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SEMI-ANNUAL REPORT No. 2

October 1, 2008–March 31, 2009

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Acronyms and Abbreviations

ACT	Artemisinin-based Combination Therapy
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
APIHI	Action Program for the Integration of Health Inputs
ARH	Adolescent Reproductive Health
ARI	Acute Respiratory Infection
AWP	Annual Work Plan
BAFO	Best and Final Offer
BCC	Behavioral Change Communication
CAP	Community Activity Package
CC	Champion Commune (see KM)
CCSSME	<i>Comité de Coordination Senior pour la Santé des Mères et des Enfants</i> (Senior Coordination Committee for Maternal and Child Health)
CDS	Social Development Committee
C-EONC	Community Emergency Obstetrical and Neonatal Care
CHCC	Child Health Coordination Committee
CHW	Community Health Worker
C-IMCI	Community-based Integrated Management of Childhood Illnesses
CLTS	Community-Led Total Sanitation
CoSan	Health Committees
CRS	Catholic Relief Services
CSB	<i>Centre de Santé de Base</i> (Basic Health Center, Level I and II)
CSC	Community Score Card
CSO	Civil Society Organization
DDM	Data for Decision Making
DEP	<i>Direction des Etudes et de Planification</i> (Directorate for Studies and Planning at the MoH/FP)
DIFP	<i>Direction des Instituts de Formation Paramédicale</i> (Directorate for Institutes for Paramedical Training)

DRSAS	Regional Directorate of Health and Social Affairs
DRV	Dinika sy Rindra ho an'ny Vehivavy
DSME	<i>Direction de la Santé de la Mère et de l'Enfant</i> (Division of Maternal and Child Health)
DSSB	<i>Direction des Soins de Santé de Base</i> (Directorate of Primary Health Care)
EMAD	District Management Team
ENA	Essential Nutrition Actions
EONC	Emergency Obstetrical and Neonatal Care
EPI	Expanded Program on Immunization
FHI	Family Health International
FIMIZORE	Fikambanana Miharo ny Zo an'ny Rehetra (a network of of SWs and MSM grouping sixteen member organizations)
FP	Family Planning
GAVI	Global Alliance for Vaccines and Immunization
GED	Generic Essential Drugs
GESIS	<i>Gestion du Système d'Information Sanitaire</i> (a software for health management information system)
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
GMP	Growth Monitoring and Promotion
GUC	Grants Under Contract
HIP	Hygiene Improvement Project
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HNA	Health National Accounts
IACC	InterAgency Coordination Committee
IEC	Information, Education, and Communication
IFA	Iron Folic Acid
IFP	Paramedical Training Institute
IMCI	Integrated Management of Childhood Illnesses
INSTAT	National Statistics Agency
ITN	Insecticide-treated bednet
IUD	Intra-Uterine Device
JICA	Japan International Cooperation Agency
KM	Kaominina Mendrika (Champion Commune)

KM salama	Kaominina Mendrika salama (health champion commune)
LAM	Lactational Amenorrhea Method
LTPM	Long-Term Permanent Methods
M&E	Monitoring and Evaluation
MAP	Madagascar Action Plan
MAR	Monthly Activity Report
MARP	Most-at-risk Population
MCH	Maternal and Child Health
MCHW	Maternal and Child Health Week
MCP	Malaria Control Program
MDG	Millennium Development Goals
MHR	Men at High Risk
MLM	Mid-level management
MoH/FP	Ministry of Health and Family Planning
MSM	Men who have sex with men
NGKM	New Generation Kaominina Mendrika
NGO	Non Governmental Organization
NSA	National Strategy Applications
ONN	National Nutrition Office
PAEAR	<i>Programme d'Alimentation en Eau et Assainissement en milieu Rural</i> (Program for Water Supply and Sanitation in Rural Areas)
PDSS	Health sector development plan
PHAGDIS	District wholesale pharmacy
PLeROC	<i>Plateforme des Leaders Religieux et Organisations Confessionnelles</i> (Platform of Religious Leaders and Faith Organizations)
PMI	President's Malaria Initiative
PNNC	National Policy for Community-based Nutrition
PNSC	<i>Politique Nationale de la Santé Communautaire</i> (National Policy for Community Health)
PNSIS	National policy for health information system
PPFP	Post-Partum Family Planning
PSI	Population Services International
QAS	Quality Assurance System

RBF	Results-Based Funding
RBM	Roll Back Malaria
RCC	Rolling Continuing Channel
RDT	Rapid Diagnosis Test
RED	Reach Each District and <i>fokontany</i>
RFA	Request for Application
RFP	Request for Proposal
RH	Reproductive Health
RHCS	Reproductive Health Commodities Security
SAVA	Sambava–Vohemar–Andapa–Antalaha
SBA	Skilled birth attendants
SDM	Standard Days Method
SDSAS	District health and social protection service
SLP	Malaria Control Unit
SM	Safe Motherhood
SNSBCH	National Strategy for Harmonized Community-based Services
SO	Strategic Objective
SP	Sulfadoxin Pyrimethamin
SPCo	Community participation unit
SPS	Strengthening Pharmaceutical System
SSBC	Community-Based Health Service
SSS	Health Statistics Service
STI	Sexually Transmitted Infection
SW	Sex Workers
SWAp	Sector Wide Approach
ToR	Terms of Reference
ToT	Training of Trainers
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
USAID	U.S. Agency for International Development
USG	U.S. Government
VMA	Vaccine Management Assessment

WASH	Water Sanitation and Hygiene
WATSAN	Water, hygiene, and sanitation
WB	World Bank
WHO	World Health Organization
YPE	Young Peer Educator

I. Introduction

The five-year USAID/Santénet2 program is a major component of USAID's fourth phase of assistance to the health sector in Madagascar under Strategic Objective 5 (SO5), "Use of Selected Health Services and Products Increased, and Practices Improved." SO5 includes the following components:

- Improve child survival, health, and nutrition;
- Reduce unintended pregnancy and improve healthy reproductive behavior;
- Prevent and control infectious diseases of major importance; and
- Reduce transmission and impact of HIV/AIDS.

USAID/Santénet2 will strengthen the health system and the capacity of the Ministry of Health and Family Planning (MoH/FP). Also, building on approaches and lessons from previous USAID/Madagascar health sector investments and working alongside the social marketing program and expanded program implementers, the USAID/Santénet2 program will expand demand for and use of services more broadly and deeply into communities. The final goal is to provide quality, pro-poor health services. USAID/Santénet2 will target 500 communes to achieve New Generation Kaominina Mendrika (NGKM)—or "champion commune"—status in addition to the current 303 communes that have achieved Kaominina Mendrika status to date. The USAID/Santénet2 integrated approach will have national impact as activities are brought to scale.

This second semi-annual report describes project activities carried out by RTI International and its partners between October 1, 2008, and March 31, 2009. The report describes achievement in the following areas:

- Community programs;
- Health system strengthening;
- Achieving strategic health results;
- Monitoring and evaluation (M&E); and
- Administration and finance.

Section III of this document describes achievements during this semester by technical component. Section IV presents progress of M&E indicators (where applicable). Section V describes the achievements in administration and finance during the reporting period.

II. EXECUTIVE SUMMARY

The five-year USAID/Santénet2 program is a major component of USAID's fourth phase of assistance to the health sector in Madagascar under Strategic Objective 5 (SO5), "Use of Selected Health Services and Products Increased, and Practices Improved." SO5 includes the following components:

- Improve child survival, health, and nutrition;
- Reduce unintended pregnancy and improve healthy reproductive behavior;
- Prevent and control infectious diseases of major importance; and
- Reduce transmission and impact of HIV/AIDS.

This second semi-annual report describes project activities carried out by RTI International and its partners between October 1, 2008, and March 31, 2009.

Community Programs

USAID/Santénet2's approach to its community program component is to create a link with commune authorities, train community members as community health workers (CHWs), set up a health product supply chain, and embed it in a local structure such as the Basic Health Center (or *Centre de Santé de Base* [CSB], as known by the French acronym). Community interventions need to be comprehensive in involving key stakeholders, help health providers go beyond clinic walls, and emphasize interdependence and the synergistic potential of common stakeholders' actions. Key activities of our community programs strategy are designed to generate better health status at the community level.

Redesign and build consensus for new generation KM salama; revamp, lighten, and streamline process; and integrate activity packages and endogenous sustainability strategy.

The project team worked with USAID/Madagascar, international and local nongovernmental organizations (NGOs), and MoH/FP to redesign KM salama. The new design builds on the successful elements of the first-generation KM. We have included several community strengthening initiatives to enhance the central decision role of communities and community structures (e.g., Social Development Committees [CDS] and CHWs). Particular efforts were deployed to streamline CHW training curricula, information, and supply chain systems. Information, education, and communication (IEC) and behavior change and communication (BCC) tools used by CHWs were realigned with the new KM salama concept. Twenty documents were reviewed and updated in collaboration with USAID/Madagascar, international and local NGOs, and MoH/FP.

Announce and review RFAs for KM salama Grants

The Santénet2 team has developed and received approval from USAID/Madagascar for its Grants Under Contract (GUC) document. Two Requests for Applications (RFAs) were announced in January 2009, after USAID/Madagascar approved the GUC document.

The first RFA aims to award five grants over four years, to achieve full-fledge implementation of KM salama in 130 new communes. Twenty-five local and international NGOs participated in the information forum organized by the project. Twenty-one NGOs submitted proposals. The technical evaluation committee reviewed proposals and is currently reviewing proposals that are in the Best and Final Offer (BAFO) phase. We anticipate that the selection process

will be completed in early May 2009 and will submit the successful proposals to USAID/Madagascar for approval.

The second RFA aims to award four grants over 12 months to upgrade 119 former KMs to KM salama status. The activity will provide technical, logistical, and financial assistance to communities by training CHWs and setting up CHW information and supply chain systems. Twenty-five local and international NGOs participated in the information forum organized by the project. Fifteen NGOs submitted proposals. The technical evaluation committee reviewed proposals and is currently reviewing proposals that are in the BAFO phase. We anticipate that the selection process will be completed in early May 2009 and will submit the successful proposals to USAID/Madagascar for approval.

Implement KM salama in 55 communes

After completing the KM salama design phase and finalizing the associated management, training, and IEC/BCC tools, Santénet2 started implementing KM salama in 55 communes through project subcontractors CARE and Catholic Relief Services (CRS).

Health Systems Strengthening

The objective of this component is to strengthen the delivery and availability of quality health services at the primary and first-level referrals in districts, especially in remote areas. Following the country's ongoing efforts to decentralize resources, functions, and responsibilities, this component supports strengthening the capacity of the regions, districts, and health facilities to better organize, manage, and deliver quality health goods and services to all, especially those living in rural and remote areas.

Design sustainable supply chain of health commodities for CHWs

The project team and Population Services International (PSI) (subcontractor and strategic partner) designed a sustainable social marketing products supply chain for CHWs. PSI is in charge of regularly stocking district level re-supply points. Santénet2 integrated re-supply procedures and tools in the CHW supply chain system to ensure that CHWs are regularly stocked with social marketing products. This system is sustainable because it is built on community structures (health management committees) and existing district-level drug delivery points.

Design CHW information system

The project team worked with USAID/Madagascar, NGOs, and MoH/FP to develop CHW reporting tools and include the health information system training component into CHW training curricula. In addition, Santénet2 is designing an online data collection and transfer system to be used by NGOs that implement KM salama.

Develop and validate national community health policy

Santénet2 played a lead role in assisting Madagascar's health partners (MoH/FP, NGOs, World Bank [WB], United Nations Children's Fund [UNICEF], World Health Organization [WHO], Japan International Cooperation Agency [JICA], etc.) in developing and validating a national community health policy aligned with national needs, priorities, and prevailing community interventions. The objective of the policy is to provide a favorable policy environment for community initiatives in tackling the growing health needs of remote communities.

Streamline quality of care

Santénet2 worked with MoH/FP and international and local partners to design a process that will lead to a new integrated strategy in promoting and streamlining quality of care initiatives. Santénet2, through its subcontractor IntraHealth, succeeded in generating interest and building a coalition to organize a national conference on quality of care. The process is currently on hold because of the instable political situation.

Achieving Strategic Health Results

The achieving strategic health results component focuses on five key intervention programs:

1. Maternal and Child Health (MCH), including nutrition;
2. Reproductive Health (RH) and Family Planning (FP);
3. Malaria;
4. Water, hygiene, and sanitation (WATSAN) and;
5. Sexually Transmitted Infections (STIs) and HIV/AIDS;

At national, regional, and district levels, Santénet2 supports these programs through strengthening the health system and building the capacity of health managers to scale up, oversee, and support community-based activities and services.

At the community level, Santénet2 supports the integration of these key programs so that activities are embedded in communities, to facilitate access to basic health services for rural populations and foster medium-term ownership and sustainability.

Support implementation of MCH Weeks (MCHWs)

Santénet2 provided technical and financial support to the MoH/FP in developing the strategy and package that was offered for these week-long events in October 2008.

Integrate obstetrical and neonatal care at community level

This activity aims to promote community-based management of pregnant women and newborns by building capacities of CHWs and community members to adopt preventive measures for safe motherhood and identify life-threatening situations. USAID/Santénet2 provided assistance in establishing a steering committee and developing a research protocol for research on community-based emergency obstetrical and neonatal care (EONC).

Strengthen the Expanded Program on Immunization (EPI)

Santénet2 led the assessment of the EPI logistics (Vaccine Management Assessment [VMA]) in November 2008. The project team also participated in the EPI system survey assessment for epidemiological surveillance of EPI target diseases.

Build capacity of health workers on Essential Nutrition Actions (ENA) and malnutrition management

Santénet2 supports the implementation of the ENA package at the community level. It also supports building the capacity of health workers who have not yet received training in this area so that they can properly supervise CHWs in sensitizing the population on MCH behaviors for better nutrition. The project team took the technical leadership in designing and building consensus among MoH/FP, national

nutrition board, NGOs, and international organizations to conduct a feasibility study on iron folic acid (IFA) supplements for pregnant women and design curricula training for CHWs' MCH health tracks on nutrition.

Support implementation of community-based integrated management of childhood illnesses (C-IMCI)

In February 2008, Santénet2 has announced an RFA to support the implementation of C-IMCI. This activity aims to strengthen CHWs' capacities to manage three diseases in children under five: malaria, diarrhea, and Acute Respiratory Infection (ARI).

Support implementation of the national contraceptive security strategy

Santénet2 provided technical and financial assistance to implement the national contraceptive strategy. The project team conducted a public sector contraceptive stock out survey in November 2008. Santénet2 provided technical and financial assistance to the National FP program to conduct two quarterly public sector contraceptive re-supply monitoring activities.

Support the national malaria control program

Santénet2 contributes technically and financially to the national malaria control program through activities in the project's intervention zones. To this end, a request for proposals (RFA #2) for the implementation of C-IMCI in 119 previous KMs in 8 regions and 18 districts was launched in February 2008.

Promote long-lasting improvements of sanitation and hygiene practices

Santénet2 supports building the capacity of households, health service providers, and school officers to adopt healthy behaviors. This activity also strengthens local authorities' abilities to provide and manage adequate and safe water supply and sanitation systems in KM salama.

Support decentralization of STI/HIV/AIDS prevention and control

For this program area, USAID/Santénet2 helps the Malagasy government meet its goal of maintaining an HIV prevalence below 1% in the general population, reducing STI prevalence in the general population and among pregnant women, and strengthen the decentralized management of the response to STI/HIV/AIDS control. The project also aims to increase STI/HIV/AIDS prevention activities among Most-at-Risk Populations (MARPs).

III. ACHIEVEMENTS BY TECHNICAL COMPONENT

A. COMPONENT I: COMMUNITY SYSTEMS

USAID/Santénet2's approach to its community program component is to create a link with commune authorities, train community members as CHWs, set up a health product supply chain and embed it in a local structure such as the CSB. Community interventions need to be comprehensive in involving key stakeholders, help health providers go beyond clinic walls, and emphasize interdependence and the synergistic potential of common stakeholders' actions. Key activities of our community programs strategy are designed to generate better health status at the community level.

The Champion Commune approach was successfully initiated in Madagascar in the early 2000s with the aim of mobilizing communities at the village (or *fokontany*) level to improve the immunization coverage rates. The approach was then adapted by the previous SantéNet project to include a larger range of health interventions and implemented at the commune level as the Kaominina Mendrika approach. Within three years, the approach had reached 303 communes and had been adapted to other sectors in 100 additional communes.

Based on the past experiences and with the goal of having a replicable and sustainable model, USAID/Santénet2 has worked with the MoH/FP and partners to scale up a new generation of Kaominina Mendrika called Kaominina Mendrika Salama (or Healthy Champion Commune). Under this approach, the community is the actor of change and the focus of all actions initiated in the commune. In line with this, the approach's implementation relies on communities' participation in defining priorities and objectives in the health sector. Several components will be integrated in the new approach, such as health indicators, mutual health insurance schemes, and Community Score Cards (CSCs). USAID/Santénet2 will implement the approach in 500 new communes while upgrading the 300 communes that were already certified as KMs.

The KM salama approach aims to improve health by empowering communities in defining and meeting their health needs; and by ensuring the availability of health commodities and services.

▶ **Define and build consensus for new generation KM salama through new processes and integrated activity packages**

Santénet2 would introduce integrated activity packages that would include health indicators, mutual health insurance schemes, and the CSC. The activities would involve community actors such as CDSs and CHWs. The CHWs are responsible for managing cases, raising awareness, and distributing health commodities at the community level. They are divided into Maternal Health CHWs (in charge of maternal health, namely RH/FP and community-based provision of Depo Provera) and Child Health CHWs (in charge of child health, namely community-based nutrition and C-IMCI).

▶ **Launch RFA for KM salama grants**

USAID/Santénet2 launched the RFA process for five grants in this first phase of the KM salama grant to select five grantees to implement the approach in 130 communes.

▶ **Update KM salama management and IEC tools**

Twenty documents needed to implement the KM salama approach are being updated. The editing process is ongoing.

▶ **Implement KM salama in 55 communes**

During this reporting period, USAID/Santénet2 started the implementation of KM salama in 55 communes through project subcontractors CARE and CRS.

ACHIEVEMENTS FOR THE REPORTING PERIOD

- ▶ Launched first cluster of 130 communes for grants award
- ▶ Introduced KM salama approach in 55 communes

- ▶ Trained CDS members in 18 communes

- ▶ Developed training curricula, IEC/BCC, and management tools for CHWs maternal health track and child health track

- ▶ Negotiated for the development of a community-based distribution system for health and social marketing products with PSI

- ▶ Developed sensitization tools for CHWs

- ▶ Completed advocating that the MoH/FP–*Direction de la Santé de la Mère et de l'Enfant* (DSME, Directorate for Maternal and Child Health) implement a communication campaign for maternal health and newborn care

- ▶ Supported the follow-up of existing mutual health organizations in three regions (Haute Matsiatra, Amoron'i Mania, and Atsinanana)

- ▶ Supported the *Plateforme des Leaders Religieux et Organisations Confessionnelles* (PLeROC, Platform of Religious Leaders and Faith Organizations) to develop a proposal on malaria control to be submitted to the Malaria Control Program (MCP)/President's Malaria Initiative (PMI)
- ▶ Elaborated, in collaboration with PLeROC, the concept paper for the national conference of religious leaders on the Millennium Development Goals (MDGs) and health development

DIFFICULTIES / CHALLENGES

- ▶ NGOs' capacity to design a worthwhile proposal to secure funding is weak
- ▶ Availability of the Regional Directorate of Health and Social Affairs (DRSAS) and district health and social protection service (SDSAS) human resources for the training and monitoring of activities in KM salama is a challenge that USAID/Santénet2 will resolve by having a network of trainers able to meet training needs at the community level
- ▶ Enrollment rate in mutual health organizations is below the acceptable level for implementing a network; it is necessary to encourage existing mutual health organizations to improve the population's enrollment
- ▶ At the end of the previous project, health product supplies for CHWs encountered a stock out; implementing a sustainable supply chain system has become a priority to ensure the continuity of community-based services

NEXT STEPS

- ▶ Select NGOs to implement KM salama for the second cluster of communes (145 communes)
- ▶ Implement the KM salama approach in 145 new communes
- ▶ Set up a pool of trainers from DRSAS and SDSAS for CHWs
- ▶ Train CHWs, mutual health members, and implementing actors for CSC
- ▶ Implement a sustainable supply chain for CHWs in the KM salama
- ▶ Implement a community-based distribution system for health and social marketing products in the KM salama
- ▶ Inform KM salama implementing partners about the availability of communication tools
- ▶ Support MoH/FP–DSME in implementing a strategy for the communication campaign on maternal health and newborn care
- ▶ Capitalize on IEC/BCC best practices
- ▶ Implement mutual health organizations' process in 25% of KM salama in CARE and CRS intervention zones
- ▶ Set up a mutual health organizations federation in the Haute Matsiatra region

- ▶ Build capacity of NGOs to secure funding
- ▶ Hold the national conference of religious leaders on the MDGs and health development
- ▶ Support PLeROC in translating into actions its resolutions from the national conference

Resource Data on KM Salama

Approach	Regions	Districts	Covered Commune	Health Centers		Fokontany (Fkty)	Population
				CSB1	CSB2	Total Fkty of Intervention	
KM salama	12	40	354	169	336	2,970	4,096,979
Former KM	13	41	303	153	293	2,658	3,816,321
Total	17	65	657	322	629	5,628	7,913,300
% Madagascar	77.3%	58.6%	36.8%	39.6%		31.7%	39.6%

Highlights of KM Salama Implementation as of March 31, 2009

Approach	Introduction (Nb Communes)	Formation CDS (Nb Communes)
KM salama	55	18

A.I. Implementation of the New Generation Kaominina Mendrika (NGKM) or the Kaominina Mendrika Salama

The Champion Commune approach was successfully initiated in Madagascar in the early 2000s' with the aim of mobilizing communities at the village (or *fokontany*) level to improve immunization coverage rates. The approach was then adapted by the previous SantéNet project to include a larger range of health interventions and implemented at the commune level as the approach "Kaominina Mendrika." Within three years, the approach reached 303 communes and was adapted to other sectors in 100 additional communes.

Based on the past experiences and with the goal of having a replicable and sustainable model in mind, USAID/Santénet2 has worked with the Ministry of Health and Family Planning (MoH/FP) and partners to scale up a new generation of Kaominina Mendrika called Kaominina Mendrika salama (or Healthy Champion Commune). Under this approach, the community is the actor of change and the focus of all actions initiated in the commune. In line with this, the approach's implementation relies on communities' participation in defining priorities and objectives in the health sector. Several components will be integrated in the new approach, such as performance based on health indicators, mutual health insurance schemes, Community Score Cards (CSC), etc. USAID/Santénet2 will implement the approach in 500 new communes while upgrading the 300 communes that were already certified KM.

OBJECTIVES

The Kaominina Mendrika salama approach aims to improve health by empowering communities and by ensuring the availability of health commodities and services.

STRATEGIES

▶ ***Establishing a grants system for the implementation of the KM salama approach***

In order to allow for the implementation of the KM salama approach, USAID/Santénet2 established a grants system through which local NGOs can obtain grants through a competitive process.

▶ ***Identifying the main challenges in the area of health***

This is done through a participatory process that involves community members, local authorities, as well as various development actors at the commune level.

▶ ***Defining integrated activity packages***

The packages would include performance based on health indicators, mutual health insurance schemes, and the CSC, and would involve community actors such as the Social Development Committees (CDS) and Community Health Workers (CHW). The CHWs ensure case management, awareness-raising, and distribution of health commodities at the community level. They are categorized as Maternal Health CHWs (in charge of maternal health, namely reproductive health/family planning and community-based provision of Depo Provera) and Child Health CHWs (in charge of child health, namely community-based nutrition and C-IMCI).

OVERVIEW OF ACTIVITIES

Intervention I. Selecting the KM salama communes

Activity I.I.I.I. Identifying the intervention communes

▶ ***Process for identifying the communes***

The communes where the KM salama approach is to be implemented were selected in consultation with the MoH/FP and with USAID's approval. Their selection takes into account the total population number, geographical access to the communes (for monitoring and supervision) and the concept of critical mass in relationship with the former KM communes.

The selection of CARE and CRS' intervention communes went through the following process:

- Presentation by CARE and CRS of zones and communes where they propose to implement the KM salama approach;
- Discussion and finalization of the list of communes;

- Forwarding the list to USAID for approval.

For the first group of 130 communes to be selected through a request for proposal, the process was as follows:

- Drafting a list of regions and communes out of CARE and CRS' intervention areas based on a mapping;
- Forwarding the list to USAID for feedback and approval.

► **Achievements**

- 225 communes of CARE and CRS identified and approved by USAID;
- 130 communes identified and selected through the request for proposal, and approved by USAID;
- Assessment of proposals for awarding grants.

Intervention 2. Developing and implementing the KM salama approach

Activity 1.1.2.1 Defining the KM salama approach

In order to have a same understanding and harmonize the approach, USAID/SantéNet2 worked with partners under the leadership of USAID to define the new generation of Kaominina Mendrika or KM salama, building on the achievements of the previous KM.

Gender was mainstreamed into the new approach and will be taken into account in all community interventions.

► **Developing the approach**

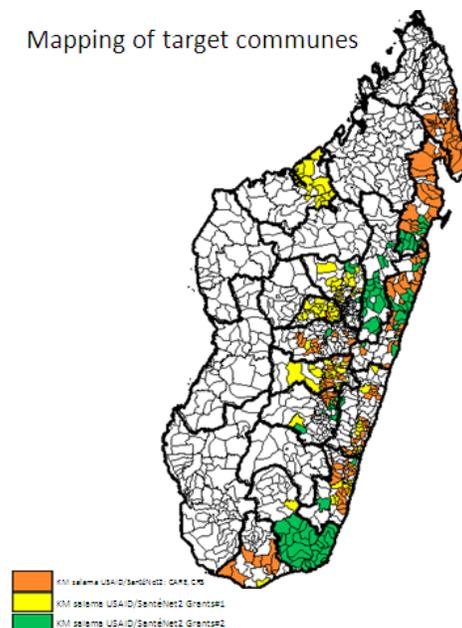
USAID/Santénet2 adopted the following process in designing the KM salama approach:

- Organizing an internal meeting to the unit in charge of the component to design the KM salama approach;
- Sharing with other units within USAID/Santénet2;
- Sharing with USAID, the Community Participation Service at the MoH/FP, CARE, CRS, and Dinika sy Rindra ho an'ny Vehivavy (DRV).

► **Developing and updating implementation tools**

To ensure the KM salama's success, USAID/Santénet2 developed a range of tools including training curricula for community actors (CDS, CHWs) and management tools to complement the

Mapping of target communes



guide and the Community Activity Package (CAP) produced by the SPCo at the MoH/FP. Before production, the tools were pre-tested in three (3) intervention regions of USAID/Santénet2.

Activities 1.1.2.2. Identifying the needs of the former KM

▶ Assessing the functionality of the CHWs

How functional the community networks in the former KM are served as the basis for prioritizing activities to update the CHWs. USAID/Santénet2 assessed how functional CHWs in the former KM were based on the following criteria:

- System for resupplying community-based sales agents with social marketing products;
- Continuity of monitoring of CHWs by the members of the social development committee (CDS);
- Existence of community-based activities such as: national community-based nutrition program (PNNC), community sites, etc.

The assessment went through the following steps:

- Developing the ToR of the consultants in charge of the assessment;
- Developing the methodology (protocol) for the assessment;
- Designing data collection tools (questionnaires and discussions guides for interviews and focus groups);
- Collecting and analyzing secondary data from PSI to assess the continuity of resupplying for the NGOs implementing the approach. Five NGOs have been keeping on ordering products from PSI to date in order to resupply their CHWs;
- Collecting and analyzing data from the District Health and Social Affairs Services (SDSAS): 31% of the CHWs are still operational according to the results from the questionnaires sent to the SDSAS where the KM approach was implemented;
- Collecting data from NGOs partnering in the implementation of the KM approach: 6 NGOs out of the 13 that implemented the approach have answered the questionnaires to date.

▶ Upgrading KM into KM salama

As part of ensuring continuity of activities in the 300 communes certified as KM under the previous SantéNet and to help them achieve the status of KM salama, packages of services will be defined and introduced in the communes, based on needs identified.

The activities completed include:

- Developing a questionnaire to assess the continuity of the KM process in the old communes, after the withdrawal of SanténetI as well as the needs of these communes to become KM salama;

- Using questionnaires in some old KM communes that are close to regional offices ;
- Developing a strategy to upgrade KM into KM salama based on the analysis of the questionnaires' results.

Activity 1.1.2.3. Selecting implementing partners for Year 1

USAID/Santénet2 developed a procedure to select partners in addition to CARE and CRS to implement the KM salama approach. A manual of procedures for the grants was prepared concurrently.

- A first request for proposals was sent out for implementing the approach in 130 communes, distributed in five clusters:
 - Cluster 1: Region of Amoron'i Mania (26 communes)
 - Cluster 2 : Region of Boeny (18 communes)
 - Cluster 3: Regions of Itasy and Analamanga (50 communes)
 - Cluster 4: Region of Vatovavy Fitovinany (19 communes)
 - Cluster 5: Region of Atsimo Atsinanana (17 communes)
- The proposals were assessed by an evaluation committee based on the criteria set forth in the request for proposals:
 - Twenty proposals were received and all qualified as eligible pursuant to preliminary evaluation.
 - Eleven NGOs were finally selected pursuant to the technical evaluation.

Activities 1.1.2.4 Implementing the NGKM approach

CARE and CRS will implement the KM salama approach in 100 communes in the first year. USAID/Santénet2 will also initiate the implementation of the approach in 100 additional communes through partners that were selected through a competitive process. The project will provide the partner NGOs with all the guides and tools needed for implementing the approach while providing technical support.

CARE, CRS, and other NGOs will operate the entire KM salama process: they will be in charge of training the various actors, will facilitate actual implementation, and will take part in monitoring implementation.

During this reporting period:

- Three sessions of ToT on the KM salama approach were provided for CRS and CARE's teams made up of KM salama Coordinators and zone supervisors;
- The KM salama approach was introduced in 55 communes,

- The members of the CDS in 18 communes were trained on the approach and participatory planning.

An information system was developed by USAID/Santénet2 to facilitate the monitoring of achievements in the communes. At this point, a dashboard for the KM salama's profile and the system for collecting data on the indicators are ready and will be complemented by an offline/online system that will facilitate reporting. A consultant will be hired for this activity.

Activity 1.1.2.5 *Monitoring gender mainstreaming in the implementation of the KM salama approach*

USAID/Santénet2 will ensure gender mainstreaming in implementing the KM salama approach. To this end, the project's staff and the implementing partners will benefit from refresher training and skills building in order to create a common understanding of the gender concept and to be able to mainstream gender especially when it comes to working with target groups (project staff, selected partners, etc.)

To this end,

- Four training sessions on gender were organized for USAID/Santénet2's staff;
- Participants in ToT on KM salama organized by CRS in Fianarantsoa benefited from a two-hour training session on the gender & development approach;
- The gender and development approach has been incorporated in the training curriculum for CDS members;
- IEC/BCC tools were developed, taking into account gender aspects

CHALLENGES/ DIFFICULTIES ENCOUNTERED

Implementation of the KM salama approach:

The results expected results over 12 months include having 200 new communes implementing the approach. At this stage, the project has achieved only 24% of this target. Therefore, the challenge is to manage to implement the approach in 145 communes within 6 months.

NEXT STEPS

- Implementing the approach in 152 new communes;
- Setting up a pool of KM salama trainers made up of trainers from the SDSAS as well as from implementing partners ;
- Upgrading 100 KM to KM salama.

A.2. IEC/BCC–Creating Demand for Health Services

IEC/BCC activities have an important role to play in improving the population's health status as they serve to create demand among households and to encourage them to adopt responsible health behaviors.

Behavioral changes at the household level are one indicator of success for the KM salama approach. Community workers are the main field actors for IEC/BCC activities. In conducting IEC/BCC activities, USAID/Santénet2 focuses on community workers by providing them with technical and material support.

OBJECTIVES

The goal of IEC/BCC is to promote informed choice among target groups and to integrate the range of health programs while addressing their specific needs.

STRATEGIES

- ▶ **Supporting the MoH/FP in developing and implementing BCC strategies**
- ▶ **Supporting KM salama in implementing partners in IEC/BCC**
- ▶ **Building the capacities of community workers BCC techniques and on topics/messages to convey to the communities**
- ▶ **Building on and sharing best practices in the area of IEC/BCC**

OVERVIEW OF ACTIVITIES

Intervention I Developing proximity IEC/BCC strategies at the community level

Activity 1.2.1.1 Compile existing IEC/BCC materials and tools intended for CHWs in the five strategic areas

CHWs play a crucial role in the implementation of the KM salama approach: they are the ones to convey health messages to households and to support them in improving their health practices. They will be trained on communication techniques and on the topics/messages to convey to target groups. They will also be equipped with materials to facilitate communication and negotiation with households.

During Semester 1, USAID/Santénet2' s activities focused on compiling partners' materials in order to improve the maternal and child health animation booklet and to produce the improved version of the booklet. The booklet was validated by the Health Promotion Unit at the MoH/FP and should be duplicated in early April.

In addition, a training curriculum for CHWs that includes a section on communication techniques was drafted. The training curriculum was pre-tested, is being produced, and should be duplicated in early April as well.

The next steps will consist in dispatching the animation booklets to the communes where CARE and CRS have initiated the KM salama approach and in training CHWs in these communes.

Activity 1.2.1.2 Identifying and sharing best practices in the area of IEC/BCC at the community level

Madagascar has a wealth of experiences in community IEC/BCC for improving the population's health status. Under the previous SantéNet project, the various partners implementing the KM approach applied their own IEC/BCC strategies to disseminate messages. Many best practices can be built upon and disseminated to enrich the next interventions, and specifically to improve the KM salama approach.

This activity has just been initiated with a review of the job aids, with the emphasis being on developing a methodology for building on best practices and for disseminating results.

Initiating the process of building on best practices will be one of the major challenges under this activity in the next semester. USAID/Santénet2 believes it is important to work with the Health Promotion Unit throughout the process in order to ensure wide dissemination of results and to optimize results.

Intervention 2 Strengthening MoH/FP's team in the development and implementation of IEC/BCC strategies

Activity 1.2.2.1. Supporting the MoH/FP in organizing a national IEC/BCC campaign

Mothers and children's health remains precarious in Madagascar and as such is one of the top public health priorities. To address this challenge, USAID/Santénet2 believes that it is important to organize a communication campaign that would encourage households to adopt responsible behaviors as regards mothers and newborns' health.

In Semester 1, USAID/Santénet2 conducted advocacy at the DSME. The project met with all the units within the DSME to define needs for support. Pursuant to the meeting, a team prepared a technical note listing communication strategies to be applied for the campaign as well as the packages of messages for mothers and children.

Initiating the campaign will be the challenge for next six months, especially given that this involves mobilizing the whole range of stakeholders from the DSME, the Health Promotion Unit and the Communication and Media Unit to the Directorate of Information, Regulation, and Media at the Ministry of Telecommunications, Post, and Communications, the local radios and local actors.

Work sessions will be held with all the units within the DSME next month in order to prepare the campaign's operational plan. With USAID/Santénet2's support, the DSME will mobilize all stakeholders in organizing and rolling out the campaign.

A.3. Strengthening Community Health Workers

The MoH/FP has developed a strategy to reach the population in remote areas through Community Health Workers (CHWs). The CHWs will manage some diseases and will distribute health products in those *fokontanys* that have poor access to health services, i.e., *fokontanys* that are located 5 or more kilometers or more than an hour's walk from the nearest health facility. Working through CHWs is one way to maximize coverage with health services.

CHWs are the intermediaries between the communities and health services as well as the catalysts of better health services. They raise awareness for better health practices among the population, and manage cases related to maternal and child health in the beneficiary communities. USAID/Santénet2 will establish a network of CHWs in 500 new communes and will provide upgraded training to the CHWs in 300 previous KM communes.

OBJECTIVES

Make priority health services and products available to populations living in remote areas through a network of Community Health Workers (CHWs).

STRATEGIES

- ▶ ***Establishing a network of CHWs in the communes***
To this end, CHWs need to be identified, trained, and supervised. Their networks will be established in the 800 communes that will implement the KM salama approach.
- ▶ ***Integrating the CHWs' activities in the health system through the CSB in order to sustain their activities***
- ▶ ***Establishing a sustainable system for supplying the CHWs with health products in the KM salama***

One of the problems encountered in implementing the KM in the previous project was the lack of a consistent and sustainable system to supply CHWs with drugs and other health products.

In order to ensure a sustainable supply, USAID/Santénet2 proposes to work with partners, especially PSI, in:

- Designing the supply pipeline for CHWs;
- Developing logistics management tools for CHWs;
- Establishing the supply pipeline in the KM salama.

OVERVIEW OF ACTIVITIES

Intervention I. Establishing a sustainable network of CHWs

Activity 1.3.1.1. Supporting the MoH/FP in developing and disseminating a national strategy for community-based services

In order to harmonize community approaches in Madagascar, the MoH/FP through the Health Promotion Service initiated a process for developing a National Strategy for Harmonized Community-based Services (SNSBCH). As part of the process, a qualitative and quantitative study was conducted and a workshop was organized to validate the results in July 2008.

ACHIEVEMENTS

The *Politique Nationale de la Santé Communautaire* (PNSC, National Policy for Community Health) was developed and validated (for the other achievements related to the development and validation of the policy, see the section on the Health System Strengthening component).

Activity 1.3.1.2 Developing a curriculum on harmonized and integrated activities for CHWs

For community approaches to be effectively harmonized, it proved necessary to develop a curriculum on integrated activities for CHWs.

ACHIEVEMENTS

The training curricula for CHWs respectively in charge of maternal health and child health were developed and validated by the concerned units within the MoH/FP (for the other achievements related to the development and validation of the curricula, see the section on strategic results).

Intervention 2 Implementing a National Strategy for Harmonized Community-Based Services in the KM salama

Activity 1.3.2.1 Training and installing the CHWs in the KM salama

This activity will start with the training of trainers (ToT). The CHWs will be identified and trained and will benefit from formative monitoring one month after training, as part of installing them in the KM salama.

a. Selection of the CHWs

USAID/Santénet2 developed a strategy for selecting CHWs that should allow for improving their performance and for making health services available to populations living in remote areas:

- Two types of CHWs will be identified by the communities: those who will be in charge of maternal health and those of child health.
- Selection of CHWs: *fokontany*s located more than 5 kilometers from a CSB will elect two community workers per *fokontany* (one in charge of maternal health and the other of child health) in reference to selection criteria.

b. Training of CHWs

The training will cover the followings:

- Maternal health: family planning, intermittent preventive treatment, community-based injectable contraceptives;
- Child health: Integrated Management of Childhood Illnesses at the community level (C-IMCI) and community-based nutrition;
- Cross-cutting topics that affect community health as a whole: Community Score Card (CSC), approaches on Water, Hygiene, and Sanitation (WASH) as well as mutual health insurance schemes.

The trainings will be conducted by a pool of trainers in each district. Before they provide training at the district level, USAID/Santénet2 will organize training sessions for them in collaboration with the concerned units. KM salama implementing partners will provide logistics, financial, and eventually technical support for the trainings.

c. Supplying CHWs with health products

One of the objectives in establishing the CHWs' network is to make health products available to the communities. For the products to be available in a permanent way, USAID/Santénet2 will develop a sustainable supply system in collaboration with the MoH/FP and PSI.

ACHIEVEMENTS

- During the reporting period, no training of CHWs was done;
- PSI will dispatch the social marketing products down to the District Wholesale Pharmacies (PHAGDIS). The CSBs will supply themselves from the PHAGDIS and the CHWs in turn will get their supplies from the CSBs.

CHALLENGES/ DIFFICULTIES ENCOUNTERED

While the objective under this activity is to train CHWs in 100 new communes, no training has been held to date.

NEXT STEPS

- Training trainers from the DRSAS and SDSAS on the training of CHWs;

- Training CHWs in charge of maternal health and CHWs in charge of child health in the new communes implementing the KM salama approach;
- Training CHWs of the old KM communes in management of diarrhea, malaria, and Acute Respiratory Infections (ARI) cases

A.4. Supporting the Scale Up of Community-based Funding Mechanisms, Results-based Funding Mechanisms, and the Third Paying Party System

One of the MoH/FP's priorities is to improve the population's access to health care services. Funding for health, especially mutual health insurance schemes, can contribute to achieving this goal. USAID/Santénet2's support to this area during Semester I focuses on strengthening the existing mutual health insurance schemes.

OBJECTIVES

Strengthen best practices that contribute to improving the population's access to health care services.

STRATEGIES

- ▶ **Supporting the scale up of funding mechanisms that have yielded significant results;**
- ▶ **Designing new mechanisms to improve the population's access to health care services.**

OVERVIEW OF ACTIVITIES

Intervention I Supporting the MoH/FP in scaling up mutual health insurance schemes

Activity 4.1.1. Supporting existing mutual health insurance schemes

Ten districts benefited from financial and technical support for monitoring mutual health insurance schemes. The officers in charge of these programs at the SDSAS visited the communes and conducted follow-up visits with the mutual insurance managers in order to increase membership. The average membership rate in the communes that were monitored was about 6.0%.

Activity 4.1.2 Supporting the establishment of new mutual health insurance schemes in the NGKM

The establishment of mutual health insurance schemes goes through several steps, starting with advocacy meetings at the communes and the districts and resulting in the implementation of the scheme. In the region of Anosy, 10 old KM organized advocacy meetings as part of the process to establish mutual health insurance schemes in their communes.

Activity 1.3 *Designing the networking of mutual health insurance schemes at the regional level*

All the districts in the region of Matsiatra Ambony established their mutual health insurance schemes under the project SantéNet. To build on their achievements, USAID/Santénet2 proposed to support the MoH/FP in networking the schemes in the region into a federation. A draft of the outline document and the implementation plan was produced to this end.

Intervention 2 *Supporting the design and the implementation of the Results-Based Funding model in the health system*

Activity 1.4.2.1 *Taking part in monitoring the implementation of the pilot experience of Task Force/GAVI*

Since September 2008, a Results-Based Funding (RBF) model has been initiated by the MoH/FP in two districts, namely Ambalavao (region of Matsiatra Ambony) and Antsalova (region of Melaky) on a funding of Global Fund/GAVI.

However, effective implementation has not yet started.

CHALLENGES/ DIFFICULTIES ENCOUNTERED

The establishment of the new mutual health insurance schemes is pending on the implementation of the KM salama approach. Thus, the achievement of the objectives in terms of schemes established is largely dependent on the number of communes with the KM salama approach.

NEXT STEPS

In order to achieve its targets for this year, USAID/Santénet2 will have to:

- Finalize the concept of networking mutual health insurance schemes;
- Establish new schemes in the KM salama;
- Support the monitoring of activities pertaining to the mutual health insurance schemes in order to increase membership.

A.5. Strengthening NGOs, Associations, and Civil Society Organizations

OBJECTIVES

Improve the partners' capacity to respond to the changing requirements of technical and financial partners.

STRATEGIES

- ▶ ***Building the capacities of NGOs through workshops and training;***
- ▶ ***Supporting the preparation of proposals related to activities in the health sector.***

OVERVIEW OF ACTIVITIES

Intervention I Building the organizational capacities of partners

Activity 5.1.1 Building the organizational capacities of civil society organizations (CSOs)

As part of its grants program, USAID/Santénet2 will collaborate with a number of NGOs to implement the KM salama approach. In order to improve results, the NGOs will benefit from technical support throughout the implementation process as to enable them to successfully conduct their activities.

During Semester 1, three training of trainers on the KM salama approach were completed in collaboration with our partners. The trainings have allowed for launching KM salama activities in the regions of Sambava–Voahemmar–Andapa–Antalaha (SAVA), Atsinanana, Matsiatra Ambony, Amoron'i Mania, Vatovavy Fitovinany, and Atsimo Atsinanana.

Traditional and religious leaders and national networks such as PLeROC¹ and FIMIZORE², received technical capacity building on sensitizing their communities on STI/HIV/AIDS including congenital syphilis.

Furthermore, support was provided to PLeROC in drafting a proposal on malaria control to be submitted to MCP/PMI.

A concept note for a national conference or religious leaders on the MDGS and health development was elaborated in collaboration with PLeROC.

More training will be provided for the NGOs selected to implement the KM salama approach in Semester 2, as part of the grants program.

¹ Platform of religious leaders and denominational organizations

² Network of SWs and MSM grouping sixteen member organizations

NEXT STEPS

- Support PLeROC in holding the national conference of religious leaders on the MDGs and health development
- Support PLeROC in translating into action its resolutions from the national conference.

Activity 5.1.2 *Building the capacities of associations, NGOs, and CSOs to secure funding*

USAID/Santénet2 plans to build the capacities of NGOs to develop funding requests or proposals for financial partners.

NEXT STEPS

- Training selected NGOs on the implementation of the KM salama approach;
- Building the NGOs capacities to secure funding.

B. COMPONENT 2: HEALTH SYSTEMS

The objective of this component is to strengthen the delivery and availability of quality health services at the primary and first-level referrals in districts (CSB 1 and 2), especially in remote areas. Following the country's ongoing efforts to decentralize resources, functions, and responsibilities, this component supports strengthening the capacity of the regions, districts, and health facilities to better organize, manage, and deliver quality health goods and services to all, especially those living in rural and remote areas.

USAID/Santénet2 also assists the MoH/FP to continue providing technical support and stewardship within the context of decentralized authority. This will allow different levels of authorities to understand objectives in the system's functionality and to gain all of the stakeholders' commitment.

The project provides support through initial and continuous trainings, as well as dissemination of best practices to share know-how and experiences in data analysis to aid decision making for integrated care.

- ▶ ***Support the implementation of a high-quality approach in the health system***
USAID/Santénet2 contributes to the development and dissemination of a high-quality approach as an integral part of health services. The approach's implementation should result in meeting patients' and health users' needs and improved health care and use of data analysis for decision making. It will also promote partnership between public and private sectors.
- ▶ ***Support building the capacity of health workers at all levels***
Qualified health workers are paramount to providing quality health services. For this reason, building the capacity of health workers is one of the top priorities of the MoH/FP in improving health services. To support the MoH/FP in meeting this challenge, USAID/Santénet2 provides assistance to pre-service training institutions and medical schools, as well as building the capacity of health workers and CHWs.
- ▶ ***Ensure there is an integrated and sustainable supply chain of essential drugs and health commodities at CSBs and community levels***
The logistics of the essential drugs and health commodities supply chain put the CSBs in an important position because are the supply point for CHWs providing health services and products in the KM salama.
- ▶ ***Strengthen the performance of the Health Management Information System (HMIS)***
USAID/Santénet2 supports the health system by contributing to implementation of a culture of information use for decision making at all levels, sharing and

disseminating HMIS results, and defining a mechanism that will integrate data related to CHWs' activities from KM salama in the HMIS.

▶ **Support the MoH/FP in reviewing, updating, and developing health policies and strategies**

Meeting health objectives and needs at community level depends in part on the existence of an institutional framework favorable to the implementation of health programs at all levels of the health pyramid. To this end, USAID/Santénet2 supports the MoH/FP in updating/developing policies and/or strategies in the following areas: community-based health, HMIS, quality approach, and access to health care.

ACHIEVEMENTS FOR THE REPORTING PERIOD

- ▶ Supported the MoH/FP in drafting various process documents to implement a high-quality approach
- ▶ Obtained the commitment of MoH/FP's managers, namely the *Direction des Instituts de Formation Paramédicale* (DIFP, Directorate for Institutes of Paramedical Training), to introduce the quality module in the curriculum for primary training for paramedical. Related training modules were elaborated
- ▶ Supported the production of a guide to calculate, interpret, and exploit performance indicators on drug management and other health commodities
- ▶ Implemented a community-based information system
- ▶ Edited two editions of the retro-information bulletin on HMIS EZAKA SIG, a quarterly bulletin on HMIS
- ▶ External resources to improve HMIS' performance mobilized by training 10 regions, 40 districts, and 225 CSB
- ▶ Actively supported the finalization of the PNSC

DIFFICULTIES/CHALLENGES

- ▶ Scaling up advocacy for quality at all levels of the health system remain a challenge since all stakeholders are not yet implicated
- ▶ An unsustainable community-based supply chain is a major problem for CHWs, namely for social marketing products
- ▶ Obtaining primary data is still a challenge. Added to this is the present political situation which has an impact on the implementation of planned activities
- ▶ Advocating for an efficient training approach remains to be done for the University of Antananarivo
- ▶ Challenges reside not only with reaching a common comprehension of the concept of gender, between DRV, USAID/Santénet2's implementing partners, and the MoH/FP, but also in putting into practice the said concept

NEXT STEPS

- ▶ Integrate a quality approach at 200 CSBs by scaling up quality improvement tools, along with advocacy and training stakeholders on quality
- ▶ Ensure permanent availability and physical access to essential drugs and quality health commodities in a unique, effective, and efficient supply chain system at 800 KM salama

Assuming the political situation returns to normal, the following activities are planned for the next reporting period:

- ▶ Provide technical assistance to elaborate the standard logistics for management tools for the central level and the district wholesale pharmacy (PHAGDIS) (directives on stocking; guide) with the MoH/FP
- ▶ Develop a feedback system for CHWs that includes all the data to define the KM salama KM salama profile (starting in March 2009 for a three-month period)
- ▶ Establish the CHW HMIS in the DRSAS, SDSAS, and CSBs, which will involve activities such as training and reviews (starting in April 2009), and the integration of the CHW HMIS in the SDSAS' *Gestion du Système d'Information Sanitaire* (GESIS, a software for health management information system) (starting in May 2009)
- ▶ Provide support to DRSAS and SDSAS when they encounter problems (through calls, follow-up and field visits), and assist the activities of the MoH/FP to improve the HMIS' performance and data for decision making through activities such as training, monitoring, and meetings
- ▶ Support the publication of two issues of the HMIS EZAKA bulletin (June and September 2009), as well as a national dissemination meeting (in May 2009) and two regional dissemination meetings (June and August 2009)
- ▶ Scale-up training of trainers on efficient training
- ▶ Train USAID/Santénet2's implementation partners on gender, assess gender mainstreaming in the National Policy for Child Health, and launch the planning process in 10 districts

B.1. Quality

The objective of USAID/Santénet2 in terms of quality is to contribute to developing and disseminating the quality approach as an integral part of the different health services. In order to do so, the project will use the following strategies:

- Strengthen health service supply to meet quality requirements
- Institute a culture of quality approach in the health system

OVERVIEW OF ACTIVITIES

Leadership is an essential factor in promoting the culture of quality. Therefore, it is important to engage the MoH/FP and other stakeholders in transforming the vision of a quality health system into reality. To this end, three directorates within the MoH/FP, namely the National Coordination of Quality Management, the *Direction des Soins de Santé de Base* (DSSB, Directorate of Primary Health Care), and the Directorate of the Hospital System conducted advocacy, on the issue with USAID/Santénet2's support. A small technical team, including USAID/Santénet2, proposed the terms of reference for the steering committee. The MoH/FP committed to hold a national conference on quality.

As part of scaling up best practices, USAID/Santénet2 inventoried existing quality improvement tools. The Community Score Card (CSC) was shared with participants at the MoH/FP's national joint review.

There has been very little evaluation research done to guide actors in quality improvement. USAID/Santénet2 worked with the DSSB's technical team to develop a measurement tool called "Quality Index." This relevant, reliable, and simple tool developed from existing documents will help measuring the current level of quality in health facilities.

The skills of health service providers have also an important place in the availability of quality services. The project USAID/Santénet2 supports the integration of knowledge and skills related to quality into the curricula of Paramedical Training Institutes (IFP) and the Medical Schools. The IFPs' curricula on effective teaching have been finalized and the cascade training plan for IFPs and for the community level are now ready.

In order to promote access to primary health care for communities in geographical terms, the project USAID/Santénet2 trains Community Health Workers (CHWs). The Quality team's input into this was to ensure that the trainings provided are focused on skills-building and integrate the gender dimension.

CHALLENGES/ DIFFICULTIES ENCOUNTERED

Quality concerns everybody. Much is said about this issue and everyone has its own interpretation of quality. As a result, quality remains only a concept that does not become effective and many interveners feel reluctant to engage in a quality process. To address this situation, a meeting was organized in the directorates of the MoH/FP to harmonize the perceptions and understanding of quality. The evaluation was very positive. The remaining major challenges include scaling up advocacy for quality at all the levels of the health system and cascade training for medical and paramedical students, health workers, and community workers.

B.2. Logistics

OBJECTIVES

Ensure permanent availability of health products at service delivery points.

STRATEGIES

- ▶ **Supporting the development of the operational plan for the Action Program for Integrating Health Inputs (APIHI)**, a program that aims at integrating health products of vertical programs into SALAMA's generic essential drugs' distribution pipeline;
- ▶ **Coordinating supply chain** with the interventions of the projects DELIVER and Strengthening Pharmaceutical Systems (SPS) at the national level, and with KM salama at the community level.

OVERVIEW OF ACTIVITIES

A steering committee has been set up. The project USAID/Santénet2 contributed to the development of a guide for calculating, interpreting, and using performance indicators related to the management of drugs and other health inputs.

Every year, a logistics survey is conducted to assess the availability of contraceptive commodities and monitoring is performed every three months with the active support of USAID/Santénet2.

As regards the Expanded Program on Immunization (EPI), the project USAID/Santénet2 took part in the Vaccine Management Assessment (VMA).

In order to ensure the availability of products at the CHWs' level in the KM salama, the project coordinated the supplying system with Population Services International (PSI).

CHALLENGES/ DIFFICULTIES ENCOUNTERED

Since the implementation of the KM approach under the previous SantéNet, ensuring the sustainability of the supplying system at the community level, especially for social marketing products, has remained a major issue for the continuation of the CHWs' activities.

B.3. Pre-service, Service and Community-based Training

OBJECTIVES

To strengthen trainers' capacities so they can provide quality training to medical students, paramedical and medical staff, and CHWs.

STRATEGIES

- ▶ **Promotion of norms and procedures availability at all levels of the health pyramid**
- ▶ **Capacity building of trainers at regional and district levels**
- ▶ **Capacity building of teachers and trainers for quality training**
- ▶ **Integration of knowledge and skills related to quality in pre-service and service training of paramedical and medical staff**

OVERVIEW OF ACTIVITIES

Availability of quality health services also depend on the skills of the providers. USAID/Santénet2 supports the integration of knowledge and skills related to quality in the training curricula of institutions for paramedical training (IFP) and medical faculties. Curricula on an efficient training for IFP are finalized. A training plan at IFP and community levels is also elaborated.

At central level

- ▶ Inventory and review of norms
- ▶ Elaboration of unavailable of norms and procedures
- ▶ Elaboration and integration of quality module into the training curriculum
- ▶ Inventory of potential trainers at each level

At peripheral level

- ▶ Dissemination of norms and procedures in 500 Basic Health Centers
- ▶ Orientation of 500 teachers and trainers on the use of quality modules
- ▶ Training of 210 trainers for community-based workers: 30 regional trainers and 180 trainers at district level
- ▶ Training of 3,000 maternal health community-based workers and 3,000 child health community-based workers

B.4. Health Management Information System

OBJECTIVES

In 2009, USAID/Santénet2's overall goal in this area is to strengthen the Health Management Information System's (HMIS's) performance.

Specific objectives include (1) supporting the management of the routine information system, (2) supporting the sharing and dissemination of the HMIS results, (3) establishing the information system at the community level, and (4) promoting a culture of data for decision making at all levels.

STRATEGIES

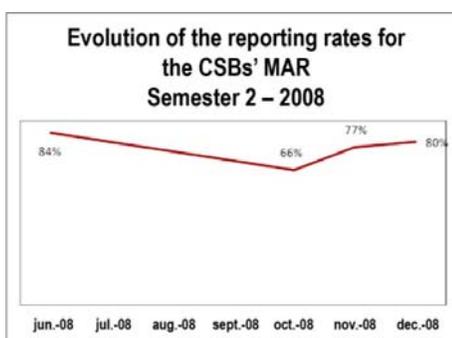
- ▶ **Designing an integrated data collection system at the community level,**
- ▶ **Monthly evaluation of the HMIS' performance, and**
- ▶ **Disseminating and sharing the HMIS' results.**

OVERVIEW OF ACTIVITIES

During the last six months, the project USAID/Santénet2 was requested to provide assistance to the MoH/FP in supporting the activities for strengthening the Health System funded by GAVI. This assistance consisted in training 12 central-level trainers on the use of HMIS data, as well as 40 SDSAS, and 600 CSBs. The activity was completed except for CSBs: indeed only 225 CSBs were reached due to the political crisis. The training of the remaining 375 CSBs will be rescheduled to be completed before May. We noted how the Ministry started owning these activities during their implementation.

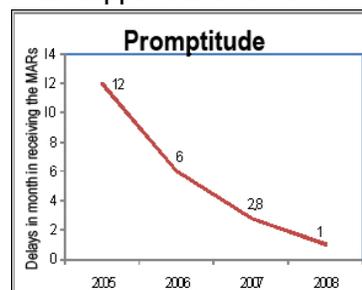
As part of supporting the development of the MoH/FP's HMIS, USAID/Santénet2 sent out a call for bids to select a service provider. The evaluation process is underway.

As part of the design of the integrated system for community data collection, USAID/Santénet2 selected the relevant indicators and data to be included in the system (FP, Nutrition, Maternal Health, C-IMCI, and Malaria), defined the pipeline for community-level data, and developed data collection tools for CHWs. At this stage, the HMIS Instruction Manual for CHWs and the community-level HMIS materials are ready for use.



As part of the monthly monitoring and evaluation of the HMIS performance, three sessions were held at the office of Health Statistics Unit to review the performance indicators, namely promptitude, completeness, and reliability, respectively in November and December 2008, and in January 2009. The DRSAS SDSAS where problems were encountered were contacted by phone or by e-mail. The Health Statistics Unit used funds from the Health Sector Development Plan (PDSS) for field visits to support and supervise HMIS activities.

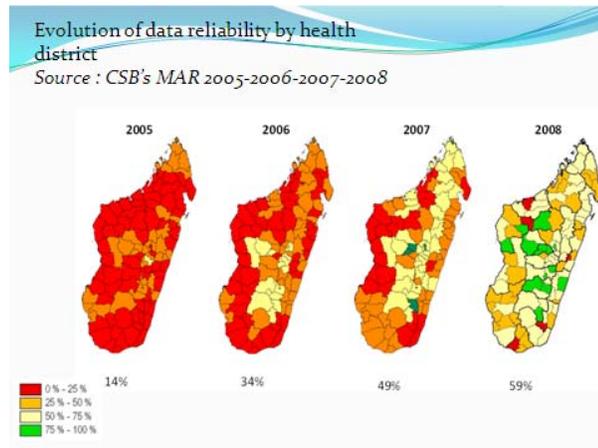
In addition, the project USAID/Santénet2 provided technical support to the MoH/FP's activities aimed at improving the HMIS' performance (training, monitoring, meetings, etc.): team-building to train trainers on using HMIS Data for Decision Making (HMIS DDM) as part of GAVI's program for Strengthening the Health System, training trainers on HMIS DDM at the levels of DRSAS (12) and SDSAS (40), training the CSBs (255/600) on HMIS DDM, and



training the DRSAS and SDSAS in financial management and program management (12/22).

USAID/Santénet2 also supported the MoH/FP in sharing and disseminating the HMIS results. Two issues of the HMIS EZAKA bulletins (November 2008 and March 2009) were edited and dispatched. The concept paper on the national meeting for disseminating the HMIS results was also developed.

One of the challenges in establishing the community database system was obtaining baseline data. Baseline data are taken from several sources (1) Madagascar's health map (SSS/ Direction des Etudes et de Planification [DEP, Directorate of Studies and Planning]/MoH/PF), (2) NGOs, and (3) other sources. None of these data sources are under the project's direct control. The agents of the MoH/FP are faced with



constraints resulting from the political crisis, NGOs implementing the activity in the communes are not yet identified (except for CARE and CRS) and the other sources have to go through their respective administration. The solution adopted consisted in using those data that were available. Another solution was figured out to address this problem in the medium and long run: a computerized database will be developed to record NGOs' activities and the baseline data from the communes and the CSBs. Since the system will integrate the data on the CSBs' activities with those of the CHWs, data compilation and analysis for decision-making will be made easier.

The current political situation has affected the completion of the activities planned. Rescheduling will be needed as soon as the situation becomes more normal.

B.4. Policies and Strategies

OBJECTIVES

As part of scaling up the KM salama approach, the goal of this subcomponent is to contribute to establishing an institutional environment that is conducive to the implementation of the different programs, including those at the community level.

Special emphasis is put on developing more ownership of the policy and strategy development process at every tier of the health pyramid, in order to foster participatory implementation focusing on sustainable results.

OVERVIEW OF ACTIVITIES

More than 40% of the Malagasy population has poor access to health services as they live at more than five kilometers (5 km) from the nearest health facility. Therefore, it is necessary to adopt a new strategy to improve health services coverage. Such strategy must rely on the involvement of the community.

As part of this, the sub-component supported the organization of national workshop to develop the National Policy for Health Promotion, a tool that should promote individual and community participation in the health activities. Three (3) technical meetings were held with the MoH/FP and the different partners to initiate the process for the development of the PNSC. This policy will serve as a reference framework for all social and health interventions that call upon the communities' participation and will facilitate the establishment of an environment that allows for equipping communities to take part in the governance of primary health care services.

USAID/Santénet2 participated to the health-related sessions of the Presidential Dialogue in November 2008.

The sub-component also took part in organizing the logistic aspects of the second annual joint review that the MoH/FP holds twice a year. It represented USAID/Santénet2 in the joint missions in the regions of Melaky and Amoron'i Mania.

Estimating health expenditures of the public and private health systems as well as at the household level is an important step in elaborating successful strategies. To this end, the MoH/FP decided to prepare the National Health Accounts (NHA) for the fiscal Year 2007 in Madagascar. Under this initiative, USAID/Santénet2 supported three preparatory technical meetings and funded a contract with the National Statistics Agency (INSTAT) for a secondary analysis of households' expenditures. According to these studies, most of the health expenditures at the household level go to consultations at private physicians, followed by far by consultations at private clinics.

In the long run, this exercise should allow the MoH/FP to achieve consistency between the overall expenditure levels and the allocations as well as to better orient actions based on priorities identified.

The sub-component along with the IEC/BCC sub-component worked on mainstreaming gender in the KM salama implementation tools, namely the various training curricula for the CDS, and the CHWs in charge of maternal health or child health, and in the IEC/BCC messages.

However, achieving common understanding of the gender concept remains a challenge. Four (4) training sessions on "gender" were conducted for USAID/Santénet2's staff as a first step.

C. STRATEGIC RESULTS

This component focuses on five key intervention programs:

1. Maternal and Child Health (MCH), including nutrition;
2. Reproductive Health (RH) and Family Planning (FP);
3. Malaria;
4. Water, hygiene, and sanitation (WATSAN); and
5. Sexually Transmitted Infections (STIs) and HIV/AIDS.

At national, regional, and district levels, USAID/Santénet2 supports these programs through strengthening the health system and building the capacity of health managers to scale up, oversee, and support community-based activities and services.

At community level, USAID/Santénet2 supports the integration of these key programs so that activities are embedded in communities, to facilitate access to basic health services for rural populations and foster medium-term ownership and sustainability.

▶ **Support implementation of MCH Weeks (MCHWs)**

USAID/Santénet2 supports the MoH/FP in developing the strategy and package to be offered for these week-long events twice a year, in order to increase the use of priority program services across a continuum of care. For the reporting period, the project supported the implementation of October 2008 edition of MCHWs.

▶ **Integrate obstetrical and neonatal care at community level**

This activity aims to promote community-based management of pregnant women and newborns by building capacities of CHWs and community members in adopting preventive measures for safe motherhood and identifying a life-threatening situation. USAID/Santénet2 provided assistance in establishing a steering committee and developing a research protocol for research on community-based EONC.

▶ **Strengthen the Expanded Program on Immunization (EPI)**

Immunization operations depend on effective and efficient logistics, namely the management of vaccines and the cold chain. This requires monitoring compliance with EPI management's norms and procedures. An assessment of the EPI logistics (VMA) was conducted during the reporting period. USAID/Santénet2 also participated in the system's survey assessment for epidemiological surveillance of EPI target diseases.

▶ **Build capacity of health workers on Essential Nutrition Actions (ENA) and malnutrition management**

USAID/Santénet2 supports the implementation of the ENA package at the community level and supports building the capacity of health workers who have not yet received training in this area so that they can properly supervise CHWs in

sensitizing the population on maternal and child health behaviors for better nutrition. USAID/Santénet2 actively participates in a feasibility study of IFA supplements for pregnant women and designs curricula training for CHWs maternal health and child health tracks on nutrition.

▶ **Support implementation of community-based integrated management of childhood illnesses (C-IMCI)**

USAID/Santénet2 has launched a bid to support the implementation of C-IMCI. This activity aims to strengthen CHWs' capacities to manage three diseases in children under 5—malaria, diarrhea, and ARI—as defined in the MoH/FP guidelines and will involve 119 KM.

▶ **Support implementation of the national contraceptive security strategy**

To support the MoH/FP in meeting the challenges of improving the well-being of Malagasy families, USAID/Santénet2 provides technical and financial assistance to implement the national contraceptive strategy and strengthen adolescent reproductive health (ARH) activities, particularly in rural areas.

▶ **Support the national malaria control program**

USAID/Santénet2 contributes technically and financially to the national malaria control program through activities in the project's intervention zones. To this end, an RFA (RFA #2) to implement C-IMCI in 119 previous KM in 8 regions and 18 districts was launched in February 2008.

▶ **Promote long-lasting improvements of sanitation and hygiene practices**

USAID/Santénet2 supports building the capacity of households, health service providers, and school officers to adopt healthy behaviors. This activity also includes increasing local authorities' ability to provide and manage adequate safe water supply and sanitation systems in KM salama.

▶ **Support decentralization of STI/HIV/AIDS prevention and control**

For this program area, USAID/Santénet2 contributes to meet the goals of the Malagasy government in maintaining an HIV prevalence below 1%, reducing STI prevalence in the general population and among pregnant women, and strengthening the decentralized management of the response to STI/HIV/AIDS control. The project also aims to increase STI/HIV/AIDS prevention activities among MARPs.

ACHIEVEMENTS FOR THE REPORTING PERIOD

▶ **Maternal and Child Health/Nutrition**

- ✓ Developed and multiplied management tools in nutrition, EPI, FP, and malaria under the MCHW
- ✓ Participated in updating the national immunization policy
- ✓ The training curricula for CHWs child health track, that integrate nutrition, ENA and growth monitoring and promotion (GMP) developed.

▶ **Reproductive Health/Family Planning**

- ✓ Supported the development of the Reproductive Health Commodities Security (RHCS) operations plan for 2009; participated in the RHCS committee's activities to update pipeline; and helped to determine the needs for contraceptive products and planned how to keep supplies in stock
- ✓ Conducted national survey to measure the stock levels of contraceptive products and their consumption at the PHAGDIS and at FP sites
- ✓ Conducted two monitoring series of in the third and fourth quarters of 2008 to monitor the supply in 111 health districts
- ✓ Two issues of the quarterly bulletin EZAKA RH/FP, which is a publication for providers and managers at district and region levels, published
 - (1) December 2008 issue on the health system and RH/FP
 - (2) March 2009 issue on the strategic reorientation of HIV screening and the program for eliminating congenital syphilis
- ✓ Conducted an RH/FP national coordination meeting in December 2008 to provide an orientation of RH managers at central, regional, and district levels on USAID's regulations on contraception and to distribute the green poster on the free and informed choice for FP methods
- ✓ Supported RH/FP partners' committee meeting in February 2009
- ✓ Drafted the curriculum for CHWs' maternal health track on integrated case management of RH/FP, including FP, Post-Partum Family Planning (PPFP), as well as other RH components, and a training plan for CHWs in the KM salama
- ✓ Expanded the integrated ARH curriculum for Young Peer Educators (YPEs)

▶ **Malaria**

- ✓ Sent out a call for applications for epidemiological surveillance managers (16 vacant positions)
- ✓ Developed a protocol for a survey to assess the use of the rapid diagnosis test (RDT) in 30 randomly selected CSBs on the eastern coast (where the diagnosis method has been initiated)
- ✓ Updated National Strategic Plan, the national malaria business plan, and National Strategic Applications (NSA)/GFATM9 (underway)

▶ **Water, Hygiene, and Sanitation (WATSAN)**

- ✓ introduced USAID/Santénet2 to the WASH committee at central and regional levels
- ✓ Identified Atsimo Atsinanana and Vavovavy Fitovinany regional WASH committees to receive support from USAID/Santénet2
- ✓ Introduced as a member of the monitoring committee for the implementation of IEC projects on water, hygiene, and sanitation, led by the

United Nations Population Fund (UNFPA)– *Programme d’Alimentation en Eau et Assainissement en milieu Rural* (PAEAR, Program for Water Supply and Sanitation in Rural Areas)–UNICEF-WASH in Taolagnaro

- ✓ Participated in preparing the Annual Work Plans (AWPs) of the national WASH committee and discussing the support needed to establish WASH committees at the regional and commune levels
- ✓ Provided technical support to prepare for the WASH General Assembly and World Toilet Day
- ✓ Participated in developing a process to support, assess, and certify WASH-friendly CSBs; and to reproduce training tools for WASH-friendly CSBs
- ✓ Participated in the national workshop on Community-Led Total Sanitation (CLTS) and developed a training module on CLTS
- ✓ Launched a request for proposal (RFP) to implement the Water Code at the KM salama level

▶ **STI/HIV/AIDS**

- ✓ Trained MARPs on reducing sexual partners, preventing STI/HIV/AIDS, negotiating condom use, accessing health services, and human rights in Antananarivo, Fianarantsoa, Taolagnaro, Toamasina, and Toliara
- ✓ Developed three training curricula pertaining to accessing health services and human rights, reducing multiple sexual partnerships, preventing STI/HIV/AIDS, and negotiating condom use
- ✓ Established collaboration with three networks: PSI’s peer educators’ network, PLeROC, and FIMIZORE
- ✓ Produced IEC materials that are adapted to the context of sex workers (SWs) and men who have sex with men (MSM)
- ✓ Started partnership with PSI
- ✓ Integrated STI/HIV/AIDS and congenital syphilis control into the KM model

DIFFICULTIES/CHALLENGES

- ▶ The leadership of program managers at central level is a key element to implement activities and it is not always present for all programs (such as WATSAN, STI/HIV/AIDS, and Malaria). Establishing an efficient partnership took a lot of time and effort.
- ▶ Availability of human resources at program and various levels is essential and the project team members had to conduct trainings (STI/HIV/AIDS program) due to insufficient available resources from other programs and levels.

NEXT STEPS

▶ **MCH and Nutrition**

- ✓ Support the organization of two *Comité de Coordination Senior pour la Santé des Mères et des Enfants* (CCSSME, Senior Maternal and Child Health Committee) coordination meetings in June and September 2009
- ✓ Implement activities related to operational research on the feasibility of IFA supplements for pregnant women and community-based EONC
- ✓ Train EPI regional and SDSAS managers of the former Fianarantsoa province through mid-level management (MLM)
- ✓ Monitor the implementation of the action plan to improve activities related to the epidemiological surveillance of EPI target diseases
- ✓ Set up a pool of trainers for CHW Nutrition to train CHWs in ENA/GMP

▶ **RH/FP**

- ✓ Set up pools of trainers at the level of 17 DRSAS and 47 SDSAS
- ✓ Implement CHWs' maternal health track, community-based Depo Provera, and YPE at the KM salama level
- ✓ Monitoring of the contraceptive supply in districts

▶ **Malaria**

- ✓ Conduct the evaluation of the RDT use
- ✓ Implement the KM salama activity package (integrate five vertical programs)
- ✓ Recruit and establish 16 medical doctors to be in charge of epidemiological surveillance
- ✓ Train CHWs on C-IMCI by launching RFA#2 to implement C-IMCI in 119 previous KMs in 8 regions and 18 districts (training of CHWs in collaboration with BASICS)

▶ **WATSAN**

- ✓ Implement regional WASH committees in Vatovavy Fitovinany and/or Atsimo Atsinanana
- ✓ Train regional service providers in WASH-friendly norms
- ✓ Participate in ToT for community animators on WATSAN
- ✓ Develop a curriculum on CLTS and pre-test the ToT on CLTS
- ✓ Plan and conduct a test pilot in a commune for contract management
- ✓ Follow up on the training of the first communes on contract management

- ✓ Pre-test CLTS on the field in one of the intervention regions
- ✓ Implement the CLTS approach in the KM salama

▶ **STI/HIV/AIDS**

- ✓ Translate the training curricula into Malagasy
- ✓ Train MARPs and produce IEC tools adapted to the context of SWs and MSMs
- ✓ Facilitate access to condoms for SWs
- ✓ Support the implementation of a regional information system in Fianarantsoa, Toamasina, and Toliara
- ✓ Support the implementation of regional plans of response to STI/HIV/AIDS and the organization of coordination meetings of STI/HIV/AIDS task forces in 11 regions
- ✓ Support the STI/HIV/AIDS control service to implement an operational plan to eliminate congenital syphilis
- ✓ Support the training of CHWs in the KM salama

C.I. Maternal and Child Health (MCH)/Nutrition

Improving mothers' and children's well-being and developing a sense of responsibility for mother and child health within the communities are among the MoH/FP's priorities. To address these priorities, the MoH/FP has set up two committees: the InterAgency Coordination Committee (IACC) and the Child Health Coordination Committee (CHCC). They have an advisory role and are also involved in regularly monitoring the progress of activities towards achieving the Millennium Development Goals (MDGs) and the Madagascar Action Plan's (MAP's) objectives that call for halving maternal and child mortality rates by 2015. The committees are supported by USAID/Santénet2 who works closely with them and complements their action.

Indeed, USAID/Santénet2 is active in improving access to quality health care and in increasing demand for priority health services as part as its contribution to accelerate the reduction of maternal and child mortality rates. Though support focuses on the lowest tiers of the health pyramid, namely at the community and CSB levels, some support is also provided at the central and regional levels (respectively the central divisions and units at the MoH/FP and the DRSAS/SDSAS), especially for coordination.

Special actions undertaken by USAID/Santénet2 include strengthening the supply, information, and quality assurance systems, and building competencies.

OBJECTIVES

Improve maternal and child health.

STRATEGIES

- ▶ **Providing maternal and child health services in the fokontanys far away from CSBs.** This activity goes through establishing CHWs and should result in increased demand and the availability of integrated quality services that are close to the population in the areas of Nutrition, EPI, C-IMCI, Reproductive Health, and Family Planning. The activity will be implemented as part of the KM salama approach;
- ▶ **Scaling up Integrated Management of Childhood Illnesses at the Community level (C-IMCI) as well Community Emergency Obstetrical and Neonatal Care (C-EONC);**
- ▶ **Strengthening the supply and the information systems at all levels.**

OVERVIEW OF ACTIVITIES

Intervention I Strengthening the national partnership on MCH, Nutrition

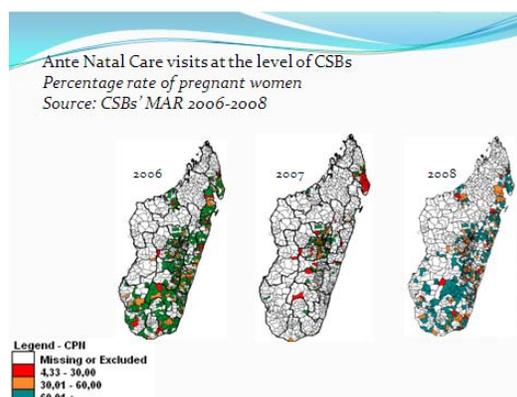
Activity 3.1.1.1 Supporting the organization of the Child Health Coordination Committee (CHCC)

The CHCC held two meetings, the first one to make an assessment of the Maternal and Child Health Week (MCHW) and to determine the strategy for a high-impact integrated activity package, and the other one to share about the external review on the epidemiological surveillance of EPI target diseases.

Activity 3.1.1.2 Support the implementation of the Maternal and Child Health Weeks

This activity is conducted twice a year for one week and aims at sustaining a successful integrated approach model. Its goal is to increase coverage with priority programs by focusing on topics along the health care continuum. USAID/Santénet2's involvement in this activity consisted in:

The evaluation of the October 2008 MCHW's results showed that the

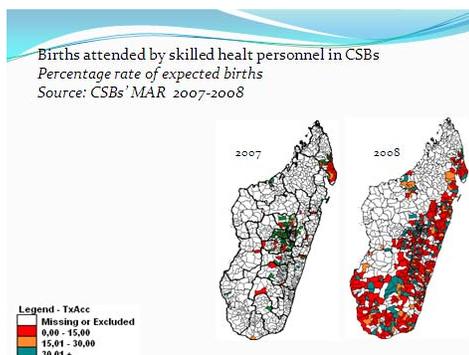


coverage rate for vitamin A supplementation among children aged 6 to 59 months was 98% and the coverage rate for deworming among children aged 12 to 59 months was 100%.

Intervention 2 Integrating maternal and infant care focused on EONC

Activity 3.1.2.1 Supporting the implementation of a pilot activity on community EONC

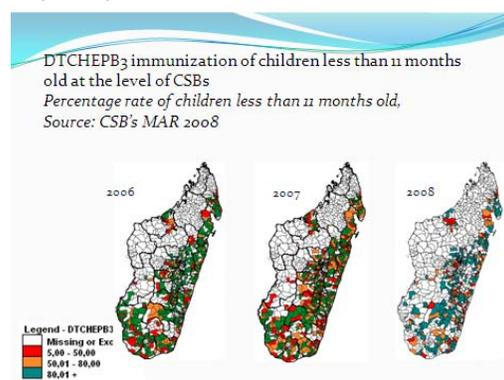
An operations research is being conducted in two health districts by a steering committee comprised of the MoH/FP and its partners.



Intervention 3 Providing technical assistance to the EPI

USAID/Santénet2's support in this area pertained to the followings:

- Improving provision of integrated services including EPI in seventeen (17) regions, forty-seven (47) SDSAS, and 648 communes as well as training 4,800 CHWs;
- Strengthening the Reach Each Commune approach as part of finding the lost under the EPI in 800 KM salama, with the involvement of 4,800 CHWs;
- Strengthening the monitoring system through regular monitoring of the EPI;
- Providing training for the regional and district EPI managers in the project's intervention zone and monitoring the application of the skills acquired under the training on Mid Level Management (MLM);
- Improving the monitoring of observance of standards for the certification of Madagascar as a polio-free country;
- Preparing the meetings of the IACC and CHCC;
- Taking part in the process of updating the national immunization policy.



• Results

- The EPI logistics survey report is available;
- The report of the survey to assess the system for epidemiological surveillance of EPI target diseases and the related recommendations is available;
- The October 2008 MCHW was held. The April 2009 MCHW is under preparation: the management tools have been duplicated and are being dispatched to SDSAS;
- The finalization of the national policy for immunization is underway;

- The EPI data for 2008 are available.

Intervention 4 Supporting malnutrition prevention by promoting Essential Nutrition Actions (ENAs)

Activity 3.1.4.1 Mainstreaming the promotion of ENAs as part of strengthening maternal nutrition and health and as part of controlling micronutrients deficiencies through universal access to Iron/Folic Acid (IFA) for pregnant women

- Conducting a feasibility study on IFA supplementation in fourteen (14) communes as part of designing an appropriate strategy to ensure universal access to IFA for pregnant women; training 160 community workers;
- Scaling up the strategy for universal access to IFA and the whole ANC package and for promoting delivery with qualified assistance in 800 KM salama with 9,600 CHWs to be trained
- Conducting an operations research in fourteen (14) KM salama under the leadership of a steering committee, comprised of the MoH/FP and its partners.

Intervention 5 Strengthening the activities of the Nutrition program

Activity 3.1.5.1 Strengthening CHWs' capacities in ENA/growth monitoring and promotion and in the management of malnutrition cases at the community level

USAID/Santénet2 focused its work in this area on building the capacities of CHWs in managing children's nutrition at the community level by:

- Making operational prevention activities by promotion the ENAs and Growth Monitoring and Promotion (GMP) at the community level while integrating priority health topics;
- Strengthening the system for managing severe acute malnutrition;
- Supporting the updating of the CHWs' skills.

CHALLENGES/ DIFFICULTIES ENCOUNTERED

The project USAID/Santénet2 will not be able to procure the IFA, scales, and equipments for EONC.

NEXT STEPS

EPI:

- Training CHWs by integrating EPI in the KM salama communes;
- Training EPI managers in the regions of the former Fianarantsoa province in MLM;
- Disseminating the results of the VMA and the survey on the epidemiological surveillance of EPI target diseases;

- Finalizing the updating of the national policy for immunization.

Community programs: C-IMCI, Nutrition, EONC

- Supporting the implementation of the KM salama by establishing CHWs in charge of child health and by strengthening the supply of services and products in the CSBs.

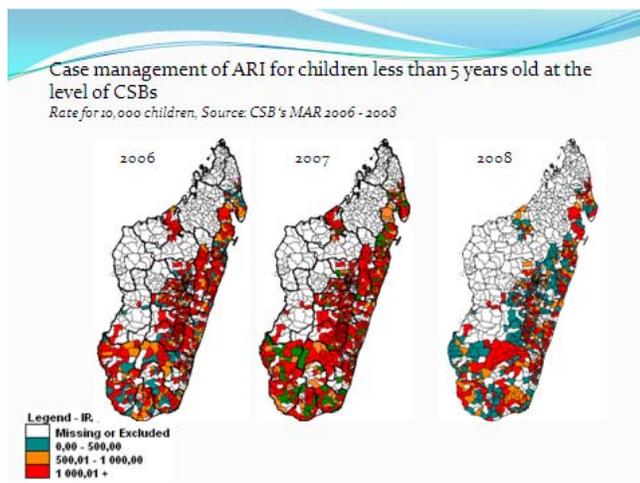
Intervention 6 C-IMCI

OBJECTIVES

- Award the trainings per lot following a competitive process. The grants will allow for training the CHWs by the regional and district trainers based on the needs in the 119 target communes;
- Conduct the trainings and follow-up in collaboration with USAID's partners such as BASICS;
- Contribute to scaling up C-IMCI in the 119 KM salama.

STRATEGIES

- ▶ **Collaborating with USAID's partners (BASICS) to harmonize activities. Responsibilities have been clearly delineated among the different partners of USAID. Thus, BASICS is in charge of conducting ToT at the regional and district levels as a preliminary step in line with the MoH/FP's guidelines.**

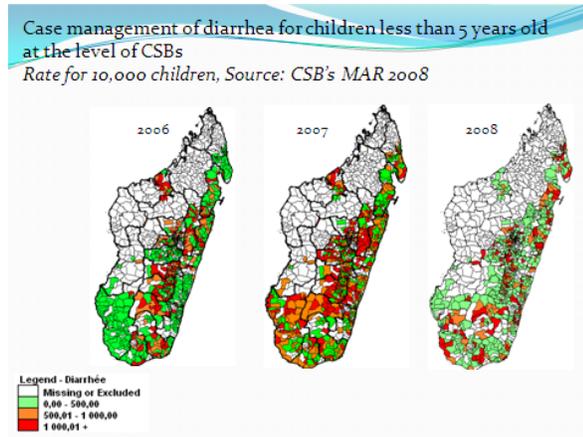


OVERVIEW OF ACTIVITIES

The trainings, divided into four lots, are to be done by the NGOs that were awarded grants based on the needs identified in the 119 KM salama. The lots were awarded following a request for proposals sent out to several NGOs. The awardees will have to provide logistic, technical, and financial support to the communes, the CSBs, the district management teams (EMAD) and the regional management teams in addition to performing the following major tasks:

- Conducting the trainings and follow-up in collaboration with USAID's partners, namely BASICS;

- Organizing the training sessions in collaboration with DRSAS, SDSAS, CSBs and communities;
- Support the district management team as the main agent in charge of training and post-training follow-up.



USAID/Santénet2 is in charge of the coordination and monitoring/evaluation of the CHWs' training while USAID/BASICS conducts, monitors, and assess the ToT at the regional and district levels. The two projects work together on monitoring and assessing the interventions' progress.

The sub-awardees' support to the implementation of C-IMCI will span over a twelve-month period.

The ToT performed by BASICS have allowed training thirty-nine (39) agents in two (2) districts. The schedule for the other trainings is available: the schedule is maintained for Mananjary and changed for the Anosy region; the dates are yet to be set for Analanjirofo, Atsinanana, and Atsimo Andrefana.

To award the grants, USAID/Santénet2 sent out a request for proposals (RFA #2) that brought in eleven (11) proposals for the four lots. The evaluation of the proposals is at the final stage.

C.2. Reproductive Health/Family Planning

OBJECTIVES

Improve the well-being of Malagasy families.

STRATEGIES

- ▶ **Integrating the supply of quality RH services in health facilities and at the community level in compliance with national norms and procedures;**
- ▶ **Offering the full range of FP methods according to the technical capacities:**
 - At the health facility level: oral contraceptive, injectable contraceptives, Long-Term Permanent Methods (LTPM), Implanon, Intra-Uterine Device (IUD), barrier methods, natural methods (cycle beads, Lactational Amenorrhoea Method [LAM]);

- At the community level through the CHWs in charge of maternal health: oral contraceptives, barrier methods, cyclebead, community-based Depo Provera, LAM.
- ▶ **Promoting the integrated component (FP, Adolescent Reproductive Health, STI/HIV/AIDS) through Young Peer Educators (YPE) and CHWs doing IEC/BCC;**
- ▶ **Strengthening the national supply system and the national information system;**
- ▶ **Ensuring the security of RH commodities by supporting the activities defined by the Reproductive Health Commodities Security (RHCS) committee.**

OVERVIEW OF ACTIVITIES

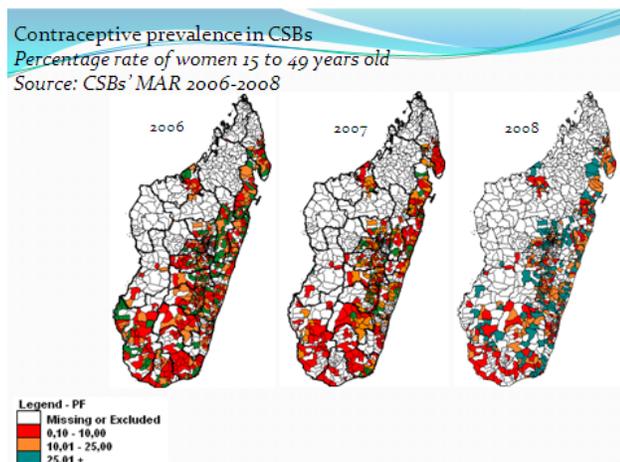
USAID/Santénet2 will:

- Work in 800 communes (300 old KM and 500 new KM salama) and will establish 2,000 YPEs and 4,800 CHWs working in RH. Out of these, 800 will offer community-based Depo Provera;
- Apply the integration of quality FP/safe motherhood (SM)/STI/HIV/AIDS services in 1,200 primary health care facilities and among CHWs and community-based YPEs;
- Strengthen the system for monitoring information at the national level through the production of the quarterly technical bulletin EZAKA, the monitoring of supply, and logistic surveys.

Intervention I Contributing to the implementation of the Contraceptive Security Strategy

As part of implementing the contraceptive security strategy, USAID/Santénet2 initiated the following activities:

- Supporting the development of the RHCS operations plan for 2009;
- Producing job aids and contraceptive commodities management manuals for contraceptive commodities manager at the peripheral level;
- Taking part in the activities of the RHCS committee to update the pipeline



Activity 3.2.1.1 Supporting the extension of Long-Term Permanent Method (LTPM) sites

To expand LTPM sites and reach USAID/Santénet2's intervention districts, the project planned ToTs with PSI.

Activity 3.2.1.2 Supporting the scaling up of community-based provision of injectable contraceptives and the Standard Days Method (SDM)

In order to improve service provision by the CHWs, USAID/Santénet2 developed, pre-tested, and validated a training curriculum for CHWs in charge of maternal health that integrates RH, namely community-based provision of Depo Provera, the Standard Days Method (SDM), Safe Motherhood (SM), and Post-Partum Family Planning (PPFP). A training plan for the CHWs has been finalized, for use in the KM salama and the old KM.

Activity 3.2.1.3 Support the edition of the quarterly RH/FP bulletin EZAKA

In continuation of the activities initiated under the previous project SantéNet, USAID/Santénet2 provided technical and financial support for editing and distributing two issues of the bulletin EZAKA: one on the health system and RH/FP in December 2008 and the other on the strategic reorientation of HIV screening and the program for eliminating congenital syphilis in March 2009 for health facilities.

Activity 3.2.1.4 Strengthening the coordination capacities of the RH/FP program at the national and regional levels

To strengthen the RH/FP program's capacity, USAID/Santénet2 provided support to the followings:

- A meeting for national coordination of RH/FP in December 2008;
- Orienting RH managers at the central, regional, and district levels on USAID's regulations on contraception and distributing the green poster on the free and informed choice as regards FP methods;
- A meeting of the RH/FP partners' committee in February 2009.

Intervention 2 Promoting Adolescent and Youth Reproductive Health (ARH)

Activity 3.2.2.1 Establishing community-based YPEs

USAID/Santénet2 took part in the celebration of the National ARH Awareness-Raising Day and updated the ARH curriculum for YPEs.

CHALLENGES/ DIFFICULTIES ENCOUNTERED

The support to expanding LTPM sites was limited to planning ToTs. Actually, this activity is largely dependent on the partners' commitment. As such, activities should be better coordinated with PSI.

NEXT STEPS

- Establishing the pools of trainers in the seventeen (17) DRSAS and SDSAS;
- Establishing 600 CHWs in charge of maternal health in 100 KM salama;
- Establishing community-based Depo Provera sites in 200 KM salama.

C3. Malaria

The MoH/FP's objective in the area of malaria is to reduce the morbidity and mortality due to this disease. To this end, efforts were made to improve the provision of malaria services in health facilities.

Given that 40% of the population does not have access to health facilities and that the use of health facilities is still low, the Government has adopted a community health policy. The policy aims at complementing the efforts of the health facilities by improving service provision at the community level. Under the policy, the community has become the lowest tier in the health pyramid. Plans are made to implement the policy where this has not yet started and to scale it up in those areas where it has already been initiated.

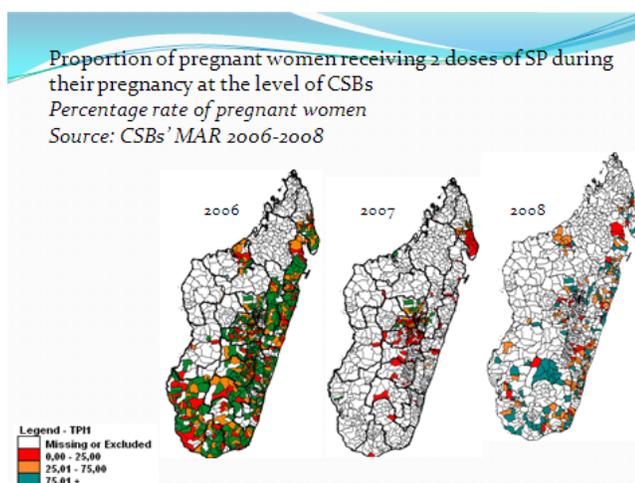
Building on its achievements and as part of its HMIS mission, USAID/Santénet2 supports the MoH/FP on this action.

OBJECTIVES

Contribute to achieving the MoH/FP's objective in the area of malaria control, i.e., reducing malaria-related morbidity and mortality through activities in the project's intervention zone.

STRATEGIES

USAID/Santénet2's technical and financial support to the malaria control program pertained to the followings:



- ▶ **Scaling up case management activities to 119 communes in the old KM and prevention and case management to 800 KM salama;**
- ▶ **Updating and/or developing training documents or documents on the national malaria control policy;**
- ▶ **Building the capacities of service providers;**
- ▶ **Updating and/or developing proposals or requests for funding and framework documents pertaining to malaria under the Roll Back Malaria partnership (National strategic plan for malaria control, malaria business plan, Rolling Continuing Channel [RCC]4, RCC3, NSA/GFATM 9).**

OVERVIEW OF ACTIVITIES

The activities focused on the community level but there were also other activities at the other tiers of the health pyramid.

At the community level

The activities consisted in promoting malaria prevention actions in 119 KM and case management in the 648 KM.

As regards prevention activities, especially the promotion of Insecticide-treated bednets (ITNs), they were conducted in collaboration with DELIVER, PSI, and the MoH/FP. When targeting special groups such as pregnant women, the partnership was expanded to include ACCESS. USAID/Santénet2 contributed to improving the quality of services by building the capacities of CHWs in terms of compliance with the policy of treating presumptive cases of malaria with ACT and by scaling up the promotion of services offered through community-mobilization (IEC/BCC).

At the central level

- Supporting the Roll Back Malaria partnership (a platform for the coordination of activities and for decision-making in malaria control) in its roles and duties;
- Supporting the national program in developing and updating policy documents and training materials;
- Supporting the national malaria control program in applying the national control policy and in working on the priorities set such as strengthening the monitoring & evaluation system as part of progressing towards malaria elimination (strengthening the epidemiological surveillance officers).

At the regional and district levels

- Supporting the scaling up of the new case management policy involving the improvement of the diagnosis method and rationalization of antimalarial use: building the capacities of service providers to use Rapid Diagnosis Tests (RDT) and microscopy on one hand, and applying the related treatment schedule on the other hand (prescribing ACT);

- Conducting a survey to assess to the application of the new diagnosis method (use of RDT) as part of promoting service providers' compliance with the recommendations of the national malaria control policy.

Partnership

- Contributing to harmonizing the activities of the various actors in the field of malaria control: complementarities and close collaboration with USAID's partners, providing expertise, as needed;
- Contributing actively to securing funding by providing technical assistance in the development of proposals and requests for funding.

C.4. Water, Hygiene, and Sanitation (WATSAN)

OBJECTIVES

Promote long-lasting improvements of sanitation and hygiene practices in Madagascar.

STRATEGIES

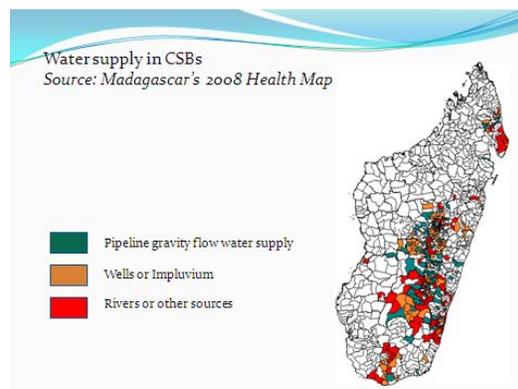
- ▶ **Building the capacities of the communities and households to adopt healthy behaviors**, namely using safe water, washing hands with soap at critical moments, using latrines, avoiding defecating in the open, and managing domestic waste.
- ▶ **Building the capacities of the authorities, health service providers, and school officers to make available to users safe water, hand washing devices, acceptable latrines, and system for waste disposal, in compliance with norms;**
- ▶ **Build the capacities of local authorities and development committees to provide the entire population with adequate safe water supply systems, and hygiene and sanitation systems in their respective jurisdictions.**

OVERVIEW OF ACTIVITIES

Activities with Health Services Providers

Through capacity building of Service providers

- ▶ Train health service users to use facilities and taps related to safe drinking water, available at health centers. We also train users to use proper clean latrines available at the health centers. USAID/Santénet2 also trains users to use households



waste management tools or box or pits available at health centers. We also train users to wash hands at the health centers at the proper moments.

- ▶ Train health services providers to make safe drinking water available, to make proper and clean water be available to staffs and to users at health centers, to make soaps and water to wash hands available at health centers, to make waste management tools to be available to staffs and users at health centers, and to post a visible guide on how to use them, **at 80% of 939 health centers.**

Activities through Local Institutions

Through capacity building of mayors, executives, counselors, coordination committee of KM

- ▶ Train mayors, executives, counselors, development committee, and coordination committee to create and to make a WASH coalition committee functional at 752 KM, how to diagnose availability of water resources system at their locality, and on how to become the contracting authorities for any partner who wants to develop the existing water resources system at their commune.
- ▶ Activities through households

Activities with Households

Through capacity building of Community Workers

- ▶ Train mothers and fathers of households on how to ensure safe drinking water for the children by letting them know about different techniques which may be used at local level, **to ensure 1,200,000 people** safe drinking water.
- ▶ Train mothers and fathers of households, and children on how to wash hands properly and when are the crucial moments to wash hands.
- ▶ Train mothers and fathers of households, and children in the whole community on how to avoid open air defecation, and on how important it is to use improved sanitation to **1,000,000 populations.**
- ▶ We train mothers and fathers of households, on how to manage waste generated from household's activities.

Intervention I Supporting the implementation of the Community-Led Total Sanitation and Hygiene approach

Activity 3.4.1.1 Supporting the MoH/FP and the Ministry of Water in organizing and holding an national workshop on the CLTS approach

Under this activity, USAID/Santénet2 provided technical support on the followings:

- Developing a WASH training module ;

- Introducing USAID/Santénet2 to the WASH committee: MoH/FP, Ministry of Water;
- Preparing the WASH General Assembly and the World Toilet Day;
- Developing a process to support, assess, and certify WASH-friendly CSBs.

Technical and financial support was provided for the development and the production of a training curriculum on WASH-friendly CSBs and a training curriculum on waste management.

As regards building the capacities of trainers on water and sanitation, USAID/Santénet2 took part in:

- Building the capacities of national level trainers to prepare the national WASH-friendly CSB regional workshops in collaboration with USAID/HIP and Voahary Salama;
- Designing a CLTS approach to be integrated in the KM salama approach;
- The national workshop to present and train on CLTS;
- Developing a training module on CLTS.

Activity 3.4.1.2 Building the communities and local authorities' capacity to enforce the Code of Water under the NGKM

- Establishing a database on water and sanitation at the regional and local levels in the intervention zones
 - Procurement as part of implementing the Code of Water;
 - The sub-contractor in charge of developing the database on water and sanitation is identified (result of RFP 2).
- Establishing the WASH committee in the KM salama
 - Taking part in preparing the Annual Work Plans (AWP) of the national WASH committee and discussing the support needed to establish WASH committees at the regional and commune levels;
 - Identifying the regional WASH committees to be supported: Atsimo Atsinanana and Vatovavy Fitovinany.
- Assessment of CSB status against WASH-friendly norms in the KM salama.

CHALLENGES/ DIFFICULTIES ENCOUNTERED

- The political situation is not conducive to implementing the CLTS approach;
- The development and selection of materials on the Code of Water that are to be duplicated are pending to the selection of the sub-contractor in charge of contract management;
- The information on the CSBs' status could not be obtained at any level of the health system (central, regional, district).

NEXT STEPS

- Organizing a national workshop to validate the CLTS curriculum;
- Organizing a training of regional trainers for DRSAS and SDSAS on WASH-friendly CSB and selecting the CSBs to be upgraded to WASH-friendly norms;
- Developing specific responses to address the gaps identified through the assessment of CSBs' status in terms of WASH-friendly norms;
- Scaling up the trainings on WASH-Friendly CSs to the CSBs selected in the KM salama;
- Monitoring the activities of sub-contractors, namely in duplicating the training tools in works contract management, the training of trainers at the regional level, the scaling up of trainings on works contract management at the commune level, and the enforcement of the Code of Water a the community level;
- Scaling up the training of community animators on making safe water available, hand washing devices, waste management systems, and adequate latrines;
- Duplicating selected elements of the Code of Water;
- Duplicating the curriculum on works contract management (and including in the curriculum selected elements of the Code of Water that should be disseminated)

C.5. STI/HIV/AIDS

Context

- The epidemic is low and concentrated in high-risk groups
- STIs have always been a major public health issue in Madagascar
- There is a permanent risk of a full-blown epidemics due to the high prevalence of STIs

OBJECTIVES

Overall Objectives

1. Contribute to achieving the objectives of the Government of Madagascar, namely:
 - Maintaining the HIV prevalence below 1%
 - Reducing STI prevalence by 25% in the general population
 - Reducing STI prevalence by 50% among pregnant women
2. Contribute to strengthening the decentralized management of the response to STI/HIV/AIDS

Specific Objectives

- Supporting the implementation of regional STI/HIV/AIDS control plan in eleven (11) regions;
- Training 36,000 people to promote STI/HIV/AIDS prevention in the KM salama;
- Promoting demand for male condoms in the KM salama;
- Increasing the number of pregnant women screened for congenital syphilis in the KM salama;
- Increasing the number of people screened for HIV in the KM salama;
- Increasing the number of Sex Workers (SW) and Men having Sex with Men (MSM) attending health facilities for STI screening and treatment in the KM salama and in the intervention towns.

STRATEGIES

- Giving the priority to the most at risk population (MARP) groups in the interventions, namely SWs and MSMs in ten (10) major towns³, young people, and STI patients;
- Developing partnership with associations and networks working in STI/HIV/AIDS control and having the capacity to reach the project's targets, especially high-risk groups;
- Building the technical capacities of CHWs in 800 KM salama to carry out education activities for prevention of STI/HIV/AIDS and congenital syphilis;
- Contributing to the national program for the elimination of congenital syphilis, through its implementation in 800 KM salama;
- Building the capacities of the regional task forces to plan a response to HIV/AIDS, to coordinate and implement action plans, in eleven (11) regions⁴ out of the country's twenty-two regions.

OVERVIEW OF ACTIVITIES

Activities planned and main completion indicators

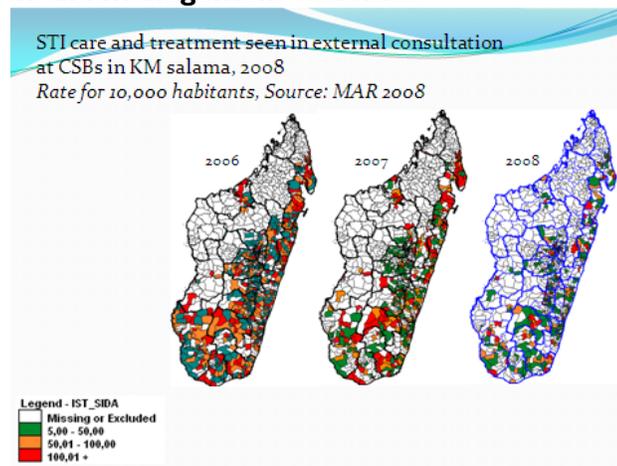
³ Antananarivo, Antsirabe, Fianarantsoa, Toliara, Taolagnaro, Toamasina, Sainte Marie, Antsiranana, Nosy Be, Mahajanga

⁴ Alaotra Mangoro, Amoron'i Mania, Analamanga, Analanjirofo, Anosy, Atsimo Andrefana, Atsimo Atsinanana, Atsinanana, Matsiatra Ambony, Vakinankaratra, Vatovavy Fitovinany

Intervention I Supporting the decentralization of STI/HIV/AIDS prevention and management activities

USAID/Santénét2's support to the decentralization of STI/HIV/AIDS prevention and management activities focused on the followings:

- Developing the regional STI/HIV/AIDS control plans;
- Holding coordination and monitoring meetings for the regional task forces.



In terms of achievements, support was provided to:

- Developing the regional STI/HIV/AIDS control plans of Fianarantsoa, Taolagnaro, and Toamasina;
- Holding a workshop to establish the regional information system in Taolagnaro.

NEXT STEPS

- Supporting the establishment of the regional information system in Toamasina, Fianarantsoa, and Toliara;
- Supporting the coordination meetings of the STI/HIV/AIDS task forces in eleven (11) regions;
- Supporting the implementation of the regional STI/HIV/AIDS control plans in eleven (11) regions.

Intervention 2 Supporting the implementation of STI/HIV/AIDS prevention activities among most at risk population groups

OVERVIEW OF ACTIVITIES

The following prevention activities were planned for MARPs:

- Training PSI's peer educators and leaders of SWs and MSMs on access to health services and human rights and on prevention of STI/HIV/AIDS including congenital syphilis;
- Training CHWs in KM on the prevention of STI/HIV/AIDS including congenital syphilis and on BCC;

- Training religious and traditional leaders on educating their communities on the prevention of STI/HIV/AIDS including congenital syphilis;
- Equipping religious and traditional leaders, NGOs, peer educators, and CHWs with appropriate education tools;
- Sensitizing the population in the KM salama on the prevention of STI/HIV/AIDS, their management, and screening for STI and HIV, through the CHWs;
- Supporting the MoH/FP in implementing an operational plan for the elimination of congenital syphilis.

CHALLENGES/ DIFFICULTIES ENCOUNTERED

- Mobilizing animators from the SWs and MSMs' associations to conduct peer sensitization activities with no financial incentive for them;
- Holding meetings in the current political context.

Solutions

- Motivating the associations' animators by involving them in trainings;
- Conducting the trainings in safe places.

NEXT STEPS

- Translating into Malagasy the training curricula on access to health services and human rights, reducing multiple sexual partnership, STI/HIV/AIDS prevention, and condom use negotiation;
- Training SWs and MSMs on STI/HIV/AIDS prevention, and condom use negotiation in Fianarantsoa, Toliara, and Taolagnaro;
- Training PSI's peer educators and high-risk men on reducing multiple sexual partnerships in Toamasina, Fianarantsoa, and Taolagnaro;
- Providing IEC materials suited to the SWs and MSMs' context;
- Facilitating the availability of condoms for SWs and MSMs;
- Supporting the STI/AIDS control unit in implementing the operational plan for the elimination of congenital syphilis;
- Holding the national conference of religious leaders on the MDGs and health development;
- Supporting the training of CHWs in the KM;
- Supporting the STI/AIDS control unit in developing a reminder guide on congenital syphilis for health workers;
- Developing a communication strategy suited to the context of MARPs

IV. MONITORING and EVALUATION AS OF MARCH 31, 2009

N° of indicator	Indicator	Definition	2009 Forecast	Achievements	Remarks
STRATEGIC OBJECTIVES					
1	DTChepBHib3 coverage	Percentage of children aged 12 to 23 months who received their third dose of DTPHepBHib3 in USAID's intervention zones	90%	N/A	
2	Vitamin A Supplements	Percentage of children aged 6 to 59 months who received Vitamin A supplements during the last six months before the survey in USAID's intervention zones	87%	N/A	
3	Exclusive Breastfeeding	Percentage of children aged less than 6 months exclusively breastfed Exclusive breastfeeding consists of giving only breast milk to children aged less than 6 months, exclusive of any solid or other fluid, including water	75%	N/A	
4	Contraceptive Prevalence	Percentage of women in relationships aged 15 to 49 using (or having her partner using) modern contraceptive methods	27%	N/A	
5	Use of ITN among children under 5	Percentage of children under 5 (0-59 months) who slept under an	75%	N/A	

N° of indicator	Indicator	Definition	2009 Forecast	Achievements	Remarks
		ITN the night before the survey			
6	Malaria prevention among pregnant women	Proportion of pregnant women receiving 2 doses of SP during their pregnancy	75%	N/A	
7	ITN coverage of households		75%	N/A	
STRATEGIC RESULTS					
8	Functionality of the cold chain at CSB	Proportion of public health facilities with a functional cold chain over the last six months A cold chain is regarded as functional when: - temperature is monitored daily over the last six months and the temperatures recorded are within the normal ranges (between +2°C and +8°C)	3.8/5	3.8/5	VMA 2008 results at national level
		- the stock of vaccines is enough until the next supply scheduled by the SDSAS arrives (usually one month) The two criteria and their combination will be measured.	4.3/5	4.3/5	VMA 2008 results at national level
9	Therapeutic management of diarrhea cases	Number of diarrhea cases among children under 5 that are treated at CSBs and at community level	9,600	<ul style="list-style-type: none"> ▶ Completed NGO submissions to support CHWs' implementation in C-IMCI ▶ Completed evaluation of submissions 	<ul style="list-style-type: none"> ▶ Selected NGOs' work plans for training in C-IMCI (Diarrhea-ARI-Malaria) and monitoring are available ▶ CHWs who haven't received training in C-

N° of indicator	Indicator	Definition	2009 Forecast	Achievements	Remarks
					IMCI refer diarrhea cases to CSB and/or C-IMCI sites
10	Skills building in Child Health and Nutrition	Number of community workers trained in child health and nutrition with U.S. Government (USG)–supported health area programs	1,200	▶ Expanded CHWs training curriculum	Curriculum focused on nutrition/GMP and child health
11	Child Health and Nutrition Programs	Number of sensitization activities made by CHWs in nutrition programs	50,000	▶ Expanded CHWs training curriculum	Curriculum includes sensitization techniques for nutrition
12	Child Health and Nutrition Programs: Maternal and Child Health Week (MCHW)	Percentage of children reached by nutrition program during maternal and child health week The nutrition programs during maternal and child health week include vitamin A and deworming distribution. USAID/Santénet2 will report the distribution for children under five years old.	Vitamin A: Maintain above 90%	98.9%	October 2008 MCHW results
			Deworming: Maintain above 90%	97.7%	October 2008 MCHW results
13	Skills building in Maternal/ Newborn Health	Number of people trained in maternal/newborn health through USG-assisted programs	24	Expanded research protocol on community-based EONC, data collecting, and implementing tools	▶ CHW training on community-based EONC planned for May 2009 ▶ These activities are part of maternal and newborn health
14	Antenatal Care Visits	Number of antenatal care (ANC) visits by skilled providers from USG-assisted facilities Skilled providers means doctor or	9,000		Curriculum includes ANC theme and sensitization techniques for referrals to CSB

N° of indicator	Indicator	Definition	2009 Forecast	Achievements	Remarks
		other persons trained with midwifery skills for reasons related to pregnancy			
15	Births attended by skilled health personnel	Number of deliveries with skilled birth attendants (SBA) in USG-assisted programs Skilled birth attendants are trained health personnel (doctor, nurse, or midwife), excluding traditional birth attendants	3,150	Expanded training curriculum for CHWs	<ul style="list-style-type: none"> ▶ Curriculum includes themes on delivery and sensitization techniques for referrals to CSB ▶ Community-based EONC approach facilitates access to deliveries in CSB
16	Newborn Health	Number of newborns receiving essential newborn care through USG-supported programs	20	<ul style="list-style-type: none"> ▶ Advocacy meetings for partners to lead an operational research, achieved ▶ Expanded research protocol, data collecting, and implementing tools 	<ul style="list-style-type: none"> ▶ A pilot study on C-EONC is ongoing in the Marovoay district ▶ Trainings and activities related to this study are planned for May 2009 ▶ These activities are part of maternal and newborn health
17	Treatment of Child Pneumonia	Number of pneumonia cases of child under 5 years of age treated with antibiotics by trained facility or community health workers in USG-supported programs	3,000	<ul style="list-style-type: none"> ▶ NGOs submissions to support CHWs implementation for C-IMCI ▶ Completed evaluation of submissions 	<ul style="list-style-type: none"> ▶ Selected NGOs' work plans for training in C-IMCI (Diarrhea-ARI-Malaria) and monitoring are available ▶ CHWs who haven't received a training in C-IMCI refer ARI cases to CSB and/or C-IMCI sites

N° of indicator	Indicator	Definition	2009 Forecast	Achievements	Remarks
18	Couple Year Protection	An estimate of the protection offered by FP services over a 12-month period based on the total amounts of contraceptive sold or distributed for free to clients over the period	688,902	N/A	
19	Reduction in the number of stock outs of injectable contraceptives at the health center level	Percentage of CSBs reporting one stock out of injectable contraceptives (Depo Provera) in the last 12 months. A "stock out" is defined as the absence of a product that is supposed to be on hand at a given time.	2%	0 % of Depo Provera stock outs at the level of service providing sites	2008 FP logistic survey done in October and November 2008
20	Skills building on malaria management and treatment	Number of community workers trained on malaria prevention or case management in the KM salama	Prevention: 2,508	KM salama approach currently implemented	Trainings planned to start in April 2009
			Case management: 1,254		
21	Use of ACT for malaria treatment	Percentage of children under 5 with fever, treated with ACT within 24 hours of onset of symptoms ACT is the drug recommended by the national malaria control policy for the treatment of uncomplicated malaria. The CHWs will ensure community-based management of malaria with ACT for cases of uncomplicated malaria.	50%	<ul style="list-style-type: none"> ▶ NGOs submissions to support CHWs training for C-IMCI ▶ Completed evaluation of submissions, done 	<ul style="list-style-type: none"> ▶ Integrated program with indicator n° 17 ▶ Selected NGOs' work plans for training in C-IMCI (Diarrhea-ARI-Malaria) and monitoring are available

N° of indicator	Indicator	Definition	2009 Forecast	Achievements	Remarks
22	Skills building on HIV/AIDS prevention	Number of individuals trained on AIDS prevention	16,500	290	<ul style="list-style-type: none"> ▶ Targets for trainings are CHWs in KM salama and MARPs. ▶ Until CHWs are implemented in KM salama, activities with MARPs have started. ▶ Training has been achieved in partnership with PSI and in collaboration with FIMIZORE (a SWs and MSM network) in Antananarivo, Tamatave, Fianarantsoa, Fort Dauphin and Tuléar. ▶ Beneficiaries of these trainings are SWs, MSM, and Men at High Risk (MHR). These in turn, will sensitize their peers on STI/HIV/AIDS prevention.
23	Promotion of STI/HIV/AIDS prevention	Number of individuals reached through community outreach that promotes STI/HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful (A, B, & C)	81,000	1,500	10 associations out of the 18 members of the FIMIZORE network sensitize SWs and MSM on STI/HIV/AIDS prevention through the use of condoms and access to health services

N° of indicator	Indicator	Definition	2009 Forecast	Achievements	Remarks
24	WASH-friendly CSB	<p>Percentage of WASH-Friendly CSBs in the KM salama</p> <p>WASH-friendly CSBs are CSBs that:</p> <ul style="list-style-type: none"> - have adequate water, hygiene, and sanitation infrastructure - conduct promotional activities in water, hygiene, and sanitation. 	25%	Process developed at a few CSB pilots	Scaling up this developed process will be the next step and the percentage will change in the next 6 months.
25	Access to improved drinking water supply	<p>Number of people in target areas with access to improved drinking water supply as a result of USG assistance</p> <p>This indicator measures the number of people with access to one of the following types of water supply for drinking: piped water into dwelling or yard; public tap; bore hole/pump; protected well; protected spring; rain water.</p>	185,000	KM salama approach has just started and community training to scale up activities will start this second semester	This indicator will only increase after the second semester of Fiscal Year 2009.
26	Access to improved sanitation	<p>Number of people in target areas with access to improved sanitation as a result of USG assistance</p> <p>Improved sanitation means the household has :</p> <ul style="list-style-type: none"> - latrines that have a slab - latrines with protected door entry - pit latrine with a washable 	100,000	KM salama approach has just started and community training to scale up activities will start this second semester	This indicator will only increase after the second semester

N° of indicator	Indicator	Definition	2009 Forecast	Achievements	Remarks
		platform			
HEALTH SYSTEMS					
27	Quality of services in the CSB	<p>Number of CSBs initiating a quality process</p> <p>The quality process at CSB level consists in establishing processes that include identifying and resolving performance gaps and other actions at the health system level, and in services and with users satisfaction. An evaluation will be conducted annually and after that, an action plan will be established.</p>	100		
28	Performance of the Health Management Information System (HMIS)	<p>Composite indicator to monitor the performance of the Health Management Information System (HMIS)</p> <p>The indicator is the combination of three main indicators, namely:</p> <p>I. The reliability of the monthly activity report (MAR) data, i.e., the quality of the MARs as defined by two parameters:</p> <ul style="list-style-type: none"> Report completed in compliance with the manual of procedure developed by the Health Statistics Unit, i.e., complete reports and filled out based on the HMIS tools 	70%		<ul style="list-style-type: none"> ▶ Completeness: 86% ▶ Timeliness: 1 month ▶ Reliability: 59% ▶ Performance: $20\% \times 86 + 20\% \times (12-1) \times 100/11 + 60\% \times 59 = 72.6\%$ ▶ Measured Period: March 2009

N° of indicator	Indicator	Definition	2009 Forecast	Achievements	Remarks
		<ul style="list-style-type: none"> • Accuracy of data reported checked by the validity of the equation proposed hereafter (FP tracker) <p>Thus, the quality component that will be monitored through this indicator will concern the accuracy of FP data (injectable contraceptives) reported in the MAR.</p> <ol style="list-style-type: none"> 2. The completeness of the CSB's MARs, i.e., the percentage of reports received at a given time 3. The timeliness, i.e., the time needed to collect at least 75% of all reports 			
29	Alignment of the project's activities with SDSAS' annual work plan (AWP)	<p>Number of DHFPS that have included Santénet2's activities in their AWP</p> <p>Santénet2's support to the five main programs of the health sector in Madagascar (MCH, including nutrition; FP/RH; Malaria; STI/AIDS; and Water & Sanitation) as well as the KM salama activities should align with the districts' AWP in order to accelerate the decentralized application of policies and strategies and the effectiveness of</p>			

N° of indicator	Indicator	Definition	2009 Forecast	Achievements	Remarks
		proximity budget implementation.			
COMMUNITY SYSTEMS					
30	Kaominina Mendrika salama (KM salama)	<p>Number of communes located in Santénet2's intervention zones who are certified as Kaominina Mendrika salama (KM salama)</p> <p>The KM salama is a new model of the Champion Commune (CC) approach: it integrates mutual health insurance and the Community Score Card from the previous approach. The new components will be introduced by phase.</p>	100	55 communes have introduced the KM salama approach	
31	Trained Community-based Health Workers	<p>Number of CHWs trained by Santénet2 for priority health areas in the KM salama</p> <p>CHWs are the main actors of the KM salama approach as they are in charge mobilizing their communities to promote health at the local level.</p> <p>To improve community health, the CHWs will be trained on key messages, proximity communication activities, and the use of communication materials on Santénet2's priority topics such as FP, MCH, HIV/AIDS, Malaria, and Water & Sanitation.</p> <p>In this way, CHWs will be capable of raising awareness among the</p>	1,200	0	CHWs trainings in KM salama will start on the 4th week of April

N° of indicator	Indicator	Definition	2009 Forecast	Achievements	Remarks
		different target groups using the different communication channels locally available.			
32	Functionality of Community-based Health Workers	<p>Number of new functional community workers.</p> <p>Functional community workers</p> <ul style="list-style-type: none"> - Are resupplied regularly with commodities in health at CSB or social marketing wholesale points - Provide service reports to CSBs/NGOs/communes - Attend 2 joint collective review meetings per year at CSBs or Districts 	TBD	<p>The evaluation of CHW functionality in KM has several steps. For this reporting period, achievements are as follows:</p> <ul style="list-style-type: none"> - Elaboration of collecting methodology - Data collection and analysis of secondary data at PSI - Collection and analysis of data from SDSAS questionnaire 	
33	Health Financing Arrangements	<p>Number of people covered by USG-supported health financing arrangements</p> <p>The health financing arrangements measured by this indicator are mutual health organizations.</p>	225,000	For this reporting period, no new mutual health organization has been implemented. Activity consisted of monitoring existing mutual health organizations.	

V. ADMINISTRATION AND FINANCES

V.I. RETROSPECTIVE: OCTOBER 2008 TO MARCH 2009

The semi-annual period ending March 31, 2009, represented a continuation of intensive investment in personnel, equipment, and systems and procedures to ensure that the proper foundations are in place to allow rapid scale-up of activities. The grants management part of the contract was also initiated with the solicitation of applications under the first two grant award rounds. Two RFPs were also launched to award 2 subcontracts. RTI completed its official registration in Madagascar and four regional offices were also set up and opened during this period.

Official Registration and Personnel

RTI completed its official registration in Madagascar, which enabled it to withhold and remit compensation taxes and also to pay legally required benefits on behalf of staff. As a result, all long-term staff were converted from RTI consultants to RTI employees. Detailed position descriptions were elaborated for each position and all long-term posts have been filled.

Procurement and Inventory of Property

Most of the procurement related to set-up is now complete with office equipment, computers, software, and vehicles procured. As of March 31, 2009, we are waiting for and anticipating waiver approvals from USAID for laptops procured in the U.S. A large quantity of used equipment and furniture from previous USAID-funded projects has been provided and RTI has provided a final inventory list of this property to USAID.

Policies, Procedures, and Systems

RTI's standard procedures have been customized and adjusted to better fit the Madagascar context and most are now written in both English and French. All procurement procedure details and forms have been analyzed and updated to enable clear and efficient procurement at both Antananarivo and regional offices. The same can be said for personnel, accounting, and reporting procedures. A complete Operations Manual in French and in English is under preparation. The goal of the Manual is to document and clearly explain how RTI manages the Santénet2 administrative and financial operations in Madagascar.

Quickbooks accounting software has been installed in regional offices and the upload of transactions from regional offices and overall financial reporting is accurate and timely.

The IT Specialist has provided technical assistance to each regional office to allow local networking of computers, internet access, and connection to the RTI server.

Grants and Subcontracts

Launch of the Grants Program

The first two RFAs were launched in February 2009 (#1–*Support for the Implementation of Kaominina Mendrika Salama* and #2–*Support for the implementation of Community-Integrated Management of Childhood Illness*). Several grant awards are expected to be made in April or May 2009.

Existing Long-term Subcontracts: CARE, CRS, DRV, IntraHealth, and PSI

Final Terms of Reference were elaborated and these subcontractors continued to move forward with the implementation of their ongoing subcontracts. Three IntraHealth Madagascar staff are working out of Santénet2 offices. CARE and CRS budgets were modified to more accurately reflect projected program activities for Year 1.

In December 2008, RTI signed a 5-year subcontract with DRV to implement and monitor the National Gender policy at the region, district, and commune levels.

New Short-term Subcontracts: INSTAT

INSTAT: In December 2008, on behalf of the MoH/FP, RTI contracted with INSTAT to conduct an analysis and estimation of the level of household expenses related to health care.

Results of the analysis will help the MOH to make better informed decisions regarding health policy.

To complete the national health account, another subcontract was planned with INSTAT to estimate private sector health expenditures to allow the MoH/FP to quantify and analyze the contribution of the private sector to national health accounts. As of late April 2009, this subcontract is on hold pending official notification from USAID that Santénet2 may resume direct support to the MoH/FP.

RFPs Advertised–Multiyear Subcontracts

Two RFPs were released to provide support in water and sanitation and HMIS. Although the analysis of the bids received is underway, the award of these subcontracts is currently on hold pending further clarification on the political

situation and USAID's guidance related to their official position regarding the transitional government in Madagascar.

V.2. OUTLOOKS: APRIL TO SEPTEMBER 2009

Personnel

According to RTI's personnel policies, all employees will have their first performance appraisals in the next semiannual period. We will use this opportunity to provide valuable feedback and fine-tune position descriptions. We will also attempt to identify training opportunities to strengthen and broaden our staff's skills.

Procurement and Inventory of Property

A significant amount of the procurement activities over the next six months will focus on purchasing resources for training and workshops, including printing IEC materials. As grantees begin implementation, we anticipate that procurement operations will arrange local travel for project staff to monitor those grants and provide technical assistance.

In terms of inventory of assets, details of all property will be put into RTI's property database. This will facilitate even better control of these assets. A cycle of property audits will be developed to enable monitoring of the quality of the data in the database.

Policies, Procedures, and Systems

The Operations Manual will be completed during this phase. Finance and Administration staff will continue to provide training to the Santénet2 staff in order to maximize transparency and understanding of the policies and procedures that guide our operations.

Grants and Subcontracts

Over the next six months, we anticipate growth in project implementation via the activities of the new grantees. We also expect to award a number of additional grants through new grant rounds. Subcontractors CRS and CARE will continue to ramp up their programming as well, resulting in an expansion of the communes served.

We expect to provide technical assistance to our grantees in order to maximize compliance with USAID regulations and best practices. We will prepare a grantee manual that will help grantees better understand and comply with the terms of their grant agreements including the most important USAID compliance requirements, financial management of their grants, and the proper reporting on performance indicators.

ANNEXES

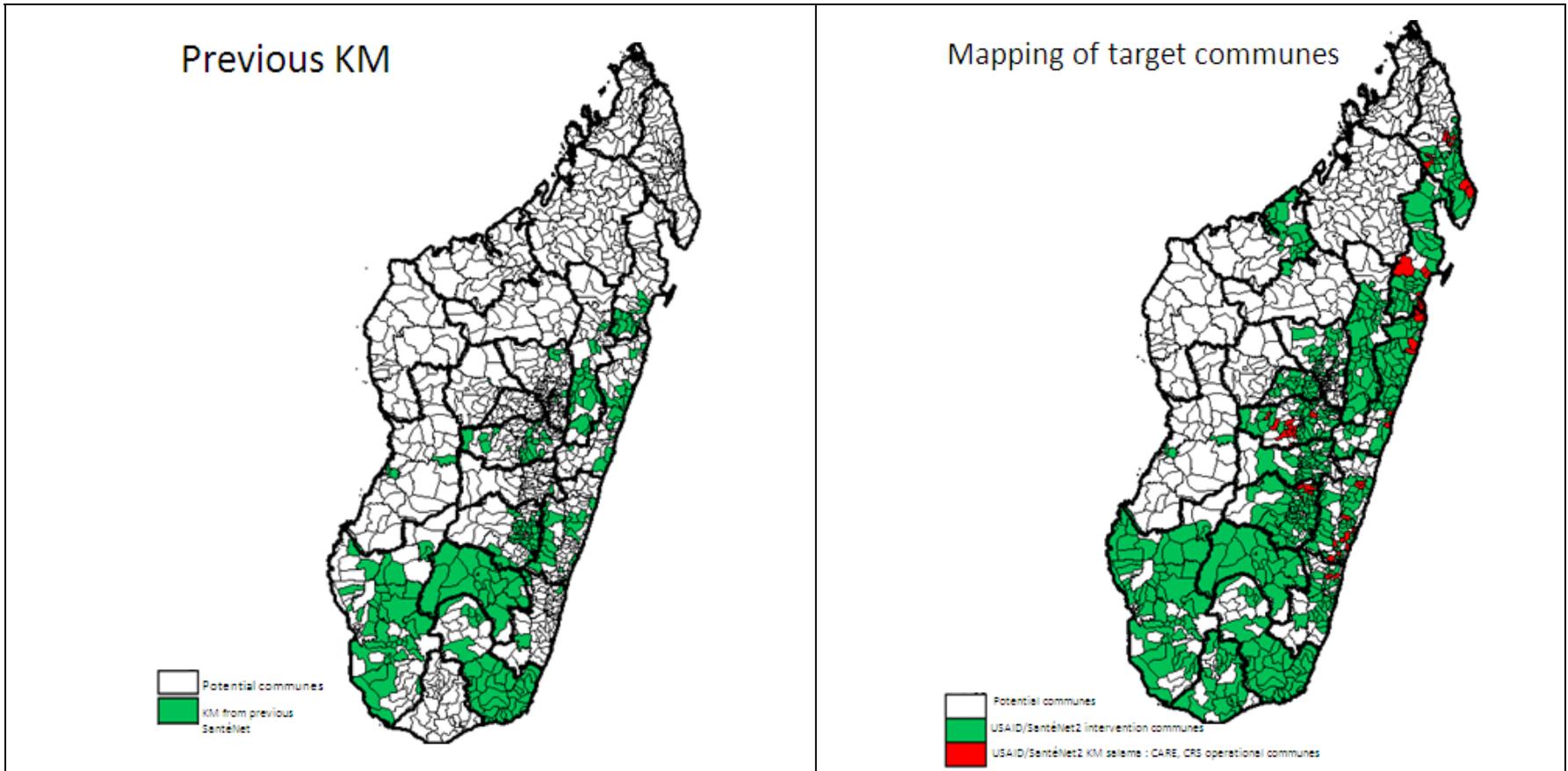
ANNEX I

BUDGET STATUS BY FUNDING SOURCE (October 1, 2008–March 31, 2009)

Source of Funds	TOTAL YI Budget with fees 10/01/08 - 09/30/09	TOTAL Obligated Amount 10/01/08 - 09/30/09	Total billed to USAID as of March 31, 2009	Accruals as of March 31, 2009	YI Budget Balance with accruals as of March 31, 2009	Obligated amount Balance with Accruals as of March 31, 2009
Child Survival	\$2,138,322	\$1,859,473	\$592,489	\$24,108	\$1,521,725	\$1,242,876
Family Planning	\$2,205,377	\$1,917,784	\$611,069	\$24,864	\$1,569,444	\$1,281,851
PMI-Malaria	\$2,451,247	\$2,131,591	\$679,195	\$27,636	\$1,744,416	\$1,424,760
HIV-AIDS	\$655,653	\$570,152	\$181,669	\$7,392	\$466,591	\$381,091
TOTAL	\$7,450,598	\$6,479,000	\$2,064,422	\$84,000	\$5,302,176	\$4,330,578

ANNEX 2

USAID/SANTÉNET2 INTERVENTION ZONES



ANNEX 3

BENCHMARKS BY TECHNICAL COMPONENTS

Component I

	AWP Activities	Plans for the reporting period	Achievements for the reporting period	Perspectives for the next 6 months	Observations
National	<i>Identify intervention communes</i>	Organize meetings with CARE and CRS (contractors of USAID/Santénet2)	<ul style="list-style-type: none"> ▶ Identification with CARE and CRS of their proposed intervention zones and communes for the KM salama implementation 		
			<ul style="list-style-type: none"> ▶ Discussions and finalization of the list of communes 		
			<ul style="list-style-type: none"> ▶ Forwarding to USAID for approval 		
			<ul style="list-style-type: none"> ▶ 225 communes identified and validated as communes of KM salama implementation by CARE and CRS 		
		Identify the intervention communes for the other grantee NGOs	<ul style="list-style-type: none"> ▶ Identification based on mapping, of regions and communes other than those where CARE and CRS work 	<ul style="list-style-type: none"> ▶ Identification of the second wave of communes 	
			<ul style="list-style-type: none"> ▶ Forwarding the list to USAID for feedback and approval 		
			<ul style="list-style-type: none"> ▶ 130 communes identified and validated 		

AWP Activities	Plans for the reporting period	Achievements for the reporting period	Perspectives for the next 6 months	Observations
		by USAID as the first wave under the RFA		
<i>Defining the KM salama approach</i>	Develop the approach	<ul style="list-style-type: none"> ▶ Internal meeting within the component to design the KM salama 		
		<ul style="list-style-type: none"> ▶ Sharing with other units of USAID/Santénet2 		
		<ul style="list-style-type: none"> ▶ Sharing with USAID, SPC (MoH/FP), CARE, CRS, DRV 		
	Develop and update the KM salama implementation tools	<ul style="list-style-type: none"> ▶ Development of tools such as the training curricula for community actors (social development committees, CHWs) and management tools 	<ul style="list-style-type: none"> ▶ Produce KM salama tools ▶ Dispatch these tools to implementing partners 	
		<ul style="list-style-type: none"> ▶ Pre-testing of KM salama tools in three intervention regions of USAID/Santénet2 		
<i>Identify the needs of the old KM</i>	Upgrade the KM into KM salama	<ul style="list-style-type: none"> ▶ Development of a questionnaire for assessing the continuity of the KM process in the former communes after the withdrawal of the project SantéNet and for assessing the needs of the communes to become KM salama 	<ul style="list-style-type: none"> ▶ Implementing activities identified to upgrade KM to KM salama 	
		<ul style="list-style-type: none"> ▶ Use of the questionnaire in some 		

AWP Activities	Plans for the reporting period	Achievements for the reporting period	Perspectives for the next 6 months	Observations
		old KM communes near the regional offices		
		<ul style="list-style-type: none"> ▶ Development of a strategy to upgrade KM into KM salama, based on an analysis of the questionnaire's results 		
	Assess the functionality of CHWs	<ul style="list-style-type: none"> ▶ Development of the ToR of consultants in charge of the evaluation 	<ul style="list-style-type: none"> ▶ Data collection at community-based stakeholders' level: mayor, CSB, community, CHWs ▶ Analysis of field data ▶ Drafting of the evaluation report ▶ Dissemination of the results 	
		<ul style="list-style-type: none"> ▶ Development of the evaluation methodology (protocol) 		
		<ul style="list-style-type: none"> ▶ Design of data collection tools (questionnaires and discussion guides for interviews and focus groups) 		
		<ul style="list-style-type: none"> ▶ Collection and analysis of secondary data from PSI to assess the continuity of the supplying of NGOs implementing the approach. Five (5) NGOs keep on ordering products for their CHWs from PSI to date 		
		<ul style="list-style-type: none"> ▶ Collection of data from 		

AWP Activities	Plans for the reporting period	Achievements for the reporting period	Perspectives for the next 6 months	Observations
		partner NGOs implementing the KM approach: 6 NGOs out of the 13 implementing the approach have answered the questionnaires to date		
<i>Select implementing partners for Year 1</i>	<ul style="list-style-type: none"> ▶ Draft specifications ▶ Publish a RFA in newspapers ▶ Open proposals and select partners ▶ Organize a briefing meeting for selected partners 	<ul style="list-style-type: none"> ▶ 20 proposals received and were assessed as eligible after preliminary evaluation 	<ul style="list-style-type: none"> ▶ Selection of NGOs to implement KM salama in 130 communes ▶ Launch open proposal and select NGOs to implement KM salama in 145 communes 	
<i>Compile IEC/BCC materials and tools in the five strategic areas</i>	<ul style="list-style-type: none"> ▶ Compile IEC/BCC tools ▶ Analyze, update, and produce tools 	<ul style="list-style-type: none"> ▶ Compilation of partners' IEC/BCC tools 	<ul style="list-style-type: none"> ▶ Put at implementing partners' disposal IEC/BCC tools for implementing KM salama 	
		<ul style="list-style-type: none"> ▶ Analysis and update of the animation booklet 		
		<ul style="list-style-type: none"> ▶ Pre-test of the animation booklet during the pre-test training on the training curriculum 		
		<ul style="list-style-type: none"> ▶ Validation of the animation booklet by the SPS/MoH/FP 		
		<ul style="list-style-type: none"> ▶ Finalization of the animation booklet 		
		<ul style="list-style-type: none"> ▶ Initiation of the animation booklet's production 		
<i>Identify and share</i>	<ul style="list-style-type: none"> ▶ Organize workshops to 	<ul style="list-style-type: none"> ▶ Development of a draft 	<ul style="list-style-type: none"> ▶ Dissemination of 	

AWP Activities	Plans for the reporting period	Achievements for the reporting period	Perspectives for the next 6 months	Observations
<i>IEC/BCC best practices at the community level</i>	identify best practices	technical note on accumulating best practices	results in capitalizing IEC/BCC best practices	
<i>Support the MoH/FP in organizing a national IEC/BCC campaign</i>	<ul style="list-style-type: none"> ▶ Organize an internal meeting with the Strategic Results component 	<ul style="list-style-type: none"> ▶ Meeting with the Strategic Results Component on the strategy to adopt 	<ul style="list-style-type: none"> ▶ Implementation of communication campaign on maternal and newborn health 	
	<ul style="list-style-type: none"> ▶ Organize a meeting to advocate for the campaign with DSME 	<ul style="list-style-type: none"> ▶ Advocacy meeting with DSME 		
	<ul style="list-style-type: none"> ▶ Provide technical support to DSME in developing the strategy 	<ul style="list-style-type: none"> ▶ Work sessions with the DSME manager to develop the technical note on the communication campaign on maternal and newborn health 		
<i>Support the MoH/FP in developing and disseminating the National Strategy for Community-based services</i>	<ul style="list-style-type: none"> ▶ Take part in the development, validation, and dissemination of the PNSC 	<ul style="list-style-type: none"> ▶ The PNSC is develop and validated (process: cf. Tiana) 	<ul style="list-style-type: none"> ▶ Training of maternal health and child health CHWs 	
<i>Build the organizational capacities of CSOs</i>	<ul style="list-style-type: none"> ▶ Support partner NGOs in the KM salama implementation process 	<ul style="list-style-type: none"> ▶ Three ToT on KM salama completed 	<ul style="list-style-type: none"> ▶ The 5 selected NGOs for Grants I will be trained in KM salama and will start their KM salama activities 	
<i>Design the networking of mutual health insurance schemes at the regional level</i>	<ul style="list-style-type: none"> ▶ Develop the networking model for mutual health insurance schemes 	<ul style="list-style-type: none"> ▶ Draft document outline and implementation document developed 	<ul style="list-style-type: none"> ▶ Finalization of the concept of a health mutual network 	

	AWP Activities	Plans for the reporting period	Achievements for the reporting period	Perspectives for the next 6 months	Observations
Regional					
District	<i>Identify the needs of the old KM</i>	<ul style="list-style-type: none"> Assess the functionality of CHWs 	<ul style="list-style-type: none"> Collection and analysis of data from the SDSAS: 31% of the CHWs are still operational according to the questionnaires sent to the SDSAS 		
	<i>Support the monitoring of the existing mutual insurance schemes</i>	<ul style="list-style-type: none"> Analyze the operations of the existing mutual insurance schemes with DRSAS for identifying problems and providing support 	<ul style="list-style-type: none"> 10 districts in the region of Matsiatra Ambony, Vatovavy Fitovinany, Amoron'i Mania, Atsimo Atsinanana and the district of Toamasina II supported in monitoring the mutual insurance schemes Membership rate = 6% for the mutual insurance schemes in Matsiatra Ambony 		
		<ul style="list-style-type: none"> Plan technical and financial support 			
		<ul style="list-style-type: none"> Provide financial support to DRSAS/SDSAS for monitoring 		<ul style="list-style-type: none"> Continuous support to the follow-up of health mutual activities in order to increase membership rate 	
Community	<i>Implement the KM salama approach</i>	<ul style="list-style-type: none"> Introduce the KM salama approach in 43 communes of CARE and CRS 	<ul style="list-style-type: none"> The KM salama approach introduced in 55 communes 	<ul style="list-style-type: none"> Implementation of the approach in 155 new communes 	The political events in the country delayed the start-up of the KM salama implementation in the communes
		<ul style="list-style-type: none"> Train the members of social development committees in at least 25 communes 	<ul style="list-style-type: none"> Members of social development committees trained on participatory planning in 18 communes 	<ul style="list-style-type: none"> Training of CDS members 	
		<ul style="list-style-type: none"> Train CHWs in 20 communes 		<ul style="list-style-type: none"> Set-up of a pool of trainers in CHWs; made up of DRSAS and SDSAS trainers 	

AWP Activities	Plans for the reporting period	Achievements for the reporting period	Perspectives for the next 6 months	Observations
	<ul style="list-style-type: none"> ▶ Train CARE and CRS' trainers on the KM salama approach 	<ul style="list-style-type: none"> ▶ Three ToT sessions for CRS and CARE's staff (KM coordinator, zone supervisors) completed 	<ul style="list-style-type: none"> ▶ NGOs ToT on KM salama approach and participative planning 	
<i>Monitor gender mainstreaming in the implementation of the KM salama approach</i>	<ul style="list-style-type: none"> ▶ Train USAID/Santénet2 and partners' staff in gender mainstreaming 	<ul style="list-style-type: none"> ▶ Four training sessions on gender done for USAID/Santénet2's staff ▶ CRS' participants to the ToT on KM salama in Fianarantsoa benefited from a two-hour training session on the gender & development approach 		
	<ul style="list-style-type: none"> ▶ Integrate gender & development into the training curriculum for CDS' members 	<ul style="list-style-type: none"> ▶ The gender & development approach integrated into the training curriculum for CDS members ▶ Gender mainstreamed in the development of IEC/BCC tools 	<ul style="list-style-type: none"> ▶ Follow-up of "gender" implementation while implementing KM salama 	
<i>Train and dispatch CHWs in the KM salama</i>	<ul style="list-style-type: none"> ▶ Select CHWs 	<ul style="list-style-type: none"> ▶ Internal meeting and meeting with partners on the classification of CHWs based on the services they will provide to the community: CHWs in charge of maternal health and CHWs in charge of child health 	<ul style="list-style-type: none"> ▶ ToT from DRSAS and SDSAS for CHWs training ▶ Training of CHWs maternal health track and CHWs child health track in KM salama ▶ Training of CHWs of previous KM in case management of diarrhea, malaria and ARI 	
		<ul style="list-style-type: none"> ▶ Definition of criteria for selecting CHWs 		

AWP Activities	Plans for the reporting period	Achievements for the reporting period	Perspectives for the next 6 months	Observations
		<ul style="list-style-type: none"> ▶ Identification of CHWs in 4 communes 		
	<ul style="list-style-type: none"> ▶ Supply CHWs with health products 	<ul style="list-style-type: none"> ▶ Meeting with PSI on the system for supplying CHWs with social marketing products: PSI will ensure the forwarding of products to PHAGDIS, the CSBs will get their supplies from PHAGDIS, and the CHWs will be supplied by the CSBs 		
<i>Support the establishment of new mutual health insurance schemes in the KM salama</i>	<ul style="list-style-type: none"> ▶ Introduce mutual health insurance schemes in USAID/Santénet2' intervention communes 	<ul style="list-style-type: none"> ▶ Advocacy meetings in 10 former KM in the region of Anosy 	<ul style="list-style-type: none"> ▶ Implementation of new health mutual organizations in KM salama 	
<i>Building the organizational capacities of CSOs</i>	<ul style="list-style-type: none"> ▶ Train religious and traditional leaders on educating communities on STI/HIV/AIDS prevention, including congenital syphilis 	<ul style="list-style-type: none"> ▶ Support to the development of PLeROC's proposal on malaria control to be submitted to MCP/PMI ▶ Development of the concept paper for the national conference of religious leaders on the MDGs and health development, in collaboration with PLeROC 	<ul style="list-style-type: none"> ▶ Holding of the national conference of religious leaders on the MDGs and health development ▶ Support PLeROC in translating into action its resolutions from the national conference 	
	<ul style="list-style-type: none"> ▶ Equip religious and traditional leaders, NGOs, peer educators, 	<ul style="list-style-type: none"> ▶ Production of IEC materials suited to the context of SWs and 	<ul style="list-style-type: none"> ▶ Equip for sensitization tools adapted to SWs and MSM context 	

AWP Activities	Plans for the reporting period	Achievements for the reporting period	Perspectives for the next 6 months	Observations
	and CHWs with appropriate education tools	MSMs (validation by the MoH/FP underway)	<ul style="list-style-type: none"> ▶ Elaboration of a communication strategy adapted to MARPs context ▶ Equip CHWs with sensitization tools 	

Component 2

	AWP Activities	Plans for the reporting period	Achievements for the reporting period	Perspective for the next 6 months	Observations
National	<i>Adopt and disseminate norms, standards, and procedures</i>	Advocacy meetings with officers on the importance of adopting norms and procedures based on the community's needs	Inventory of policies, norms, and procedures existing in Madagascar	Analysis of norms and procedures	Advocacy once the national conference on quality
	<i>Develop training modules and teaching materials</i>	Support the updating of training curricula	Inventory of training modules used in Madagascar for the five priority health programs		
	<i>Determine the training plan</i>	<ul style="list-style-type: none"> ▶ Identify training needs ▶ Develop training modules and teaching materials 	<ul style="list-style-type: none"> ▶ Inventory of potential trainers in the regions with KM salama; ▶ Updating of the yearbook of potential teachers and practicum supervisors in the six IFPs 	<ul style="list-style-type: none"> ▶ Put session guide for ToT at disposal ▶ Elaborate a training module on teaching; technical programs 	
	<i>Building the skills of health workers in 800 CSB in KM salama</i>		Development of a training module for CHWs in charge of maternal health and CHWs in charge of child health	<ul style="list-style-type: none"> ▶ Update trainers' directory ▶ Update the training plan 	
	<i>Make management tools available for community-based service provision</i>	Document existing norms and procedures for community-base services	<ul style="list-style-type: none"> ▶ Updating of training modules used in Madagascar for the five priority health programs ▶ Inventory of potential trainers in KM salama regions ▶ Development of a training module for CHWs in charge of maternal health ▶ Development of a training module for CHWs in charge of child health 	<ul style="list-style-type: none"> ▶ Train HWs in 200 CSBs of KM salama 	

AWP Activities	Plans for the reporting period	Achievements for the reporting period	Perspective for the next 6 months	Observations
<i>Develop and/or update training curricula in some specific areas</i>	Develop and/or update training curricula in some specific areas	<ul style="list-style-type: none"> ▶ Development of training modules on STI/HIV/AIDS control ; ▶ Development of a draft training module on works contract management for WASH infrastructures ▶ Support to training vulnerable groups on STI/AIDS 	<ul style="list-style-type: none"> ▶ ToT to strengthen the pool of trainers at DRSAS and SDSAS levels ▶ Train CHWs maternal health track and CHWs child health track according to community needs 	
<i>Support the integration of knowledge and skills related to quality in the curricula of pre-service training institutions</i>	Courtesy visit to the directors of IFP and the medical school in Antananarivo			
	Meeting with the directors of the IFPs and the Deans of the Medical Schools to advocate for the integration of a module on quality in the training program			
	Orient trainers of teachers and practicum supervisors on quality in teaching	Revision of the effective training curriculum		
	Take part in a workshop to develop a EONC module as part of the IFP's curriculum and monitor the related activities			
<i>Support the MoH/FP in organizing and holding a national conference on quality</i>	Develop rationale for the national conference	Development of the draft advocacy PowerPoint presentation		

AWP Activities	Plans for the reporting period	Achievements for the reporting period	Perspective for the next 6 months	Observations
	Advocacy at the MoH/FP	Commitment of the MoH/FP to hold the conference		
	Terms of reference of the steering committee	Development of the draft terms of reference		
	Develop the concept paper for the national conference	Development of the draft		The political situation does not allow for setting up the steering committee in charge of finalizing the note
<i>Develop a national quality assurance system</i>	Situation assessment	<ul style="list-style-type: none"> ▶ Development of a draft quality measurement tool ▶ Inventory of performance norms/procedures ▶ Inventory of quality improvement tools 		
	Analyze the current quality assurance system			Not completed due to the political situation
<i>Support the steering committee in implementing the APIHI</i>	Provide technical assistance in the identification, planning, and coordination of the system and the monitoring of APIHI activities at the decentralized level	Draft of the guide for calculating, interpreting, and using performances indicators in the area of the management of drugs and other health inputs, available		
<i>Support the monitoring of the integration of the supply chain system of drugs and commodities for the vertical programs into the GED distribution system</i>	Scale up a monitoring system in the other programs	<ul style="list-style-type: none"> ▶ FP monitoring report available ▶ VMA report available 	<ul style="list-style-type: none"> ▶ Insure permanent availability and physical accessibility of quality essential drugs and commodities in a unique supply chain at the level of 800 KM salama ▶ Participate in the elaboration of standard logistic management tools for central, PHAGDIS (stocking directives, 	
<i>Establish a sustainable system for supplying CHWs with</i>	<ol style="list-style-type: none"> 1. Design the supply pipeline 2. Develop logistic 	Coordination with PSI of the supply chain system for regions, districts, and CHWs		

AWP Activities	Plans for the reporting period	Achievements for the reporting period	Perspective for the next 6 months	Observations
<i>health products in the KM salama</i>	management tools 3. Plan and monitor the pipeline's establishment	with social marketing products		
<i>Design an community-level data collection system integrated to the HMIS</i>		<ul style="list-style-type: none"> ▶ Identification of indicators and data to be integrated in community-based programs (FP, Nutrition, Maternal health, C-IMCI, Malaria) 		
		<ul style="list-style-type: none"> ▶ Definition of the pipeline for community-level data 		
		<ul style="list-style-type: none"> ▶ Development of materials for data collection by CHWs: HMIS instruction manual for CHWs and Community HMIS materials ready for use 		
<i>Monitor and assess monthly the HMIS performance</i>		<ul style="list-style-type: none"> ▶ Monthly review of HMIS performance indicators (promptitude, completeness, reliability): November 08, December 08, January 09 	<ul style="list-style-type: none"> ▶ Conduct the monthly review of HMIS performance indicators ▶ Support the monitoring of regional directorates and districts that have encountered problems ▶ Support MoH/FP activities in increasing HMIS performance and the use of data for decision-making 	
		<ul style="list-style-type: none"> ▶ Monitoring of regions and districts encountering problems (call, recall, field visit): November 08, December 08, January 09 		
		<ul style="list-style-type: none"> ▶ Phone call to DRSAS and SDSAS encountering problems in forwarding reports 		
		<ul style="list-style-type: none"> ▶ Field visit of the Health Statistics Unit to support and supervise HMIS 		

AWP Activities	Plans for the reporting period	Achievements for the reporting period	Perspective for the next 6 months	Observations
		activities (on funds from the PDSSPs)		
		<ul style="list-style-type: none"> Support to MoH/FP's activities aiming at improving the HMIS' performance (training, monitoring, meetings, etc): November 08, December 08, January 09 		
		<ul style="list-style-type: none"> Team building to train trainers on use of HMIS data for decision-making (HMIS DDM) on GAVI HSS (Lion d'Or Anosy Avaratra: November 10-13, 2008) 		
		<ul style="list-style-type: none"> Training of trainers on HMIS DDM (Carion: November 24-27, 2008) 		
		<ul style="list-style-type: none"> Training of trainers on HMIS DDM for DRSAS (12) and SDSAS (40) 		
		<ul style="list-style-type: none"> Training of CSBs (225/600) on HMIS DDM 		
		<ul style="list-style-type: none"> Training DRSAS and SDSAS in financial and program management (12/22) 		
Support MoH/FP in sharing and disseminating HMIS results		<ul style="list-style-type: none"> Two issues of the bulletin EZAKA published: November 08 and March 09 	<ul style="list-style-type: none"> Support MoH/FP for the June and September 2009 EZAKA SIG editions Support MoH/FP in holding one national and 2 regional dissemination workshops 	
		<ul style="list-style-type: none"> Development of the concept paper for the national meeting to 		

AWP Activities	Plans for the reporting period	Achievements for the reporting period	Perspective for the next 6 months	Observations
		disseminate HMIS results		
<i>Harmonize the National Strategy for Community-based services</i>		▶ Development of the PNSC		
		▶ Call for applications for a consultant to develop the national policy for HMIS		
<i>Develop the National Policy for HMIS</i>		▶ Call for bids sent out		
<i>Assess the gender-specific determinants of access to child health services</i>		▶ Monitoring of DRV's activities	▶ Training of implementing partners on gender	
		▶ Start-up of the evaluation of the determinants of gender mainstreaming into the national policy for child health	▶ Evaluation of gender dimension in the National Policy on Child Health	
			▶ Launching of planning process in 10 districts	
<i>Support forums on the health sector</i>		▶ Participation in the sections on health in the Presidential Dialogue		
		▶ Support to the joint review of the MoH/FP and the technical and financial partners		
<i>Update the National Health Accounts</i>		▶ Funding the secondary analysis of households' expenditures on health		
<i>Support the development of the bottom-to-pop AWP for 2010</i>		▶ Design and development of the basic profile of KM salama communes		
		▶ Meeting to introduce		

AWP Activities	Plans for the reporting period	Achievements for the reporting period	Perspective for the next 6 months	Observations
		bottom-to-top planning to the Directorate of Studies and Planning and the Directorate of Primary Health care		

Component 3

	AWP Activities	Plans for the Reporting Period	Achievements for the Reporting Period	Perspective for the Next 6 Months	Observations
National	Strengthening the national partnership on MCH				
	Organizing two quarterly coordination meeting of the Senior Child Survival and Maternal Health Committee (CSSESM)	2 meetings planned	2 meetings held: Meeting 1: presentation and discussion on (1) progress status of the October 2008 MCHW preparation, (2) current situation of C-IMCI, (3) progress status of the implementation of free C-Section and immunization campaign for the elimination of maternal and neonatal tetanus Meeting 2: presentation and discussions on (1) the results of the external review of EPI target diseases, (2) results of the October 2008 MCHWs, (3) current situation of free C-section, (4) validation of the GAVI proposal		
	Support to holding MCHW twice a year	MCHW Editions in October 2008 and April 2009	<ul style="list-style-type: none"> ▶ Multiplication of management tools ▶ Participation to preparatory meetings in 3 sub-committees (technical, social mobilization, and logistics) 		
	Integrate maternal and infant care focusing on obstetrical and neonatal care				
	Support the implementation of a pilot activity on EONC	<ul style="list-style-type: none"> ▶ Hold advocacy meetings with partners: UNFPA, ONN, UNICEF, JICA, WHO under the leadership of 	<ul style="list-style-type: none"> ▶ Advocacy meetings with partners held 		Further involve partners in the process, request cost-sharing for research

AWP Activities	Plans for the Reporting Period	Achievements for the Reporting Period	Perspective for the Next 6 Months	Observations
	MoH/FP – DSME			
	<ul style="list-style-type: none"> ▶ Development of an operations research protocol on community-based EONC 	<ul style="list-style-type: none"> ▶ Protocol of the pilot study developed ▶ Technical committee established 		
	<ul style="list-style-type: none"> ▶ Adaptation/development of data collection tools and implementation of activities 	<ul style="list-style-type: none"> ▶ Implementation tools identified ▶ Intervention districts and communes identified ▶ All communes and CSB in the SDSAS of Marovoay for pilot activity and a control district to be identified 		
Strengthening the EPI system				
<i>Conduct the EPI vaccine management assessment (VMA)</i>	<ul style="list-style-type: none"> ▶ Implementation the VMA ▶ Development of the report and presentation of results during the coordination meeting of the Child survival and maternal health senior committee 	<ul style="list-style-type: none"> ▶ VMA performed at various levels of the health system: the Immunization service, 6 DRSAS, 18 SDSAS and 54 CSBs ▶ Report available 	<ul style="list-style-type: none"> ▶ Train CHWs by integrating EPI in KM salama ▶ Train in MLM EPI managers in the ex-province of Fianarantsoa ▶ Disseminate VMA and epidemiological surveillance of EPI target diseases results 	
<i>Support the epidemiological surveillance system of EPI target diseases</i>	<ul style="list-style-type: none"> ▶ External evaluation of the system for epidemiological surveillance of EPI target diseases 	<ul style="list-style-type: none"> ▶ Review and update of questionnaires with external evaluators: WHO, UNICEF, and Immunization unit ▶ Interviews and observations with the Immunization unit's staff completed ▶ Formulation of recommendations ▶ Action plan for monitoring 	<ul style="list-style-type: none"> ▶ Finalize Immunization National Policy update 	

AWP Activities	Plans for the Reporting Period	Achievements for the Reporting Period	Perspective for the Next 6 Months	Observations
		the recommendations, available		
Supporting the prevention of malnutrition through the promotion of ENAs				
<i>Support the development of a strategy for universal access to IFA for pregnant women</i>	<ul style="list-style-type: none"> ▶ Advocacy meetings with partners ▶ Development of the protocol and implementation tools for an operations research on the feasibility of IFA supplementation 	<ul style="list-style-type: none"> ▶ Protocol and tools required for implementing the operations research available in draft form 		
<i>Build the capacities of CHWs in nutrition, ENAs, and GMP</i>	<ul style="list-style-type: none"> ▶ Pre-test of the training curriculum on child nutrition for CHWs ▶ Adaptation of the training curriculum on nutrition for CHWs 	<ul style="list-style-type: none"> ▶ Training curriculum on nutrition for CHWs finalized 		
<i>Strengthen the management of malnutrition cases in Santénet2's intervention sites</i>	<ul style="list-style-type: none"> ▶ Update the CHWs' skills in the area of community-based management of malnutrition cases 	<ul style="list-style-type: none"> ▶ CHWs' curriculum developed, topic on screening, referral and counter-referral of malnutrition case screened, included in the CHWs' nutrition curriculum 		
<i>Support the implementation of the strategy for contraceptive commodities' security</i>	<ul style="list-style-type: none"> ▶ Support the MoH/FP in developing an operational plan for the security of RH products, in forecasting needs, and in planning contraceptive 	<ul style="list-style-type: none"> ▶ Technical support to developing the RHCS operational plan for 2009 ▶ Technical support to forecasting needs and planning contraceptive commodities supply ▶ National survey to assess the 	<ul style="list-style-type: none"> ▶ Support finalization and validation of operational plan for 2009 RHCS ▶ Achievement of the two monitoring activities in the 1st and 2nd semesters of 2009 for the monitoring of supplying 	

AWP Activities	Plans for the Reporting Period	Achievements for the Reporting Period	Perspective for the Next 6 Months	Observations
	commodities supply	<p>level of contraceptive commodities stocks and consumption in FP sites and PHAGDIS</p> <ul style="list-style-type: none"> ▶ Two monitoring activities in quarters 3 and 4: monitoring supplying in 111 health districts ▶ Participation in the activities of the contraceptive products security committee, namely updating the pipeline 	111 health districts	
	<ul style="list-style-type: none"> ▶ Support to updating contraceptives management tools at the PHAGDIS and FP sites level 	<ul style="list-style-type: none"> ▶ Production of job aids and contraceptives management tools for contraceptives manager at the peripheral level 	<ul style="list-style-type: none"> ▶ Support to the dissemination of management tools to contraceptive managers at region, district and service providers levels 	
<i>Support editing of the quarterly bulletin EZAKA on RH/FP</i>	<ul style="list-style-type: none"> ▶ Support the MoH/FP in editing the bulletin EZAKA 	<ul style="list-style-type: none"> ▶ Publication and distribution to health facilities of the bulletin EZAKA on RH/FP in December 2008 and on the reorientation of HIV screening strategies and the program for the elimination of congenital syphilis in March 2009 	<ul style="list-style-type: none"> ▶ Support to the editing and distribution of the next editions of EZAKA RH/FP bulletins (2nd and 3rd quarters of 2009) 	
<i>Build the coordination capacities of the RH/FP program at the national and regional levels</i>	<ul style="list-style-type: none"> ▶ Support MoH/FP in holding a national coordination meeting on RH/FP 	<ul style="list-style-type: none"> ▶ National coordination meeting on RH/FP held in December 2008 ▶ Orientation of RH managers at the central, regional, and district levels on USAID's regulations as regards contraceptives and distribution of the green 	<ul style="list-style-type: none"> ▶ Support the implementation of a pool of trainers at regional level for the coordination of RH activities at KM salama level 	

AWP Activities	Plans for the Reporting Period	Achievements for the Reporting Period	Perspective for the Next 6 Months	Observations
		poster on free and informed choice ▶ Support to holding the RH/FP partners' meeting in February 2009		
<i>Support to the organization and holding of RBM coordination meetings</i>	▶ Support the organization of 7 meetings of the RBM partnership	▶ 7 monthly meetings of the RBM partnership held	▶ Support the organization of the next 6 periodical meetings of the RBM partnership	▶ Support the organization of extraordinary meetings of the RBM technical committee
	▶ Support to the national program in the development/updating of policy or training documents	▶ PSN updated and revised version elaborated ▶ Business Plan drafted ▶ Proposal for GFATM9 drafted ▶ Phase I of NSA achieved (requested documents sent to Global Fund)	▶ Support to the next steps for the implementation of the NSA ▶ Update of training modules on malaria case management at health structures level	▶ NSA Phase 2 conditioned by approval of Phase I ▶ Pursual of GFATM9 proposal according to NSA outcome
	▶ Support to the national malaria control program in applying the national control policy and on priorities defined such as strengthening the M&E as part of the move towards elimination (more epidemiological surveillance officers)	▶ Launch a call for applications to the position of epidemiological surveillance officers (16 vacant positions)	▶ Evaluation of received applications ▶ Recruitment of 16 epidemiological surveillance officers and implementation	Common activity with UGP and SLP
<i>Support MoH/FP and Ministry of Water in organizing and holding a national workshop for the</i>	CLTS approach integrated in the KM salama menu	▶ Technical support to holding the national workshop to introduce and train on CLTS	▶ Coordination and planning with USAID partners and MoH/FP on the implementation of CLTS approach	

AWP Activities	Plans for the Reporting Period	Achievements for the Reporting Period	Perspective for the Next 6 Months	Observations
<i>implementation of the CLTS approach</i>				
		<ul style="list-style-type: none"> ▶ Setting up of a pool of partners with HIP and Voahary Salama for the development of a CLTS training module 	<ul style="list-style-type: none"> ▶ Finalize and validate training tools to be used by USAID/Santénet2 partners 	▶
		<ul style="list-style-type: none"> ▶ Elaboration of working tools for USAID/Santénet2 partners for the implementation of CLTS approach 	<ul style="list-style-type: none"> ▶ CLTS pre-test in one of the intervention regions ▶ Implementation of CLTS approach in KM salama communes 	
		<ul style="list-style-type: none"> ▶ Introduction of USAID/Santénet2 to the national and regional WASH committees during the WASH general assembly, and the World Toilet Day 	<ul style="list-style-type: none"> ▶ Support the organization of coordination or planning meetings of regional and national WASH committees 	
		<ul style="list-style-type: none"> ▶ Participation in the development to a process for supporting, assessing, and certifying CSBs as WASH-Friendly 	<ul style="list-style-type: none"> ▶ Preparation of the training of regional service providers to WASH-friendly norms 	
		<ul style="list-style-type: none"> ▶ Identification and duplication in sufficient number of the training and IEC tools and materials to be used in the training of regional WASH-Friendly CSB trainers 	<ul style="list-style-type: none"> ▶ Make training and IEC tools available for trainings at district level 	
	2 WASH committees established	<ul style="list-style-type: none"> ▶ Introduction of USAID/Santénet2 in the WASH committee: MoH, Ministry of Water 	<ul style="list-style-type: none"> ▶ Participation to restricted Diorano WASH committees' meetings 	
		<ul style="list-style-type: none"> ▶ Participation in the development of the national 	<ul style="list-style-type: none"> ▶ Implementation of regional and commune 	

AWP Activities	Plans for the Reporting Period	Achievements for the Reporting Period	Perspective for the Next 6 Months	Observations	
		WASH committees' AWP and discussions on the support needed to establish regional and commune-level WASH committees	AWP in KM salama regions according to local needs		
<i>Support the promotion of best practices of other programs in the STI/HIV/AIDS control program</i>	Support the MoH/FP in implementing an operational plan for the elimination of congenital syphilis	<ul style="list-style-type: none"> ▶ Support to the STI/AIDS control unit on developing an operational plan for the elimination of congenital syphilis ▶ Support to the STI/AIDS control unit on editing the bulletin EZAKA on the reorientation of the HIV screening strategy and on the program for the elimination of congenital syphilis. 	<ul style="list-style-type: none"> ▶ Support to the implementation of the operational plan for the elimination of congenital syphilis in the KM salama ▶ Support to the elaboration of a reminding guidebook on congenital syphilis for CHWs ▶ Multiplication and dissemination of the EZAKA bulletin ▶ Support to the elaboration and dissemination of the next editions of the bulletin for themes related to STI/HIV/AIDS 		
Regional	<i>Support skills building of providers on Rapid Diagnosis Test (RDT) techniques</i>	<ul style="list-style-type: none"> ▶ Conduct a survey in 30 CSBs of the eastern coast 	<ul style="list-style-type: none"> ▶ Development of the protocol for the survey 	<ul style="list-style-type: none"> ▶ Conduct the survey to assess the application of the RDT 	Revision of the list of randomly selected CSBs
	<i>Support skills building of laboratory technicians on microscopic diagnosis of malaria</i>	<ul style="list-style-type: none"> ▶ Support the national program in providers' skills building (training of technicians) 	<ul style="list-style-type: none"> ▶ Elaboration of the training calendar 	<ul style="list-style-type: none"> ▶ Conducting trainings in 14 regions 	<ul style="list-style-type: none"> ▶ Revision of the training calendar according to trainers' availability
		<ul style="list-style-type: none"> ▶ Sending out the second RFA for the implementation of C- 			

AWP Activities	Plans for the Reporting Period	Achievements for the Reporting Period	Perspective for the Next 6 Months	Observations
		IMCI in 119 old KM communes in 8 regions and 18 districts (training of CHWs in collaboration with BASICS – ToT)		
<i>Support the strengthening of the regional HIV/AIDS control committees</i>	<ul style="list-style-type: none"> ▶ Support the development of regional STI/HIV/AIDS control plans ▶ Support the organization of coordination and follow-up meetings of regional task forces 	<ul style="list-style-type: none"> ▶ Support to the development of regional STI/HIV/AIDS control plans in Fianarantsoa, Taolagnaro, and Toamasina ▶ Support to organizing a workshop to establish the regional information system in Taolagnaro 	<ul style="list-style-type: none"> ▶ Support the implementation of regional STI/HIV/AIDS control plans in 11 regions ▶ Support to the implementation of a regional information system in Antananarivo, Toamasina, Fianarantsoa and Toliara ▶ Strengthening of regional information system in Fort-Dauphin ▶ Support to organizing coordination workshops of STI/HIV/AIDS task forces in 11 regions 	
<i>Build the communities and local authorities' capacity to enforce the code of water in the KM salama</i>	2 WASH committees established	<ul style="list-style-type: none"> ▶ Identification of the regional and commune-level WASH committees to be supported: Atsimo Atsinanana and Vatovavy Fitovinany 		
	Implementation of 50 WASH-friendly CSBs and 50 WASH-friendly schools to reach the status of WASH-friendly communes	<ul style="list-style-type: none"> ▶ Assessment of the CSBs' situation in terms of WASH-friendly norms in all the intervention regions 		
		<ul style="list-style-type: none"> ▶ Introduction as a member of 		

AWP Activities	Plans for the Reporting Period	Achievements for the Reporting Period	Perspective for the Next 6 Months	Observations
		the committee in charge of monitoring the implementation of WASH/IEC projects by UNFPA PAEAR UNICEF in Taolagnaro		
		▶ Meeting to share the process of assessing WASH-friendly CSBs with partners SMAGS CRS SN2 in Toamasina		
		▶ Coordination meeting on the implementation of WASH-friendly CSBs with CARE and CRS in Toamasina		
District	<i>Take part in strengthening the EPI system</i>	Conduct the EPI logistics survey	▶ EPI logistics survey completed in 18 SDSAS and 6 regions	
	<i>Support the system for epidemiological surveillance of EPI target diseases</i>	Take part in the external evaluation of the system for epidemiological surveillance of EPI target diseases	▶ Interviews of focal points in charge of surveillance of acute flaccid paralysis and EPI target diseases in the SDSAS of Antsirabe, Antsohihy, North Befandriana, and in the district hospital of Antsohihy	
	<i>Support the extension of LTPM sites</i>	In collaboration with PSI, support the development of plans for the extension of LTPM sites in SDSAS	▶ Planning of training of trainers in LTPM with PSI to reach USAID/Santénet2's intervention districts	▶ Support to the implementation of training plans for trainers in LTPM at district level of KM salama, in coordination with PSI
	<i>Build the communities and local authorities' capacity to enforce</i>	Establish 50 WASH-friendly CSBs and 50 WASH-friendly schools to achieve the status of	▶ Assessment of the CSBs' situation in terms of WASH-friendly norms	▶ Assessment of the CSBs against WASH-friendly norms

	AWP Activities	Plans for the Reporting Period	Achievements for the Reporting Period	Perspective for the Next 6 Months	Observations
	<i>the code of water in the KM salama</i>	WASH-friendly communes			
				<ul style="list-style-type: none"> ▶ Integration of USAID/Santénet2 in the WASH committee in Fianarantsoa and Toliara 	
				<ul style="list-style-type: none"> ▶ Implementation of the WASH-friendly CSBs 	
Community	<i>Support the system for epidemiological surveillance of EPI target diseases</i>	Take part in the external evaluation of the system for epidemiological surveillance of EPI target diseases	<ul style="list-style-type: none"> ▶ Interviews of EPI managers in 6 CSBs in Befandriana North and Antsohihy as well as traditional healers in the community 		
	<i>Build the capacities of CHWs in nutrition, ENA, and GMP</i>	Train 15 CHWs in charge of nutrition as part of pre testing the training curriculum on ENAs and GMP for CHWs	<ul style="list-style-type: none"> ▶ Training completed for 15 CHW salama in charge of nutrition in the communes of Mahavelona and Ampasimbe Onibe Toamasina 		
	<i>Support scaling-up at community level of injectable contraceptives, LTPM and Post-partum FP</i>	Develop a training curriculum that integrates various aspects of RH, namely oral, barrier, and injectable contraceptives (community-based Depo), SDM, and post-partum FP	<ul style="list-style-type: none"> ▶ Development, pre test and validation of the curriculum of KM salama CHWs in charge of maternal health that integrates RH, namely FP four methods, community-based Depo, SDM, SM, and PPFM ▶ Development of training plans for CHWs in KM salama 	<ul style="list-style-type: none"> ▶ Set up pools of trainers in 17 DRSAS and SDSAS ▶ Implement 600 maternal track CHWs in 100 KM salama ▶ Implement community-based Depo sites in 200 KM salama 	
	<i>Establish YPEs at the community-level</i>	Develop a training curriculum that integrates ARH/FP/STI/HIV/AIDS	<ul style="list-style-type: none"> ▶ Development of an integrated ARH curriculum for YPEs ▶ Development of training plans for CHWs in KM salama 	<ul style="list-style-type: none"> ▶ Training of 50 YPEs in KM salama 	

AWP Activities	Plans for the Reporting Period	Achievements for the Reporting Period	Perspective for the Next 6 Months	Observations
<i>Support the implementation of the CLTS approach</i>				
<i>Build the communities and local authorities' capacity to enforce the Code of Water in the KM salama</i>		<ul style="list-style-type: none"> ▶ Sub-contractor in charge of developing the database for water and sanitation, identified through RFP 2 	<ul style="list-style-type: none"> ▶ Planning and test of pilot commune as regards works contract management 	
		<ul style="list-style-type: none"> ▶ Curriculum for building the capacities of mayors, road surveyors, and development committee to manage works contract developed 	<ul style="list-style-type: none"> ▶ Follow-up of the training on works contract management in the first communes 	
<i>support the promotion of best practices of other programs in the area of STI/HIV/AIDS control</i>	<ul style="list-style-type: none"> ▶ Train PSI's peer educations and SWs and MSMs' leaders on access to health services and human rights, STI/HIV/AIDS prevention including congenital syphilis 	<ul style="list-style-type: none"> ▶ 3 training curricula developed, pertaining to access to health services and human rights, reduction of multiple sexual partnership, prevention of STI/HIV/AIDS and condom use negotiation ▶ Collaboration established with three networks: PSI peer educators' network, PLeROC, FIMIZORE ▶ Training of 3 PSI peer educator and 17 high-risk men on reducing multiple sexual partnership in Antananarivo ▶ Training of 20 SWs and 20 MSMs on STI/HIV/AIDS prevention and condom use negotiation in Antananarivo ▶ Training of 125 SW on access to health services and 	<ul style="list-style-type: none"> ▶ Translation in Malagasy and editing of the 3 training curricula ▶ Elaboration of training curriculum on gender approach and congenital syphilis ▶ Training of PSI and HRM peer educators on the reduction of multiple sexual partnership in Toamasina, Fianarantsoa and Fort-Dauphin ▶ Training of PSI peer educators on access to health services and human rights, gender approach and congenital syphilis, conducted in Antananarivo, Toamasina, Fianarantsoa and Fort Dauphin 	

AWP Activities	Plans for the Reporting Period	Achievements for the Reporting Period	Perspective for the Next 6 Months	Observations
		<p>human rights in Antananarivo, Fianarantsoa, Toliara, Taolagnaro and Toamasina</p> <ul style="list-style-type: none"> ▶ Training of 75 MSMs on access to health services and human rights in Fianarantsoa, Toliara, Taolagnaro and Toamasina ▶ Training of 14 SWs and 16 MSMs on STI/HIV/AIDS prevention and condom use negotiation in Toamasina 	<ul style="list-style-type: none"> ▶ Training of SWs and MSM on STI/HIV/AIDS prevention and condom use negotiation, in Fianarantsoa, Toliara and Fort-Dauphin ▶ Facilitation of condoms availability for SWs and MSM 	
	<ul style="list-style-type: none"> ▶ Train PSI's peer educators and SWs and MSMs leaders on access to health services and human rights, STI/HIV/AIDS prevention, including congenital syphilis 	<ul style="list-style-type: none"> ▶ Operational partnership with PSI on promoting STI/HIV/AIDS control activities among high-risk population 	<ul style="list-style-type: none"> ▶ Elaboration with PSI of a training plan for MARPs 	
	<ul style="list-style-type: none"> ▶ Train community workers in KM on the prevention of STI/HIV/AIDS prevention including congenital syphilis, and on BCC 	<ul style="list-style-type: none"> ▶ Integration of STI/HIV/AIDS control, including congenital syphilis, in the KM salama model 	<ul style="list-style-type: none"> ▶ Elaboration of a training curriculum on congenital syphilis ▶ Support CHWs training in KM salama 	
	<ul style="list-style-type: none"> ▶ Sensitize the KM population on STI/HIV/AIDS prevention and screening, through CHWs 		<ul style="list-style-type: none"> ▶ Follow-up of sensitization of the population in KM salama 	

ANNEX 4

DASHBOARD: TRAININGS COMPLETED AS OF MARCH 31, 2009

Activity Code	Subject		Date of Activity	Number of Participants		
				Men	Women	Total
1.3.1.2	Pre-test of the training curriculum for Community workers in charge of maternal health	Foulpointe - Toamasina	Jan 26 to 30, 2009	4	11	15
		Mangily - Toliara	Jan 26 to 29, 2009	4	11	15
		Vohiposa - Fianarantsoa	Jan 26 to 30, 2009	0	14	14
TOTAL				8	36	44
1.3.1.2	Pre-test of the training curriculum for Community workers in charge of child health	Foulpointe - Toamasina	Jan 26 to 30, 2009	6	9	15
		Mangily - Toliara	Jan 26 to 29, 2009	6	7	13
		Vohiposa - Fianarantsoa	Jan 26 to 30, 2009	0	14	14
TOTAL				12	30	42
3.5.1.1	Training <u>female sex workers</u> on access to health services and human rights	Antananarivo	Nov 25 to 26, 2008		22	22
		Fianarantsoa	Nov 20 to 21, 2008		25	25
		Toamasina	Dec 15 to 16, 2008		25	25
		Toliara	Dec 17 to 18, 2008		24	24
		Taolagnaro	Dec 17 to 18, 2008		25	25
TOTAL				0	74	74
3.5.1.1	Training <u>men who have sex with men (MSM)</u> on access health services and human rights	Toamasina	Dec 16 to 18, 2008	25		25
		Fianarantsoa	Dec 22 to 23, 2008	21	1	22
		Taolagnaro	Jan 29 to 30, 2009	25		25
		Toliara	Feb 21 to 22, 2009	15		15
TOTAL				61	1	62

Activity Code	Subject		Date of Activity	Number of Participants		
				Men	Women	Total
3.5.1.1	Training of MSM leaders on negotiating condom use	Antananarivo	Mar 9 to 10, 2009	20		20
		Fianarantsoa	Mar 23 to 24, 2009	7	23	30
		Toamasina	Mar 10 to 11, 2009	16	14	30
		Toliara	Mar 24 to 25, 2009	5	20	25
		Taolagnaro	Mar 26 to 27, 2009	15	15	30
TOTAL				36	49	85
1.1.2.4	Training of trainers - KM salama	Toamasina -CARE	Nov 24 to 28, 2008	13	4	17
		Sambava - CARE	Dec 8 to 12, 2008	8	0	8
		Fianarantsoa -CRS	Dec 8 to 12, 2008	15	4	19
TOTAL				36	8	44