

In Review:

A SUMMARY OF MAHEFA'S THIRD PROJECT YEAR

October 1, 2012 - September 30, 2013

The USAID-funded Madagascar Community-Based Integrated Health Project (CBIHP), known locally as MAHEFA, is a five-year health program that is providing basic, quality health care in six north and northwestern regions of Madagascar (Boeny, DIANA, Melaky, Menabe, SAVA, and Sofia). The program's overarching goal is to increase the use of proven, community-based interventions and essential products among underserved populations.

MAHEFA made large strides in its third year of implementation (PY3). MAHEFA's team focused on the core activities of training, equipping and supporting CHWs to provide service delivery in the areas of family planning (FP), maternal, newborn, and child health (MNCH), nutrition and water, sanitation and hygiene (WASH), and prevention, diagnosis, and treatment of malaria. In addition to increasing availability of services, MAHEFA's demand-generating behavior change (BC) activities and quality improvement (QI) activities have evolved to strengthen the work of the CHWs and other community health actors. The core services are complemented not only by the BC and QI services, but also by transport, community health insurance, and community engagement activities to promote a comprehensive approach that supports people to work together to address a variety of challenges and achieve better health.

MAHEFA works in **6** regions,
targeting **3.4 Million people**

with a total five-year project
budget of **\$35 Million**
in close partnership with
19 local partner NGOs.

MAHEFA recorded **24,571**
regular family planning users.

Nearly **118,000** children had
been diagnosed, treated, or referred
for diarrhea, acute respiratory
infections, or fever.

By the close of MAHEFA's PY3:

Nearly **1/2** of MAHEFA's fokontany
had family planning services
available, including Depocom.



CHWs
participating in
a MAHEFA-led
training.

MAHEFA's interventions focus on the community health worker (CHW).

The project operates within the Madagascar Ministry of Health CHW Framework.

Key Highlights from PY3:

5,983 CHWs

were trained, equipped, and supervised to provide health services at the community level.

MAHEFA's CHWs are trained to provide basic health services, generate demand, and when needed, refer clients to the health center.



CHWs supported by



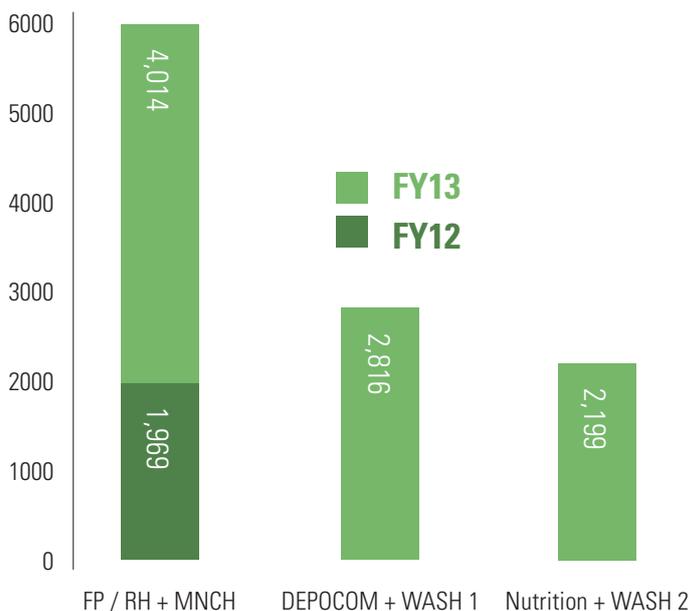
Technical Support and Training

Community Engagement

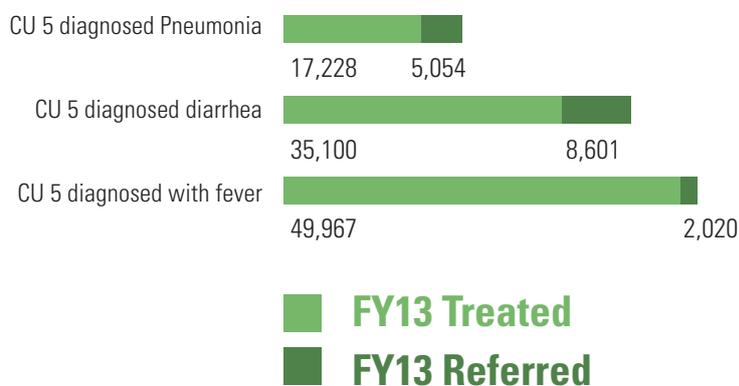
Supplies, Services, and Infrastructure

TECHNICAL SUPPORT AND TRAINING

CHWs Trained by MAHEFA up to FY13*



Child Health Services Provision Levels Reported by CHWs FY13



*5,377 CHWs trained in c-IMCI by the Ministry of Health and MAHEFA with follow-up support from MAHEFA.

2,787

CHWs trained in behavior change empowerment activities and in the behavior change engagement follow-up tool

SUPPLIES, SERVICES, & INFRASTRUCTURE

281

supply points (**97%** of target) trained by partner Population Services International (PSI) are now operational.



13,000

tubes of 7.1% chlorhexidine (CHX) digluconate were brought into Madagascar. Madagascar became one of the first countries in Africa to use CHX

313

bicycles distributed, **349** CHWs trained in maintenance and repairs. Repair kits and instructions made available



210

local masons trained in producing washable latrine slabs

337

improved latrines recorded



47

infrastructures rehabilitated:



22 wells,

15 fountains,

10 gravity water supplies



COMMUNITY ENGAGEMENT

76

sites self-declared open-defecation free (ODF), **3 sites** officially declared

3,012

latrines constructed through the community-led total sanitation (CLTS) process

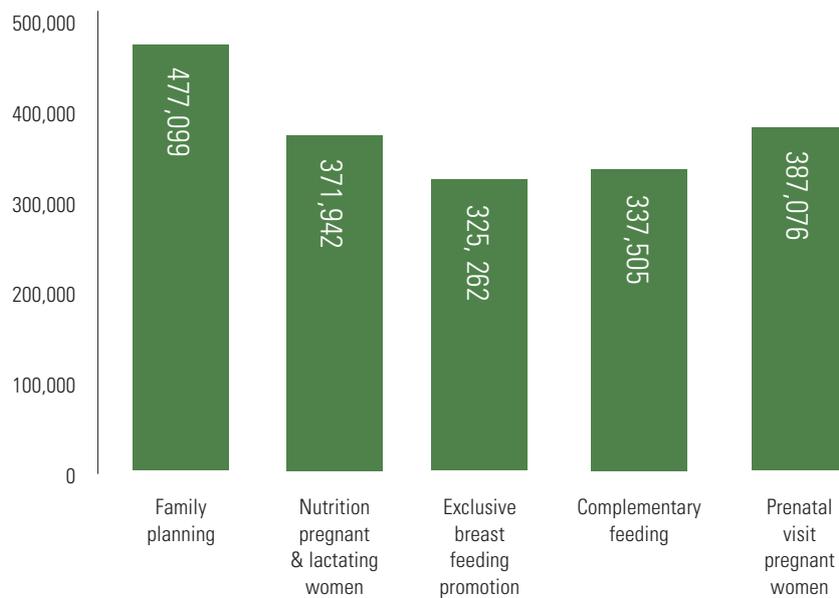


1,926 new households recorded using tippy-taps for hand washing,
3,184 households practicing handwashing with soap.



MAHEFA's CHWs raised community awareness by facilitating discussions:

Number of people who participated in MAHEFA CHW facilitated discussions per theme



24

communes achieved champion commune status through the KMSm process whereby communities define and achieve self-defined targets for improving health. The KMSm approach has been launched in **99%** of all MAHEFA communes.

418

fokontany completed the community score card (CSC) process that measures client and community satisfaction, leading to service quality improvement.

16,500

members enrolled in a community health insurance program in **3 districts**. **84** committee members trained in community health insurance management.

For more information, please contact:

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