



USAID | **MADAGASCAR**
FROM THE AMERICAN PEOPLE

THE SANTÉNET STORY

IMPROVING HEALTH SERVICES, PRODUCTS, AND PRACTICES 2004 TO 2008

FINAL REPORT



OCTOBER 2008

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IMPROVING HEALTH SERVICES, PRODUCTS, AND PRACTICES IN MADAGASCAR FROM 2004 TO 2008

Santénet was a project of USAID/Madagascar implemented by Chemonics International Inc. and its partners JHPIEGO, Medical Care Development International (MCDI), Georgetown University's Institute for Reproductive Health (IRH), and the Training Resources Group (TRG).

The Santénet project would like to dedicate this report to the Ministry of Health of the Republic of Madagascar who made the health achievements presented in this report possible. It was a privilege for the project to collaborate with so many health professionals who demonstrated endless commitment and leadership to the pursuit of good health for the people of Madagascar.

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FRONT COVER: One community participates in Mother Child Health Week.

BACK COVER: Children show their support for Champion Communities.

EXECUTIVE SUMMARY

Madagascar's health situation has improved over the last decade, but its population still faces significant challenges. Many Malagasy lack access to health information and key health resources, potable water, roads, and infrastructure. As a result, mortality rates for women, infants, and children remain high, and half of all children under the age of five suffer from malnutrition.

Santénet was entrusted with improving the health and well-being of the Malagasy population within a framework of national development. Focusing on a range of interventions in maternal and child health, nutrition, reproductive health and family planning, malaria, HIV/AIDS, and sexually transmitted infections (STIs), the project increased access to quality health services and products, generated demand in communities across the country, and strengthened public and nongovernmental entities working in the health system.

To address USAID's "Smaller, Healthier Families" objective — based on the three pillars of partnership, national support, and community support — Santénet established critical partnerships with the government of Madagascar, the private sector, health partners and donors, and players in other sectors, such as the environment and agriculture.

The project supported a suite of interventions designed to help the Ministry of Health strengthen national and decentralized health systems, develop and institutionalize norms and policies, establish community-based health financing mechanisms, manage commodity logistics, use data more effectively for decision-making, bolster education and training for health care workers, and put in place systems for quality assurance in service delivery.

Santénet worked hand-in-hand with the Ministry of Health, ensuring transfer and ownership of knowledge and best practices to ensure the long-term viability of activities. The project also collaborated successfully with a wide network of key on-the-ground partners. In increasing demand for health services, Santénet worked closely with the Health Communication Partnership and the Academy for Educational Development to scale up innovative communications campaigns, such as the youth-focused *Ankoay* and Red Card initiatives and *Samia Mitondra Telo*, which promotes family planning.

To increase access to prioritized health products, Santénet worked with Population Services International (PSI) to expand the network of community-based distribution agents and co-produce a radio series promoting adolescent reproductive health. Santénet and PSI teamed with Family Health International to introduce community-based distribution and service delivery for the injectable contraceptive Depo Provera, a first in Madagascar. Carefully selected community-based agents were trained and

"Our five years with Santénet were fruitful — approaches were developed and innovations made that can be shared outside Madagascar. Truly it is the government of Madagascar, and the partners, that have achieved the outcomes and who own the results. Bravo especially to those working in the regions and communities, without whom none of this would be possible. USAID and partners will continue this work together."

—Benjamin Andriamitsoa
USAID/Madagascar
Santénet Closeout Event
July 2008



Santénet's health interventions mobilized all actors in the community and contributed to increased participation by men in household health management. The family pictured above is one of many that participated together at a project-sponsored health fair.

supervised to provide this service safely. This innovative program has the potential to generate the next qualitative jump in contraceptive prevalence rate in Madagascar.

Title II partners and other international groups working in child survival in Madagascar — Adventist Development and Relief Agency, CARE, Catholic Relief Services, and Medical Care Development International — entered into subcontracting agreements with Santénet to scale up the Champion Communities approach in areas where nutrition and maternal and child health activities were already underway. Champion Communities contributed to greater results for the Title II programs and child survival activities, and created cost efficiencies, in a tangible example of synergy among USAID partners.

Santénet was also tasked with strengthening the *Voahary Salama*, a network of local NGOs established by USAID to work on population and environment issues. All member organizations have benefited from a comprehensive training program, which has resulted in a national pool of coaches, master trainers and trainers for the nationwide scale-up of the Champion Communities approach. The NGOs received assistance from Santénet's grants fund to implement the approach in their areas, and their administrative personnel responsible for grants management received on-the-job training in accounting, reporting, and project management.

Nationally and at the community level, Santénet worked to stimulate demand, improve access to quality health services and products, and build competencies among health care providers and policymakers. Upgraded policies, norms, and procedures for quality improvement yielded national support for improved health. Media campaigns helped generate demand in Madagascar's provinces and regions. Facility-level improvements helped community health clinics adopt quality standards, and grassroots community mobilization, with help from local NGOs and international organizations with long-standing local presence, inspired families and individuals to change behavior.

A range of innovative social mobilization and communications programs linked families with health services, providers, and products. At the heart of Santénet's community mobilization efforts was *Kôminina Mendrika*, or "Champion

SANTÉNET IN CONTEXT: THE MADAGASCAR ACTION PLAN

More than half of Malagasy live in extreme poverty. The fertility rate hovers above five children per woman of reproductive age. Maternal and child mortality remain high. Fewer than 10 percent of children complete secondary school, and 50 percent of all children are malnourished. Economic opportunities and human services, especially in health, remain out of reach for a significant portion of the population. Poor physical infrastructure, challenging geography, corruption, poor resource allocation, a volatile climate, and threats to natural resources also exacerbate these problems. The result: many families are trapped in cycles of poverty, vulnerability, and poor health.

Madagascar's health system is managed by the Ministry of Health, Family Planning, and Social Protection. Three functional levels within the ministry are responsible for serving the country's 22 regions, 115 districts, and 1,597 communes. The ministry's central level defines the overall orientation of the National Health Policy. The Directorate of Health and Family Planning coordinates regional implementation of the policy. The District Health Service manages activities in district hospitals and rural health centers, which provide primary health care.

The Madagascar Action Plan (MAP), which defines the country's 2007-2011 development priorities, outlines the country's plans to reduce poverty, improve health, protect the environment, and increase national economic competitiveness. The MAP describes the commitments, strategies, and actions that will help Madagascar achieve rapid results in these areas and empower the country to face the challenge of globalization, in line with the national vision and the Millennium Development Goals. A key commitment under the MAP is to achieve eight major health outcomes:

1. Provide quality health services to all
2. Eradicate major diseases
3. Win the fight against HIV/AIDS
4. Implement a successful family planning strategy
5. Reduce child mortality
6. Reduce maternal and neonatal mortality
7. Improve nutrition and food security
8. Provide safe water and widespread use of hygienic practices

Complementing the MAP, the 2005-2008 National Health Policy outlines four strategic axes: strengthening health systems, promoting maternal and child health, fighting disease, and promoting healthy behaviors. The 2007-2011 Health Sector Development Plan also translates, in operational terms, the policy, strategies, and priority projects defined in the MAP. This plan emphasizes building capacity to support decentralization and mobilizing *fokontany* (networks of villages). The government, in its commitment to community health, has called for scaling-up of community mobilization and service delivery, harmonization of community health worker roles, broad dissemination of clinical norms, rapid expansion of reach to communities, a consistent incentives structure, and the continuous engagement of leaders to build consensus across a range of organizations.

To meet these challenges, the government of Madagascar adopted a rapid, sustainable development policy, within which local populations have a significant role to play. USAID and its partners designed Santénet to support this government initiative.

Communities,” which introduced small actions that families could take to improve their health.

A range of communications activities promoted participation and generated support for the program. *Samia Mitondra Telo* (“Each One Invites Three”) asked community members to use interpersonal communication with their peers to help break down the barriers that keep people from accessing health services. The *Ankoay*, or “Bald Eagle,” program trained youth to educate their peers and encouraged young leaders to join the fight against HIV/AIDS.

By including a broad base of participants, setting short-term targets together, allowing communities to measure their own progress, and rewarding improvements, Santénet empowered each community to mobilize in pursuit of improved health. Successful efforts culminated in a celebration and official certification of a community’s achievements in health.

CHAPTER ONE. BE HEALTHY!

Increasing Demand for Health Services and Products

A first step toward improving the well-being of Malagasy families is changing the behavior of individuals, households, and communities. Working with the Ministry of Health, international organizations, and local NGOs, Santénet mobilized communities throughout the country to build on their own assets, improve health behaviors, and increase demand for health services and products.

Santénet and the Ministry of Health developed context-specific social mobilization and communications programs and tools, which engaged local administrative and health authorities, community-based health workers and volunteers, and local leaders in addressing obstacles to health. Building this network transformed community members into change agents, giving them confidence and thus increasing the likelihood that they would participate in awareness-raising activities and pass information to friends and family. Cross-cutting approaches targeted health issues across the spectrum, and integrated health, population, and environmental challenges.

Successful behavior change approaches include Champion Communities (*Kôminina Mendrika*), “Each One Invites Three” (*Samia Mitondra Telo*), Mother and Child Health Week, the “Bald Eagle” (*Ankoay*) youth leadership program, and the “Red Card” initiative. The chapters that follow provide context, major results and lessons, and recommended next steps for scaling up each of these approaches.

Champions in the Making

Champion Communities helps strengthen local health delivery systems by fostering a sense of ownership among community members, which in turn creates demand for services. This powerful approach mobilizes communities as agents of change, guiding them to define and achieve objectives that translate national goals into a community action agenda, such as vaccinating children to promote child survival. The approach pulls together a package of goals and actions that responds to needs and interests, offers clear returns on effort, and includes a definitive “finish line.” In the Champion Communities model, the personal incentives that accompany such a package — increased income, better health, or individual recognition, for example — are complemented by recognition of the whole community’s achievements.



Young women and girls celebrate their community's achievements under the Champion Communities program after reaching behavior change goals.

Residents of a “champion community” are empowered to set their own targets for improved health. The approach involves all leaders, individuals, and groups in an effort to achieve social, economic, and cultural development, and improved health. Success requires public-private partnership and the participation of all, including the mayor, the head doctor, parents, schools, churches, and special interest groups.

A commune, or group of villages, becomes a “champion” when it demonstrates that it has achieved predefined objectives through actionable, measurable actions that foster sustainable behavior change. Such objectives include increasing vaccinations and vitamin A supplementation for children, improving pregnant women’s health through vaccinations and iron folate supplements, increasing the number of contraceptive users, and increasing the use of treated bednets to prevent malaria.

The more a community participates in selecting its development objectives, targets, and activities, the greater its adherence to the action plan. The Champion Communities approach involves multiple groups within the community to identify priorities, set targets, develop implementation plans, and motivate peers. It is first introduced to regional, district and commune-level leaders (mayors, religious and civic leaders, health center staff, and community development committee members) because group leaders can reach and influence a large number of people rapidly, make public resources available, and prevent political obstacles. Once a critical mass is engaged, the remaining group is more easily motivated or persuaded to participate in setting goals and achievable targets for the commune.

To stimulate behavior change, volunteers liaise with the community through ongoing group discussions, home visits, and interpersonal communications. Communities are encouraged to promote and practice new behaviors that are clearly linked to the specific targets they have set. Santénet used inclusive performance management to promote behaviors, emphasizing short-term, observable returns on investment and offering individual and group incentives. The use of clear incentives to quickly initiate and then sustain behavior change makes Champion Communities unique. Engaging neighboring villages in the approach stimulates a natural competitiveness that yields additional results, each commune striving to outperform its neighbors as a “champion.” In the end, everyone wins. Tapping into this natural competitiveness was a powerful grassroots technique for motivating community members.

Santénet and its partners used Champion Communities to support community health objectives in 303 communes, reaching nearly five million Malagasy (28 percent of the

CHAMPION COMMUNITIES: 5 STEPS, 365 DAYS

DAY ONE: Introduce the approach, train key actors, set objectives, develop community action plans and awareness raising activities, and sign the commitment letter.

DAY 100: Monitor activities and results. The social development committee identifies obstacles and solutions to meet objectives.

DAY 200: Monitor activities.

DAY 300: Self-evaluation, validated by relevant authorities. The social development committee measures the commune’s efforts to achieve health objectives.

DAY 365: Certification ceremony to recognize achievements.

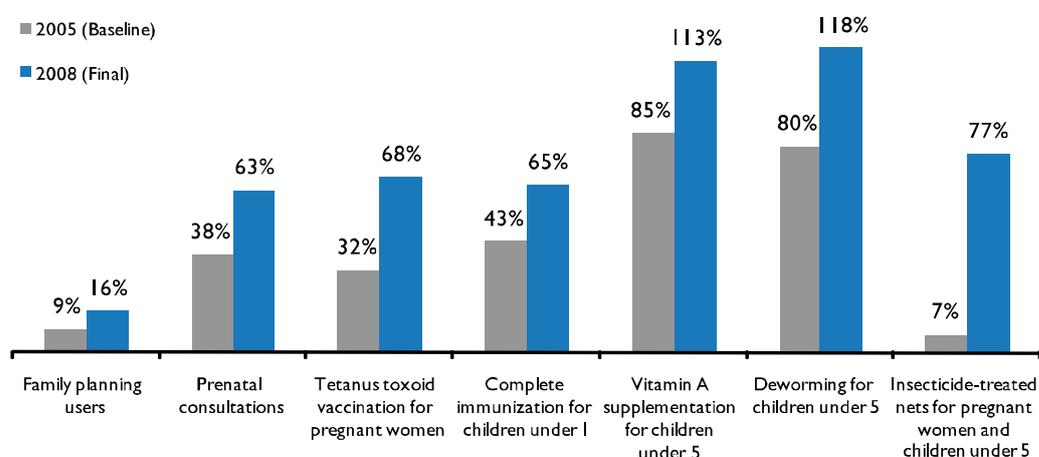
Find more details about the process in the annexes on the CD that accompanies this report.

population)¹. The country saw dramatic increases in contraceptive use, vaccination, and use of insecticide-treated nets. By the end of the project, results were striking:

Communes that achieved their objectives were certified as “Health Champion Communities” by the Ministry of Health. Community members reported that their motivation was to improve their family and community’s overall family health, with short-term targets linked to long-term goals. The main benefit for a commune was improved community health, but recognition from central authorities motivated participants to continue improving health system performance at the base level.

Champion Communities strengthened pride and allegiance and promoted social cohesion. Frequent contact between mayors’ offices or *fokontany*, health providers, community leaders, and the population, helped overcome social obstacles; as a result, attendance at health facilities increased. The approach reinforced partnerships among local NGOs and decentralized governmental structures, building synergies, clarifying roles, and defining each entity’s commitment and contributions. Collaboration among local managers of different development sectors (health, environment, economy, education, and governance) also improved as understanding of the complementarities between the health sector and other sectors developed. Implementing partners reported that it became easier to mobilize the population for public interest projects, such as fundraising for health facilities or rehabilitating rural dirt roads.

Results of the Champion Communities Approach: 2005-2008



Results pertain to 295 communes. Of the 303 participating communes, two dropped out and six are still compiling their results. Numbers greater than 100 percent reflect underestimated census data or visits to health facilities in Champion Communes by residents of neighboring communes. (Source: National Health Information System)

¹ Santénet partners (CARE, Adventist Development and Relief Agency, Catholic Relief Services, Medical Care Development International, SAF-FJKM, SALFA, AINGA, MICET, Ny Tanintsika, PENSER, and LINKAGES), MATEZA, and ASOS) implemented the Champion Communities approach in 276 communes. The District Health and Social Protection Service did so in 27 other communes.

SUCCESS STORY

Improving Community Health, Together

Shared vision and strong leadership bring community together to improve health



PHOTO: SANTÉNET

The mayor of Antaretra, where USAID is implementing the Champion Commune approach, makes the effort to visit each of the villages in his commune regularly, sometimes walking 30 km over steep terrain to attend village meetings and discuss the commune's progress in reaching its health objectives.

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After six months of implementing USAID's health community mobilization approach, known as *Kôminina Mendrika*, or Champion Communities, many of the 81 communes involved have shown enthusiasm and hard work. One newly created county is worthy of special praise. In Antaretra, the doors of the community health center opened in February 2005. Since then, community leaders including Antaretra's mayor have demonstrated personal dedication to improving the community's health.

The mayor of Antaretra has been a champion of his commune since the beginning, serving as the county's first deputy mayor before being elected mayor in the last election. His quiet manner belies his dedication to his community, but his actions speak louder than words. He makes a point of visiting each village in his commune regularly, sometimes walking 30 kilometers over steep terrain to discuss the commune's progress toward health objectives.

People know him and the people who regularly accompany him—the mayor's counselors, mayoral staff, and the technical assistants from the KM partner, the NGO Ainga. Thanks to the mayor's commitment, the health center's cold chain was not broken when the kerosene-powered refrigerator that held the community's stock vaccines ran out of fuel and filters. The mayor provided the necessary supplies out of his personal stock.

Rural communes are much more engaged when they see that their mayor is highly involved, and it is rare to see a mayor visit distant villages frequently. Discussing health objectives with their mayor — and witnessing his dedication — was extremely motivating for the community.

This mayor is one of many community leaders in Madagascar who understands how powerful an example of leadership and personal commitment can be in helping others make an effort to reach goals for improved health.

Invite Them and They Will Come

Lack of information and misconceptions about health services have historically reinforced access-related obstacles to the use of health services in Madagascar. To lift socio-cultural obstacles and encourage people to use health facilities, the Ministry of Health initiated two invitation campaigns in collaboration with Santénet and other partners: Mother and Child Health Week and *Samia Mitondra Telo*.

These campaigns target mothers, women of reproductive age, and children under age five.



The Champion Communities model was successful because of its ability to mobilize and empower communities. Linking communities with services and integrating health, population, and the environment are important elements of that success. To promote the approach, Santénet developed a methodological and technical guides, behavior change communications materials, a curriculum for community-based sales, a maternal and child health animation book, and promotional materials (T-shirts, caps, and the like) to motivate community health volunteers.

Mother and Child Health Weeks

First introduced by the Ministry of Health in October 2006, semiannual, national Mother and Child Health Weeks mobilize the whole country to offer women and children special opportunities to attend health facilities and to benefit from a tailored package of services specially designed to respond to local and immediate needs. Santénet developed the concept for these week-long campaigns. A task force of key partners, led by the ministry and UNICEF and including USAID health partners, supported planning, logistics, and implementation of the campaigns. Mother and Child Health Weeks are now held in April and October each year to help Malagasy build the habit of semiannual visits to health facilities. Services offered through the ministry's health facilities include:

- Counseling on family planning and contraceptive methods for women of reproductive age.
- Tetanus immunizations for pregnant women.
- De-worming medicine and intermittent, preventive treatment for malaria for pregnant women after the fourth month.
- Vitamin A supplements for children 6-59 months and recently delivered women.
- Diphtheria, pertussis, DPT (tetanus), hepatitis B, and polio immunizations for children under 12 months.
- A dose of Mebendazole for de-worming in children 12-59 months.
- Insecticide-treated nets for pregnant women and families with children under 4.



Growth monitoring, as shown in the photo (left) is one of the key interventions promoted through Mother and Child Health Weeks. In April 2008, 158,836 pregnant women received prenatal consultations (79,862 of these went for their first visit). Further, 49 percent of children went for a third series of vaccinations (DTP hepatitis B), 100 percent of children between 6 and 59 months received vitamin A supplements, and 100 percent of children between 12 and 59 months were de-wormed

During Mother and Child Health Week, ministry personnel, partner organizations, local authorities, and community health volunteers ensure that all women and children in their catchment areas are informed, mobilized, and encouraged to visit the local health center. At the facility, they receive an integrated package of health services, including preventive and curative care. A national logistics effort ensures that personnel and supplies are in place where and when they are needed, engages the media for outreach communications, and puts in place mobile health strategies to reach remote communities. The success of the initiative is evident: up to 8 million mothers and children have benefited from the campaign, and more families are regularly seeking health services.

“Each One Invites Three”

The second campaign, *Samia Mitondra Telo*, coupled interpersonal communications with peer education to help break down the cultural and individual barriers that keep people from accessing family planning. The campaign issued personal invitation cards that community members could pass on to their peers, as a way to encourage their friends, families, and neighbors to address the topic of family planning in a safe, open setting. The program leveraged regular users of family planning for their support for these services.

Those issuing an invitation could discuss the benefits of family planning from a standpoint of personal support, create an open environment for discussion, clarify persistent rumors and misconceptions, and help their peers overcome the fear of approaching health workers. Gaining the support of “satisfied clients” in this way built a network of change agents who could more easily approach their circle of friends, families, and neighbors. Change agents issued invitation cards to at least three people in their network who did not yet use a family planning method, to encourage them to make informed choices based on accurate information.

Between July 2007 and January 2008, 1 million family planning invitation cards were distributed to local leaders, community-based workers, and family planning users, along with 469,000 leaflets and 29,000 newsletters, in 579 communes (one-third of Madagascar’s communes, covering 47 districts). Results indicate that the campaign encouraged 19,170 people to adopt a contraceptive method. In the district of Taolagnaro, for instance, only six women of 100 used family planning before the campaign. Within six months, this number increased threefold, and six out of 10 individuals who came to health facilities to adopt a contraceptive method during the campaign period reported that they had received an invitation card.

Complementing this activity, Santénet worked with the ministry to develop six radio spots to address the most common rumors about (thus, obstacles to) family planning. The spots were translated into four dialects and broadcast to ten radio stations to maximize coverage. Results indicated that 60 percent of the target population heard the radio spots and felt they facilitated the distribution of invitation cards and allowed listeners to talk more openly about family planning. The national broadcasts sent a message of government endorsement — an important factor for many Malagasy — which further encouraged people to consider alternative family planning methods.

Empowering the Next Generation: Youth Groups Join the Fight Against HIV

Young people aged 15 to 24 make up 17 percent of the Malagasy population. As such, they have a special place in the national HIV/AIDS control effort. The Madagascar



The Ankoay approach called on these scouts, and more than 1,400 other youth groups in Madagascar, to get involved in HIV/AIDS prevention. Each group helped sensitize young people in their communities, eventually reaching more than 360,000 youth across Madagascar.

CASE STUDY

Strong as Iron in Prenatal Care

USAID has convinced communities to invest in the health of pregnant women



PHOTO: SANT NET

Pregnant women in the communes of Fanjakana and Alakamisy Ambohimaha receive free iron folate tablets and have access to other services, thanks to community-based initiatives that have eased the financial burdens related to maintaining good health during pregnancy.

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CHALLENGE. Taking iron folate supplements daily helps pregnant women reduce the risks and consequences of anemia, and reduce birth defects. Unfortunately, many Malagasy women are either unaware of the benefits of supplementation or cannot afford to buy the tablets in health centers. The cost for six months is less than one dollar, but in Madagascar, where the majority of people live on less than one dollar a day, this amount is substantial. Many women do not return to health centers for prenatal care, because they are ashamed to tell health care providers that they cannot afford the tablets. Some pregnant women avoid visiting health centers altogether.

INITIATIVE . Santénet's Champion Community approach encouraged local leaders to take the lead in mobilizing their communities to set and achieve annual health targets. To reach iron folate supplementation targets, several communes in the Haute Matsiatra region are providing free iron folate tablets to pregnant women. In the communes of Fanjakana and Soatana, each fokontany (a group of 15-20 villages) agreed to donate enough money to buy tablets for all pregnant women. Anjoma Itsara commune used funds from the health mutuelle, a community-based cooperative health insurance scheme, to buy the tablets. In Alakamisy Ambohimaha, the commune decided to subsidize the purchase of tablets with money from the communal budget, and donated tablets to all pregnant women.

RESULTS. These solutions have led to dramatic increases in iron folate supplementation. In the commune of Soatanana, where free iron folate tablet distribution began in August 2007, the number of women coming to the health center for prenatal care doubled in a month, from 28 to 55 women. In Fanjakana, the health center distributed 2,790 tablets in September 2007, up from only 990 the previous month.

Action Plan provides for advocacy and awareness-raising activities that target youth and vulnerable groups and promote responsible behaviors. Such activities focus on the “ABCDs:” Abstinence, Being faithful, using Condoms, and Demand for services.

Ankoay: Educating and Mobilizing Youth

The *Ankoay* program, in teaching youth to speak up and speak out, has transformed attitudes and encouraged Malagasy youth to act responsibly. The approach aims to educate and mobilize youth to protect themselves against HIV/AIDS, and sensitize their peers through concrete actions. *Ankoay* offers youth groups a program of education and activities to enhance their knowledge about reproductive health, relationships, STIs, and HIV, and fosters the emergence of young leaders.

Santénet collaborated with the Health Communication Partnership to implement *Ankoay* in 20 regions of Madagascar. The approach called upon 1,447 scout troops, student associations, and other youth groups to get involved in HIV/AIDS prevention. *Ankoay* tools included an activity booklet, a scenario booklet, information brochures, a youth accomplishment “passport,” badges of honor, and an “Ankoay Leaders Guide.”

Each group’s members were asked to sensitize ten young people outside the group, generating a multiplier effect that reached 361,750 youth across the country. To do this, each group conducted a series of community mobilization activities, including individual reflection, peer education, group behavior change, and community service. National television and radio spots were produced and broadcast to reinforce the messages.

Groups that achieved *Ankoay*, or “bald eagle,” status were certified and recognized at community festivals, which highlighted the groups’ approaches and acknowledged outstanding individuals. Some 4,000 youth took the voluntary HIV test available at the festivals. Thanks to the efforts of young people, the percentage of Malagasy youth having sexual relations dropped from 54.2 percent (2003) to 43.8 percent (2006). Youth adopting secondary abstinence increased tenfold, from 1.8 percent to 11.3 percent, and the percentage who reported being faithful in a 12-month period almost doubled, rising to more than 73 percent in 2006, according to a survey conducted by PSI. Since 2006, *Ankoay* has been listed as a National HIV/AIDS Control Committee best practice, and has become a model program for HIV/AIDS control among youth.

STEPS TO “BALD EAGLE” STATUS

ONE: Meet, introduce the approach, sign the commitment letter.

TWO: Train supervisors and groups to use techniques for behavior change communications and other tools.

THREE: Grouped monitoring one month after training to share achievements and solve problems encountered at start-up.

FOUR: Quarterly monitoring.

FIVE: Committee of supervisors, parents, health workers, local authorities, and journalists conducts a participatory external evaluation and certification festival.



The Red Card initiative provided young women and girls with red cards, similar to the ones used in soccer games, which they could use in a variety of risky situations — starting a conversation about a normally taboo subject, refusing another beer, or asking someone to stop a risky behavior. Initial feedback from focus groups with girls and young women indicated that the card enhanced their sense of empowerment and peer solidarity, discouraged undesirable sexual situations, and triggered discussion.

“Just Say No:” Red Cards Help Youth Abstain

Spinning off the success of *Ankoay*, the Health Communication Partnership’s “Red Card” initiative used peer education to promote responsible behaviors, especially abstinence and fidelity, in combating HIV and STIs. With Santénet’s assistance, the Red Card approach was implemented in 52 districts (in 22 regions) and reached more than 1 million girls.

Youth associations and schools set up 1,221 Red Card clubs across the country. As with the *Ankoay* program, trained coaches used role plays, participatory discussions, and sharing of stories to teach others how to use the Red Card. A mass media campaign reinforced the promotion and distribution of the cards. More than 40 organizations focusing on youth development currently support the program and disseminate Red Cards.

“Revy sy Talenta:” Pop Culture Models Behavior

Under the leadership of the National AIDS Committee, Santénet and Population Services International capitalized on the influential power of popular culture on youth in producing a radio series, *Revy sy Talenta* (“Talents and Dreams”). The 32-episode series targeted youth aged 12 to 24 years with a storyline that incorporated appropriate messages and modeled responsible behaviors. Its goal was to encourage youth to avoid the risky behaviors that can lead to HIV/AIDS, STIs, and unwanted pregnancy. *Revy sy Talenta* first aired in February 2008, through six radio stations with national and local coverage. Throughout the series, national contests were organized to encourage young people to listen. Promotional materials, mass media campaigns, and peer education activities also raised awareness.

YOUTH RESPOND TO REVY SY TALENTA

“If one of us has missed an episode, our friends tell us what happened ...”

—13-year-old girl, not sexually active,
Fianarantsoa

“It is important to protect yourself when having a sexual relation; using condoms to avoid unwanted pregnancy, syphilis, or AIDS.”

—15 year-old girl, sexually active,
Fianarantsoa

“The program makes us think about our future; not going down the wrong path, but to be more like Jao and Jeremy.”

—13-year-old boy, not sexually active,
Antananarivo

“At home, we discuss, my parents and I, what is going on in the series ... and what we heard.”

—14-year-old boy, not sexually active,
Antananarivo

The series has been compared to “Pazzapa,” a popular Malagasy reality television series, indicating its success in accessing trends in popular culture. Following its successful radio pilot, “Revy sy Talenta” has been recommended for conversion to television format, to reach more urban audiences.

According to a post-test evaluation in Antananarivo and Fianarantsoa, the pilot demonstrated a positive influence on attitudes and behaviors in the target audience. Focus groups reported that they enjoyed how messages were woven into a captivating story. Messages retained by the audience included the need for openness, tolerance, self-mastery, abstinence, faithfulness, condom use, and respect for parents.

FIRST PERSON

Three Times a Charm

Through an innovative campaign, USAID helps couples understand and select family planning methods that are right for them



PHOTO: SANTÉNET

“Most women, or couples, who accept the invitation card are already convinced of the benefits of family planning, but need a little help to take the next step. The invitation card is an excellent way to gain people’s trust and reassure them that they will be well received at the health center.”

— Lanto, a community-based distribution agent in Haute Matsiatra, Madagascar

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Lanto is a community-based distribution agent in a rural commune in the Haute Matsiatra region of Madagascar. She was trained by USAID to educate members of her community about healthy behaviors and to sell key health products, such as bed nets, malaria treatment drugs, and oral contraceptives. In this role, she also shares her personal experiences with couples about the benefits of family planning. Lanto has been using injectable contraceptives for two years, and feels better able to care for her husband and their three children, while also serving her community as a distribution agent.

Lanto finds that cultural barriers and rumors can make it difficult to talk to people about family planning. Convincing a woman or a couple to go to a health center to select a method of contraception can be even more challenging.

In August 2007, to help reach men and women who are reticent about seeking family planning options, USAID supported the launch of a family planning communication campaign in Lanto’s village. The campaign, known as “Each Invites Three,” mobilizes local leaders and regular family planning users to talk to 3 relatives, friends, or neighbors about the benefits of family planning and give them invitation cards to go to local health centers. During the 3-month campaign, nearly 1 million invitation cards were distributed in a third of Madagascar’s districts.

Lanto has “invited” not just 3, but 17, women to a local health center. Each of these women decided to begin using family planning and, with help from staff at the clinic, chose a method that was appropriate for her family.

Lanto is not the only community-based distribution agent who has had success distributing the invitation cards. In September 2007, the health center of Soatanana recorded more than 70 new family planning users, compared to less than 10 new users in the previous month. Lanto has since replenished her stock of invitation cards and plans to continue distributing cards to members of her community.

CHAPTER TWO. NO ACCESS, NO CHANGE

Improving Access to Health

When people are ready to adopt healthy behaviors and increase demand for health care, they must be able to access the services and products of their choice. Historically the Malagasy population has had inadequate access to health services and products; and frequent stock-outs made it challenging if not impossible to ensure consistent supply of family planning and other products. Santénet provided technical assistance to the Ministry of Health, and to partners working in health at all levels, to ensure better availability and access to health products and services for family planning, maternal and child health, prevention of sexually transmitted infections (including HIV/AIDS), and malaria.

Santénet collaborated with Population Services International to expand the network of community-based distribution agents distributing health products, provided technical support for the dissemination of family planning methods (including the introduction of IMPLANON™ and the Standard Days Method). The project also worked with the Ministry of Health to find sustainable solutions for financial barriers that constrained access to health services, implementing community-based health micro-insurance throughout Madagascar. A series of advocacy, training, and communication activities helped strengthen the supply-chain and ensure the availability of a wide range of products, from contraceptives to the spare parts that keep the cold chain operating.



Because many Malagasy live in rural areas, access to transportation is limited. Many people must make the long journey to a health center on foot. For this reason, it is critical for health facilities to have all products on hand at all times. Santénet's support for integrated supply management in the health system helped reduce stock-outs of key supplies from 18 percent to less than two percent between 2005 and 2007.

Making the Trek Worthwhile: Ensuring Product Availability

Eighty percent of Malagasy live in rural areas. More than half of these live more than 5 kilometers from the nearest health facility (21 percent live more than 10 kilometers away), and for many, the only means of reaching a health center is on foot. When a client spends half a day traveling to a health center, it is essential for that facility to ensure that health products are always available.

Product integration. In 2004, Madagascar’s contraceptive supply management system demonstrated serious weaknesses, including a pipeline running in parallel to that of Salama, the ministry’s central procurement and distribution agency for generic essential drugs. This parallel system was costly and experienced frequent stock-outs at the health facility and district pharmacy levels. Santénet helped streamline the distribution of contraceptive products by integrating them into Salama’s pipeline. Integrating contraceptives into the district health-commodity supply chain reduced logistical requirements and management costs, and reduced health center stock-outs to an all-time low.

In July 2007, the Ministry of Health adopted a policy of free contraceptives in public health facilities. Consequently, the mechanism for funding logistic costs was suppressed. The costs are now funded by internal arrangements that help the ministry maintain the family planning program’s high performance. To ensure the viability of community-based distribution, the ministry, with technical and financial support from Santénet, developed, produced, and disseminated a poster explaining the policy and listing the community-based distribution rates for each method. All public health facilities (more than 2,500) and all 17,000 *fokontany* offices received the poster.

Monitoring and evaluation. With a set cycle for the distribution of contraceptives at the district level, Santénet provided technical and financial support to help the Ministry of Health set up a quarterly monitoring system to measure districts’ performance in contraceptive supply management. Results show clear improvement. In 2005, less than 20 percent of districts received their supply on a regular basis and in compliance with standards and procedures. In 2007, the situation had completely reversed, with 80 percent of districts in compliance with supply management standards.

MEASURING PERFORMANCE OF THE DISTRIBUTION SYSTEM: CRITERIA

1. Timeliness of the purchase orders sent to Salama
2. Compliance of orders to the needs calculation standards
3. Joint orders (essential drugs and contraceptives commodities)
4. Mobilization of resources (payment of Salama’s invoices)*
5. Level of stock available

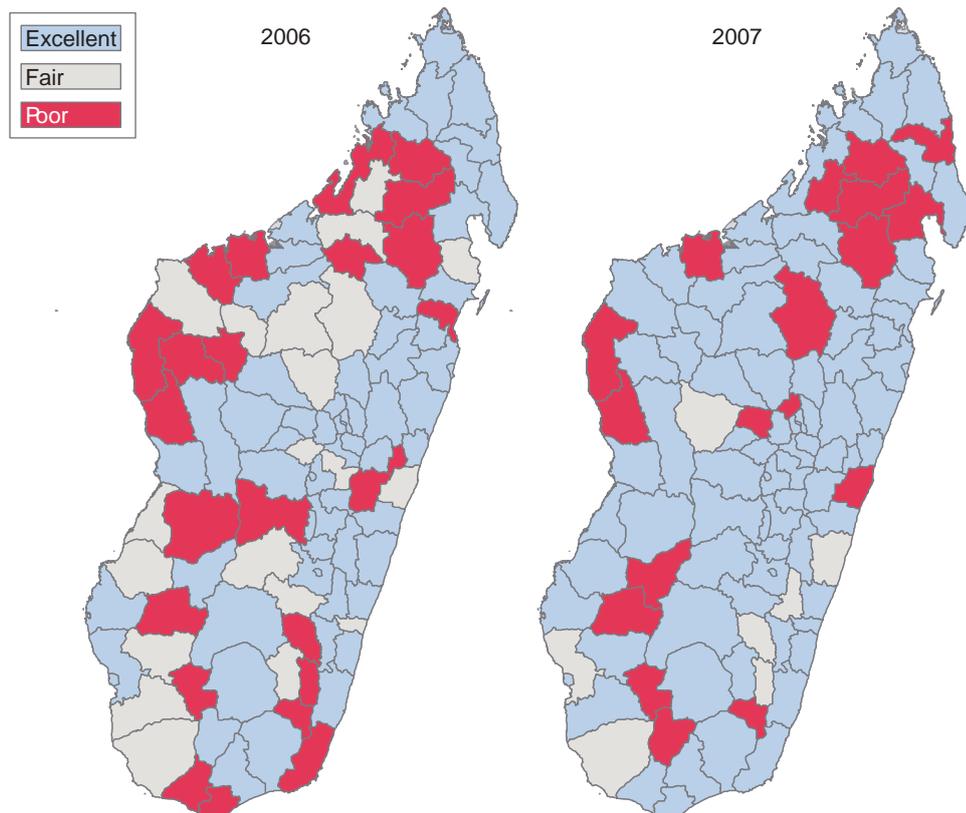
**To be revised following the implementation of the free contraceptive policy.*

Quarterly monitoring of results allowed the Ministry of Health to provide an overall score and recommendations and develop feedback specific to each district. Districts, in turn, could measure their performance in supply management and take corrective actions as needed. The system helped identify districts in need of additional supervision and monitoring. The ministry also conducted an annual logistics survey to measure the performance of the contraceptives supply system at the basic health center and district wholesale pharmacy level, to measure the availability of the three most common contraceptives: the injectable Depo Provera and two oral contraceptives, Lo-Femenal and Ovrette. Using results from the survey, the ministry compared trends in consumption, assessed the availability of commodities and storage conditions, and identified priority intervention areas for contraceptive management and logistics systems. Survey results over the last 3 years indicate dramatic improvement in the availability of contraceptive products. In 2007, only two percent of health facilities experienced a stock-out of injectables (compared to 18 percent in 2005), and only one percent experienced stock-outs of the oral contraceptive Lo-Femenal (down from 15 percent in 2005).

Instituting a demand-driven system for ordering supplies. Santénet provided technical assistance to the ministry's central level, helping staff identify and predict needs and supplies. A new, demand-based system allowed reproductive health and family planning managers (under the supervision of the medical inspectors) in the districts to calculate needs according to a harmonized formula, and make orders every quarter, in-line with Salama's operating cycle. The Directorate of Family Planning and the Family Planning Logistics Committee (composed of Santénet, PSI, Salama, UNFPA, and USAID) conducted biannual technical assistance workshops to help managers plan for supply at all levels of the distribution chain and analyze data to better forecast and manage stock based on consumption trends and inventories. The new system replaced the supply-push, under which the central level had delivered arbitrary amounts of supplies without assessing actual needs, which had caused surpluses of some items and stock-outs of others.

As a result of these changes, districts demonstrated clear improvements in contraceptives supply management. In 2005, less than 20 percent of the districts received supplies in compliance with standards. In 2005, nearly 50 percent were in compliance, and 80 percent of districts had demonstrated improvement by 2007.

Districts' Performance in Supply Management



FIRST PERSON

Beyond Malaria Prevention

Community-based sales of bed nets improve health and contribute to sustainable economic development of Malagasy communities



PHOTO: SANTÉNET

As a community-based distribution agent, Lalaina is certified to sell priority health products, including this treated bed nets. She is proud to know that she can help prevent malaria in her village while developing a small business.

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Lalaina is a community-based distribution agent working in Sahambavy, in Madagascar's Fianarantsoa province. She became a certified distribution agent in October 2005, joining the ranks of the 1,685 others after completing five days of technical training sponsored by USAID's Santénet program.

Lalaina received a start-up kit containing a small stock of priority health products: 5 bed nets, 20 blisters of treatment for malaria, 10 packets of oral contraceptives, a box of condoms, and 5 water treatment kits. She was to sell the products at an affordable price that allowed her to make a small profit. Income from the start-up stock created a revolving fund, and Lalaina's training gave her skills and knowledge to manage her funds wisely. She bought additional stock from SALFA, a local nonprofit organization affiliated with the Lutheran Church of Madagascar.

Four weeks after returning to Sahambavy, Lalaina had already bought and sold 83 bed nets, 43 packets of oral contraceptives, among other products. With a profit of 50 cents per bed net, Lalaina is motivated to go the extra mile to find new users in those who do not have easy access to family planning products or counseling services. Not only has Lalaina directly improved the health of mothers and children in her community, she has also generated \$44.41 for herself and her family in a single month — in a country where more than 50 percent of the population lives on less than \$1 per day.

As demand for health products increases in her community, Lalaina is sure to have more customers. Her income will grow, and she will continue to expand her successful small business. By developing of a small enterprise, she improves her family's standard of living and inspires others to do the same, showing true leadership and setting a real foundation for development.

Going the Extra Mile: “Champion” Agents Reach Remote Communities

There is a shortage of doctors in Madagascar, and the doctor/patient ratio will only worsen as about 50 percent of the country’s physicians will retire in the coming years, while the population is expected to double within 20 years. For that reason, community-based agents who provide critical health services and products to Malagasy communities, especially in rural or remote areas, have a strategic role to play in making up for this deficiency.

Santénet and Population Services International supported the development of the NGO/private-sector distribution network. In collaboration with the Ministry of Health, the team strengthened and expanded the network of community-based health agents from approximately 600 to 6,850 throughout the 303 communes implementing the Champion Communities approach. These agents distribute social marketing and public sector products, including condoms, malaria treatments and treated mosquito nets, water treatment products, and contraceptives.

STARTER KITS FOR COMMUNITY-BASED HEALTH AGENTS PROVIDED BY PSI

5 Super Moustiquaire[®] nets, a long-lasting insecticide treated bednet for malaria prevention

10 blisters of Palustop Zaza[®] and 10 of Palustop Zazakely[®] for home management of malaria in children under 5 (to be replaced with ACTiPal[®])

10 bottles of Sur'Eau[®] for home treatment of water

40 units of Protector Plus[®], a condom for preventing HIV/AIDS transmission

10 tablets of Pilplan[®] oral contraceptives

Two community-based health agents per *fokontany*, serving 500 to 1,500 inhabitants each, were selected by NGOs and the district health services based on a list proposed by the commune. Trainers versed in the Champion Communities approach instructed health agents in topics such as product distribution and communication techniques for promoting maternal and child health. The agents received a picture box and tools to use during awareness-raising activities, promotional materials for product sales, and a kit containing products that they could sell to generate start-up capital and help create a revolving fund for resupply. To purchase more products to sell in their communities, health agents can tap into the network of NGOs and district health services supplied by Population Services International (or by Salama in the public sector).

In addition to product sales, health agents perform home visits, group awareness-raising activities, monthly monitoring visits to supervising public health facilities, and prepare monthly activity reports. Community-based sales motivate health workers by allowing them to earn a small profit, while keeping products and services available and affordable. Super Moustiquaire[®] is the flagship product for community-based health workers, because it provides the greatest profit margin (the equivalent of about \$0.50 per unit). With this substantial financial incentive, agents are willing to travel to remote communities to sell bednets. At the same time, they are able to sell other, less-profitable products that are important for the well-being of the community.

Community-based health agents also distribute oral contraceptives and anti-malarial treatment from the public sector at lower prices. In complementing social marketing products with public sector products, they increase the availability of products and consequently, the use of those products. Their work relieves the pressure on the health system to provide health practitioners across Madagascar.

To further add value, Santénet, in partnership with Family Health International, assessed the feasibility of introducing injectable contraception among the services and products provided by community-based agents. Joint monitoring implemented by the Ministry of Health, Family Health International, and Santénet has demonstrated that carefully selected and trained community-based health agents are capable of administering Depo Provera in full compliance with the ministry's quality standards. They were also trained to provide counseling on family planning using simple booklets containing key messages and to rule out pregnancies through the adequate screening process.

Expanding the network of agents and training them to provide counseling and administer contraceptive methods, dramatically expanded the availability of products and services in hard-to-reach areas in the country. Serving as active and informed resources of the community, distribution agents have become an integral part of the health system to raise awareness, provide information and distribute products.

The Right to Choose: Providing Options for Family Planning

Santénet worked to offer more contraceptive choices to couples, engaging in the introduction and revitalization of acceptable, long-term methods that would respond to the needs of Malagasy families.

CycleBeads[®] for the Standard Days Method. The Standard Days Method, a fertility awareness method developed by Santénet's partner, the Institute for Reproductive Health at Georgetown University, uses CycleBeads to help a woman monitor her fertility cycle. Each bead on the CycleBeads string is color-coded to represent a day in a woman's menstrual cycle. The color of the bead helps a woman determine if she is likely to be fertile that day. At the start of her period, the woman puts a rubber ring on the string's red bead. Each day, she moves the ring to the next bead, following the arrow. When the ring reaches the red or dark beads, she has a lower chance of getting pregnant if she has unprotected intercourse on those days. When the ring is on a white bead (days eight through 19) there is an increased likelihood of getting pregnant with unprotected intercourse.



Promotion of the Standard Days Method by community health workers has gained new family planning users in people whose traditional or religious beliefs had kept them from using modern contraceptive methods.



With help from community-based distribution agents and community health workers, Santénet reached out to Malagasy couples to expand their understanding of reproductive health choices. Armed with knowledge and access to the supplies they need to act on their choices, men and women are engaging one another in discussions to make the family planning choices that are right for them.

During the first 18 months of the project, Santénet, the Institute for Reproductive Health, the Ministry of Health, and other partners completed an assessment of the feasibility and acceptability of integrating the Standard Days Method into family planning services offered to the Malagasy population. Santénet then trained providers and health promoters to offer the method at 30 Champion Commune sites. Within six months, there were 517 registered users, half of whom reported never having used a method in the past. Users also reported that the method was easy to learn.

Following this positive assessment, the ministry integrated the Standard Days Method into its national family planning program, including it in the official “Norms and Procedures” and the “Essential Medicines” list, and including CycleBeads in its annual contraceptive procurement table.

Santénet scaled up the method in all Champion Communities and served as a key actor in raising awareness within the reproductive health community, producing and distributing posters in Malagasy and French to health centers, adding the Standard Days Method to the ministry’s “multi-option” poster, and training health promoters to inform and refer their clients to clinics.

The method was also integrated into the *Samia Mitondra Telo* campaign, which encouraged family planning users to bring friends to services. By December 2007, 2,380 women were using the method, as reported by the 153 health facilities where it was introduced.

Santénet initially provided CycleBeads and related visual tools to 265 health facilities, but has since helped integrate CycleBeads at Salama, Madagascar’s central procurement and distribution agency, to ensure nationwide availability going forward.

Revitalizing the use of intra-uterine devices (IUDs). Santénet supported the Ministry of Health to develop a multisectoral action plan to make intra-uterine devices available through family planning service provision channels. As part of this process, the ministry and Santénet conducted an analysis of the availability of IUD services, identifying sites offering IUDs and the number of workers trained in insertion, and developed a plan to revitalize the use of the method.

Activities included updates to a series of reference documents, including a reference manual, a practicum book, training curriculum, and a cascade training plan, complete

with trainer and participant guides. Santénet provided technical and financial support to enable the ministry to supply IUDs to health centers, identify regional trainers, prepare training kits and train trainers, identify health workers to revitalize existing sites or open new sites, and conduct training sessions for public- and private-sector health workers. Following these efforts, IUDs are now available in all 2,500 family planning public sites throughout Madagascar, and regular users are on the rise².

Introducing IMPLANON™. Santénet supported the ministry's introduction of another long-term contraception method, IMPLANON, as part of the national family planning program. In December 2006, six months into the launch, Santénet carried out a qualitative assessment in the regions of Analamanga, Analanjirifo, Bongolava, Haute Matsiatra, and Vatovavy Fitovinany, to assess the level of acceptability among users and service providers and to analyze attitudes, perceptions, and behaviors.

The goal of the assessment was to allow national family planning program managers to develop a strategy for scaling up and promoting IMPLANON. With scale-up complete, this contraceptive is now widely available in Madagascar.

Harvesting for Better Health: Affordable Solutions Allow Access to Services

Ninety percent of Malagasy are farmers, with incomes that fluctuate according to the annual production cycle. While farmers generally have enough resources in the post-harvest period to pay for basic health care costs such as drugs, hospitalization, and transportation, they have significantly reduced, or nonexistent, resources to cover these costs during the lean period.

The Madagascar Action Plan calls for “innovative financing mechanisms for to provide quality services and increase their use by the poorest population groups through mechanisms such as community-based health micro-insurance and social security.”

To address this need, Santénet provided assistance to the ministry's health financing activities by promoting community-based health micro-insurance in 166 selected communes, under the oversight of the district health management teams. Santénet also assisted the ministry at the central, regional, and district levels to create the national Equity Fund, which provides free services and products to the poorest of the poor at hospitals and health centers.

Santénet set up micro-insurance programs, through which community members voluntarily pool their contributions to maintain a permanent fund that can pay for health care when a member needs it. Because

COMMUNITY-BASED MICRO-INSURANCE MECHANISMS CURRENTLY AVAILABLE IN MADAGASCAR

Micro-credit: Members pay a one-time fee when they join, which entitles them to a loan from the micro-insurance fund, which they must repay within a fixed period.

Insurance: Members make regular contributions, usually at harvest-time, which covers all health care costs, according to the terms and conditions of the agreement.

Mixed-type: In this scheme, which integrates micro-credit and insurance, members make regular contributions. The insurance component covers some types of health care, but members must take out a loan for some types of care.

² The quantitative impact of this activity will be measured by the 2008 Demographic and Health Survey.

the group shares the burden of prevention and disease management, the population's access to health care improves. Requiring prevention actions for eligibility for coverage also enhanced the use of key services.

For example, pregnant members are required to follow a prescribed prenatal care schedule, and children must be fully vaccinated. The length of coverage depends on the population's capacity to pay (contributions range from \$0.25 to \$1.00), and can stretch for an entire year or only to cover the 6- to 8-month lean period, when most of the population experiences a cash shortage.

To set up health micro-insurance programs at the community level, Santénet developed implementation guides for promoters and managers and conducted regional and district-level capacity building activities. To enhance sustainability, Santénet also trained cadres of trainers, who then instructed promoters and managers in ways to generate community interest and manage micro-insurance programs. The graphic below provides an overview of the process.



Over a three-year period, with Santénet's support, communities set up 166 health micro-insurance schemes in 7 regions: Haute Matsiatra, Vatovavy Fitovinany, Amoron'i Mania, Atsimo Atsinanana, Ihorombe, Atsinanana, and Itasy. In Haute Matsiatra, which established micro-insurance programs in all of its communes, the outpatient consultations in community-based health centers increased by 39 percent, and community-managed pharmacy income increase by 40 percent compared to the year before. Members of health micro-insurance schemes now make up 57 percent of all patients seen in outpatient consultations in the region.

Equity funds at basic health centers and reference hospital centers. To further provide care to the poorest of the poor and seasonally vulnerable groups, Santénet took part in the design and implementation of the Equity Fund component for community health centers. The system saved a portion of the proceeds to cover the needs of indigents in the commune.

Santénet helped the Health District Development Unit design a mechanism for identifying indigents (about five percent of the population, or 150,000 people), and then produced and distributed cards that allowed qualifying individuals to visit health facilities and receive services free of charge. Offering a solution to the financial obstacles that prevent the poorest populations from consulting health centers, the fund has resulted in a five percent increase in outpatient consultations at community health centers since its inception.

SUCCESS STORY

One Sweet Potato

With support from Santénet, Malagasy “vitamin farmers” are earning money, feeding their families, and helping communities fight malnutrition



PHOTOS: SANTÉNET

Malnutrition has devastating effects: it weakens the immune system, aggravates diseases, and is an underlying cause of almost half the deaths among children under five in Madagascar. Causes of malnutrition include sub-optimal breastfeeding practices and poor intake of, protein and micronutrients such as iron, zinc, iodine, and vitamin A, which is essential to child survival, growth, and development. To fight vitamin A deficiency, the Malagasy government adopted three strategies: mass vitamin A supplementation for children under five and women who have recently delivered, food fortification, and diversification of foods rich in vitamin A.

To address this third strategy, Santénet introduced the orange-fleshed sweet potato. This variety has high energy and vitamin A content and can significantly contribute to improved nutritional status, while also improving farming household incomes.

In partnership with FIFAMANOR, AGTECH, and the NGOs implementing the Champion Community approach, Santénet set up 3 demonstration plots at 15 champion communes in 4 intervention regions (Alaotra Mangoro, Atsinanana, Vatovavy Fitovinany, and Anosy) to raise farmers' interest in the “carrot potato.” The project trained some 440 NGO supervisors and “vitamin farmers” on multiplying cuttings and producing the tubers, and on the importance and high vitamin A content of the variety. Vitamin farmers received plant materials to grow in demonstration plots; other farmers received cuttings. Trained vitamin farmers harvest enough of the tubers to feed their families and sell produce at the market.

Early results are promising. Farmers have expressed a wish for more potato cuttings which underscores their interest for this new variety. In the scale-up phase, nine new communes in the region of Vatovavy Fitovinany were selected. Multiplication of cuttings allowed Santénet to disseminate them to all *fokontany* in all the communes.

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Mutuelles contribute to decreased child mortality by requiring members to take preventive measures, such as vaccinations and prenatal care. This mother (left), as a member of a mutuelle, brought her child to the local health center to receive immunizations that, otherwise, she might not have been able to afford.

With technical assistance from Santénet, and to meet the objective of “making Malagasy hospitals more human,” the Regional and Referral Hospital Directorate within the Ministry of Health developed a hospital-level equity fund to subsidize health care costs for the poorest segment of the Malagasy population. The directorate developed a database of unit costs for pharmaceuticals, medical supplies, tests, and services that could be covered under such a fund in district hospitals, regional referral hospitals, and teaching hospitals. The directorate reviewed and validated treatment protocols, calculated the costs of eligible pathologies, and finalized the costs of different service packages. These actions led to the application of an indigence system similar to the one in place in community health centers. The equity fund continues to cover costs for the estimated three percent of the population that is considered to be the “poorest of the poor.”

INSURANCE PLANS KEEP FAMILIES HEALTHY ALL YEAR LONG

Most Malagasy, particularly in rural areas, experience a lean period every year. After the rice harvest has been consumed and before the next harvest, households spend much of their savings on food and have little, if any, left over for expenses related to health care. The government of Madagascar looked for a way to reduce this seasonal barrier to health care.

In 2005, community-based health insurance schemes, or *mutuelles*, were piloted in five rural communes in the Haute Matsiatra region, where agriculture is the primary source of income. In these areas, communities expressed a need for *mutuelles* during the lean season. Through an annual contribution of cash or crops, members were entitled to year-round health care. Pilot communes saw significant improvements in access to health care services and increased participation in prevention activities.

In one of these counties, Ambalamahasoa, *mutuelles* contributed to a dramatically reduced mortality rate for children under 4, from 12 percent in 2004 to 5 percent in 2005. *Mutuelles* contributed to this change by requiring members to immunize their children and allowing parents to bring their children to health facilities for treatment at the onset of signs of disease. In the 5 pilot communes, attendance at health facilities during the lean season increased more than threefold. Immunization coverage also increased, exceeding the national rate by 60 percent.

The Ministry of Health and administrative authorities at provincial, regional, district, and county levels have been convinced of the contributions of *mutuelles* to improved health. Each commune in Haute Matsiatra now has a *mutuelle* and, beginning in 2007, the ministry and its partners began to scale up the program to four other regions.

CHAPTER THREE. A SATISFIED CLIENT WILL BRING TEN MORE

Improving the Quality of Health Service Delivery

As user demand has increased and access to health services and products has improved in Madagascar, ensuring the quality service provision — to encourage people to use health facilities and services — has become equally important. The Ministry of Health introduced its “Quality” approach for health service provision improve performance and service delivery in public and private health facilities, in-line with the objectives under the health commitment objectives in the Madagascar Action Plan and the National Health Policy.

Poor quality assurance throughout the public health system was poor was mainly due to inconsistent and inadequate training, lack of guidelines and instructions, and lack of facility-level knowledge of how to address quality in day-to-day work. To improve health norms, standards, and systems, Santénet worked with the government of Madagascar to develop and introduce a Quality Assurance System that would improve performance and quality public-sector health system.

In 2006, Santénet developed, updated, and rolled out norms and procedures for family planning, reproductive health, nutrition, child health, malaria, STI and HIV/AIDS, and contracting. Tasks included supporting the finalization, validation, and dissemination of reproductive health norms and procedures, carrying out pre-service and in-service training (particularly in the area of infection prevention), and establishing quality assurance systems for service delivery. At the facility level, the project adapted performance standards for quality improvement in family planning and infection prevention in community-based health centers. By May 2008, more than 200 health centers — and ten intern sites — had introduced the Quality Assurance System. Santénet provided all of them with basic supplies to help them achieve their quality improvement goals.

QUALITY ASSURANCE DOCUMENTS DEVELOPED AND DISSEMINATED WITH HELP FROM SANTÉNET

- National child health and nutrition policy
- National malaria policy
- National training policy
- National contracting policy
- Strategy for repositioning family planning
- Norms, procedures, and standards for reproductive health services
- Norms, procedures, and performance standards for malaria services (with funding from the Malaria Action Commission and technical support from Santénet)
- Norms, procedures and standards for the prevention of mother-to-child transmission of HIV/AIDS (with funding from UNICEF and technical support from Santénet).

Building Health Providers’ Skills: Pre-Service and In-Service Training

Santénet provided technical and financial support to the Ministry of Health to build health workers’ competencies. Initial performance evaluations conducted in 163 health centers in 2005 and 2006 indicated a need to update service providers’ knowledge of infection prevention, family planning, STIs, and malaria. A total of 262 service providers from those sites were updated in these technical areas over the project’s life, which contributed largely to the significant increase in quality and performance standards reached. The project supervised and certified national trainers to increase Madagascar’s capacity to train teachers at pre-service institutions (medical

and paramedical schools) and to train those providing in-service training. This core group of national trainers, working in the public and private sectors, is now capable of updating service providers' skills in accordance with the ministry's performance standards. These trainers are equipped to develop and update curricula to correspond to changes in national health policies and developments in medical science, and to align practicum sites with medical and paramedical students' needs.

In-service training. To strengthen in-service training, a three-level pool of trainers was established to update public- and private-sector health service providers. This pool consisted of clinical trainers, advanced clinical trainers, and master trainers. Santénet initiated an integrated training system focused on preparing a group of providers to offer high-quality, standardized services on par with national norms and procedures.

Most of those trained were clinical workers charged with transferring their knowledge and skills to service providers. The training program focused on improving technical skills in the context of recent scientific developments in malaria, family planning, STIs, and focused prenatal care. To qualify as trainees, clinical workers completed an internship with Santénet's trainers — at least 50 percent qualified over the life of the project. Advanced clinical trainers who completed an internship with a master trainer were trained to transfer clinical training skills to new trainers. This program resulted in more than 1,200 health workers with increased clinical capacity to deliver services, including 675 doctors, 192 nurses, 155 midwives, and 74 nurses' aides.

Training staff in integrated supervision for the Quality Assurance System. One reason for introducing the Quality Assurance System at the facility level was to supplement inadequate external supervision. The Ministry of Health recognized the need to enable service providers and site supervisors to analyze gaps in their work system, use results to resolve simple quality issues, and conduct advocacy to change complex issues.

Santénet introduced an integrated supervision approach to motivate service providers to improve their performance and the quality of services they provide. The approach integrated performance and quality norms into the supervision checklist used during trainings. With training, supervisors learned to understand and how teams work in community-based health centers and are more capable of helping health centers evaluate baseline performance, assess gaps, identify the causes of quality problems, and select interventions to make up for those gaps. And with a better understanding of the supervisor's role, staff at the health center were motivated to support the initiative.

Monitoring indicated that supervisors' and staff members' behavior became more participatory, with improved interpersonal communication. Almost 200 people were trained in facilitative supervision, including 28 internal supervisors in community-based health centers, 167 external supervisors in districts and regions, and nine at the central level.

Pre-service training. The project selected ten practicum sites to serve as model pilot sites. Santénet began by strengthening the clinical capacities of supervisors and health workers in different technical areas and by training supervisors as clinical trainers in internship. The project used the Quality Assurance System, and provided needed

equipment and materials, to support staff in improving the quality of service provision at the practicum sites.

To improve teaching practices at medical schools and to ensure that skilled professionals were available to train Madagascar's future physicians and paramedics, Santénet built the clinical supervisory skills of 158 teachers and instructors from paramedical schools in Toliara, Fianarantsoa, Mahajanga, Antananarivo, and Antsiranana.

The project used adult training and participatory learning techniques to update instructors in integrated family planning, syndromic management of STIs, infection prevention practices, prenatal care, techniques of facilitative supervision, clinical training skills, and program development. The practicum sites were also involved in implementing the Quality Assurance System. Supervisors contributed to the definition of national performance standards and norms, and received training in evaluation methodology, problem analysis, and intervention selection for their sites.

To further improve the quality of training, Santénet equipped practicum sites, paramedical schools, and medical schools — including Internet cafés in the medical schools — with learning documents, CDs, videotapes, and kits, to enhance learning in malaria and infection prevention. Each infection prevention kit included basins and pails for decontamination, casks for water collection, heavy-duty gloves, boots, plastic aprons, flaps, and caps for cleaning instruments, handling wastes, and cleaning.

Santénet also procured and installed chlorine-generating units at two teaching hospitals, six regional hospitals, and two district hospitals. To support practical training, the project donated anatomical models used in demonstrations of master clinical techniques, to several divisions at the Ministry of Health, regional paramedical schools, and the National Institute of Community and Public Health.

SANTÉNET SUPPORTS PARAMEDICAL SCHOOLS

The national directorate in charge of coordinating paramedical schools requested Santénet's support to revise the training curricula on family planning, STIs, HIV/AIDS, prenatal care, and malaria in pregnancy. The goal of the revisions was to standardize how those topics were addressed in Madagascar's paramedical schools. Twenty-six teachers were trained to design and develop teaching programs and modules, which were in use as of the 2007-08 academic year.

FIRST PERSON

Reinforcing Infection Prevention

With training provided by USAID, two doctors are institutionalizing infection prevention in Malagasy health centers and salons



“The application of infection prevention necessitates the motivation and effort of everyone. We cannot be content to train; we must do regular supervisory visits.”

*Dr. Hanintsoa Rakotomanga,
head doctor of a basic health
center in Isotry Central,
Madagascar*

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Dr. Hanintsoa Rakotomanga, head doctor of a basic health center in Isotry central, and Dr. Toandromalala Jeannine Raharintsoa, technical adjunct of Centre de santé maternelle et infantile (CSMI) in Tsaralalana, trained medical students and paramedicals in the technical and clinical areas provided by Santénet.

In 2005, Dr. Hanintsoa and Dr. Toandro participated in Santénet’s two-week training courses on infection prevention and developing competencies in clinical training. They became certified clinical trainers after completing advanced infection prevention training for national managers. Both doctors have since conducted training-of-trainers sessions in the Service de Santé de District et de la Protection Sociale (SSDPS) of Antananarivo and in their basic health centers to ensure infection prevention is established at the district level. The centers have since received certification for achieving “norms of excellence” in infection prevention (2007). The Direction Régionale de la Sante, de la Planification Familiale et de la Protection Sociale (DRSPFPS) asked them to conduct sessions in three other districts. The doctors ensured the monitoring and supervision of infection prevention practices, including the establishment of performance norms on infection prevention.

To improve infection prevention in hairdresser parlors in the lower neighborhoods of the nation’s capital, the two doctors also sensitized all hair stylists in Anosy, the marketplaces of Isotry, and Ampefiloha, in infection prevention and HIV/AIDS control, with a focus on precautionary measures to clean and treat instruments. With their support, 70 stylists and 20 hair salon directors were trained, allowing them to in turn train 1,280 students per year to apply the approach in their workplaces.

Dr. Hanintsoa is satisfied by the initiatives she undertook “outside the walls of the basic health center. The Quality Assurance System demonstrates that improving health care in Madagascar is not just a question of financial resources but an issue of well-defined performance standards, the will to enforce them, and ensuring close follow-up of service providers who need technical support.

Establishing a Performance and Quality Improvement System

The Quality Assurance System helps improve health workers' on-the-job performance by implementing norms for the organization, operation, monitoring, and evaluation of health services. With input from service managers, providers, and beneficiaries, Santénet and the Ministry of Health developed a five-step methodology to encourage health service providers to take initiative through small, feasible, and significant actions to improve performance and service quality.



In facilities that adopted the Quality Assurance System, all staff members were involved in steps toward certification. This unified objective improved collaboration and fostered positive working relationships within the team. Training, such as the infection prevention practicum pictured at left, supported improved performance, enhanced health workers confidence in their day-to-day work easier, and helped them feel a sense of progress toward a concrete goal.

The methodology helped facilities define performance standards, based on the minimum activity package for basic health centers, and identify concrete actions to resolve quality issues. A facility was certified when it had implemented all five steps and achieved at least 75 percent of the desired norms. At a health center's request, the health district sent an external evaluator to assess the facility's scores and determine whether it should be certified.

The Quality Assurance System — along with reference tools, evaluation tools, a quality assurance framework document, an operational guide, a framework for certification in quality assurance, documents on performance norms for family planning, sexually transmitted diseases, focused prenatal care, infection prevention, service management, communication and human resources, and an integrated supervision checklist — was introduced in 163 basic health centers.

Of these, 134 were assessed in April 2008, and 74 achieved requirements for infection prevention and were certified through the Quality Assurance System.

This approach to quality, which encouraged all members of a health facility's team to get involved, promoted team spirit, improved collaboration, and fostered effective working

HEALTH CENTER SEES DRAMATIC IMPROVEMENTS IN QUALITY

In one practicum site, a community-based health facility that serves 51,837 people in the province of Toamasina and manages 2,300 pregnancies a year, compliance with quality and performance standards has increased for family planning services (65 percent, up from 34 percent), infection prevention services (60 percent, a 13-percent increase), and STI services (to 32 percent, up from 17 percent). Clinical staff also indicated that the quality assurance process makes their daily work easier and increases their motivation.

SUCCESS STORY

Better Hygiene, Better Health

USAID helps prevent infections in hospitals and health centers in Madagascar



PHOTO: SANTÉNET

Staff members at the Itaosy hospital are working hard to improve the hygiene in their workplace. A new infection prevention station (above) ensures that staff have access to chlorinated and soap water to clean instruments and wash hands.

The Quality Assurance System prepares health care providers, managers, and students to comply with standards when practicing medicine, improving their ability to provide quality services. Keeping to standards also helps providers reduce the risk of transmitting HIV and other infectious diseases.

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Infection prevention is fundamental to reducing the spread of infectious diseases and the potential risk of transmitting HIV to health care staff, patients, and the community. Assessments prepared by Santénet and the World Bank demonstrated the need to strengthen infection prevention practices at all levels of the Malagasy health care system. To do so, USAID/Madagascar established the Quality Assurance System.

In early 2005, USAID' trained 98 doctors, nurses, midwives, and assistants from a number of sites, including the Institute for Inter-Regional Paramedical Training, and supervisors from the central level. These health care workers learned simple, often-neglected topics such as hand washing, handling and cleaning instruments, keeping the workplace clean, and waste management.

Solo Voahangy Nirina, chief nurse at the Itaosy hospital and one of the trainees, shared what she learned during the training with her colleagues, and worked with her team to apply infection prevention standards. They created a committee responsible for ensuring that hospital staff adhere to infection prevention standards and find simple solutions to existing problems. They also set up an infection prevention station — although they had never used bleach before, a team member is now responsible for preparing the chlorinated water and soap water on a daily basis and distributing it to her department and to the rest of the hospital. Another member of the staff is responsible for burning waste in an incinerator provided by the World Health Organization.

Santénet's Quality Assurance System is based on assuring that service providers apply infection prevention standards. This practical approach prepares providers, managers, and students to comply with rules and directives when practicing medicine. Improving performance and quality is essential to enhancing service providers' ability to provide quality service and implement operational quality assurance models for specific health services.

relationships among staff members. By periodically using the observation checklist, providers developed the good practice of evaluating the quality of their own work, their peers' work, and the health facility as an organizational system. Health center staff members were trained and encouraged to use self-evaluation.

The involvement and support of administrative officers, community leaders, and the center managers offered another layer of support for the performance and quality improvement process, especially for problems outside the scope of a site's skills, such as site rehabilitation. As a result, health workers have become more committed and confident in solving performance and quality issues in their facilities.

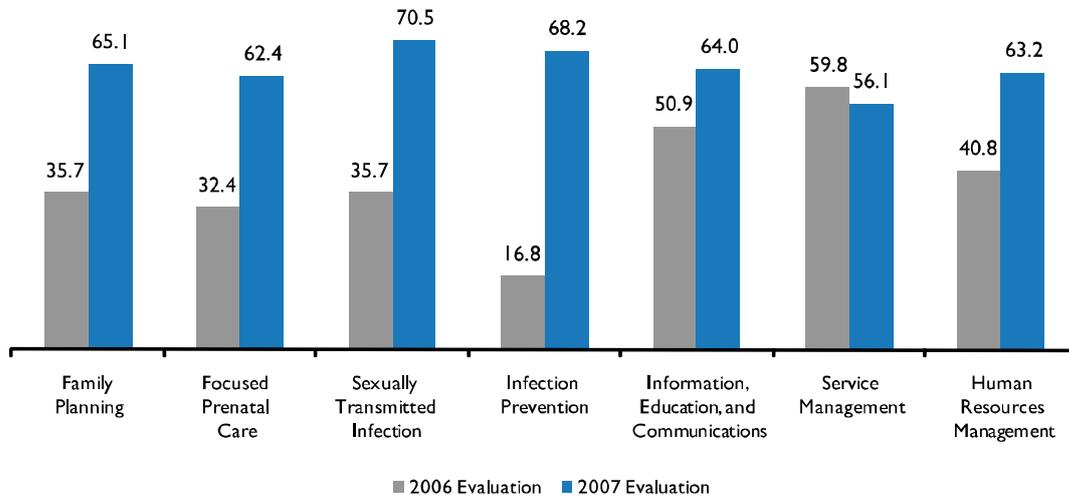
Through the Quality Assurance System, all service providers had the opportunity to participate in refresher training to update their technical skills. Such training was instrumental in building individuals' skills and improving performance and adherence to quality norms. Many poor practices, such as re-using disposable syringes, have disappeared in Santénet-supported facilities. Some service providers have been so motivated that they have contributed their own toward the purchase of buy small items, such as plastic bags to protect waste bins.

The Quality Assurance system has helped clients by clarifying expectations about health services. With adequate information, community members become informed consumers and can take steps to establish productive partnership with providers. Patients appreciated improvements in the cleanliness of health center premises, their reception at facilities, the amount of health information they received, and management of their needs.

"The Quality Assurance System has helped us strengthen teamwork among hospital staff members who have found it motivational that the approach focuses on assessing the services rather than the providers themselves. The Quality Assurance System has also encouraged us to question ourselves and follow-up regularly ... For me, the process is a good source of individual motivation."

— *Dr. Sylvia Randrianarivony,*
Head doctor
District Hospital 2, Itaosy

Norms Achieved in Seven Technical Areas Across Community-Based Practicum Sites (Percent)



Santénet trained 750 health care professionals and community members — trainers, supervisors, service providers, NGO technical personnel, and community leaders — in the Quality Assurance System.

CHAPTER FOUR. SKILLS TRANSFER FOR SUSTAINABILITY

Strengthening the Capacity of Local Partners

The capacity of health stakeholders must be strengthened if the interventions to improve the Malagasy population's health are to be effective. Santénet targeted the Ministry of Health for capacity, improving the performance of the health management information system and the capacity of civil society, including NGOs, to implement health programs. An efficient management information system, from data collection to the use of data for decision-making, is a key determinant for a strong health system, and with Santénet's support, the ministry's information system saw increasingly reliable, comprehensive, and timely data.

Santénet's support to NGOs and civil society reinforced the faith-based platform for the implementation of family planning programs and for the fight against STIs and HIV/AIDS. A net increase in contraceptive coverage was measured in the intervention areas where religious entities are prominent. Santénet also supported the development, dissemination, and enforcement of the National Health Contracting Policy which enables public- and private-sector actors in health to take a contractual approach to work with the ministry.

Reinforcing the Health Management Information System

In 2005, with technical assistance from Santénet, the Department of Statistics at the Ministry of Health conducted a comprehensive analysis of its management information system. The system tracks essential health indicators based on monthly activity reports from health facilities. The analysis indicated that the system worked at the community-based health center and health district levels, but detected problems at the district and regional levels. These issues resulted in delayed transfer of consolidated information to the central level. In some cases, reports took an entire year to reach the central level, at which point any information they contained was no longer of use in decision-making at any level of the system.

To fill this gap, the Ministry of Health began to build the health system's capacity to process, analyze, and use health information for planning, management, and decision-making. Its revisions of the information system, with guidance and support from Santénet, have brought the data in line with the health goals outlined in the Madagascar Action Plan and the Millennium Development Objectives. With Santénet's assistance, basic health facilities that had averaged 12 months to send information to the ministry in 2005 are now sending the same reports in approximately three months.

The ministry updated information system management tools, with Santénet's assistance, to include all the information needed for vertical programs as well as the changes in the list of diseases and age groups. All 22 regional information system managers, and the information system managers in the 47 health districts where Santénet implemented the Champion Communities approach, were trained to use data processing software. National-level managers at the ministry and other key partners — NGOs, UNICEF, the World Health Organization, and the Asian Development Bank — also benefited from training. These initiatives led to notable improvements in data collection and reliability. In 2005, only 15 percent (one report in six) were



As Muslim women do not have access to mosques, the manager of Conseil Supérieur de la Communauté Musulmane de Madagascar took the initiative to train all 24 Imams in his intervention areas, so that in turn, they could sensitize men in the various mosques in those communes.

Consequently, use of data for decision-making has become a common practice at the central level. The Directorate of Family Planning uses the data during reproductive health coordination meetings. The Expanded Program of Immunization uses data to monitor immunization activities and to assess the impact of the Mother and Child Health Weeks for future programming. To support information sharing, the ministry developed a monthly health information newsletter to disseminate results to health partners, and conducted regional workshops to disseminate the results of the 2003-04 National Demographic and Health Survey.

Since March 2007, the units in charge of monitoring and evaluation and information systems are operational in the 22 regional health directorates. The unit includes a monitoring and evaluation manager, an information systems manager, and an epidemiological surveillance officer. These units can now provide the information needed for planning, management, and decision-making in their respective regions. As a result, the Madagascar Action Plan's health objectives have been disaggregated at the level of the 22 regions which, in turn, set indicators and targets for health districts and community-based health centers in their regions.

Reinforcing Public-Private Partnerships and Building Local Partners' Capacity

In 2004, Santénet supported the development of a national health contracting policy and associated tools to implement public-private partnerships and expand the use of health services in Madagascar. The national health contracting policy offers three standardized mechanisms that the Ministry of Health can use to procure products and services from the private sector. The policy helps strengthen partnerships between the two sectors, and provides safeguards that ensure transparency and good governance. These mechanisms have assisted the ministry with procurement, logistics, and distribution of medical equipment, drugs, and supplies. The ministry also uses these mechanisms to subcontract staffing and operations for district-level hospitals and community health centers.

reliable and in compliance with established norms. In 2006, that number had increased to 34 percent. In 2007, 49 percent were compliant and providing reliable data.

In 2005, the percentage of district health services that sent their consolidated reports for all health facilities in the district in a timely manner was less than 50 percent. The proportion increased to 75 percent in 2006. In the following year, 2007, 84 percent of Madagascar's district health services sent completed reports within the prescribed three-month period.

In support of the contracting policy, Santénet helped set up technical committees to develop and validate the operational guide, produce a training module, train 25 trainers of trainers from regional directorates and NGOs; and train key personnel from 5 regions in the former province of Fianarantsoa. The committee's work resulted in updated contracts between the health district and the NGOs that operate district wholesale pharmacies. Santénet built the capacity of 15 partner NGOs by providing 119 of their members with adult education, training-of-trainer sessions covering clinical training, quality assurance systems, supervision, the Standard Days Method, and mutual health insurance, and offered coaching in training design and delivery³.

Through its grants program, Santénet provided 11 local NGO grant recipients and two health district recipients (Fianarantsoa II and Amboasary) a combined total of \$2,283,174.52 in grant funds between June 2005 and July 2008 to implement the Champion Communities program in 303 communes. In addition to technical support and training, Santénet also offered financial management coaching and support to partner NGOs. Partners helping implement Champion Communities received technical assistance and capacity building support in accounting, grants management, training, monitoring and evaluation, and reporting.



Santénet supported the HIV/AIDS Alliance, a national NGO working in partnership with the National AIDS Control Committee and the Multisectoral AIDS Prevention Project in Madagascar, to translate and duplicate a facilitators' guide for group education sessions on HIV/AIDS. Santénet organized five workshops to disseminate the guide to 150 NGOs in 22 regions. The guide contained tools and exercises to help the organizations address STI and HIV/AIDS in open and participatory discussions, and to the capacity of NGO technicians to facilitate meetings and foster beneficiary participation.

A Lasting Partnership with Civil Society, Religious, and Traditional Networks

Elders and religious leaders hold a predominant place in Malagasy rural life and are generally consulted by families and the community on issues of concern. The Madagascar Action Plan points to the power of traditional and religious leaders as assets for family planning promotion and HIV/AIDS prevention programs.

To capitalize on this network, USAID supported a group of religious and traditional entities through its Flexible Fund project. In partnership with this program, Santénet provided assistance to World Learning to build capacity of the member entities. Coordinators received training in family planning program management, adult education training techniques, and technical supervision to enable adequate monitoring of field activities by animators and local supervisors. Local supervisors and community-based service workers received cascade training, marketing kits, and information, education, and communication

³ NGOs receiving training included AMCM, PENSER, FISA, SALFA, LINKAGES, AMIS, ASOS, Catholic Relief Services, Micet, CARE, Mateza, Medical Care Development International, Ny Tanisika, SAF/FJK-M, Adventist Development and Relief Agency, and Voahary Salama.

materials. To complement the activities of community-based distributors, local supervisors and animators conducted sensitization activities related to family planning and service provision in churches and mosques by local supervisors and animators. Each entity in the network collaborated with the supervising community health center in its commune, collecting data through the health facilities so that they could transfer it to the platform's executive secretary's office each month.

Advocacy with church leaders and association members, to help them their communities to support family planning, had a remarkable impact. Active involvement of religious community members helped unify the activities and ideas of groups with different mission around a single objective, and obtained \$438,000 in Flexible Fund financing between 2006 and 2009. Santénet played a key role leveraging these resources in support of the national family planning program. The impact on contraceptive coverage was palpable — the rate tripled in a two-year period.⁴

In an approach similar to the Flexible Fund, a platform of religious entities and faith-based organizations, the PLEROC, mobilized to help fight the spread of STIs, including HIV. The platform's main objectives were to help prevent HIV/AIDS and to encourage the pastoral and psychosocial management of people living with HIV/AIDS. In addition to the platform's informational materials, Some 150 of its members received training in a variety of topics, including STIs and HIV/AIDS, management and leadership, discrimination, and counseling. PLEROC also sought active involvement in activities throughout the country; for example, encouraging HIV testing for 250 young people attending a youth forum in Taolagnaro. Santénet provided technical and financial assistance to reinforce this group's promising work.

VOHIPENO IMAMS HELP MEN UNDERSTAND FAMILY PLANNING

The majority of the population in Vohipeno is Muslim, under the religious tutelage of the Superior Counsel of the Madagascar Muslim Community. As Muslim women do not have access to mosques, community-based health workers took the initiative to train all 24 Islamic leaders (imams), in their intervention areas, so that the leaders could, in turn, sensitize men in the mosques in those communes.

At the beginning of the Santénet project, health workers set up meetings to emphasize the importance of family planning to imams in their communes. The goal was to help them understand that family planning does not contradict the Koran. They used verses from the Koran, including the one that reads, "each person has the right to live without difficulty," to help justify the promotion of family planning. Once the imams were committed to the need to promote family planning, Santénet's health workers trained them on how to transfer messages.

Following this training, the imams were presented to the community as family planning promoters. It was then their turn to sensitize the men, in mosques and other settings.

At the start of the program, none of the three communes had access to family planning. In March 2008, after two years of sensitization, these communes had more than 875 regular users of family planning. Of these, more than 360 users had been referred by Santénet-sponsored community-based health workers.

⁴ Between January 2006 and December 2006, the contraceptive coverage rate of the 17 intervention communes increased from 6.64 percent to 9.78 percent, representing an increase of 3.14 percentage points (well above the two percent target set by the government). Between January 2007 and December 2007, the contraceptive coverage rate doubled (from 9.78 percent to 20.27 percent), representing a threefold increase over the 2006 baseline.

CHAPTER FIVE. LOOKING AHEAD

Applying Lessons from Santénet

The previous chapters have related the story of Santénet’s achievements through four years of implementation in Madagascar. This chapter looks ahead, summarizing key lessons and recommending next steps for future programs.

The first lesson is the importance of coordination, collaboration, and a shared commitment to success among all actors in a community — public and private administrators and service providers, community organizations, and individuals. This commitment allowed for more efficient and effective use of complementary resources, and produced better results.

For example, the Champion Communities approach requires collaboration among the different actors in a commune, including the local health center, community health workers, and local authorities. Traditional, religious, and administrative leaders have tremendous influence in Malagasy communities. For Santénet, these leaders became change agents in communes with limited networks of health workers and community animators. District and regional administrative and health authorities facilitated Santénet’s first contact with the communes and supported them, and then provided resources to allow them to implement community action plans developed within the Champion Communities model. Engagement of community members themselves in changing attitudes and behaviors, which was achieved primarily through the grassroots communications efforts of community health workers, was both the definition and the key ingredient in the success of the approach.

A similar degree of broad engagement has been required for the success of health micro-insurance programs. To keep costs low and ensure sustainability, community members handle the management and marketing of these schemes.

Also to minimize new costs and ensure oversight using a sustainable, established structure, regional and district health services were incorporated to supervise and monitor activities. The incorporation of district administration committees into the insurance system also helped limit costs and fostered integration and confidence in the insurance scheme, with elected community insurance managers on the committee.

The second overarching lesson — integrating diverse technical approaches to maximize impact — demonstrates that the “whole is greater than the sum of its parts.” Indeed, Santénet saw greater results where multiple, complementary

THEMES FROM SANTÉNET

Key lessons from the work of Santénet and project partners in Madagascar fall into three primary themes:

Powerful results can be achieved at a local level when administrative and technical authorities collaborate and coordinate with local NGOs and populations. Local actors reach their full potential when they are supported by district and regional authorities.

Results are greater when a program integrates diverse technical approaches and implements them simultaneously at the local level.

Positive behavior change is reinforced when community mobilization activities are supported by other communication channels.

approaches and interventions were used. Integrating compatible community approaches created substantial economies of scale that optimized stakeholder participation in community development programs and led to greater results. Where quality assurance standards and micro-insurance were introduced in a Champion Community, for example, the impact of each approach reinforced the other intervention and yielded greater cumulative results.

Santénet used an integrated approach in communes along the biodiverse forest corridor, where Champion Community activities related to health took place in step with environmental development activities. This was done through a close coordination, in the form of collocated offices, with USAID's Eco-Regional Initiatives program. While there are no data to show that results in each sector were strengthened by this approach, several advantages were clear.

In operational terms, a commune's familiarity with the approach for one sector made it easier to put in place the approach for another sector. Partner NGOs and community health committees reported that joint approaches enhanced community members' understanding of the relationship between improved health and environmental behaviors and outcomes.

Discussions with participating NGOs who supported the integrated approaches yielded an operational lesson: it is preferable to work with the same organization to implement multisectoral activities. In some cases, an overlap of two NGOs working in different sectors in the same commune created confusion and duplication of effort. Santénet's experience with such cases demonstrates the importance of integrating partners into annual work planning and regular activity planning.

A related lesson was the importance of using multiple communication channels for outreach in support of behavior change and community mobilization activities. This includes community health workers, government, media, peers (especially for youth), and community organizations such as religious groups. Many of Santénet's social mobilization activities were enhanced through the use of mass media. Radio spots helped disseminate messages to a broad audience, helped overcome taboos and open discussions about health issues. National broadcasts of ministry-sponsored radio spots reinforced the credibility of simultaneous grassroots messages.

INTEGRATING APPROACHES, MULTIPLYING SUCCESS

Santénet initiated a demonstration and learning project in two communes in the Moramanga district, Lakato and Antanandava, to analyze the impact of integrating the Champion Communities with the Quality Assurance System. The approach shows promise, and has gained enthusiastic support from participating health centers, community health committees, and the Malagasy government.

This project was set up to build on achievements, harmonize approaches, and involve all partners. Initial results include improved use of project resources in support of commune-level activities, and increased interest on the part of community members in activities that improve health center quality, including community participation in health services (waste disposal, water access, waiting facilities, and health center enclosures); greater awareness of what can be expected from health centers; and strong, sustainable links between health centers and communities through social mobilization committees. The inclusion of quality norms for community-based pharmacy management has also placed a greater emphasis on, and accountability for, health center support to this community-managed entity.

Santénet’s activities reinforced the importance of mobilizing peers to deliver key messages. *Ankoay* is an example how a program can leverage the natural energy, enthusiasm, and receptivity of youth to transform them into agents of change in their communities. The *Samia Mitondra Telo* (“Each One Invites Three”) campaign, which encouraged women to invite other women for family planning consultations, was particularly effective in reinforcing the family planning messages of the Champion Communities approach.

What’s Next?

Roll out an integrated, ministry-endorsed package of community activities. Santénet successfully scaled up community health approaches and achieved impact in some 300 communes in Madagascar. The next step is to consolidate activities into a single package for nationwide scale-up. This comprehensive, cost-effective package for community health — with reduced reliance on external management and financial resources — is in keeping with the Ministry of Health’s vision and embodied in the name, *Kôminina Mendrika Salama*, or “Health Champion Communes.”

Such a package should integrate Santénet’s principal approaches — Champion Communities, a clinical quality assurance system, and community-based micro-insurance — building on the Champion Communities foundation by strengthening the relationship between community mobilization and clinical quality assurance, and offers financing schemes to improve access to services. Designing, with partners, a series of synchronized steps for the different community approaches facilitates functional integration. For example, combining mobilization and quality



One Champion Community in the making.

The committee of local leaders that oversaw the coordination of Champion Community activities in Tsaratanana cited the following compelling advantages of simultaneously implementing health and environment interventions:

- Even if people use family planning to have healthier children, unless they are able to grow nutritionally good food, their family's health won't improve.
- Improved agricultural techniques that don't rely on herbicides and pesticides are better for the environment and for families.
- Protecting the surrounding area adjacent to water sources helps the environment and provides cleaner water for human consumption.
- One cannot separate the two: Healthy people and a healthy environment go hand in hand!

assurance will increase community engagement in clinical quality assurance while strengthening links between the community and the clinic, and increasing cost effectiveness.

Scale up community activities. Scaled-up community interventions could begin in current Santénet communes, adding 200 new communes per year between 2008 and 2010 to achieve cumulative USAID-supported coverage for more than 900 communes. At the same time, provide technical support to the Ministry of Health to strengthen its ability to oversee and support these communes, gradually transferring a robust project structure to full take-up by the ministry. Support to the ministry will also be necessary to introduce innovations, bring partners together to share best practices and lessons learned, assess results, and continuously refine the process.

As noted, it was useful to work across multiple sectors, to support broad-based community development and Madagascar Action Plan objectives. An integrated approach to health, population, and the environment, and other sectors (such as governance, education, and enterprise development), has always been important. People recognize, for example, that safer drinking water requires their efforts as caretakers of the watershed. Through its considerable work in the health-population-environment arena, Santénet found that health opened doors to other kinds of behavior change. Santénet worked closely with the Eco-regional Initiatives program (ERI) by providing coordinated grants to local NGOs within the bio-diverse forest corridors of Madagascar. In these areas, local NGOs worked with specific communes simultaneously on population, health, environmental, and agriculture/income generation issues, using the Champion Communities approach.

Next steps include consolidating and further scaling up this work, and exploring how to incorporate approaches into existing mechanisms at local NGOs, anticipated *Centres d'Appui aux Communes* (County Support Centers), or other entities able to support multisectoral community development efforts.

Strengthen the community health worker network. To build on current investments, the Ministry of Health should continue its work to establish a national network of community health workers who serve communities by increasing knowledge of positive health behaviors, distributing socially marketed and public-sector products, and linking clinic services to the community. Through these activities,

health workers increase demand, access, and quality of services. The ministry is currently working to finalize a national policy for community health. The policy will put in place a framework that includes three levels for community health workers, defined by the complexity of services and products they offer.

Under this new system, increased responsibilities for community health workers should to be explored, to enhance their ability to share multiple messages, enact quality and performance improvements, and create demand and mutualistic health financing schemes that will result in a wider range of services provided by community health workers. This cross-fertilization will enable them to better support overtaxed health facility personnel. To ensure the continuation of community-level distribution, it is important to anchor community health workers to health centers and to continue providing financial support. Further, the continued availability of more profitable products should be ensured, to encourage the distribution of all products and outreach to remote locations. Critical products include insecticide-treated nets to prevent malaria and CycleBeads to promote the Standard Days Method for family planning.

Expand the flexibility of the Champion Communities approach. Given that community ownership is the basis of the approach, an important next step will be to encourage flexibility, to help communes establish objectives beyond maternal and child health (for example, in dealing with other health issues such as leprosy, tuberculosis, and schistosomiasis) depending on local circumstances and priorities.

Improve the distribution of essential drugs, building on success of the family planning supply chain. Santénet brought about significant improvements in the availability of family planning commodities in Madagascar. The Ministry of Health and its partners must continue to ensure the logistical management of contraceptives and permanent availability of products and services, by finalizing the protocol between the ministry, Salama, and partners that will guarantee the security of family planning logistics and determine Salama's logistical costs. Success with logistics management for contraceptives suggests that the ministry should extend the program to include all health commodities, coordinating with Salama and specialized partners to improve procurement and distribution of products on the national list of essential drugs.

Strengthen financial access. To continue increasing access to health care, Madagascar should focus on scaling up community-based financing as part of the integrated package. Scale-up should include community-based health micro-insurance schemes. There is a need to bring these mechanisms into federated networks, beginning at the district level, where stable insurance schemes can provide greater risk pooling, reduce risk to families through coverage of relatively more expensive health services, and enhance financial stability for members.

Identify creative financing mechanisms for health. New financing mechanisms that have shown promise in other countries include the incorporation of existing private-sector financial institutions into grassroots health finance efforts. Future efforts in Madagascar should explore the success of the national Equity Fund and use other country examples, along with operational research in Madagascar, to

determine how the fund can reach its target beneficiaries, the poorest segments of the population.

Continue to build capacity in monitoring and evaluation. Santénet's work to strengthen the health management information system led to tangible results in the reliability, completeness, timeliness, and use of data for decision-making at all levels of the health system in Madagascar. To continue these improvements, it is essential to develop a national health information system policy with better coordination between the Health Statistics Service and the various vertical programs and donors. The use of data for decision-making at all levels also must be reinforced, a step that will include regional operationalization of the monitoring and evaluation system.

Strengthen information sharing. Periodic production of the Health Statistics Yearbook and the monthly bulletin must be reinforced and sustained, and the



A mother embraces her healthy baby following a Mother and Child Health Day in her community.

production of posters presenting key indicators for each district — and the revitalization of the ministry’s health statistics Web site — should be encouraged, to allow a higher level of data analysis and use in decision-making and programming.

Improving quality of health services. In addition to scaling up the Quality Assurance System as part of the national community health package, all critical health programs must elaborate and finalize their performance and quality standards. Santénet learned that the number and complexity of standards is a potential barrier to improved service delivery in health centers, and that when supervisors and clinical staff proceed from one vertical set of technical standards to another, support for broad-based improvements in service delivery is limited.

To streamline standards for improved service delivery, the Ministry of Health and the National Center for Quality Management might consider a two-tiered certification mechanism, under which clinics would begin by mastering a basic set of integrated standards and proceed to a more advanced package. The advanced package would be similar to the current package of ministry-approved integrated standards. Such a mechanism would improve community-level service delivery, providing more immediate goals for clinics and communities, and encourage simultaneous quality improvements in multiple health areas.

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