minimal IEC materials that should be available at each health center, or Essential IEC Package, for the program of RH-FP, nutrition, immunization, malaria and STI/HIV/AIDS. Initially, Santénet will support the five concerned services to assess the needs to ensure the availability of all the essential IEC materials in the country's BHCs and to obtain the positioning of financial partners. If necessary, Santénet will provide technical assistance to publish and reproduce the material. Santénet will also share with the other services of the MOHFPSP the process followed to establish this Essential IEC package for the five programs above and will thus encourage the other programs to reproduce it.

The IEC Health Messages Guide gathers in a single document the key messages to convey for each health program of the MOH/FP/SP and is intended to serve as a reference document for IEC officers. The new version of the guide that contains the updated key messages remains to be finalized and validated before being disseminated. Santénet will continue to provide technical support to the Department of Health Promotion (DHP) in finalizing the document, in having it validated by the technical services and partners, and in obtaining their positioning as regards the duplication of the document.

Expected result(s):

- For the programs of RH-FP, nutrition, vaccination, malaria and STI/HIV/AIDS, essential IEC materials are duplicated and disseminated in all the BHCs of the country
- The Guide of IEC Messages is validated, duplicated and disseminated to all central and regional IEC officers of the MOHFPSP

Means of verification:

- Validated list of the Essential IEC Package
- IEC Health Messages Guide

CONS4. Assist MHFPSP in closing-out the Samia Mitondra Telo family planning communication campaign

Objective: To recruit new FP users in the 580 communes reached by the campaign

In June 2007, with the support of Santénet, MCDI and the faith-based organizations financed by the FlexFund, MOHFPSP launched the 6-month SMT FP communication campaign in 580 communes of 16 regions. Santénet will provide technical support to MOHFPSP in developing a methodology and conducting the mid-term review, planned for October 2007, and the final evaluation of the campaign in January 2008. Santénet will also monitor the mass media component to ensure regular daily broadcasting of the FP radio spots.

Expected result(s):

- At least 25% of people who receive the FP invitation card come to the BHC to get information on FP or adopt a contraceptive method

Means of verification:

- Mid-term review report and final evaluation report
- Contracts with national and local radio stations

CONS5. Certify the 2006-2007 Ankoay groups

Objectives:

- To recognize the efforts and contributions of Ankoay groups in local efforts to prevent HIV/AIDS
- Strengthen the network of HIV/AIDS young peer educators in the CCs

To certify the groups that are currently implementing their Ankoay cycle, HCP and Santénet will proceed with an evaluation of their achievements versus their objectives. Groups that have achieved all their planned activities will be certified Ankoay. For the groups in the KM, HCP and Santénet will combine the Ankoay festivals with the KM festivals. For the other groups which are intervening outside the KMs, HCP and Santénet will identify events organized by ES/NACC during which the Ankoay certification ceremony could be held.

In parallel, HCP and Santénet, in collaboration with UNICEF, will continue providing Life Skills training to the Ankoay groups in the KMs to establish a network of Ankoay young peer educators in the *Distrika Mendrika* and raise-awareness among their peers about risky behaviors (substance and sexual abuse).

Expected result(s):

- Ankoay groups evaluated and certified in the *Distrika Mendrika* and in the other intervention zones
- Network of Ankoay young peer educators established in the *Distrika Mendrika*

Means of verification:

- Evaluation reports
- Certification festivals held

CONS6. Finalize and broadcast the radio series on HIV/AIDS

Objective: To intensify, through mass media, awareness-raising on HIV/AIDS among the population in and around the CCs

In collaboration with PSI Madagascar, Santénet has developed a radio soap opera series on the topic of HIV/AIDS control. Santénet will identify national and local radio stations and ensure that the series is aired in the CC. Santénet will also develop a group discussions guide to be used by the community workers as an awareness-raising tool among the population.

Expected result(s):

- Radio series aired in the CC

Means of verification:

- Contracts with national and local radio stations
- Group discussions guide
- Reports from CC community workers

CONS7. Document the Kaominina Mendrika, Ankoay, Red Card and Samia Mitondra Telo experience

Objectives:

- To document Santénet's community mobilization experience
- To allow partners to capitalize on Santénet's experience in planning and implementing future community mobilization activities

Santénet will assess the results obtained within the framework of KM, Ankoay, Red Card and SMT in terms of improvement of the key health indicators, but also in terms of social and cultural changes among the communities. In collaboration with the MOHFPSP and ES/NACC and with the contribution of the implementing partners, Santénet will write a technical report for each community mobilization approach and the reports will be used as advocacy documents. The team will also carry out an in-depth analysis of the results in *Distrika Mendrika* where the four approaches were implemented simultaneously in order to identify more clearly the links and complementarities. Santénet will disseminate these technical reports to current and potential partners by different means (brown bags, e-mail and others)

Expected result(s):

- The results, success stories and testimonials pursuant to the implementation of *Kaominina Mendrika*, *Ankoay*, *Red Card* and *Samia Mitondra Telo* are documented

Means of verification:

- Technical reports

CONS8. Revise the tools used to implement each community mobilization approach

Objective: To have more effective tools for the next stage of scaling-up the community mobilization approaches

Santénet will develop a methodology and tools to collect the recommendations of partners and community actors on the guides, IEC materials and monitoring tools used during of the implementation of KM, *Ankoay*, Red Card and SMT and will revise the contents accordingly. The contents will also be revised to highlight links and complementarities between the approaches. Santénet will finalize all the models and give them to MOHFPSP and to ES/NACC as well as to any other partner wishing to continue to implement or scale up the approaches.

Expected result(s):

- All the implementation tools of each approach are revised and improved according to the recommendations of users

Means of verification:

- CD containing the final models of the tools for each approach

CONS9. Identify potential financial and technical partners to continue scaling up the community mobilization approaches

Objective: To convince other health partners to continue scaling up the community mobilization approaches

Santénet will support the MOH/FP/SP and SE-CNLS in identifying advocacy opportunities among donors and technical partners to reinforce Community mobilization activities and to continue the scaling up of the approaches adopted by the MOH/FP/SP and SE-CNLS, including *Kaominina Mendrika*, *Ankoay*, *Red Card* and *Samia Mitondra Telo*. Santénet will support the MOH/FP/SP and SE-CNLS in advocating for the followings in particular:

- Scaling up *Kaominina Mendrika* to the national level
- Scaling up *Ankoay* to the national level
- The implementation of *Samia Mitondra Telo* in unserved zones
- The implementation of a national FP communication campaign

In addition to the technical reports mentioned under Activity CONS7, if other documents prove to be necessary to facilitate advocacy among partners, Santénet will support the MOH/FP/SP and SE-CNLS for their development.

Expected result(s):

- Activities to implement KM, *Ankoay*, Red Card or SMT are included in the work plans of other health partners

Means of verification:

- Minutes of meetings

INTERMEDIATE RESULT 2: AVAILABILITY

CONSI0. Assist MHFPSP in developing and implementing the *Programme d'Action pour l'intégration des Intrants de Santé (PAIS)*

Objective: To integrate health inputs in the pipeline of SALAMA

As regards the FP program, the issue is to reinforce the supply system already integrated in SALAMA and to support the finalization of of a new MOU between the Ministry, SALAMA and partners for the procurement of contraceptives. Based on this example, a project to integrate the EPI, Malaria and HIV commodities/inputs in SALAMA's pipeline is in progress and Santénet will take part in the development of the corresponding PAIS in collaboration with the integration reference committee.

Sub-activities:

1. To contribute to the development of the integration plan and the activities described in HIAP
2. To attend the meetings for planning the activities on the integration of programs' products (inputs for EPI, drugs and inputs for malaria control, commodities for HIV control)
3. To assist in setting up the logistic monitoring system for programs' products
4. To assist the Ministry in developing the MOU with its partners and SALAMA

Completion indicators:

- Availability of the inputs in the list of Salama's products/ to integrate at least one health input by program in SALAMA's pipeline
- Finalized MOU

Means of verification:

- Updated list of GEDs integrating the "health inputs"
- MOU updated

CONSI 1. Support MHFPSP in implementing the Strategic Plan towards Malaria Elimination

Objectives:

- To reinforce the skills of service providers, public and private health facilities equipped with microscopes, in managing malaria cases
- To improve case management at community level through the Community Workers
- To reinforce program coordination

One of the components of the national strategic plan for malaria control, namely case management, will be reinforced: confirmation diagnosis by microscopy in health facilities and improvement of suspected cases management at the Community level. In addition, the application of the "Three Ones" will be supported through meetings of technical RBM network, a platform offering to all the partners opportunities to communicate, exchange views and experiences and even make decisions.

Sub-activities:

- To support the training of the public and private service providers as regards microscopic diagnosis of malaria
- To support the implementation of the new case management strategy at community level
- To support the organization of the monthly and thematic meetings of the technical RBM network

Completion indicators:

- Service providers trained and qualified in microscopic diagnosis of malaria
- Correct management of suspected cases of malaria at the community level
- Meetings regularly held

Means of verification:

- Training report
- Survey report
- Minutes of meetings

CONSI2. Document the impacts of including free distribution of iron folate acid (IFA) during Mother and Child Health Week

Objective: To determine the effectiveness of Mother and Child Health Weeks in reinforcing iron supplementation for pregnant women

Iron supplementation for pregnant women is recommended as part of micronutrients deficiency control. Santénet proposes to integrate this activity into those planned during of the celebration of the Maternal and Child Health Week. Santénet will assist MHFPSP to organize a pilot study in a dozen districts and will provide technical and financial support for packaging IFA, monitoring this activity and documenting results and recommendations.

Sub-activities:

- To support the provision of IFA in a packaging of 180 tablets/pregnant woman in a few pilot Districts
- To ensure that all pregnant women coming during the MCHW in all the communes of the selected Districts receive IFA
- To ensure the monitoring of IFA intake by the pregnant women in a randomly selected commune per District on Day 60, Day 120, and Day 180 with the assistance of BHC heads and animators
- To support the Nutrition Service in data analysis, the formulation of recommendations and documentation

Completion indicators:

- IFA suitably packaged
- IFA distributed in the selected districts

Means of verification:

- Reports of the Districts

CONSI3. Monitor the activities of the Community-Based Distribution Agents in Champion Community communes

Objective: To ensure the availability of selected health products in the CCs through an effective community-based distribution network

Thousands of CBDAs have been put in place in the KMs to distribute some of PSI's social marketing products. This year, Santénet will continue to monitor their activities and assist the KM implementing partners in making sure that there are no stock-outs.

Sub-activities:

- To collect and analyze data

Completion indicators:

- Semi-annual report available

Means of verification:

- Semi-annual report

CONSI4. Assist MHFPSP in monitoring health *mutuelles* activities

Objectives:

- To reinforce the skills of the District Management Teams (DMT)
- To mainstream the use of the standard *mutuelles* tools (curriculum, table for monitoring activities and others)

In the implementation of the health *mutuelles*, it seems that managers at different levels have not paid enough attention to monitoring. It is essential to reinforce the use of information collected to better adjust actions at the level of District Health Services. This is especially useful for sustainability and for facilitating transfer.

Sub-activities:

- To support the formative supervision of activities in the DHSPS
- To support the setting up of monitoring at the DHSPS level

Completion indicators:

- DHSPS having monitoring tools
- Monitoring reports produced by DHSPS

Means of verification:

- Complete monitoring table at the central level

CONSI5. Support the implementation of the Hospital Equity Fund (HEF) in the pilot zones

Objectives:

- To create competences at the regional level
- To establish tools and procedures for implementing the Hospital Equity Fund

SantéNet supported MOHFPSP, through collaboration with the Directorate of Regional and Reference Hospitals (DRRH), in designing the HEF. The project calculated the costs of treatment for the different pathologies, determined which service packages are to be offered to the recipients and developed a document on FEH that was presented to partners, for funding.

Critical assumption: Funding of the HEF by the Government

Sub-activities:

- To support the DRRH in setting up the HEF in the pilot zones
- To provide technical support in training regional managers

Completion indicators:

- HEF set up
- Regional Management Teams (EMAR) trained on the use of tools and procedures

Means of verification:

- Report on setting up the fund
- Training report

INTERMEDIATE RESULT 3: QUALITY

CONSI6. Update the National Reproductive Health (RH) Policy

Objective: To revise the National RH Policy in accordance with the RH Standards and Procedures revised in 2006.

This activity could not be undertaken in 2007 because of the reorganization of the Ministry of Health. The activity will be revitalized in 2008 in collaboration with the Family Planning Directorate and the Maternal and Child Health Health. Santénet will provide technical support to start the revision at the internal level, and possibly financial support to organize a workshop to validate the document. The Ministry will be encouraged to request support from other partners for printing and disseminating the final document. It is expected that all the changes made in the RH Standards and Procédures document will be taken into account in the revision of the RH National Policy.

Completion result: RH Policies Document revised and validated

Means of verification: Report of the validation workshop

CONSI7. Train district supervisors in facilitative supervision techniques

Objectives:

- To orient supervisors on the use of the revised supervisory checklist
- To build the skills of district supervisors (external supervisors) and CBHC supervisors (internal supervisors) in facilitative supervision techniques

This activity was planned in 2007 but did not take place because the integrated supervisory checklist was being updated to include the performance standards for all health programs. The supervisory checklist is being finalized. During the first quarter of fiscal year 2007-2008, two training courses of three days will be organized and approximately 50 supervisors will be trained. The training will come along with advocacy among the regional health offices with the aim of having them fund part of the trainings to achieve national coverage.

Completion result: Approximately fifty supervisors trained

Means of verification: Workshop report

CONS18. Organize a training of trainers (TOT) in Integrated Management of Newborn and Childhood Illnesses (IMNCI)

Objectives:

- To build the skills of the regional and central trainers in IMNCI
- To build the skills of service providers in CCs in IMNCI

In 2007, the performance standards in Child health were developed and the IMNCI training modules and algorithm were revised with the technical and financial support of Santénet in collaboration with other partners. Twenty-two regional IMNCI focal points and three the central-level workers will be updated on the use of these documents. In turn, the trainers will support the districts in cascade updating of BHCs' service providers. The training of service providers will be funded by the World Bank through the CRESAN Fund. For the BHCs in KM sites, Santénet will provide financial support for the teaching equipment and will provide technical support in supervising the trained trainers.

Completion result:

- 25 trainers and 153 service providers updated or trained in IMCI

Means of verification:

- Workshop report

CONS19. Assist NIPCH in conducting refresher trainings on STI for CBHC service providers in the Champion Community communes

Objective: To build service providers' skills to manage STI cases

In 2007, the training modules in STI were revised with technical and financial input from Santénet. The World Bank agreed to finance the update of service providers in all the country (including BHCs of KM zones), using funds from CRESAN. The National Institute of Public and Community Health (INSPC) will conduct the trainings and Santénet will provide technical support through the participation of its STI Manager and its In-Service Manager in the trainings in the KM zones. In addition, Santénet, with the support of JHPIEGO, equipped the INSPC with seven (7) ZOE models to facilitate skills transfer.

Completion result: 153 service providers in the KM zones updated/trained on the STI syndromic approach

Means of verification: Workshop report

CONS20. Organize monitoring visits for the paramedical school instructors, and medical school teachers and supervisors that were trained

Objective: To check if skills learned are applied and to make recommendations for possible improvement

In 2007, 23 instructors from the paramedical schools and 25 teachers of certain Departments of the Medical School were trained in Effective Teaching. In turn, they were to teach the Effective Teaching module to their peers, supervisors, and medical students. To date, 57 supervisors were trained in ET, respectively, by the Mother and Child Department (40), the Department of Biology (17). The Department of Fundamental Sciences and Medicine plans to train at least 75 people by the end of 2008. In addition, three training modules in FP, STI and FPC/Malaria for the teaching of paramedicals were revised and twenty-two instructors were updated and oriented on the use of these modules. During academic year 2007-2008, joint visits involving Santénet and training Institutions will be carried out to supervise teachers, instructors, and supervisors trained in situ, mainly to observe their classes and the application of skills learned.

Completion results:

- At least 80% of the supervisors and instructors trained in situ in Effective Teaching apply properly andragogic approaches in their classes
- 80% of the instructors updated in PNC, STI and FPC/Malaria correctly use the revised modules

Means of verification:

- Plan of the visits available
- Reports of the formative monitoring visits available

CONS21. Document Santénet's experience related to pre-service and in-service training

Objectives: To disseminate the training strategy used by the project as well as the directory of the health professionals trained as clinical trainers, effective teachers and QAS supervisors

Since 2005, various categories of health professionals from different levels of the health system as well as teachers and instructors in charge of pre-service training were trained by the IR3 team in collaboration with JHPIEGO in various technical fields and in training methodology. These trained workers served at various levels of the system as resources people to update their peers and service providers as part of their qualification. This experience of Santénet will be documented in a full report in which lessons learned will be analyzed and recommendations will be made for improvement in the future.

Completion results: Documentation of experiences in pre and in-service training

Means of verification: Report available and disseminated

CONS22. Certify CBHCs that have introduced the Quality Assurance System (QAS) and achieved the set performance score

Objective: To award a certificate of recognition to BHCs achieving the performance score of 75% on the desired standards.

The master document on Certification was validated and is in the course of approval by the Minister of Health. Certification will be done per technical field. When the centers reach 75% of the standards in CS, FP and FPC/Malaria, they will receive a "Quality" plate as a reward. To date, 153 BHCs of the KM zones have introduced the QAS approach and by the end of September 2007, the third of these centers will have made a second follow-up evaluation. The first series of certification will relate to infection prevention; all the centers that will have reached 75 % of IP standards will receive a certificate of recognition in this field. This activity will continue throughout year 2008 and will continue for the other fields even after project closeout. Santénet will give financial support for the design and the printing of the certificates for KM BHCs.

Completion results:

- At least 60% of the BHCs evaluated will have reached the established performance score

Means of verification:

- External evaluation reports,
- Awarding of certificates to deserving sites

CONS23. Support the expansion of the Standard Days Method (SDM) using the Cycle Beads in Madagascar

Objective: To diversify the mixed types of FP methods in Madagascar

After the control study on the cyclebead in 2005- 2006 in 27 sites, Santénet started the scaling up of the method in 153 BHCs in 2006-2007 through training of trainers in 31 districts and 11 regions, the training of more than 153 service providers in the KM BHCs, and supplying BHCs and districts with stocks of beads. The Ministry of Health also trained a hundred service providers in the new FP BHCs in SDM. With the remaining funds of the Georgetown University, Santénet will continue the scaling up in all BHCs of the 300 Kaominina

Mendrika and will equip BHCs with beads. In the same way, the SDM Manager will support the the introduction of SDM in the CBSWs' network in the KM zones.

Completion result: The method introduced into more than 50 % of BHCs of the country in 2008 depending on the availability of the cyclebeads

Means of verification: Activity reports

CONS24. Support the introduction of the Quality Assurance System (QAS) in the remaining districts and regions of the country

Objective: To extend the QAS approach in all Madagascar

Santénet's support to the scaling up of the QAS will be limited due to limited financial resources. However, the team will make all efforts to engage other partners in supporting the efforts of the Government. A project proposal for extending the QAS to four new Regions and 469 BHCs will be developed with the support of Santénet and will be submitted to UNICEF for funding. In the same way, Santénet will approach the World Bank to secure support for the integration of the "Community Record Card" (CRC), with the QAS serving as an umbrella for the CRC approach. Santénet will follow-up closely the outcome of the requests made by the Health District Development Directorate to the World Bank for the scaling up the FP QAS to 529 BHCs. Moreover, these districts will be encouraged to integrate the QAS activities in their AWP to help BHCs apply the desired performance standards.

Completion results: At least 50% of the districts will own the QAS approach and will have included QAS activities in their AWP

Means of verification: Training report and review of AWP

CONS25. Document Santénet's experience in the introduction of an operational quality assurance model in Madagascar

Objective: To share Santénet's experience in setting up and scaling up the Quality Assurance System in Madagascar

The Quality Assurance System in Madagascar was faced with many challenges at the time it was introduced until the MOH/FP/PS started owning it. Thanks to the efforts of the health facilities and the initiatives of champions identified during the process, Santénet succeeded in producing tangible results that convinced the authorities on the relevance of the method and the tools for assessing performance and service quality. Santénet proposes to document the story of the introduction and scaling up of the approach, giving an overview of the challenges and lessons learned, and to share the experiences of the champions during the process.

Completion results: Documentation of the experiences of scaling up QAS in Madagascar

Means of verification: Report available and disseminated

INTERMEDIATE RESULT 4: INSTITUTIONAL CAPACITY

CONS26. Build the capacity to collect, analyze, and use programmatic information at the central level

Objective : To reinforce skills as regards use of data and establish tools and procedures

Data for decision-making constitute one of the challenges of any management and information system. Santénet will provide technical support in the area of resources management by supporting the processes of information collection, analysis and use for decision-making at the central level. One of the gaps of the current MIS is the lack of the management materials and tools that is worsened by delays in funding freeing. This situation affects

the reliability and the validity of the data in the management information system. It proves to be urgent to find solutions to make up for the lack of funding of the system over the period running from October 2007 to June 2008. A one-time investment of almost 80,000 USD would be necessary to print all the materials as an initial equipment. SanteNet will support MoH/FP/SP in this option.

The M&E is an essential component of any program or project. So far, this Unit exists but informally as part of the Malaria Control Unit (MCU). With the strengthening of human resources the program has just benefited from, a M&E team and unit will be set up with SantéNet's contribution.

Madagascar has just received funding from the President's Malaria Initiative (PMI). A baseline data collection is planned to enable for monitoring and the evaluation at the end of the project. This activity is part of that effort and aims at supporting the program in that effort.

Sub-activities:

- To support funding seeking for the training of the 15 Regions in health maps of Madagascar
- To support DDM in EPI
- To organize meetings at the central level with Health Statistics Unit and the M&E Directorate and the Malaria, EPI, and FP programs
- To support funding seeking for the multiplication of MIS materials
- To support the Malaria Control Program (MCU) in setting up of its M&E Unit

Completion Indicators:

- Positioning of partners for the training in health maps
- Positioning of partners for the multiplication of MIS materials
- M&E Unit set up and operational
- Availability of the data in the Malaria Control Program

Means of verification:

- Meeting minutes
- Appointment of officers
- Organizational chart of the program
- Supervision report
- Availability of data
- Number of supervisions carried out
- Rate of reporting

CONS24. Build the capacity to collect, analyze, and use programmatic information at the regional and district level

Objective: To reinforce the setting up of the M&E system at the health district level.

In the new organizational chart of MoH/FP/SP, the Ministry with the technical and financial support of SanteNet succeeded in setting up the M&E and Information System Unit (SSEvSI) at the regional level (RDH/FP/SP). The new challenge is to make the new unit/ system operational and effective in particular at the more operational levels, i.e. the districts, the priority being to orient the District Management Teams in monitoring the MAP during the district-level reviews.

Sub-activities:

- To reinforce the System of Follow-up Evaluation SSD

Completion indicators: Formative supervision performed at the health district level

Means of verification: Supervision report

B. DETAILED DESCRIPTION OF TRANSFER ACTIVITIES

INTERMEDIATE RESULT I: DEMAND

TRANS1. Assist the MHFPSP and the National Pool of *Champion Community* Trainers in establishing *Champion Community* trainers in the DHSPSs

Objectives:

- To reinforce the skills acquired by the National Pool of *Champion Community* Trainers
- To build the capacities of the DHSPSs and RDHFSP to implement the approach and of the core *Champion Community* team at the central level of MHFPSP to supervise implementation

Within the framework of Madagascar Action Plan (MAP), the KM - I500 Vision by 2012 aims at the use of the KM approach in all the communes of Madagascar in order to achieve the objectives set in the area of health. To enable the MOH/FP/SP to achieve the vision, its Health Sector Development Plan (HSDP) states that training the staff of the III health districts is a precondition. The contribution of Santénet will consist in supporting the MOH/FP/SP in identifying sources of funding for the trainings.

Support will also be provided to the MOH/FP/SP and the National Pool of KM trainers for the development of KM training schedule for the III health districts. In the same way, Santénet will provide support during the training of trainers.

Expected result(s):

- Sources of funding identified
- Training planning developed
- Trainings carried out

Means of verification:

- Training report

TRANS2 Train and provide technical assistance to NGOs and institutions that have adopted the *Champion Community* approach

Objective: To transfer capacities to partners in implementing and scaling-up the *Champion Community* approach

Several of the NGOs collaborating with Santénet in implementing the KM approach expressed their wish to continue to use the approach for their future community interventions. In the same way, various partner institutions, such as the UNFPA, WHO or the World Bank, expressed their interest for the KM approach as a tool to reinforce community activities in their intervention zones. Santénet will provide technical support to the NGOs and partners who wish to continue to apply the KM approach, in particular for the training of their teams and possibly for field support.

Expected result(s):

Means of verification:

TRANS3. Support MHFPSP and partners in launching the *Samia Mitondra Telo* family planning communication campaign in new regions

Objective: To strengthen the Family Planning Promotion Unit's capacities to design and implement FP communication campaigns

To transfer to partners in regions unserved by SantéNet or the FlexFund the capacities to implement the *Samia Mitondra Telo* approach or a similar campaign

If the MOH/FP/SP manages to mobilize the resources necessary to implement the *Samia Mitondra Telo* approach in the rest of the country, Santénet will bring technical support to the SVPF for the coordination and to the technical partners for the implementation of this local communication campaign. Specifically, Santénet will train trainers of the partners, will share IEC materials and the monitoring tools and will provide technical support for the mass media component.

The same support will be provided if the MOH/FP/SP manages to mobilize partners to design and implement a national FP mass media campaign.

- To share the lessons learned by Santénet and FLEXFUND with the partners
- To provide technical support to partners for the implementation of *Samia Mitondra Telo* approach or a similar campaign in the other Regions: training of trainers, monitoring, mass media component

Expected result(s):

Means of verification:

TRANS4. Train and provide technical assistance to partners wishing to continue scaling up the Ankoay and Red Card approaches

Objective: To build the partners' capacities to implement the *Ankoay* and *Red Card* approaches

This activity consists in making available to partners working with the young people in HIV/AIDS control the models of IEC tools and in providing technical support during the *Ankoay* and *Red Card* trainings and supervisions. The objective is to continue the expansion of the programs until the *Ankoay* program covers the 119 very vulnerable communes identified by the SE/CNLS and the *Red Card* program covers all the districts in the 22 regions.

Expected result(s):

- Partners keep on providing financial support for the extension of the *Ankoay* and *Red Card* programs
- The 119 vulnerable communes identified by SE/CNLS are covered by the *Ankoay* program
- All the districts of the 22 Regions are covered by the *Red Card* program

Means of verification:

- *Ankoay* and *Red Card* kits printed by partners
- Trainings given to trainers and groups committed (training report)

Provide technical support to the *Positive Deviance* Task force and to partners in scaling up the approach

Objective: To build the partners' capacities to implement the *Positive Deviance* approach

Santénet will provide technical support to partners for the training of trainers on *Positive Deviance*

Expected result(s):

Means of verification:

TRANS6. Support ES/NACC in training beauty schools in Infection Prevention and HIV/AIDS prevention at the regional level

Objective: To provide technical support to the ES/NACC for strengthening partnership with regional beauty schools in Infection Prevention and HIV/AIDS control

SantéNet will provide technical support to the personnel of the SE/CNLS in using the IP and HIV control training curriculum intended for beauty schools in the Regions as well as in organizing the trainings and in identifying the beauty schools in the regions as needed. In addition, SantéNet will help CNLS, the BHC II of Isotry and the CSMI of Tsaralàlana to monitor activities in the beauty schools in Antananarivo.

Expected result(s):

Use of the IP and HIV control training curriculum by CNLS in the beauty schools located in the Regions

Means of verification:

Activity report of the CNLS

INTERMEDIATE RESULT 2: AVAILABILITY

TRANS7. Reinforce contraceptive security in the public sector

Objectives:

- To build skills in the areas of forecasting needs and planning supplying at the national level
- To build skills in managing and monitoring contraceptive commodities supplying at all levels

For this last year, SantéNet will complete the transfer of competence at the central level as regards needs forecasting at the national level and management of the contraceptives' logistic system. It is still necessary to support the public sector in monitoring to maintain the performances currently recorded at the national level and the peripheral level. The working group also needs support in holding meetings and preparing monthly reports in order to develop ownership of the good practices.

Sub-activities:

1. To forecast needs at the national level and plan the contraceptives supply
2. To develop the contraceptive procurement plan for the next 3 years
3. To produce monthly reports on the management of contraceptives at the national level
4. To carry out quarterly monitoring of the contraceptive supply management at the district level carried out and disseminate results to interested parties
5. To provide feedback to each district on the results of the monitoring
6. To conduct field visits for supervision, especially in the districts requiring further monitoring and strengthening
7. To organize periodic meetings of the Directorate of Family Planning with the FP logistics working group

Completion indicators:

- Contraceptives procurement plan for the next 3 years finalized
- Monthly situation of contraceptives management at the national level available
- Quarterly monitoring of the contraceptive supply management at the district level carried out
- Quarterly monitoring of the individual performance of each district in the area of contraceptives supply management carried out
- Supervisions of the districts requiring further monitoring and strengthening carried out
- Periodic meetings of the Directorate of Family Planning team with the FP logistics working group held

Means of verification:

- Report of the workshop on needs forecasting and supply planning
- Monthly report on contraceptives management the at the national level
- Report on the contraceptive supply management at the district level
- Feedback note specific to each district concerning contraceptives supply management
- Report on supervisions of districts with recommendations
- Minutes of the periodic meetings of Directorate of Family Planning team with the FP logistics working group

TRANS8. Reinforce the management of the Expanded Program on Immunization

Objectives :

- To build the skills of EPI managers at all levels (Middle-level management, CQD, Reach Every District)
- To reinforce conformity with the standards and procedures for the EPI logistics management

Support will be provided for training of managers in supervision, formative monitoring, data management and integrated epidemiologic surveillance. Moreover, expert input will be provided for the management of the routine Expanded EPI in order to warrant the sustainability of the immunization program in an equitable way for each district. In the same way, the IACC technical group will need technical support in updating the Expanded EPI National Policy in order to reinforce the immunization system at all levels.

Sub-activities:

1. To organize trainings for the development of skills in EPI Mid-Level Management and CQD
2. To support the introduction and the scaling up of the RED approach ACD for the Regional and District Management Teams
3. To support the service in the effective application of sustainable strategies to strengthen the routine EPI activity system
4. To take part in the visits to monitor people trained at all levels (pre and in-service training)
5. To attend the meetings of the IACC and GAVI
6. To provide technical support to the Ministry in planning and effectively organizing mass campaigns
7. To support coordination in implementing community-based management of diarrhea and ARI

Completion indicators:

1. Number of supervision carried out
2. Trainings of District Management Teams carried out
3. A system for monitoring the performance of the EPI logistics management

Means of verification:

- Supervision report
- Report on the assessment of the EPI logistics management

TRANS9. Transfer to partners the monitoring of Community-Based Distribution Agents' activities

Objective: To strengthen CC partners' capacities to manage the CBDA network and ensure ongoing availability of selected health products at the community-level

As PSI is the main partner of SantéNet in the distribution of the social marketing products, it would be convenient to gradually transfer activity monitoring to this organization. To this purpose, SantéNet will make available to PSI the monitoring tools relating to community distribution (List of trainers, lists of sites concerned, list of the CBWs by locality).

Sub-activities:

1. To transfer data concerning the CBWs to the partners

Completion Indicators:

- Database CBWs made available to partners

Means of verification:

- Database available at the partners

TRANS10. Transfer to the Community Participation Unit (CPU) the capacity to implement and monitor health *mutuelles*

Objective: To build skills and establish tools and procedures for health *mutuelles*

The CPU plans to set up of a mutual health insurance scheme in each region in addition to the regions of the former province of Fianarantsoa. This activity comes after the dissemination of the Guide on the mutual health insurance schemes in the six main towns of the former provinces. In addition, the system for monitoring activities relating to the mutual health insurance schemes will be piloted by the SPC.

Sub-activities:

1. To support the CPU with the extension of pilot mutual insurance schemes in the other Regions
2. To set up within the CPU the system for monitoring the activities of mutual insurance schemes and to train the personnel in its use

Completion Indicators:

Mutual insurance companies set up in the other Regions

System for monitoring the activities of the mutual insurance schemes set up within the CPU

CPU's staff trained

Means of verification:

Existence of mutual insurance schemes in the other Regions

Activity reports of the Regional Health Directorates and the CPU

TRANS I I. Support development organizations in relaying the dissemination of Orange-Fleshed Sweet Potato (OFSP) in the Regions

Objective: To set up regional cuttings multiplication centers for the orange-fleshed sweet potato to be managed by local development organizations

Following the results obtained by Santénet with the support of AGTECH and FIFAMANOR in testing orange-fleshed sweet potato culture in 39 sites of 13 communes, it is now convenient to scale up this activity. To this purpose, technical and financial support will be provided to development organizations for setting up plant material multiplication centers in the Regions and for monitoring the centers' operations.

Sub-activities:

1. To identify development NGOs and to provide plant materials to multiplication centers of multiplication supported by the NGOs
2. To ensure monitoring of activities

Completion indicators: Number of plant material multiplication centers set up

Means of verification: Activity report of the centers

INTERMEDIATE RESULT 3: QUALITY

TRANS I 2. Assist RHFSPDs and DHSPSs in monitoring the application of performance standards in CBHCs that introduced the Quality Assurance System (QAS)

Objectives:

- To strengthen the capacities of the DHSPSs and RHFSPDs in monitoring the Quality Assurance System
- To support CBHCs in the CCs in improving the quality of services

In 2006-2007, Santénet scaled up the new QAS to 103 BHCs distributed in 9 KM districts. The introduction of the QAS started with the performance standards in IP then Santénet introduced the standards in Child health, FP, STI and FPC/Malaria. All the QAS supervisors of the 31 districts and 11 Regions and the heads of the health facilities already trained in the QAS approach, were oriented on self-evaluation to grant them some autonomy in conducting evaluation and supervision in QAS. From 2007-2008 on, the responsibility for monitoring will lie in the districts and the Regions ; however Santénet will organize some joint visits in selected BHCs develop ownership of the process and service improvement among BHCs.

Completion results:

- Progress made in the implementation of the action plans
- Progress made in the achievement of the performance standards

Means of verification: Monitoring reports

TRANSI3. Transfer the monitoring of Standard Days Method-related activities to DHSPSs

Objective: To support CBHCs in improving the quality of services for this newly-introduced FP method

The supervision visits will be integrated in the regular monitoring of district or region-level supervisors. Santénet will join the teams at least four times per year to ensure the formative follow-up of workers trained in some selected sites and to check the system of data collection on the SDM in the sites where the method is offered. The heads of the health facilities are also encouraged to ensure internal regular monitoring of trained service providers as well as of the implementation service quality improvement.

Completion result: Number of users and drop outs

Means of verification: Supervision reports

INTERMEDIATE RESULT 4: INSTITUTIONAL CAPACITY

TRANSI4. Provide support to the planning and the implementation of the activities of the various civil society platforms (PLEROC, FlexFund, SOC)

Objective: To reinforce the technical capacities of the members of the civil society platforms

Santénet, in collaboration with other partners, will provide a resource person to provide technical support to civil society platforms as needed to enable them to carry out those activities that will allow them to achieve their objectives. In addition, the resource person will attend the meetings and workshops organized by these platforms to give as much knowledge as possible.

Sub-activities:

1. To take an active part in all the meetings and workshops organized by the civil society platforms.
2. To support technically the Flexfund FP projects, PLEROC, and SOC in developing, implementing and monitoring their action plans

Completion indicators:

- Objectives set by the civil society platforms are achieved
- The activities included in the civil society platforms AWP are completed.

Means of verification:

- Regular activity reports
- Meeting reports

C. DETAILED DESCRIPTION OF INTEGRATION ACTIVITIES

NTGRI. Document results obtained and lessons learned in the Champion Districts

Objective: To evaluate results and draw lessons from the implementation of complementary approaches, systems and tools in a same geographical area and determine areas that can be integrated to optimize results

Santénet is currently implementing at a same time different approaches in nine (09) *Distrika Mendrika*. A *Distrika Mendrika* is indeed defined as a district where *several* approaches are being implemented in *all or almost all* communes, which allows for promoting the adoption of healthy behaviors and increasing the demand for certain health products and services while improving the availability, access to, and quality of these products and services. Santénet intends to document the results obtained in these districts and the lessons learned from the implementation of these various approaches in a same geographical area. The connections and determining factors for an effective integration of these various approaches will also be more clearly established.

NTGR2. Test a new operational integrated model: Champion Community and the Quality Assurance System

Objective: To draw lessons from the actual implementation of a new integrated model

Simultaneously to GUID I and in collaboration with the MOHFPSP and MCDI, Santénet will implement a new model where, unlike *Distrika Mendrika* where the two approaches were implemented separately but in a same geographical area, KM and QAS are fully integrated, in the region of Atsimo-Andrefana. In collaboration with the MOHFPSP and MCDI, Santénet will adapt the KM methodology to integrate it to the introductory steps of QAS. Santénet will revise current tools and if necessary, will develop new ones to ensure an integrated implementation that will be replicated and used by MCDI. Santénet, MCDI, and the MOHFPSP will closely monitor the indicators' evolution throughout the implementation stage, at the community level as well as at the BHC level. They will also monitor the understanding and appreciation level of the various community actors as regards the connection and complementarities between the two approaches.

NTGR 3. Develop a conceptual model integrating all of Santénet's best practices at the community level

Objective: To develop a theoretical model combining ALL of Santénet's community interventions

In collaboration with the MoHFPSP, Santénet will develop a document describing the concept of a full package of integrated community interventions as well as an implementation model intended to make this package operational. The package and implementation model will be more accurately defined as lessons and recommendations are drawn from activities GUID I and GUID2 and later on will be presented to health partners such as USAID for eventual application in subsequent health projects.

NTGR 4. Support MOHFPSP in implementing the National Health Promotion Policy (NHPP)

Objective: Define strategies, based on Santénet's experience and community interventions, to implement the NHPP

Santénet will first identify the project's community approaches that can be integrated into the NHPP implementation plan and will afterward support the MOHFPSP in defining appropriate strategies for facilitating the effective implementation. For the moment, Santénet plans to look into three potential strategies, namely:

- the community participation strategy
- the health mutual insurance strategy in Madagascar
- the community-based health services strategy

Regarding the first two strategies, the definition will be mainly based on the experience gathered from *Distrika Mendrika* and on the model tested in Atsimo-Andrefana. As for the community-based health services strategy, the definition will be based on the experience gathered in the district of Moramanga where, in collaboration with MOHFPSP, FHI and BASICS, Santénet will support the implementation of a community-based services demonstration and training project. This project is aimed at reinforcing the health community agents' network and setting up an advanced level of community-based health services and products.

NTGR5. Support MOHFPSP in disseminating the CBHC Key Tools Package

Objective: Support the establishment of a CBHC Key Tools Package which will include IEC materials, job aids and worki tools that are deemed essential for the CBHC's work

Santénet will support the MOHFPSP for the validation of the BHC Key Tools Package list for the immunization, nutrition, FP, malaria, and STI / HIV/AIDS programs. This package will include IEC material as well as the minimum working tools that should be available for each program in each of the country's BHCs. Santénet will then support the MOHFPSP in evaluating the materials and tools' replication needs to ensure their availability throughout the country and to win a favorable positioning of partners for the replication of missing materials and tools. Finally, although Santénet will help the MOHFPSP define a mechanism aimed at ensuring the

package's availability throughout the country, it will nevertheless ensure the availability of the BHC Key Tools Package in KM BHCs.

D. DETAILED DESCRIPTION OF INSTITUTIONNALIZATION ACTIVITIES

INTERMEDIATE RESULT I: DEMAND

INSTI1. Take part in the activities of the Mother and Child Health Week (MCHW) Social Mobilization Sub-committee

Objective: To help the Social Mobilization Sub-committee reinforce its MCHWs mobilizing and awareness-raising strategies

Santénet will to take part in the activities of the MCHW Social Mobilization Sub-committee to help the Social Mobilization Sub-committee reinforce its MCHWs mobilizing and awareness-raising strategies. Santénet will also mobilize CC partners to take part in community activities during of the MCHWs.

Expected result(s):

Means of verification:

INSTI2. Take part in the activities of the National Health Communication and Social Mobilization Committee

Objective: To strengthen the role of the committee in improving the quality and effectiveness of IEC and mobilization interventions undertaken by the health partners

Description:

Expected result(s):

Means of verification:

INSTI3. Support the Ministry of Education and Scientific Research (MENRES) in developing a National Policy for HIV/AIDS Control in the School Setting

Objective: To take part in the development of the policy document related to HIV/AIDS Control in the School Setting initiated by the MENRS and recommended by the ES/NACC

The field of education never had a very clear policy as regards AIDS control though the sector is considered to be central for HIV control because young people enrolled in schools or not constitute vulnerable groups. This activity consists in providing technical support by sharing our expertise in the definition of the National Policy of HIV/AIDS Control in the School Setting under the leadership of the Ministry of Education and the supervision of SE/CNLS

Expected result(s):

- Participation in the workshops for defining the National Policy for HIV/AIDS Control in the School Setting
- Draft of the policy document

Means of verification:

- Workshop report

- Draft of the Policy available.

INTERMEDIATE RESULT 2: AVAILABILITY

INSTI4. Take part in the development of the National Health Mutual Insurance Strategy

Objective: To develop an institutional framework for the setting up of the mutual health insurance schemes, or *mutuelles*

In spite of the development of the Community initiatives in setting up mutual health insurance schemes to support access to health services, there is not yet a legal framework governing such schemes in Madagascar. Therefore, it would be suitable to develop a policy on the matter to facilitate the coordination of the actions carried out in this area.

SantéNet will take part in the development of the policy to institutionalize the activities supported by the project and to facilitate the sustainability of the actions undertaken.

In addition, it is necessary to develop a handbook in Malagasy for the managers of the mutual health insurance schemes.

Sub-activities:

- To draft the strategy
- To support the meeting of validation
- To write the handbook

Completion indicators:

- Strategy validated
- Handbook published

Means of verification:

- Strategy Document
- Handbook in Malagasy

INTERMEDIATE RESULT 3: QUALITY

INST5. Support the dissemination of all validated documents related to the Quality Assurance System (QAS) and Desired Performance Standards

Objective: To ensure the availability and the use of the documents at all the levels of the health system

Santénet will ensure the duplication of the QAS and standards documents produced and will contribute to their distribution in the Regions and the districts. Each time an opportunity arises in trainings or monitoring and evaluation visits, the project will take part in the presentation of the documents.

Completion results: Documents printed and distributed to stakeholders

Means of verification: Documents available at all the levels

INST6. Monitor the integration of Quality Assurance System-related activities in DHSPSs and RHFSPs' Annual Work Plans

Objective: To make sure that Quality Assurance System-related activities are budgeted for in the DHSPSs and RHFSPs' Annual Work Plans

This monitoring activity will be integrated into the supervision visits in health facilities. When suitable, Santénet could take part in the development of AWP of certain districts to encourage managers to include QAS.

Completion results: QAS activities integrated in the AWP of Regions and Districts

Means of verification: AWP documents available

INTERMEDIATE RESULT 4: INSTITUTIONAL CAPACITY

INST7. Assist MHFPSP in editing periodic bulletins to disseminate information and share good practices

Objective: To support the publication of bulletins and information documents

After setting up the data collection system, the Health Statistics Unit at the MoH/FP/SP is now working to ensure effective and efficient management of the MIS. Given the problems that occurred while implementing the system, the Unit plans to print a feedback bulletin to be disseminated to all interveners of the health system at all levels. The bulletin will contain relevant information such as timely submission of the MAR, their completeness, the MAP monitoring indicators per region/district as well as any other information and guidelines needed to ensure smooth running of the MIS.

For this last year, SantéNet will continue to provide support in selecting topics to address and in writing the bulletin. It would be good that the Directorate of Family Planning acquires the capacity and total autonomy to ensure regular publication of the bulletin in the long term. Another challenge to solve with DFP for this year is finding a sustainable system for dispatching the bulletins to the peripheral levels. So far, the DFP grasped opportunities such as meetings, field monitoring or supervision visits by the central team to dispatch the bulletins.

The Malaria program received support as regards data collection, analysis and use. It has the responsibility to document information on malaria. This activity will go towards ensuring such responsibility. Once the information is obtained and published, the dissemination of the documents remains the challenge to take up.

Sub-activities:

1. To take part in the edition of MIS Bulletin
2. To take part in the edition of EZAKA Bulletin
3. To support the Malaria program in publishing and disseminating the bulletins and the malaria information document

Completion indicators:

- 3 issues of the MIS bulletins developed and dispatched
- 3 issues of the EZAKA bulletins developed and dispatched
- 3 issues of the bulletins and information document developed and dispatched

Means of verification: MIS Bulletins, EZAKA Bulletin, Malaria Bulletin

Inst8. Assist MHFPSP in organizing workshops for information-sharing and decision-making

Objective: To support the dissemination and sharing of information and good practices through workshops

The central team of MoH/FP/SP set up a Pool of Monitoring and Evaluation Experts in Management information system and in Integrated Disease Surveillance and Response in RDH/FP/SP (DSEVA – SSS) with the financial and technical support from Santénet and CRESAN II during the working year 2006-2007. Recently, this pool received a training of trainers in MIS – IDSR. The sharing and the dissemination of information facilitate decision-making starting based on available data to improve health in the region. Data available to date come from the MIS, surveys and studies. In addition, the indicators of the MAP must be regularly monitored. Thus, Santénet, with the rest of the 2006-2007 budget, plans to organize workshops for information-sharing and decision-making. The workshops will involve the pool of experts and program managers at the RDH/FP/SP.

In addition, SantéNet will support regularly the regional FP coordination workshops.

Sub-activities:

1. To support the Regional Workshops for sharing information on the MAP and the Government's General Program
2. To support the regional FP coordination workshops

Completion indicators: Regional workshops held

Means of verification: Workshop reports

INST9. Reinforce MHFPSP's capacity to organize and hold monthly meetings with health partners

Objective: To support MHFPSP in optimizing the periodic meetings with health partners for information sharing and strategic planning

Several partners work with MoH/FP/SP, through its Directorate of Partnership in implementing health programs in Madagascar.

As part of the collaboration, monthly meetings are organized involving the partners and the Unit of Partnership of the MoH.

Sub-activities:

1. To build the capacity of the Unit of Partnership to prepare, hold and ensure the secretariat of the meetings
2. To take an active part in all the meetings as a resource organization.

Completion indicators: Monthly meetings of partners held

Means of verification: Meeting minutes

INST10. Assist MHFPSP in holding meetings for the different technical committees (Roll Back Malaria Committee, EPI Inter-Agency Coordination Committee, National AIDS Control Committee, and FP Committee)

Objective: To support the different programs in organizing meetings with their technical partners

Certain programs of MoH/FP/SP have their respective partners for implementing their activities. These partners grouped themselves in platforms to provide support to some of the MOH/FP/SP programs:

- The RBM for the Malaria program
- The IACC for the EPI
- The CNLS for VIH/AIDS

Sub-activities:

1. To support the Malaria, RIP and HIV/AIDS programs in the preparing, holding and ensuring the secretariat of the meetings organized by each platform.

Completion indicators: Meetings organized by RBM, CCIA, CNLS

Means of verification: Meeting minutes

SANTÉNET ORGANIZATIONAL CHART

September 2007

