



Madagascar Community-Based Integrated Health Program: MAHEFA



Cooperative Agreement No. 687-A-00-11-00013-00 ANNUAL REPORT: 1 OCTOBER 2012 – 30 SEPTEMBER 2013

Bicycle Ambulance, MAHEFA community health working at a DEPOCOM Stage Pratique in SAVA, Case Management by community health worker in SAVA, Latrine slabs drying in Boeny,

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Acronyms and Abbreviations

(For a list of Partner NGO names, see Annex 1)

| | |
|----------------|------------------------------------------------------------|
| AOR | Agreement Officer Representative |
| ACT | Artemisinin-based Combination Therapy |
| ARH | Adolescent Reproductive Health |
| ARI | Acute Respiratory Infection |
| AUE | Association Utilisateurs d'Eau (Water User Associations) |
| A/V | Audio/Visual |
| BC | Behavior Change |
| CA | Cooperative Agreement |
| c-IMCI | Community-based Integrated Management of Childhood Illness |
| CHW | Community Health Worker |
| CHX | Chlorhexidine |
| CLTS | Community-Led Total Sanitation |
| COP | Chief of Party |
| COSAN | COMmittee de SANte (Health Committee) |
| CSB | Centre de Santé de Base (Basic Health Center) |
| CSC | Community score-card approach |
| c-Stock | Community based system for logistics management |
| CU5 | Children Under 5 |
| DBC | Designing for Behavior Change |
| DCOP | Deputy Chief of Party |
| DHS | Demographic Health Survey |
| DRS | Directeur Régionale de Santé (Regional Health Director) |
| EBF | Exclusive Breast Feeding |
| EMT | Emergency Mode of Transport |
| EMMP | Environmental Mitigation and Monitoring Plan |
| FP | Family Planning |
| GoM | Government of Madagascar |
| IEC | Information Education and Communication |
| IR | Intermediate Results |
| IMF | Institution Micro Finance (Micro Finance Institutions) |
| ITN | Insecticide Treated Net |
| KMSm | Kaominina Mendrika Salama Miabo |
| LMIS | Logistics Management Information System |
| MCH | Maternal and Child Health |
| MFI | Microfinance Institution |
| MNCH | Maternal, Neonatal and Child Health |
| MOH | Ministry Of Health |
| MoU | Memorandum of Understanding |
| MUAC | Mid-Upper Arm Circumference |
| MVU | Mobile Video Units |
| NSA | National Strategic Application |
| ODF | Open Defecation Free |
| ORS | Oral Rehydration Salts |

| | |
|-------------|------------------------------------------------------------------------------|
| PA | Point d'Approvisionnement (PSI Supply Point) |
| PATH | Program for Appropriate Technology for Health |
| PMP | Performance Monitoring Plan |
| PNSC | Politique Nationale de Santé Communautaire (Nat. Policy on Community Health) |
| PNLP | Programme Nationale de la Lutte contre le Paludisme (Malaria) |
| PPR | Program Performance Review |
| QI | Quality Improvement |
| RBM | Roll Back Malaria |
| RDT | Rapid Diagnosis Test |
| RH | Reproductive Health |
| RSE | Responsable de Suivi et Evaluation |
| RT | Responsable Technique (based at partner-NGO) |
| SM | Sanitation Marketing |
| SSD | Service de Santé de District (District Health Service) |
| TA | Technicien Accompagnateur (based at partner-NGO) |
| TIPs | Trial of Improved Practices |
| TMG | The Manoff Group |
| TOT | Training of Trainers |
| TWG | Technical Working Group |
| USG | United States Government |
| USP | United States Pharmacopeia |
| WASH | Water, Sanitation, and Hygiene |
| WUA | Water User Association |
| YPE | Youth Peer Educators |

Contents

| | |
|-------------------------------------------------------------------------|----|
| Introduction | 8 |
| IR1: Increase demand for high quality health services and products..... | 9 |
| IR 2: Increase the availability of services and products..... | 17 |
| IR 3: Improve the quality of care delivered by CHWs | 25 |
| Cross cutting: EMMP, M&E, Operational research & info Management ... | 31 |
| Administrative And Financial Activities, incl. Grants..... | 36 |
| Challenges and Corrective Actions | 41 |
| Success Story..... | 43 |

List of tables

| | |
|-----------------------------------------------------------------------------------------------------|----|
| Table 1. Community Led Total Sanitation Process results (CLTS) | 13 |
| Table 2. KMSm launches at the commune level..... | 15 |
| Table 3. MAHEFA's Regional Training Consultants and NGO staff..... | 17 |
| Table 4. Family Planning compliance courses for MAHEFA and its implementing partners | 18 |
| Table 5. Stock-outs of family planning products at CHW level in MAHEFA regions | 21 |
| Table 6. Completed referrals to MSM's Long Acting and Permanent Methods of Family Planning in Q3/Q4 | 24 |
| Table 7. Community Score Card sessions conducted in Q3 and Q4 per region | 28 |

List of figures and graphics

| | |
|--------------------------------------------------------------------------------------------------------------|----|
| Figure 1. MAHEFA intervention districts and regional offices | 8 |
| Figure 2. Awareness raised by MAHEFA Community Health Workers, per theme | 12 |
| Figure 3. KMSm approach results by end of FY13 (=280)..... | 15 |
| Figure 4. Number of MAHEFA CHWs trained up to FY13..... | 18 |
| Figure 5. Percentages of trained MAHEFA CHWs, functional, and % that completed <i>stages pratiques</i> | 19 |
| Figure 6. Map with Supply point coverage of MAHEFA | 20 |
| Figure 7. Child health service provision levels reported by CHWs | 23 |
| Figure 8. Couple Years of Protection | 23 |
| Figure 9 Linking Task /Competencies, Capacity Building and Supervision | 25 |

List of photos

| | |
|----------------------------------------------------------------------------------------------------------|----|
| Photo 1. Solar Wind-up radio with community in Melaky..... | 10 |
| Photo 2. Improved latrine in Melaky | 14 |
| Photo 3 MAHEFA stand at Population Day attracts attention | 16 |
| Photo 4. Celebration of World Toilet Day in Betanatanana (Melaky) in FY13 | 16 |
| Photo 5. CHW in front of MAHEFA/PSI..... | 20 |
| Photo 6. Inauguration of the official <i>Mutuelle</i> stamp | 22 |
| Photo 7. Newly rehabilitated pump well, Well rehabilitation (Boeny), 'Two-headed' fountain in (Menabe) . | 22 |
| Photo 8. Foot pedal tippy tap (Menabe)..... | 27 |
| Photo 9. An NGO technician facilitates a Scoring Session (SOFIA) with a group of mothers | 27 |
| Photo 10 CHW Andriane in Commune Antsalova - Melaky..... | 28 |
| Photo 11. Youth Peer Educators discussion sexual education | 29 |
| Photo 12. SMS database training in DIANA..... | 32 |
| Photo 13. MAHEFA's CHW with departing COP (Penny Dawson) and..... | 36 |

Executive Summary

MAHEFA has made large strides in its third year of implementation. With a focus on the core activities of training, equipping and supporting CHWs to provide service delivery in the areas of family planning (FP), MNCH, nutrition and water, sanitation and hygiene (WASH), MAHEFA now has 5,983 (98% of total planned 6063) CHWs trained in at least one of these areas and 46% are trained in more than one area (2816 CHWs trained in FP4 and MNCH/ DEPOCOM). The full range of services (c-IMCI, FP - including DEPOCOM, WASH, and nutrition) is now available in one-third (1,100 or 37%) of all MAHEFA's *fokontany* (3,012). FP and DEPOCOM services are available in almost half (1,389 or 46%) of all *fokontany*. In addition to this increased availability of services, MAHEFA's demand-generating behavior change (BC) activities and our quality improvement (QI) activities have evolved to strengthen the work of the CHWs and other community health actors.

In PY3, MAHEFA made steady and solid progress in efforts to integrate a wide range of services in hard to reach areas. Six dedicated regional teams are established and functional to support efforts in the six regions, supported by highly skilled staff at central level. These teams work together with a total of 19 NGOs to implement activities, starting with the KMSm process, now launched in 99,6% of MAHEFA communes (279/280). MAHEFA's approach goes beyond identifying and training CHWs to ensure that each CHW has a commune-level *Technicien Accompagnateur* (TA) and *Point d'Approvisionnement* (PA) or supply point to ensure close support and access to products. The core services of FP and MNCH are complemented not only by the BC and QI services, but also by transport, community health insurance, and community engagement activities such as the Community Score Card process, to promote a comprehensive approach that supports people to work together to address a variety of challenges and achieve better health.

Highlights of the achievements by intermediate results include:

IR 1 highlights: increased demand for products and services

- Significant increases in numbers of men and women participating in health discussions facilitated by CHWs, on FP, nutrition, exclusive breast feeding, complementary feeding and WASH-related issues. In total, during FY13 CHWs have been able to offer over 477,000 men and women information and locally identified solutions to barriers to family planning, and between 371,000 have been reached with sessions on maternal health; 211,000 people have been reached with sessions on nutrition, and 387,000 men and women on antenatal care seeking behaviors.
- One thousand one hundred and sixty nine (1,169) local CLTS facilitators trained by MAHEFA-supported Community-Led Total Sanitation (CLTS) trainers conducted 710 triggering events in six regions leading to increased latrine construction. A total of 3,621 latrines have been newly constructed, of which 247 (7%) are improved latrines with washable slabs.
- Seventy-six (76) sites self-declared Open Defecation Free (ODF) and 3 of which have been officially declared ODF by a regional committee in Menabe Region.
- KMSm initiated in 99% of MAHEFA communes, with 24 communes reaching Champion status.
- MAHEFA is the first partner throughout the country that has produced for community the new versions of health cards that were validated and recommended by the MOH. Respectively, 100,000 and 60,000 child and woman health cards have been distributed by MAHEFA at community level.

IR 2 highlights: increased availability of products and services

- Increasing numbers of FP users and of children (CU5) diagnosed and treated for the most common childhood illnesses (malaria, diarrhea, pneumonia). The Couple Years of Protection indicator shot up between FY12 (CYP: 75) and FY13 (CYP: 20,713) and MAHEFA CHWs have recorded 24,571 regular FP users, while over 4,000 referrals have been made to mobile clinics for FP Long Acting and Permanent Methods. In the area of child illness case management, nearly 119,000 children have been diagnosed, 103,000 treated, and 15,700 referred for diarrhea, acute respiratory infections (ARI) or fever.

- Continuing increase of completion of CHWs' "*stages pratiques*". At the end of FY13, 80% of the total CHWs trained in FP/RH are functional (4,765/5,983), with 68% (3,263/4,765) of trained CHWs completing their "*stages pratiques*," compared with the 9% of FY2 (168/1969). Of those CHWs trained in DEPOCOM, 45% (1,253/2816) have been able to do their "*stages pratiques*".
- Nearly all MAHEFA staff from central (100%) and regional offices (90%) and more than half of the regional trainers (56%) have completed the compliance FP required online course in FY13.
- Completion of the 7 steps of *mutuelle de santé* implementation in three districts reaching 16,500 members.
- Start-up of implementation of the water infrastructures rehabilitation resulting in a total of 46 infrastructures rehabilitated at the end of FY13 and benefiting an estimated 11,500 people.

IR 3 highlights: improved quality of care by CHWs

- Continuous supervision of partner NGOs by MAHEFA central or regional teams; regular supervision of CHWs by partner NGOs and/or by regional MAHEFA staff. 4,510 CHWs have received at least one supervision visit during PY3, contributing to program steering. Eighty-four percent (84%) of total functional CHWs reported their activities at the end of FY13 compared with 62% at the end of FY12.
- Reinforcement of the quality of CHWs' service provision using an innovative adaptation of the Community Score Card (CSC) tool to measure satisfaction by health users. In PY3, average satisfaction scores among users in 418 *fokontany* rating two key indicators were 7.8 out of 10 for IEC & awareness raising, and 7.9 out of 10 for case management by CHWs.
- Training of 200 Youth Peer Educators (78% of total planned of 256) to educate, provide counseling, and make referrals for FP/RH services including STI, c-IMCI and MNCH to youth.

Cross cutting highlights

- Introduction of the SMS system for CHW reporting and commodities stock-out follow-up in two pilot regions covering 22 communes. Three hundred and fifty (350) CHWs and 22 TAs were provided with mobile phones.
- As of the end of FY13, training of 3,345 people on EMMP including 2,816 CHWs, 333 NGO staff, 6 MAHEFA staff, and 190 Regional Training Consultants.
- Distribution of 313 bicycles to improve CHW mobility and training of 339 CHWs on bicycle maintenance and simple repair.
- Start-up of the Chlorhexidine (CHX) introductory program implementation in the Mahabo district with the training of the CHWs and the distribution of 13,000 tubes of CHX under the Malagasy name "Arofoitra."

Building on these achievements, in PY4 MAHEFA will accelerate the training of CHWs in the use of DEPOCOM and strengthen approaches to assist CHWs in completion of "*their stages pratiques*", as well as nutrition training. The "How-to Guide" on key BC messages and approaches will be used to enhance CHW skills in interpersonal communication to increase demand for CHW services. More intensive support to already triggered CLTS communities will be provided to increase latrine construction, including improved latrines through expanded sanitation marketing.

Supervision and support for the NGOs and CHWs and other community actors will be further strengthened along with capacity building approaches at all levels. Scale-up of innovative activities such as the CSC approach, community health insurance, and enhanced CHW mobility will continue in PY4.

INTRODUCTION

USAID awarded a 5-year program, the Community-Based Integrated Health Program (CBIHP), to JSI Research & Training Institute, Inc. (JSI) on May 23, 2011 for a total program duration of five years. JSI collaborates with two international partners, The Manoff Group (TMG) and Transaid. CBIHP is known in-country as “**MA**lagasy **HE**niky **FA**hasalamana” (MAHEFA) translated as “**MA**lagasy **HE**althy **FA**milies”. This annual report covers the period 1 October 2012 to 30 September 2013, which represents fiscal year FY13 hence quarters 1 to 4.

The overall objective of the MAHEFA program, as stated in the Cooperative Agreement (CA), is:

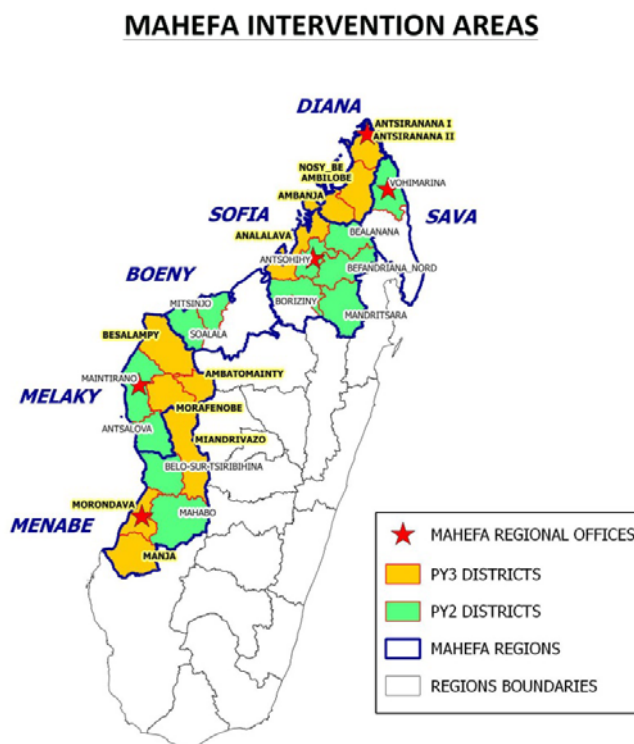
To increase the use of proven, community-based interventions (MNCH, FP/RH -including STI prevention- water, hygiene and sanitation, prevention and treatment of malaria, nutrition) and essential products among underserved populations in 6 northern and western regions of Madagascar.

This annual report presents accumulated data for the four quarters and summarizes accomplishments and highlights of the past year, in each of three Intermediate Result (IR) areas:

- IR 1: Increase demand of high-quality health services and products
- IR 2: Increase availability of high-impact services and products
- IR 3: Improve the quality of care delivered by community-based health practitioners

MAHEFA operates in Menabe, Melaky, Boeny, Sofia, DIANA, and SAVA and serves at least 98% of the total 280 communes which are among the most under-served areas in the priority regions.

Figure 1. MAHEFA intervention districts and regional offices



IRI: INCREASE DEMAND FOR HIGH QUALITY HEALTH SERVICES AND PRODUCTS

MAHEFA's fundamental strategies to boost the demand for health services and products include Behavior Change Empowerment (BCE) strategies, WASH (including the CLTS process), and the KMSm approach. KMSm is the foundation of MAHEFA's community health strategy, mobilizing community actors such that local actors take over health management in their own communities. BC Empowerment strategies include those that empower community leaders, local groups, and model or positive deviant mothers to assist community health workers in encouraging adoption of positive health behaviors. WASH strategies focus on both encouraging positive behaviors in hygiene, sanitation and water, as well as helping communities build, manage, use, and maintain water and sanitation infrastructure to carry out these behaviors. This chapter summarizes accomplishments in these fields over the FY13 year.

Behavior Change EMPOWERMENT activities

Implement Behavior Change Empowerment (BCE) strategies and products (1.1)

MAHEFA developed and implemented several BC strategies and products to encourage behavioral changes in the past year; these culminated in the development and community rollout of the BCE approach:

- Development of **Regionally-tailored BC Strategies**. Based on comprehensive behavioral studies completed in all regions, six locally adapted BC strategies are available, developed during capacity-building workshops with 19 NGO partners. Each strategy describes ideal and feasible behaviors, priority groups, influencing groups, most powerful behavioral determinants, key factors, and activities for encouraging BC.

- Application of the **TIPs approach** (Trials of Improved Practices) to identify and negotiate the adoption of small, doable actions in the area of WASH, nutrition and prevention and management of childhood illnesses. TIPs are now being used by the majority of CHWs in all regions (see box 1) and these actions have been incorporated into the CHW *Guide and Solutions* (see below).

Box 1. Most used TIPs (small, doable actions)

Prevent respiratory infections:

- Distancing children from wood-stoves, and smoking fathers.
- Beating dusty mats and mattresses.
- Sprinkling children's sleeping areas with water to get rid of dust.

Health and Hygiene:

- Usage of tippy taps for hand washing, before meals, after defecation.
- Seek medical treatment for children / complete period of described medicine.
- Lactating mothers have varied meals and drink more fluids to return to Exclusive Breast Feeding (EBF).

Reinforce partner capacity to develop strategies for behavior change (1.2)

MAHEFA has established strategic partnerships with 19 NGOs in the regions. While these partner NGOs played a key role in developing local BC strategies, their current role has evolved to one of creating demand for and supporting CHWs provision of maternal and child health services. During FY13, MAHEFA has placed strong emphasis on ensuring that NGOs are equipped to coach CHWs effectively in BC activities. Subsequently, MAHEFA developed and completed its rapid rollout of the BC Empowerment approach by first training all NGO partners; in turn these NGO partners trained nearly half (46%) of all CHWs in the program's six regions. These trainings prioritized service delivery training first, while integrating BC elements with core activities such as KMSm. MAHEFA created this approach in order to engage additional community members (in collaboration with the CHW) to take greater responsibility in encouraging BC.

The "**Torolalana sy Vahaolana**" (*Guide and Solutions*), a How-to Guide for CHWs provides a step-by-step guide for implementing BC empowerment activities at the community level. The comprehensive tool (described in the Q3 report) also provides CHWs with solutions to regional barriers to BC (while incorporating locally identified motivators and influencing groups) and includes 17 gender scenarios. All NGO and CHWs have obtained and are utilizing their own copy of the Guide.

BC capacity building results achieved over the past year includes:

- 19 NGOs trained in BC strategy design.
- 19 gender analyses completed to assess and recommend ways that NGO systems can become more gender-sensitive.
- 25 Master Trainers from all 6 regions trained in BC Empowerment activities, how to use the "Torolanana sy Vahaolana", and how to train NGO representatives.
- 19 NGOs trained in BC Empowerment activities (including set-up and management of Care Groups, how to use Positive Deviants, Health Friendly Initiatives, and other approaches).
- 2,787 CHWs trained in BC Empowerment activities and the BCE follow-up tool.

The FY13 capacity strengthening interventions will continue to bear fruit throughout FY14, with a particular focus on monitoring of quality of BC empowerment activities and on-the-job reinforcement of CHW skills for demand generation that complements their service delivery efforts.

Address major BC barriers, using print and audiovisual tools/aids (1.3)

Throughout FY13, a variety of print and audio-visual tools have been developed:

- Community Radio Campaign and Village Listening Groups

During Q3 and Q4, MAHEFA continued to produce, adapt, and diffuse radio spots containing health, nutrition, WASH, and gender messages. Through partnerships with 26 local radio stations, a total of 25 messages are now being broadcast regularly in all regions (3 times daily). These spots reinforce solutions to BC barriers found in the *Guide and Solutions* for CHWs; the gender spots also use the same names as the gender scenarios in the CHW Guide, thus further

stimulating reflection on transforming community norms in gender. Also, thanks to a strategic partnership with a local communications agency, and in line with its cost-effective programming, MAHEFA was able to secure the donation of 182 **solar wind-up radios** for those village listeners' groups without radio access. These radios are enabling mothers in remote, isolated communities of MAHEFA's program zone to hear spots promoting positive behavior change. The regular broadcast of the spots is stimulating active discussions among approximately 182 village listening groups, as well as among many other community listeners.



Box 2. Highlights of FY13 Radio Campaign

Village listeners groups:

- 324 listeners' group facilitators trained.
- 182 existing listeners' groups revitalized or new groups established.
- 25 spots on health, WASH, and gender topics produced and broadcast 3 times daily by 26 local radio stations.

Donation of Solar Wind-up Radios:

- MAHEFA's communication partner, AWR, donated 182 wind-up radios for use in communities without access to radios.

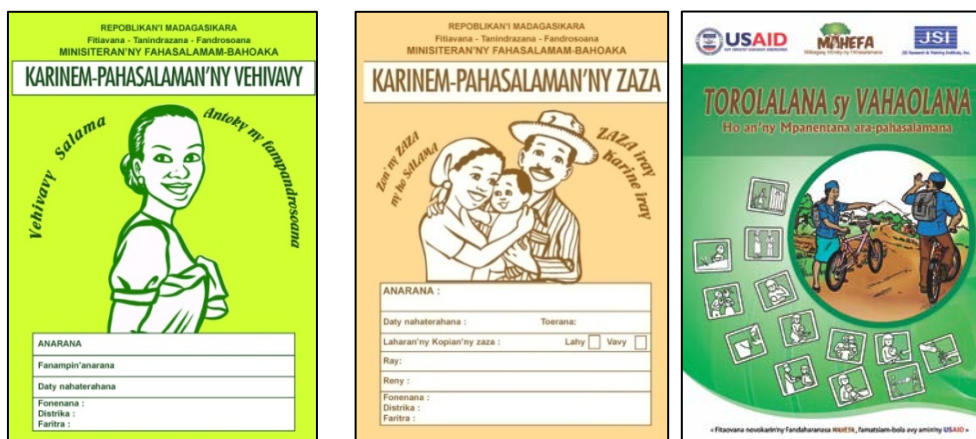
Photo 1. Solar Wind-up radio with community in Melaky

- Development and distribution of **print materials for mothers**

In addition, various print materials have been developed to reinforce BC solutions in the communities.

Results in this area over the past year include:

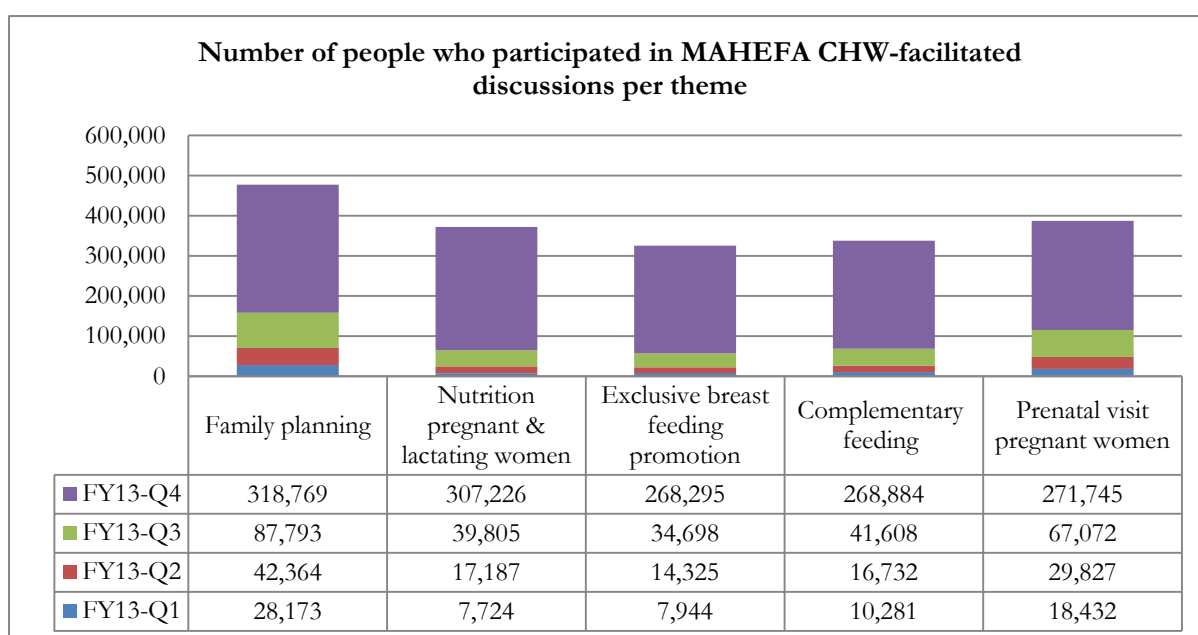
- 300 *Guide and Solutions* for CHWs developed and distributed to NGO staff and 2,787 CHWs.
- 3,000 *BCE follow-up and support tool* developed and distributed to NGOs.
- 160,000 Health Booklets (*Carnets de Sante*) printed for women (60,000) and children (100,000).
- 4 types of *household merit stickers* designed for Care Group families who have adopted additional families for at least 1 month while providing them with BC encouragement (to be printed in Q1, FY14).
- FP *invitations cards* for CHW clients conceptualized and drafted (to be printed in Q1, FY14).



- **Roll-out of BCE activities in communities and districts** by Community Health Workers

In Q4, MAHEFA CHWs supplemented the well-known, but limited communication activities by engaging community leaders, local associations (women’s groups, scouts, church groups) and peer 'model' mothers and encouraging them to take on greater responsibility for helping their neighbors to adopt positive health behaviors. In this way, they reached additional men and women through the BC Empowerment approach (including care groups, health friendly groups, positive deviance, advocacy, guided visits, and several other high visibility, high impact community mobilization activities). In total, during FY13 CHWs have been able to offer over 477,000 men and women information and locally identified solutions to barriers to family planning (Q1 to Q4). Between 371,000 and 211,000 people have been reached with sessions on maternal health and nutrition, and 387,000 men and women have been reached on anti-natal care seeking behaviors. The bulk of these awareness raising sessions have been conducted in Q4, as per the graph below.

Figure 2. Awareness raised by MAHEFA Community Health Workers, per theme



For FY14, MAHEFA's BCE program will focus on: expanding the listening groups, follow-up and on-the-job capacity building of care groups; spreading the positive deviance model with example-others; promoting and expanding the health friendly group initiatives; and reinforcing solutions from the How-to Guide through the media campaign. BC activities will be integrated with and continue to complement delivery of FP, MNCH, nutrition, and WASH services.

Water, Sanitation, and Hygiene Activities

Water, Sanitation and Hygiene (WASH) interventions are an integral component in improving the health status of target populations. Unhygienic practices regarding toilet use, hand washing, and use of drinking water are a direct cause of disease outbreaks and prevalence. MAHEFA tackles WASH challenges at different levels:

- Mobilizing health committees, groups, and individuals to becoming "**WASH Friendly**", e.g. abiding by the three basic behaviors of hand-washing with soap or ash, improved latrine use, and correct water treatment and storage.
- **Community-led Total Sanitation (CLTS)** approaches, encouraging communities to becoming Open Defecation Free (ODF).
- Upgrading, and (re)constructing water infrastructure (see IR 2).

Mobilize groups to become 'WASH-friendly' (1.5)

During FY13 MAHEFA was able to sign 172 MoUs with WASH Friendly groups across the regions. The groups include mothers, youth groups, parents, teachers, scouting clubs, and church members. The signing of an MOU indicates the group members' commitment to practice hygiene behaviors, and to act as a model for others in their community. Group members demonstrate exemplary behavior by installing and using tippy taps, and practicing handwashing with soap. The activities are progressing in DIANA, Melaky, SAVA, and Sofia; however, Boeny and Menabe started in Q4. So far, 64% of the targeted number of WASH friendly groups (270) has been achieved.

Box 3. Regional Highlight: WASH Success in SAVA

Though it started out as a call for WASH-friendly institution, a community took it to the next level to be a WASH-friendly community. The local women’s group felt that just 'group member benefits' were not enough.

Result: All 102 households have access to a latrine, 3 latrines for 1 household. Hand washing stations are widely visible. The community is clean and proud of it.

During the last quarter (Q4), MAHEFA focused on evaluating existing WASH-friendly partnerships to ensure the groups are actually implementing the three key behaviors mentioned above. For example, during FY13 MAHEFA recorded 1,926 new households using tippy taps, and 3,184 households where members practiced hand washing with soap. It also became clear that refresher trainings and incentives are needed to continue to motivate the groups to remain 'WASH-friendly'. MAHEFA has faced other challenges with the approach throughout the past year. Due to current restrictions on interacting with public school or state clinics, MAHEFA focused on private initiatives (clubs, churches, scouts, etc.). These groups are often more 'loose' structures; hence they feel restricted to establish more or less formalized partnerships (and MoUs). To counteract this challenge, MAHEFA is working on

integrating the WASH Friendly approach into the KMSm process to encourage communities to become WASH friendly. For Boeny, TAs and CHWs will be working with WASH friendly targets.

Increase participation in Community Led Total Sanitation (CLTS) approach (1.6)

FY13 has been an eventful and insightful year for MAHEFA's CLTS interventions. The table below presents the process results that MAHEFA has recorded in the regions. It shows 710 triggering events conducted in villages by 1,169 trained local CLTS facilitators - normally, 2 CLTS facilitators conduct one triggering session. FY13 also shows at least one Natural Leader per triggering site identified, and an increase in follow-up visits as part of a stronger focus on post-triggering follow up.

Table 1. CLTS Process Results

| | FY12 | Achieved by end of FY13 |
|------------------------------------------------|------|-------------------------|
| Local CLTS facilitators trained (2 per site) | 48 | 1,169 |
| Communities triggered CLTS | 152 | 710 |
| Number of Natural Leaders | 0 | 740 |
| Number of post triggering follow-ups conducted | 160 | 1,277 |

While some good strides have been made there are lessons learned on managing and sustaining the approach:

- Focusing primarily on latrine construction is likely to be unsustainable. Instead CLTS should support communities to adopt better holistic hygiene practices.
- Post-triggering follow-up and post-ODF declaration monitoring is essential, but local CLTS facilitators and commune authorities often lack motivation to do so.
- The process of formal certification is unclear and currently under review by the Ministry of Water.
- Discrepancy between how data is collected to define 'simple' versus 'improved' latrines.

During Q4, MAHEFA initiated the following actions to address these challenges, and this will continue throughout FY14:

- More intense follow-up of triggered sites, increasing the number of visits.
- Establishment of a two-level monitoring system: 1) with community 2) with CLTS facilitator.
- Intensified awareness raising with partners, local authorities, and COSANs.
- Public acknowledgement (through an in-kind bonus system, e.g. a certificate, a WASH product, a DSP, etc.) of well-performing CLTS facilitators and Natural Leaders, and priority of latrine construction for them to act as a model.
- Increase the pool of *local* CLTS facilitators (from the commune), and replacement of unmotivated CLTS facilitators.
- Engagement of two additional WASH/CLTS and M&E experts to consult on CLTS approaches.

This has resulted in an increase in number of simple *and improved* latrines constructed. FY13 highlights include:

- **CLTS triggering** events surpassed the target of 528: a total of 710 CLTS triggering have been conducted.
- Out of these, 76 sites have so far been **self-declared ODF**, meaning that all community household members are using a latrine.
- A total newly constructed **3,621 latrines** have been recorded by MAHEFA.
- Out of which, **247 are improved latrines** (see photos) with washable slabs.
- 3 sites have been officially declared ODF by a regional WASH committee in Menabe.

Box 4. Regional Highlight: CLTS Boeny

A CLTS facilitator and CHW who lives 1 km from the triggered site visits twice a week on Tuesday and Thursday. When she visits, people ask many questions. She always throws the questions back “what do you think we might do? What is available to us locally?”

Result: For 24 households there is 1 improved latrine and 7 simple latrines, 25% treat water, 7 households have soap and water for hand washing, and 15% are storing drinking water properly.

Photo 2. Improved latrine in Melaky



KMSm ACTIVITIES and community health events

Implement KMSm in all 24 MAHEFA districts (1.7)

With 18 communes added in Q4, the KMSm approach has been launched in 99% of all MAHEFA communes (279/280), with one remote community in Menabe being inaccessible due to security-related hindering. A total of 24 communes have reached Champion status - which means that have achieved or surpassed their self-defined targets in terms of 1) number of men and women and children reached with awareness; and 2) service delivery to specific targets groups. The CHWs and COSANs in the champion communities are certified by MAHEFA. Their performance has been verified and validated through the Community Evaluation process. As a last step, the CSC approach has been used to measure the satisfaction of users (community) yielding a satisfaction rate of over 75%.

Figure 3. KMSm approach results by end of FY13 (=280)



Table 2. KMSm launches at the commune level

| Region | Total number of communes | Launched in FY12 (PY2) | Number of targeted communes FY13 (PY3) | Total of communes launched end FY12+ FY13 |
|--------------|--------------------------|------------------------|----------------------------------------|-------------------------------------------|
| Boeny | 10 | 9 | 1 | 10 |
| DIANA | 65 | - | 65 | 65 |
| Menabe | 51 | 24 | 27 | 50* |
| Melaky | 37 | 22 | 15 | 37 |
| Sofia | 98 | 86 | 12 | 98 |
| SAVA | 19 | 19 | - | 19 |
| TOTAL | 280 | 160 | 120 | 279 |

* One commune inaccessible

The 24 Champion Communes that have completed their final evaluation this year will start another KMSm cycle in FY14. This will start with new participatory planning process to redefine targets. In FY14, MAHEFA will continue to support those NGOs and TAs that have not yet reached Review 2 and Review 3. Lastly, in FY14, MAHEFA will focus on engaging and involving community actors (COSANs, CCDS) reviews and evaluations to hand-over the process to them and create local ownership.

Box 5. KMSm successes in Menabe and Sofia

8 KMSm communes in Menabe and 9 in Sofia have been certified after their final evaluation in Q4. In these communes, CHWs and COSANs have achieved their health targets for awareness raising and services on FP, MNCH, WASH, and Nutrition. The Community Score Card showed the community members' satisfaction of CHW's services at 9.3 out of 10.

Contribute to local and national action to mark international health events (1.8)

During FY13, MAHEFA celebrated and participated in the following national and international events:

Last quarter Q4:

- Celebration of *la Journée de la Population* held in Melaky on 11 July.
- National Family Planning Campaign, held in Sofia on September 26, 2013 included information booths, public debates, and MAHEFA radio and TV appearances. 1,500 people participated, 75% of whom were youth ages 15-24.

In summary, throughout FY13, MAHEFA celebrated the following international health events: Global Handwashing Day (October 15), World Toilet Day (November 19), International Women Celebration (March 8), World Water Day (March 22), Africa Malaria Day (May 25), and International FP Day (September 26)



Photo 3 MAHEFA stand at Population Day attracts attention

Though direct effects of MAHEFA's participation in these events cannot be measured, informal feedback always indicates positive effects. TAs and CHWs often describe how these events stimulate people to behavior change. The events also reinforce MAHEFA's standing and partnerships. Throughout FY14, MAHEFA will carry on its commitment to celebrate these international events in Madagascar.

Photo 4. Celebration of World Toilet Day in Betanatanana (Melaky) in FY13



The entire village on its way to *Journée Mondiale de la Lattine*



MAHEFA CHWs preparing their participation



Who says 'toilet' says: 'hand washing!'

IR 2: INCREASE THE AVAILABILITY OF SERVICES AND PRODUCTS

In addition to stimulating *demand* for health products and services (IR1), MAHEFA is actively involved in boosting the *supply* of quality services. Under IR2, MAHEFA is applying the following interventions:

- Build, refresh, support, and supervise the technical and managerial capacity of CHWs.
- Ensure appropriate capacity levels within partner NGOs, and with Regional Training consultants.
- Equip CHWs to provide basic health services at community level and refer clients to health clinics or private sector health initiatives for other health needs such as maternal care, delivery, long term and permanent methods for family planning, and danger signs in women and children.

Other strategies under this IR2 include:

- Supply chain management to ensure availability of products at community level, in partnership with PSI.
- Increase community access to resources for health needs through *mutuelles*.
- Improve access to WASH products through sanitation marketing and infrastructure.

Support to NGOs and Regional Trainers (2.1)

By the end of this project year, MAHEFA has mobilized and contracted all necessary partners to implement its programs. There are currently 19 NGOs covering 6 regions and 280 communes. There are in total 28 *Responsables Techniques*, 279 TAs (*Technicians Accompagnateur*) and 26 Regional M&E Advisors (*Responsable de Suivi et Evaluation RSE*) for a total of 333 technical NGO staff. Throughout FY13, 135 regional trainers have been recruited in DIANA, Menabe, Boeny, Melaky, Sofia and SAVA. In all, 190 Regional Training Consultants are now available to assist partner NGOs with the bulk of training of CHWs.

All regional training consultants have been trained as required, either in Mother, Neonatal and Child Health (127), or in WASH, including CLTS (63). All NGO staff have all gone through MAHEFA's 10-day TOT's program which integrates the five health themes, as well as communication and management topics like data management, supervision techniques, reporting, and communication.

Table 3. MAHEFA's Regional Training Consultants and NGO staff

| Region | Regional Training consultants MNCH | Regional Training Consultants WASH | Number of Responsables Techniques | Number of TA Technicians | Number de RSE (M&E advisor) |
|--------------|------------------------------------|------------------------------------|-----------------------------------|--------------------------|-----------------------------|
| Boeny | 10 | 4 | 1 RT | 10 | 1 RSE |
| DIANA | 30 | 10 | 7 RT | 65 | 7 RSE |
| Melaky | 15 | 3 | 3 RT | 50 | 2 RSE |
| Menabe | 31 | 10 | 6 RT | 24 | 6 RSE |
| Sofia | 31 | 32 | 9 RT | 86 | 9 RSE |
| SAVA | 10 | 4 | 2 RT | 18 | 1 RSE |
| TOTAL | 127 RTC MNCH | 63 RTC WASH | 28 RT | 279 TA | 26 RSE |

Training in Family Planning (FP) compliance

FP-compliance is a legal and political requirement that governs USA-assistance of regarding FP-activities. All USAID staff and the partners responsible for family planning activities need to be aware of these requirements. MAHEFA staff members are obliged to follow an online course (see www.globalhealthlearning.org). MAHEFA's compliance manager supports MAHEFA staff and NGO partners to accomplish the course online. Staff training usually takes place during a regional or coordination meeting; it takes about 3 hours to complete. An implementation guide and supervision grid is also available.

Table 4. Family Planning compliance courses for MAHEFA and its implementing partners

| FY13 | MAHEFA TANA | MAHEFA Regions | Regional Training Consultants | NGO TA | TOTAL |
|-----------|--------------|----------------|-------------------------------|--------------|-------|
| Certified | 39 (100%) | 27 (90%) | 107 (56%) | 167 (60%) | 340 |

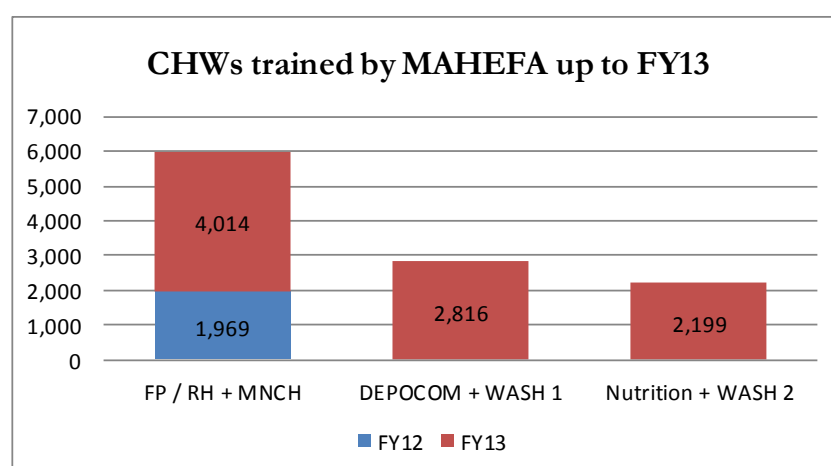
Nearly all MAHEFA staff from central and regional offices and regional trainers have taken the course in FY13. The remaining 10% are newly recruited staff members who will be trained in early FY14, as will those that have already taken the course, since it has to be taken annually. Similarly, the remaining TAs and other NGO staff were recruited in Q3/Q4 and will be trained in FY14. Regional Training Consultants, who have not yet done the training, will be required to do so before signing any new contract or assignment with MAHEFA.

FP compliance is integrated in the CHW supervision checklist (see box 8) to assess if CHWs are applying the regulations, and follow the 'BERCER' protocol of receiving clients (*Bienvenue, Entretien, Renseignements, Choix, Explication, Retour*). Ultimately, this protocol serves to verify that clients come voluntarily and are counseled to make informed choices. During supervision visits, supervisors verify the use of the poster explaining all FP methods.

Improve capacity of CHWs in integrated program elements (2.2)

The number of MAHEFA CHWS trained has reached 5,983 CHWs by the end of FY13, of the total of 6,063 CHWs to be trained (98%) as per MAHEFA's work plan. The graph below illustrates the themes and how many CHWs have been trained per topic in FY12 and FY13.

Figure 4. Number of MAHEFA CHWs trained up to FY13



Note that FY12 training in **c-IMCI** was conducted by the National Strategic Application (NSA) for 5,377 CHWs. For those CHWs that did not receive c-IMCI training from NSA, MAHEFA will train at least the remaining 606 CHWs, since the NSA-2 project is not operational.

As the graph below shows, MAHEFA has conducted the bulk of the training before and in Q3, with Nutrition and WASH 2 training commencing in Q3. FP/RH and MNCH training is slowing down since Q4, with 98% of CHWs being trained already. Also, the DEPOCOM and WASH 1 trainings have slowed down slightly after Q3, due to the challenges in completing the *stages pratique*, as explained hereafter. At the end of FY13, 45% of all CHWs trained in DEPOCOM (1,253/2,816) have been able to do their '*stage pratique*'.

Box 6. Regional Highlight: Strong lobbying for 'stages' in Melaky and Diana

In 3 districts in Melaky, official health centers (CSB) have closed down due to lack of resources. This caused difficulty for MEHEFA CHWs to complete their *stage pratique* in family planning. Strong lobbying from MAHEFA towards CSBs has been effective. **Result:** In Melaky 38 CHWs did their *stage* and at least 76 women are now 'new FP users'. In Diana 92% of 1121 CHWs completed their FP4 stage in FY13.

In FY14, MAHEFA will prioritize the training of all remainder CHWs in DEPOCOM, Nutrition, and WASH. MAHEFA will place an extra emphasis on boosting the enabling environment (lobbying, local advocacy, FP awareness days) to assure more CHWs are able to complete their stages.

Figure 5. CHW training trend per quarter in FY 13

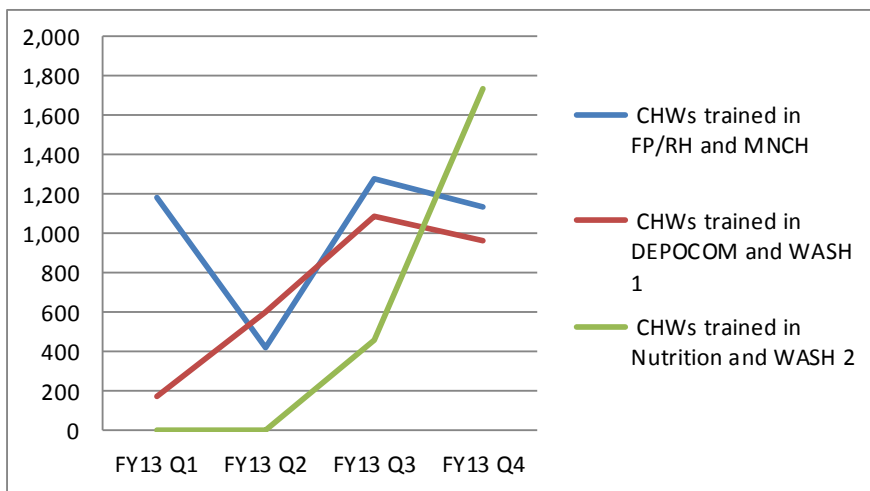
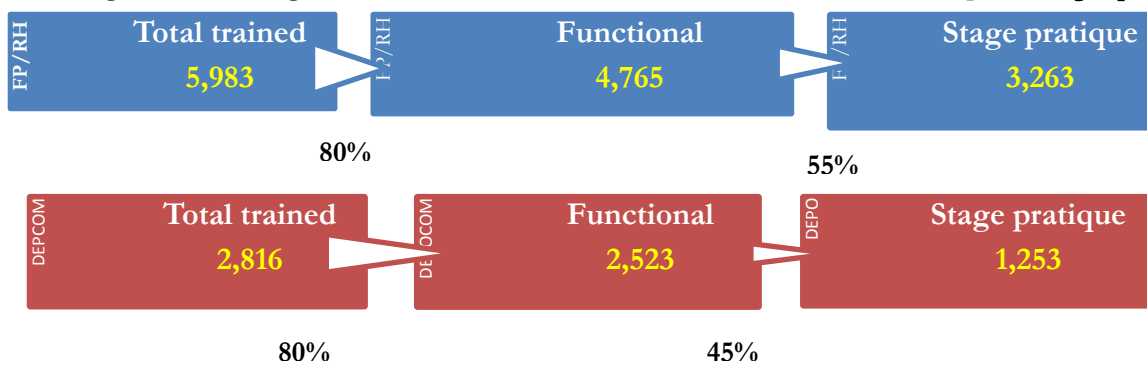


Figure 5. Percentages of trained MAHEFA CHWs, functional, and % that completed *stages pratiques*



With MAHEFA's continued effort to equip CHWs with kits and supervise those, 80% of **CHWs are now functional**. The number of CHWs trained by MAHEFA who have been able to validate their *stage pratique* continues to increase steadily over Q4 - by the end of FY13, 55% for FP/RH (3,263/5,983) compared to 9% of FY12 (168/1969) and 45% for DEPOCOM (1253/2816).

Challenges that have been described in earlier reports continue to prevail; including limited availability of clients and products at the Centre de Santé de Base (Basic Health Center/CSB) and/or limited availability of CSB health workers for monitoring.

With CHWs being trained in nutrition in Q3 and Q4, the full range of services (c-IMCI, FP - including DEPOCOM, WASH, and nutrition) are now available in one-third (1,100) of all MAHEFA's fokontany (3,012) FP and DEPOCOM services are available in almost half (1,389 or 46%) of all fokontany. In FY14, with a strong emphasis on training in DEPOCOM and nutrition, service coverage will expand significantly.

Participative Supply Chain Management (2.3)

In FY13, the number supply points in place have more than doubled compared to FY12. At the end of Q4, 281 (97%) targeted supply point agents (PAs) have been trained by PSI and are now operational. For more details on locations, see the enlarged version of the map below in Annex 2.

Figure 6. Map with Supply point coverage of MAHEFA

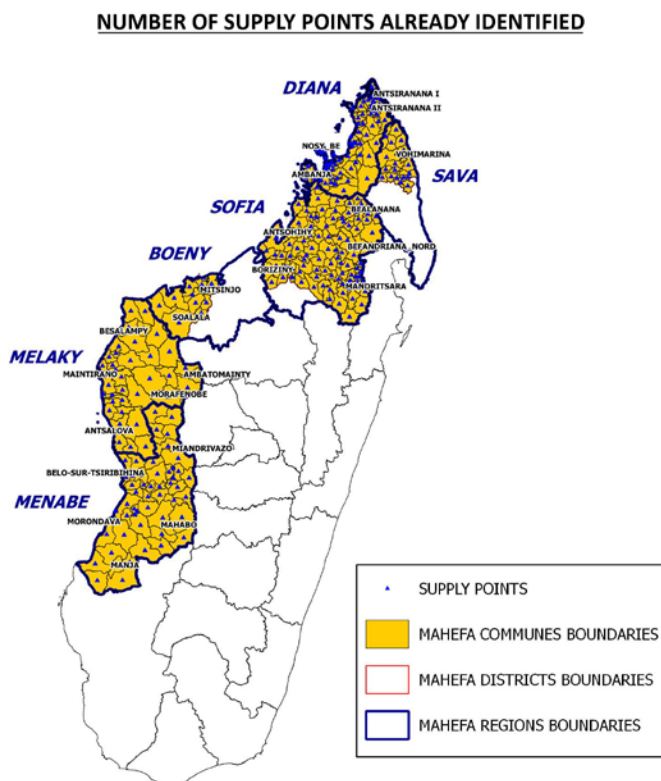


Photo 5. CHW in front of MAHEFA/PSI Supply Point (SOFIA)



Throughout FY13, MAHEFA along with PSI performed regular assessments of the stock levels of essential products for PAs and CHWs in the areas of malaria, FP, child health, and WASH. The table below shows that most essential commodities have been largely available for CHWs. Since Q2, there have been increasing stock-outs of Pneumostop. This problem will be solved in Q1 of FY14, upon arrival of PSI commodities already procured.

Table 5. Stock-outs of family planning products at CHW level in MAHEFA regions

| % of stock out reported by CHWs averaged per month (12 in FY13), per product | |
|------------------------------------------------------------------------------|-------|
| % CHW with stockouts of cycle beads (ROJO) | 0.1% |
| % CHW with stockouts of DEPO-PROVERA and CONFIANCE | 0.4% |
| % CHW with stockouts of FIMAILO and PROTECTOR PLUS | 0.4% |
| % CHW with stockouts of LOFEMENAL/MICROGYNON and PILPLAN | 1.3% |
| % CHW with stockouts of VIASUR, ZINC and ORS | 1.8% |
| % CHW with stockouts of ACTIPAL Enfant and ASAQ Enfant (zaza) | 2.0% |
| % CHW with stockouts of RDTs | 2.3% |
| % CHW with stockouts of PNEUMOSTOP & COTRIM | 15.5% |

The MAHEFA team continues to participate in the regular meetings of the GAS (*Gestion des Achats et Stocks*/Purchasing and Inventory Management) of the Presidential Malaria Initiative (PMI) involving the National Malaria Control Program, DELIVER and PSI. In MAHEFA program areas, only 9/290 PAs have not yet been identified. An SMS-based data collection and transfer system is being put in place by MAHEFA; see more in Logistics Management Information System (LMIS) sections (3.4).

Support, Equip and Supply the CHWs and Youth Peer Educators (2.4)

During FY13 MAHEFA distributed kits to all trained CHWs and all COSANs (3,292). The kits for new CHWs consist of management tools (e.g. records, checklists, posters, etc.) and work tools (e.g. office supplies, medical devices such as scales, timers) and work outfits (blouse, cap, t-shirt), etc. In total, there have been:

- 2,750 starter kits distributed to new CHWs.
- 5,983 CHWs and COSANs resupplied.

Launch models for community health insurance with Microfinance Institutions (MFIs) (2.5)

The community health insurance approach (or *mutuelle de santé*) serves to make health products and service affordable to local populations with limited purchase powers. Throughout FY13, *mutuelles* have been launched in three districts. The process to establish and operationalize an insurance system is intense, as this is something totally new for most actors, and seven steps are to be completed (see box below).

Up to Q3, the pilot districts had proceeded to step 4. In Q4, these districts of Mitsinjo, Morondava, and Antsohihy they have reached step 5, 6, and 7. There are actually 16,500 members.

All guides, manuals and management tools (inscription form, and membership card) have been developed and tested. Printing and distribution will commence in the first quarter of FY14.

Photo 6. Inauguration of the official *Mutuelle* stamp by the elected president (Boeny)



Box 7: Steps to set-up *Mutuelle de santé*

1. Understand local health challenges
2. Train facilitators
3. Sensitize the community
4. Hold a General Assembly
5. Develop contracts with health and drug providers
6. Establish contracts with local banking or MFIs
7. Member recruitment; payment of dues, and payment for care services.

Sanitation marketing (2.6)

The Sanitation Marketing (SM) approach goes hand in hand with the CLTS approach. Once communities have been persuaded to construct their own latrines, the SM approach will help them to improve these latrines. This involves training local masons in how to produce Dalles San Plats, or washable latrine slabs. At the end of this project year, 210 local masons have been trained, covering 105 communes. This surpasses the original target of 171 local masons to be trained. CHWs have so far recorded at least 247 improved latrines (see IR 1, 1.6).

Establish infrastructure for improved drinking water (2.7)

MAHEFA started rehabilitating drinking water infrastructures in Q4 after USAID approved six Environmental Screening Forms (ESFs) and six Environmental Review Reports (ERRs). While the approval for *construction* of new infrastructures (wells, fountains) was still pending, MAHEFA focused on rehabilitation work in Q4.

- Inventory of 92 pieces of infrastructure that can be repaired without major construction in six regions.
- Launching of Calls for Tender by the MAHEFA regional offices for local masons/entrepreneurs.
- Examination of tenders for 19 lots and signing contracts.
- A total of **47 infrastructures** rehabilitated, including 22 wells, 15 fountains, 10 gravity water supplies.

Other remainder rehab projects are well underway in the other regions, for which ESF and ERR approval was received on October 1. They are expected to be finalized in Q1 of FY14.

Photo 7. Newly rehabilitated pump well, Well rehabilitation (Boeny), 'Two-headed' fountain (Menabe)



Support CHWs to provide basic services at the community level (2.8)

With more CHWs being trained and functional in Q3 and Q4, the effects on the numbers of children under 5 (CU5) cases managed of evident. In total during FY13, nearly 119,000 children have been diagnosed and treated (103,000) or referred (15,700) for diarrhea, acute respiratory infections (ARI) or fever. These are rounded off figures; exact number can be found in the below graph. **Treated total FY13: 102,295; Referred total FY13: 15 675; Overall 117,970 cases of CU5 managed.**

Figure 7. Child health service provision levels reported by CHWs

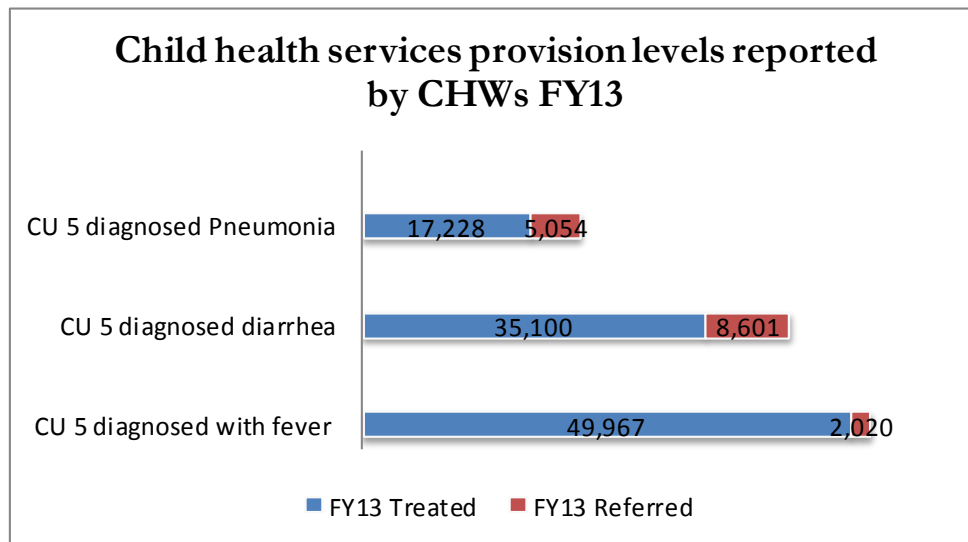
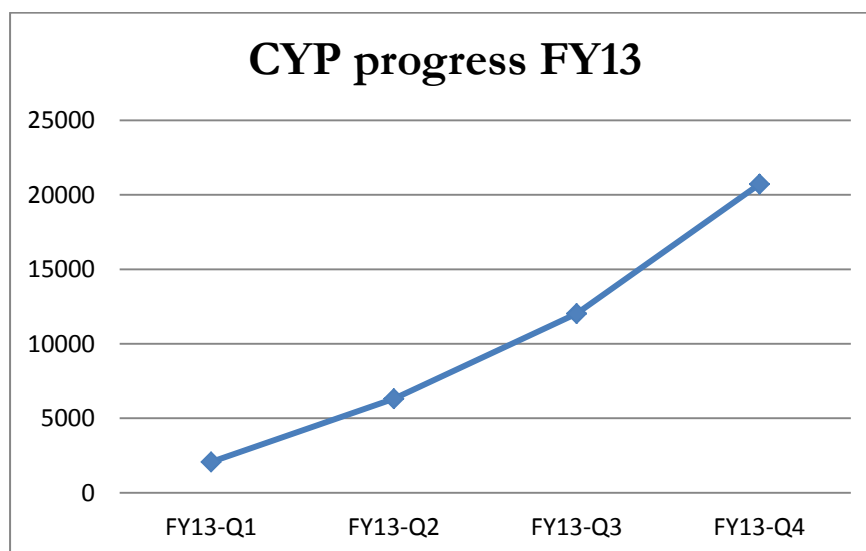


Figure 8. Couple Years of Protection



Thanks to the increased numbers of family planning users, the Couple Years Protection indicator has also shot up since FY12 (CYP: 75) to end of FY13 (CYP: 20,713)

MAHEFA CHWs have recorded 24,571 regular Family Planning users by the end FY13. However, the numbers of 'new' versus 'regular' FP users are currently not available as a result of discrepancies in the way CHWs have

been recording the numbers. MAHEFA provided clear instructions for all MAHEFA and NGO staff in early Q4 in order to standardize the way that CHWs report FP users. CHWs and NGOs were not able to revise the monthly reports prior to September 2013. This has been adjusted in September 2013. The first new reports received from CHWs with the correct way of registering new and existing FP users will come in October 2013.

Since Q2, MAHEFA has been cooperating with Marie Stopes Madagascar (MSM) in the Menabe, Sofia, and SAVA regions. MAHEFA CHWs make and record referrals both to CSBs and to MSM mobile clinics for Long Acting and Permanent Method (LAPM) family planning services, such as implants, IUDs, and tubal ligations. The table below shows over 4,000 referrals from MAHEFA CHWs to Marie Stopes services.

Table 6. Completed referrals to MSM's Long Acting and Permanent Methods of Family Planning in Q3/Q4

| | IUD | Implant | Tubal ligation | Total |
|--------------|------------|----------------|-----------------------|--------------|
| Q2-Q3 | 423 | 1184 | 85 | 1692 |
| Q4 | 476 | 1963 | 43 | 2482 |
| Total | 899 | 3147 | 128 | 4174 |

IR 3: IMPROVE THE QUALITY OF CARE DELIVERED BY CHWS

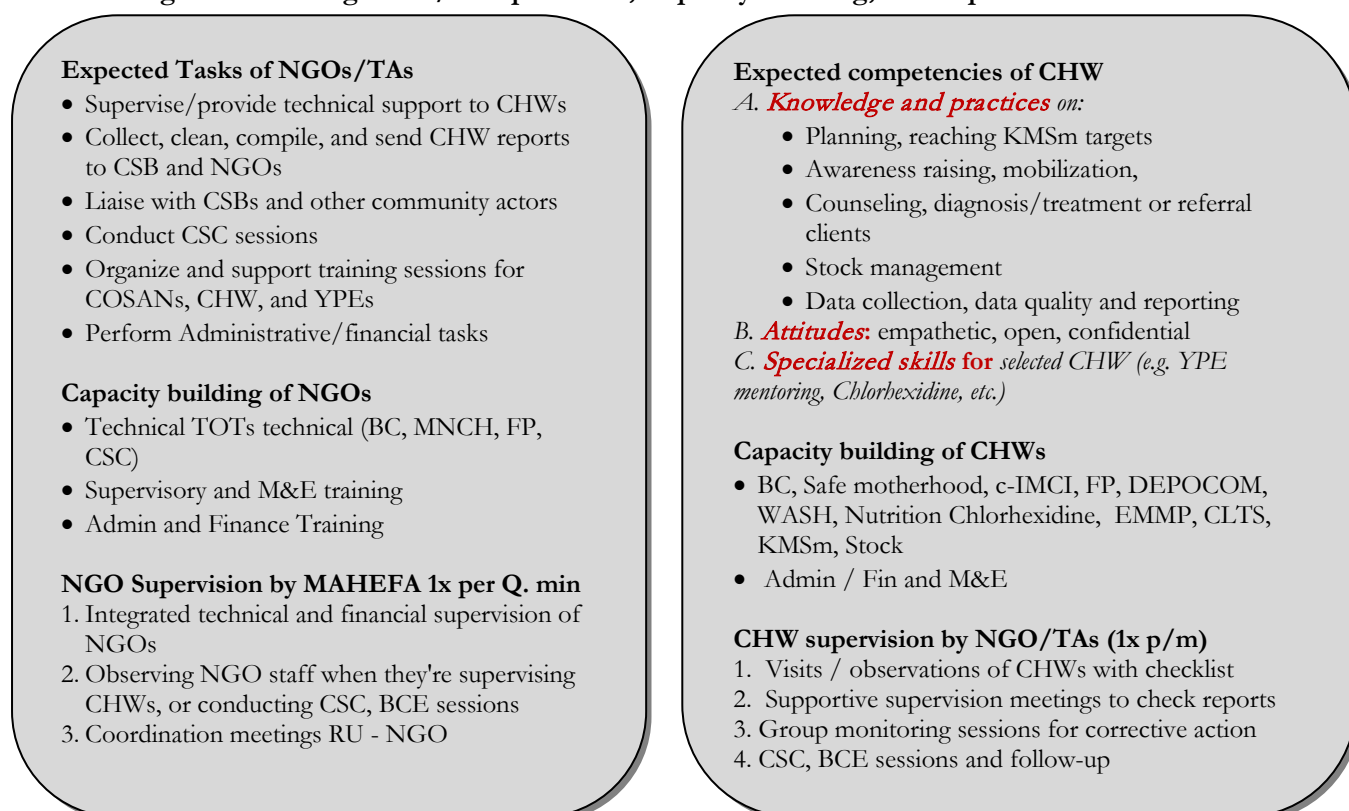
While IR 1 and IR 2 address demand and supply for health services and products, IR 3 goes more in-depth into the quality of those services. This is to ensure that MAHEFA's CHWs are able and motivated to provide good quality services. Under this IR, MAHEFA applies the following approaches throughout FY13:

- Regular, supportive supervision of MAHEFA partner NGOs and CHWs and communities (using the Integrated CHW Checklist and Community Score Cards).
- Establish motivation and incentives schemes for CHWs.
- Youth Peer Educator Program to improve FP and reproductive health of youth.

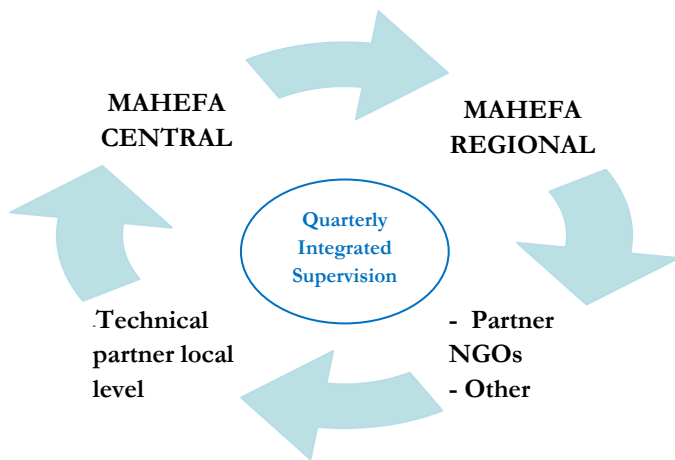
Supervision to improve quality of community activities (3.1)

All key MAHEFA actors, including 5,983 trained CHWs, need to be supported and supervised in the field. In FY13, MAHEFA has continually provided supervision, as the figure below illustrates.

Figure 9. Linking Task /Competencies, Capacity Building, and Supervision



Supervision of other actors COSAN, CCDS, Local Leaders, CLTS facilitators, PAs



Supervision of NGO by MAHEFA staff

MAHEFA has conducted quarterly supervision visits to all active NGOs through FY13, as planned. At the end of Q4, 19 NGOs in six regions were active in the MAHEFA program. MAHEFA applies three types of supervisions, as explained in the box above: 1) visits to supervise and monitor overall NGO performance, including admin, finance, and M&E work; 2) In-field observations of NGO staff when they conduct CHW supervision, or CSC session; and 3) conducting regular coordination meetings between MAHEFA Regional Units (RUs) and NGOs.

In FY13, 2,027 supervision visits have been made, by NGOs (1,771) and MAHEFA (256). Major learning moments from these and from CHWs supervisions have been summarized on the next page.

CHW supervision by partner NGOs (and sometimes MAHEFA)

Box 8. Sections in CHW supervision checklist

1. Recommendations from previous supervisions.
2. Progress achieving CHW objectives.
3. Received training with short knowledge check.
4. Observation of CHW's place and equipment.
5. Planning and reporting - use maps, target zones, population stats, etc.
6. How are case management tools / registers filled out, and used
7. Observations of products and stocks
8. Compliance: **practices** (are protocols followed?), **knowledge** (does CHW know contents?) and **attitudes** (confidentiality, empathy, openness).

4,510 CHWs have received a supervision visits by the NGOs

The use of the integrated CHW checklist helps MAHEFA and NGOs to direct their supervision and take corrective measures. The tool is being used satisfactorily, but the information can be used more intensively as a learning instrument and for decision making.

Throughout FY14 MAHEFA will continue to sharpen this tool, to ensure that it measures the actual quality of service provision as well as real skills acquisition. FY14 will also be used to design a mechanism for better capturing and sharing key learnings from supervision information.

Other Community Actor supervision

During supervision visits or meetings with CHWs, other community actors (COSAN, CCDS, Local Leaders, CLTS facilitators, PAs) have been directly supervised and observations have been made, either by MAHEFA staff or NGOs.

A full year of supervision visits has truly contributed to MAHEFA program steering. It helps NGOs and CHWs improve their activities; and it provides MAHEFA feedback on where strengthening is needed. Key learnings from supervision on areas where NGOs and CHWs need most assistance with:

1. **Planning:** translating CHWs targets into field visit plans (where to go, when, how many to visit) including the use of the area map.
2. **Implementation:** how to cooperate better with other community actors; how to solve stock-out problems.
3. **Monitoring:** how to fill in registers and cumulate into reports.
4. Identifying and sharing **good practices:** for example on how to tidy equipment and medicines; use of tippy taps with foot pedal.



Photo 8. Foot pedal tippy tap (Menabe)

In FY14 MAHEFA will carry on improving the supervision process and tools, and especially share cross learning among NGOs and CHWs. At the same time, MAHEFA will extend the use of the supervision approach to the CLTS facilitators and natural leaders to monitor the WASH component implementation.

Community score card (CSC)

Another important element in ensuring quality of health services and products is the Community Score Card approach. MAHEFA started implementing this method in FY13. The process itself has been described extensively in the Q3 report. In short, the CSC is used by both the community (users) and the service providers (CHWs) to assess community satisfaction with CHWs performance. Each group gives scores to selected indicators (fixed and self-selected). After the scoring sessions, users and CHWs are brought together, along with COSAN and CCDS members, and other local leaders. The results are shared and an action plan is developed to improve. Follow-up is conducted six months to one year later. The entire process is facilitated by TAs from partner-NGOs and is often used during or after the KMSm reviews.

Photo 9. An NGO technician facilitates a Scoring Session (SOFIA) with a group of mothers



Up to Q4, MAHEFA with partner-NGOs conducted 418 CSC processes in 12 districts, covering 110 communes.

Table 7. Community Score Card sessions conducted in Q3 and Q4 per region

| REGION | Q3 | | | Q4 | | | FY13 |
|--------------|-------|-----|------|------|-----|-----|------|
| | April | Mai | June | July | Aug | Sep | |
| BOENY | 0 | 0 | 7 | 5 | 16 | 25 | 53 |
| DIANA | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MELAKY | 0 | 0 | 0 | 11 | 21 | 21 | 53 |
| MENABE | 0 | 1 | 6 | 20 | 69 | 37 | 133 |
| SAVA | 1 | 1 | 12 | 12 | 12 | 17 | 55 |
| SOFIA | 0 | 0 | 0 | 0 | 30 | 94 | 124 |
| TOTAL /month | 1 | 2 | 25 | 48 | 148 | 194 | 418 |
| TOT Q | 28 | | | 390 | | | |

The CSC approach measures satisfaction by health users, i.e. men and women and youth from the communities that have used the services of MAHEFA community health workers. At PY3 of the MAHEFA implementation period, average satisfaction rates on two key indicators derived from 418 fokontany are:

- IEC & awareness raising: **7.8 out of 10**
- Case management by CHWs: **7.9 out of 10**

The CSC process is inclusive and empowering, and can have immediate results. Some early signs of impact are often visible shortly after the sessions: a community creates an action plan, it restructures itself with a committee to execute and monitor the action plan, they clean or upgrade public WASH infrastructures (toilets, water points), they construct or rehabilitate health huts, or CHWs publish their hours of operation, as well as supply point opening hours.

Motivation and incentives (3.2)

MAHEFA is part of the Implementing Committee of the National Policy on Community Health. In its incentive schemes, MAHEFA follows national rules, that other community health programs follow as well, e.g. UNICEF, and other USAID-funded projects. There are financial and non-financial incentives which are individual and group based.



"My community is accustomed to my services. I have successfully treated many people and they are grateful to me. I feel recognized. None of my Depocom injections have been infected. They tell me I am gifted. I will never abandon my role as health worker even though I have found a job as a hospital cleaner. I can do both tasks at the same time.

Financial incentives include:

1. *Indemnities* - reimbursement of travel and accommodation costs, plus a small per diem when CHWs attend meetings, training sessions or workshops
2. *Profit margins* on sale of products (in line with PSI's price setting of commodities)

Photo 10. CHW Andriane in Commune Antsalova - Melaky

Non-financial incentives include:

1. *Tools and equipment* such as raincoat, work coat, badges, tee-shirts, bags, IEC materials, and in some district, bicycles.
2. *Public rewards* and recognitions during different stages of the KMSm cycle, and final certification.
3. In many cases, CHWs are compensated for their efforts by their clients in kind, by '*valin-tanana*', local products such a chicken, a duck, manioc, bananas etc.

During regular supervision visits, many CHWs have expressed their motivation. They feel appreciated and useful and their community, as the box above illustrates.

Promote health among youth (3.3)

The immediate goals of the Youth Program are to empower youth in making sensible family planning choices, and encourage them to act sexually responsible. The program is founded on two main pillars: 1) direct mentoring by Youth Peer Educators (YPEs); and 2) dissemination of SMS messages on reproductive health. These interventions are much needed in the MAHEFA regions, where MAHEFA surveys have shown that one in two girls under the age of nineteen (as compared to one in three at a national level, already has a child¹. More so, the surveys found that 44% of rural youth have already experienced genital discharge, a physical sign of a potential STD (Gonorrhea, Trichomoniasis, Chlamydia, or other).



For the first pillar, MAHEFA developed a Training of Trainers curriculum in FY13, to train CHWs and Youth Peer Educators. It has been validated and is now available, as well as training manuals and IEC materials for Youth Peer Educators. At the end Q4, 100 young men and 100 young women peer educators have been mobilized in 5 MAHEFA regions, covering 100 fokontany. The remainder 56 (out of the planned total of 256) will be trained in Boeny in October and November 2013 by MAHEFA partner NGO AJPP. The 200 trained YPEs, all aged between 18 and 24, are now mobilizing youth in their communities. They participate in events such as football matches, church events or cultural celebrations and report their achievements in a specially developed template. They can also do counseling, and refer youth to CHWs. In FY2014, 462 additional YPE will be trained on Adolescent Reproductive Health (ARH) and SMS use.

Photo 11. Youth Peer Educators discussion sexual education

For the second pillar, negotiations are well underway with three mobile phone providers TELMA, ORANGE, and AIRTEL. The aim is to agree on a cost sharing system, where MAHEFA purchases the telephones and covers the monthly subscription fees, while the company finances the costs of sending SMSs.

The research process to define the culturally-appropriate contents of the SMS messages has been completed. In

Box 9. Youth Program, SMS messages program

- ✓ When and how should I consult a CHW?
- ✓ When and how I consult a Peer Educator.
- ✓ Reasons to push back the age of my first sexual encounter.
- ✓ Reasons to push back my first pregnancy.
- ✓ Why and how should I use condoms?
- ✓ Why and how can I use other Family Planning services?
- ✓ How can I get further FP/RH information and counseling?

¹ Source: MAHEFA quantitative research in 6 regions, 2012

general, the sending-out of the messages, two SMSs per month, has the following objectives:

- Encourage young people to seek information on FP and reproductive health, and make informed decisions.
- Encourage youth to openly discuss their sexual or reproductive life and its goals, e.g. When should I have my first sexual intercourse, and why? When should I have my first pregnancy, why? When should I marry, why? How do I correctly use a condom? How do I access family planning services?, etc.

The first results of YPEs activities will start coming in FY14.

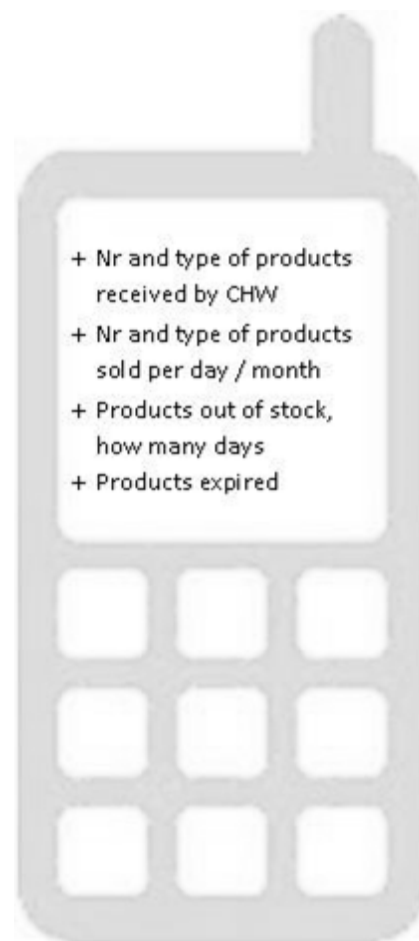
Finally, Youth Peer Educators refer young people to CHWs for FP, MNCH and IMCI-c services, and those with problems, (relationship, sex, drugs, etc.) to the free telephone number 511, put in place UNICEF and UNFPA support 3 years ago.

Logistics Management Information System (LMIS) (3.4)

The management of basic commodities' stock levels in the supply points is essential. CHWs need to know the products available and PAs need to know how often and which products they have to (re)supply. MAHEFA is using the SMS-based systems for data collection and exchange. The management of stocks at PA level is taken care of by PSI. MAHEFA is now implementing the collection of product needs and consumption by CHWs. Both parts of the data system are entered in a central database, after which the exchange can take place.

In Q4, the SMS system has been introduced in Ambanja (DIANA) and Mandritsara (Sofia), covering 22 communes, 350 CHWs and 22 TAs from partner-NGOs. TAs have received smart-phones, CHWs simple mobile telephones. The actual data collection has started in end September 2013.

FY2014 will focus on the expansion of the use of the SMS by the remainder CHWs and YPE including data reporting.



CROSS CUTTING: EMMP, M&E, OPERATIONAL RESEARCH & INFO MANAGEMENT

Implement the EMMP (4.1)

In Q1, MAHEFA reviewed the EMMP training curricula and updated compliance on malaria, c-IMCI, maternal, newborn and child health, family planning and WASH activities. As of the end of FY13, the total number of people trained on EMMP equals 3,345: 2,816 CHWs, 333 NGO staff, 6 MAHEFA staff, and 190 Regional Training Consultants.

In PY4, 4,415 additional people will be trained in EMMP including CHWs (3,247 in DEPOCOM training), YPEs (662), WUAs (250) and local entrepreneurs (253). EMMP topics will be integrated into the training curriculum for members of Water Users' Associations, entrepreneurs and local technicians on how to manage, maintain and repair infrastructures. This activity is closely related to the implementation of water construction activities that will start in PY4.

After receiving approval of six ESF/ERR files, MAHEFA conducted a ToT training for MAHEFA Regional WASH Officers and staff from consulting agencies on the next steps for WASH infrastructure, rehabilitation, and construction.

MAHEFA provided 5,632 (2 safety boxes per CHW at DEPOCOM training) + 4,014 boxes during group reviews as a malaria RDT safety boxes. These boxes serve to correctly dispose of used lancets and gloves, as well as DEPOCOM syringes. In MAHEFA areas, some CSBs remain closed or do not respect environmental norms, resulting in a lack of adequately managed facilities for health commodities waste disposal. Therefore, MAHEFA will continue to train CHWs, entrepreneurs and local technical staff on how to build disposal pits where waste materials can be buried and properly managed in PY4 and will build 1,750 disposal pits.

To learn more on field best practices with regard to environmental compliance and to document the potential unpredictable negative impacts, MAHEFA will conduct a Best Practices Review in Quarter 4 of FY14.

In line with USAID requirements, MAHEFA has prepared the Environmental Mitigation and Monitoring Report (EMMR) which has been included as Annex 4.

Ensure adequate M&E capacity among staff at all levels of the M&E system (4.2); Monitor data quality periodically and address obstacles to high-quality data (4.5)

In FY13, MAHEFA strengthened all levels of the monitoring and evaluation (M&E) system that was set up in FY12. The system aims at measuring MAHEFA program achievements against expected results and providing tangible information to be used at all program levels for decision-making. The MAHEFA M&E team focused on improving the reporting rates from CHWs and NGOs. To do this, TAs and CHWs organize monthly meetings (*régroupements*) sessions in their area to ensure reports are received, misconceptions are addressed, and errors corrected. Reporting rates among functional CHWs steadily increased from

Box 10. Checklist of key points for the review of records/reports

- ✓ Report verification (availability, promptness and completeness)
- ✓ Validity and reliability check (data sources, discrepancies)
- ✓ CHW performance review
- ✓ Recommendations and follow-up

62% to 71%, 80% and 84% respectively in Q1, Q2, Q3 and Q4. In addition, the M&E team conducted a two-day workshop in April with the MAHEFA central unit technical staff to strengthen the functioning of the M&E system by reviewing the data and optimizing its use for program management and decision-making.

In Q2, MAHEFA tested a data quality assessment tool adapted for use at each level of data collection. The assessment took into account the recommendations from the DQA visit done by USAID in Menabe in September 2012. The tools and training materials for these data quality trainings were finalized in Q4, and the team trained 232 TAs, 23 Regional Technical Officers (RT), and 19 Regional M&E Officers (RSE) on data quality assurance. So far, 4 NGOs in 3 regions were able to report on the use of this data quality tool, thus verifying 370 CHWs September reports. This helped TAs provide coaching to the CHWs and address errors, enabling CHWs to be more conscientious and avoid the same error in subsequent reports. The introduction on the data quality checking tool will be expanded to cover all NGOs and all regions in FY14.

MAHEFA also conducted routine supervisions to strengthen M&E capacities. In total, 10 supervision visits to regional units were done by central M&E team and 80 supervision visits to NGO sites by RSEs, or Regional M&E Officers. NGOs conducted integrated supervision as described in IR3 including a review of records/reports using the integrated checklist, followed by a discussion on challenges and recommendations.

All in all, MAHEFA is confident that its M&E system is robust and generates adequate data, yet the M&E team will continue to strengthen it where needed throughout FY14.

Set up the data management system, including electronic approaches (4.3)

In FY13, MAHEFA prioritized increasing the quality and timeliness of routine data collection and initiated activities using mobile phone technology for reporting. In addition to revising data collection tools based on feedback from the field, the M&E team started the process of introducing electronic approaches for the data management system. These approaches include designing the SMS-based system for stock management (described in IR3), reporting for hard-to-reach communes, and an electronic database for HMIS.

In Q3, MAHEFA worked with partner HNI to design the reporting system using mobile technology and established this system in 8 communes in Mandritsara and 14 communes in Ambanja in Q4. MAHEFA trained 350 CHWs and 22 TAs on this system and they were using it by the end of Q4. For the HMIS, MAHEFA worked with ASTRUM to design technical specifications of the system in Q4 and plan to test, finalize and establish the system in FY14.



Photo 12. SMS database training in DIANA

This HMIS will help NGOs enter and regularly update the data collected in the monthly progress reports by CHWs and CLTS facilitators; automatically generate outputs on activities and indicators; and electronically transfer the data entered by the NGO to the regional office. Data entered at the regional offices can be transferred electronically to the central office. MAHEFA regional and central offices and NGOs will use the database to automatically compile reports with improved reliability, quality control, source verification and comparability of the data collected. Data from different areas and different functional units of the program will

be linked and will provide information for mapping software for spatial data visualization of achievements and will contribute to improve data analysis and use at all program levels.

Internally, MAHEFA continues to use the data to follow progress and detect areas where action is needed. The data collection and usage procedures contributed to better understanding of program activities, and where adjustments are needed. Results are discussed during coordination meeting with NGOs for better planning in order to achieve targets and KMSm status.

Ensure a functional M&E system in line with USAID requirements (4.4)

Internally, MAHEFA conducted performance reviews for all the 23 NGO contracts (managed by 19 NGOs) to identify progress against the work plan and determine the improvements, adjustments and capacity building needed to achieve planned objectives.

As required by USAID, the program submitted the annual program performance review (PPR), the Program Monitoring Plan (PMP), the Environmental Mitigation and Monitoring Plan (EMMP) and all quarterly reports on time. As described above, MAHEFA put in place a system related to the data quality assurance, including the monthly *régroupements* with CHWs

Enhance MAHEFA's capacity to meet reporting requirements while documenting positive results and encouraging internal communications (4.5)

In PY3, MAHEFA disseminated reports related to specific innovations conducted (TIPs, Ethnographic studies, Baseline survey, Transport and Logistics Needs Assessment Study, Barrier analysis).

Improving the quality of community health through innovation (4.6, 4.7, 4.8, 4.10 and 4.11)

MAHEFA's commitment to quality care is reflected in the four introductory program activities described below.

A. Project to prevent infection and neonatal death by application of CHX to the newborn's umbilical cord stump

In FY13, MAHEFA, PSI and UNICEF formed a Chlorhexidine (CHX) Technical Working Group. MAHEFA recruited a certified doctor as a consultant, who prepared a draft training manual for CHWs regarding the use of CHX for umbilical care.

In Q3, MAHEFA received USAID approval to use their logo on the CHX package and the insert for CHWs. Approval to import the gel also came in Q3. The 13,000 tubes that arrived in Madagascar, imported from LOMUS (the producer in Nepal), have been distributed to CHWs under the name AroFoitra.

MAHEFA will train 242 CHWs in 141 fokontany. The training cycle started in Q4 with a training of Master Trainers from MAHEFA and Regional Training Consultants. These trainers went on to train 22 CHWs and some

Box 11. Chlorhexidine now available in Madagascar, under the name AroFoitra.



NGO staff. The remaining CHWs will be trained in FY14, considering other priority activities occurring in Q4 (mosquito net distribution, and Maternal and Child Health Week).

All in all, the CHX is well on track for a major roll-out in PY4: the product is on hand, Master Trainers have been trained, the training manual and job aid are available, as are all M&E tools and the field supervisor.

B. Project to improve CHW mobility

To improve access to remote areas, and help CHWs cover long distance to visit their clients, MAHEFA has a transportation unit. This unit designs and offers adapted solutions that increase mobility.

During FY13, MAHEFA developed a strategy to improve CHW's mobility by handing out bicycles to CHWs. In collaboration with partner NGO Lalana, the following results have been achieved: 313 bicycles were distributed during FY13 (against a target of 320), 349 CHWs received training in bicycle maintenance and repairs. Repair kits and an instruction booklet with tips on bicycle maintenance and repair for simple issues like tire punctures are also available.

MAHEFA with Transaid is now finalizing an assessment in the initial three communes, analyzing if/how the bicycles have improved CHW mobility, and if this had led to better service provision to clients. For FY14, the plan is to distribute a further 700 bicycles.

C. Project to improve community logistics in hard-to-reach areas

In FY13, a six-month pilot project to distribute health commodities with a hovercraft was completed in Mitsinjo district (Boeny region). The activities took place between December 2012 and June 2013, in collaboration with partners PSI and HoverAid. A detailed project report is available, which includes an in-depth analysis of how improved access had enhanced stock levels at PA and CHW level, what are the cost implications, and what are opportunities to expand this approach to other MAHEFA regions. In FY14, MAHEFA will continue cooperation in Mitsinjo, and expand to other hard-to reach communes in Miandrivazo district (Menabe).

D. Project on referral (emergency) transport arrangements for pregnant women, newborns and children

In FY13, MAHEFA selected Cabinet MIDAS as a partner to design various non-motorized Emergency Modes of Transport (EMTs). These include: two models of a bicycle-ambulance, two models of a stretcher, and one ambulance-boat (inspired by the *pirogues*). The cooperation with MIDAS has been like a true partnership, with MIDAS being fully engaged in designing and testing the tools, and in mobilization of the receiving communities.

MAHEFA has placed great emphasis on quality control during this production process, since it was the first time that the partner produced these EMTs. In addition to support from international experts, an Engineer from Peace Corps Volunteers based in Morondava has provided technical support to MIDAS. To make these EMTs available on a cost-effective and sustainable basis, MAHEFA developed a community management system to be integrated with the *mutuelles de santé*. The production of EMTs is now in its final stage: ten bicycle-ambulances, ten stretchers and two boats. EMTs will be put in place in Morondava, the first implementation district, in early November 2013. To increase community ownership of the vehicles, the EMTs will be managed by a committee comprised of community members. They will decide themselves where the item is kept, who can drive it, who will maintain it, how much people will pay for it, etc. The *equality principle* (everyone in need can use it) will be safeguarded by Transaid and MIDAS technicians who will facilitate these initial committees. In FY14, more EMTs will be put in place in other districts where there good hospital referral is possible, Mandritsara (Sofia), Vohemar (SAVA).

Box 12. Tackling the Three Delays: urgent need for affordable emergency mode of transport

- A woman in Ambanja District (DIANA) was walking alone for 12 kilometers to deliver her baby in a health center. She did not arrive on time, and delivered the baby in the rice field.
- A young woman from Bongolava was waiting, two days after her contractions started, to find affordable transport to a clinic. Her baby was born at home, still born.
- In the Besalampy district (Melaky), sick patients travel 54 kilometers on an ox cart to reach a hospital.
- In the Soalala district (Boeny), a family waited 6 hours to find a small boat to bring their daughter to a hospital. Costs: 9,600,000 Ariary, or 12 months of minimum wage.
- A mother of four was carried for 2 hours in a bed sheet, and then traveled during the pitch dark night on a pirogue for another 2.5 hrs. She passed away before reaching a health center.

These are just a few shared stories from the needs assessment on EMTs conducted by Transaid/MAHEFA in October 2012. The study used the Three Delays model: three major barriers for achieving timely and effective medical care: 1) delay in the decision to seek care, 2) delays in reaching care 3) delay in receiving adequate care. The study confirms the urgent need for emergency transport options that are affordable to all.



Knowledge management for dissemination and contributing to programmatic decision-making (4.12)

In November, 2012 MAHEFA hosted a dissemination workshop to share documents with USAID and partners, including the preliminary analysis of the baseline survey, the Preliminary Report of the Transport and Logistics Needs Assessment Study, TIPs reports, ethnographic study and barrier analysis. During Q2, five DBC strategy documents were disseminated at the regional level. MAHEFA also produced Success Stories to be submitted with quarterly reports

In April 2013, MAHEFA created an internal communication committee headed by the project BC and Gender Advisor. The committee members from both central and regional level developed a draft communication strategy which includes how to disseminate knowledge generated in the project. The committee receives regular support from the Boston's communication advisor.

One of the topics discussed at the Majanga PY4 work planning in July is the importance of documenting and sharing new knowledge among staff on a regular basis. Currently, staff periodically organize 'knowledge sharing and exchange' sessions and information is shared with NGOs during the monthly regional coordination meetings.

ADMINISTRATIVE AND FINANCIAL ACTIVITIES, INCL. GRANTS

The Admin and Finance section of MAHEFA has made several significant achievements during FY13. Regional offices have been set up and are all functioning. A growing number of MAHEFA staff at central and regional level are available to speed up program implementation. Capacity building of MAHEFA staff at international and national levels has taken place throughout the entire year. All MAHEFA's units, central and regional offices, now have sufficient IT materials, furniture and vehicles. Required financial reports have been submitted on time to USAID and show important increases in the burn rate. FY13 also saw several larger-size grants awards to partner NGOs. Several collaborations and partnerships have been established with US and non-US partners. Furthermore, regional MAHEFA units have held regular planning and coordination meetings with all active NGOs grantees (19).

Below are some Q4 activities, as well as FY13 major highlights and their results.

Establish and maintain management and administrative structures

Set-up offices in the regions

One additional office has been set up in 2013, in Diego, to cover the DIANA region. MAHEFA's office in Betsiboka, opened in December 2012, was closed down in February 2013, as a result of geographic changes in MAHEFA's interventions, in line with USAID priorities. Its staff and equipment have been relocated to other offices. To have a location close to the Boeny region, MAHEFA has negotiated with PSI, who agreed to accommodate two MAHEFA staff in their office in Majunga. All in all, MAHEFA now has 5 regional offices in DIANA, Melaky, Menabe, Sofia, and SAVA, and has representation in the Boeny region. This allows ensuring proper coordination and close follow-up on activities implemented by partner-NGOs

Identify best candidates for key roles (technical and administrative/financial staff at central and regional levels)

A total of 24 people, including technical and administrative/financial staff at both central and regional level, have been recruited during MAHEFA's third year, bringing the total number of staff members to 74 at the end of Q4 FY13. See Annex 5 comprises a list with their respective positions. The additional staff members contribute largely to the acceleration of program implementation on the ground, and to support partners with technical as well as administrative/financial tasks. Moreover, during Q4 of FY13, a new Chief of Party (COP) has taken over program management, following USAID approval.



Photo 13. MAHEFA's CHW with departing COP (Penny Dawson) and new COP (Chuanpit Chua-oon)

Build capacity for central and regional staff through in-services training and other opportunities

Members of central and regional MAHEFA offices attended various courses or exchanges at national or international level. FY13 highlights include:

| Month | Training / Learning | Implementation of learning FY13 |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| October 2012 | One M&E staff participated in GIS for public health training in India. | Creation of maps (such as those in annex to this report). This is greatly helping planning and decision making reporting. |
| Novembre 2012 | 2 staff (M&E and IT) attended international workshop on usage of mobile technology (linked to PF) | SMS-based data collection and reporting by CHWs now being set up in Sofia and DIANA regions. |
| January 2013 | 2 staff (Regional Coordinator and Transport Advisor) attended an international conference on Maternal, Newborn and Child Health (MNCH). | Best practices shared during this international conference adapted by the regional teams to improve their coaching and supervision approaches on MNCH for local NGOs providing supports to CHWs |
| June 2013 | 20 MAHEFA staff followed a Training of Trainers on Analyzing Organization Capacity in Antananarivo. | Two organizational capacity processes conducted so far with NGO partners: capacity strengthening plans in place. |

Procure office equipment, furniture, and vehicles

Six regional offices are now fully equipped, as well as the central office in Antananarivo. A total of ten vehicles are serving the programs, allocated to offices based on the distances they need to cover. As a result, the two largest regions, DIANA and Sofia have two vehicles while the other regions have one. The remaining three are being used by MAHEFA central office.

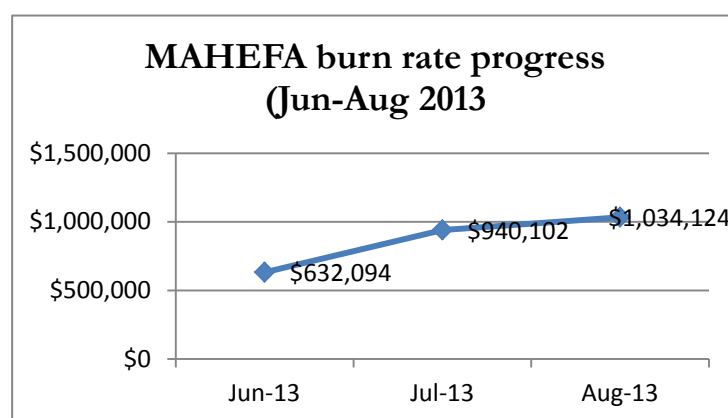
In addition, 19 partner NGOs have been equipped each with desktop computers. This allows them to write and send their M&E and financial reports on time.

Maintain financial management systems

Complete quarterly financial reports

Three quarterly Financial Reports Q1 (October to December 2012), Q2 (January to March 2013), and Q3 (April to June 2013) have been submitted in time to USAID. A significant increase in the burn-rate has been noted, especially in Q4, as per the graph on right.

Estimating the total cumulative expenditures up to September 2013 (the last month of Q4 - FY13) they amount to approximately \$13,400,000, representing almost half of the total program budget. This reflects adequate budget management, as 50% of the budget will be used at 50% of the overall implementation time (2.5 years).



Expand and provide ongoing support for grants management

Select local grantees

A total of 19 local partner NGOs are currently working with MAHEFA in six regions. Their areas of intervention include: KMS, Maternal, Neonatal and Child Health, Family Planning and Reproductive Health, WASH, Malaria, Nutrition, and support to community health workers. Their selection was based on several technical and financial criteria, including expertise and technical experience, institutional capacity, competencies of staff, cost-efficiency of the proposed interventions, and the quality of their proposal to dissemination results.

The partnership with the 19 NGOs has allowed MAHEFA a full coverage of the working districts, up to commune and fokontany level (see KMSm map in Annex).

Establish contract for local grantees

MAHEFA has so far signed 22 contracts with the 19 partner NGOs, as listed in Annex 1 of this report. Of these, 9 are short-term contracts (Jan-Sept 2013) in five new districts in DIANA, 2 new districts in Menabe and one in Sofia. All contracts are signed after approval by USAID.

In additions, 13 longer terms contracts are currently operational, in the existing districts in five regions (Boeny Menabe, Melaky, Sofia and SAVA. For more details about the grants, amounts dates etc. refer to Annex 1.

The MAHEFA Grants team is composed of 4 staff including the DCOP for finance/administration and grants, 1 senior manager and 2 grants managers, supported by the JSI Boston finance and administrative team. The MAHEFA Grants team regularly conducts capacity building sessions with NGO partners, focusing especially on preparation of cash flow statements, financial reports, and understanding of rules and procedures governing grants contracts. This has contributed to the improvement of financial management as well as the staffs of NGOs capacities. Moreover, the two in-depth organizational assessments conducted with NGO have led to a more precise diagnosis of gaps and ways to improve on financial and administrative performance.

Conduct regular financial audits of local grantees

MAHEFA has sent out official requests to all NGOs for auditing updates concerning all grants received from USAID. Up to now, none of the NGOs have received amounts from USAID (including through other USAID funded program in Madagascar) of over \$300,000 obliging them to conduct financial audits.

Establish and maintain partnerships

Establish MOU with USG and non USG partners

During FY13, MAHEFA signed 3 MOUs to establish partnerships and create program synergies. This makes a total of six ongoing partnerships (including HoverAid, PSI, and Marie Stopes Madagascar).

The FY13 partnerships are with two non-US (Belgian NGO Louvain and British NGO Bleu Ventures) and one US-organization (Peace Corps). These collaborations involve a cost-share arrangement for MAHEFA, and they lead to an increased outreach in communities in the districts of Belo sur Tsiribihina, Belo sur Mer, and Morondava.

The cooperation MAHEFA / Peace Corps is benefiting both organizations: during FY13, four volunteers are assisting MAHEFA regional team with various interventions: follow-up of KMSm processes, WASH activities, design and construction of emergency modes of transport, and finally, assisting with mobile phone data collection. Peace Corps Volunteers are now based in Sofia (2), Menabe (1) and Diana (1).

Of particular note is the synergy in the field of reproductive health and youth. Peace Corps has a world-wide program named GLOW Camps (Girls Leading Our World), with the aim to empower girls and young women to take action on personal and community goals, for example on reproductive health and HIV/AIDS. In Q4, 5 Peace Corps volunteers conducted these GLOW camps in cooperation with MAHEFA.

Box 13. Peace Corps GLOW Camps with MAHEFA - By: Emma Willenborg

In September 2013, 20 Malagasy girls (age 14 to 16), accompanied by 5 chaperones came together in a GLOW Camp in Antananarivo. Each girl was hand-picked based on her potential. The weeklong GLOW camp was a life-changing experience for the young women, and with the help of the Volunteers they will apply the skills learned to empower their peers. Two female MAHEFA doctors led sessions on reproductive health, family planning, and nutrition. Similar camps are facilitated by several groups of Peace Corps Volunteers every year in Madagascar, and ongoing partnership with MAHEFA on these camps is going to be beneficial to girls all over Madagascar.



Plan and conduct coordination activities with local partners

Organize quarterly planning meetings with NGO grantees

MAHEFA has held 18 quarterly planning meetings with NGOs in all 5 regions throughout FY13. These meetings allow tracking of NGOs overall progress, both technical and financial. MAHEFA also discussed quarterly planning and assisted with planning preparations for the next quarter.

Organize regular coordination meetings with NGO grantees

In addition to quarterly planning meetings, MAHEFA regional units have held 37 regular meetings in all regions (DIANA, SAVA, Sofia, Boeny, Menabe, and Melaky). These coordination meetings focus more precisely on monthly activities, on measuring progress in CHWs targets, and other objectives stipulated in the contracts. They are also used to follow up on recommendations made during supervisions.

Organize an annual exchange meeting to share experiences between regional teams and NGO grantees

MAHEFA considered the quarterly planning and regular monthly meetings held with NGOs to be sufficient to share good practices and lessons learned throughout FY13.

Cost Containment and Cost Savings

JSI uses all available means to assure good value to the US Government, and quality services to the beneficiaries of the MAHEFA programs. Therefore, cost-containment is a recurring criterion when deciding on MAHEFA's planning and implementation. It is monitored closely using an internal budget tracking mechanisms. As MAHEFA continues full-scale program implementation, the following are examples of how the program controls costs and enhances the value of US government funds:

1. Leveraging: Whenever possible, MAHEFA leverages activities with other donors, NGOs, communities, and projects. This includes leveraging with other USAID and non-USAID-financed activities including those implemented by PSI, MCHIP, and DELIVER. The Chlorhexidine (CHX) project is an example of how program impact is multiplied: MAHEFA purchased the product and did the training at the community level. To reach the public sector, as MAHEFA is restricted, MAHEFA collaborated with MCHIP. This project, with non-US funding, took care of the CHX training with public health officials in 2013.

2. Using Evidence-based Programming: intense pre-testing before launching a product or service, conducting and making use baseline and feasibility studies, and the usage of quantitative evidence of what works and what does not. These are some tools JSI and Transaid apply to assure that resources are used in the most efficient and effective ways. Concrete examples include: feasibility study before using HoverAid services, financial feasibility studies before building emergency transports and cost-effectiveness analysis before launching CHW bicycle project.

3. Identifying Best Local Technical Support: MAHEFA goes beyond the usual channels to find qualified international consultants based in Madagascar. This has led to significant cost savings when compared to hiring international consultants from abroad. In addition, MAHEFA has identified, trained, and re-hired (as needed) consultants primarily based in our regions for key functions throughout FY13.

4. Creating More Local Expertise: MAHEFA invests heavily in building local capacity among the partners, including NGO grantees, COSAN members, WASH entrepreneurs, and specialized providers of technical services. The work done with local masons and construction entrepreneurs to produce DSP is an example, rather than producing these DSP in the capital and sending them to the regions.

5. Exploiting JSI Expertise: MAHEFA uses internal JSI experts to provide needed technical support who sometimes comes from other USAID-funded projects, such as MEASURE Evaluation, SPRING, MCHIP, and DELIVER, thus leveraging US government resources whenever possible. JSI has also utilized experts from other JSI projects overseas, who have first-hand knowledge of similar conditions.

6. Partnership with Peace Corps: Through requesting specialized Peace Corps Volunteers for technical support to WASH and public health, MAHEFA has reduced the need for some expensive staff or consultants while gaining additional long-term support. For example, a highly qualified engineer volunteer has been very instrumental with the design and construction of low-tech / low-cost emergency ambulances.

Throughout this program year, MAHEFA has identified and used a variety of ways to limit or reduce costs to the US government. These are in addition to following regular procurement and competition regulations. MAHEFA prides itself in providing an excellent example to its NGO and private sector partners on how to best utilize available resources.

CHALLENGES AND CORRECTIVE ACTIONS

Key Challenges Encountered in FY13 and Corrective Actions

| Major Challenge | Challenges Encountered | Corrective Actions | Progress by end of FY 2013 | Follow-up actions |
|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Public Partnerships challenges at operational level | <p>Lack of cooperation from CSB staff for completion of practical training “<i>stages pratiques.</i>”</p> <p>Capacity of the CSB to transfer CHWs data to the monthly activity reports of CSB, and to send it to the health system at district and DRSP levels.</p> | <p>Recruited consultant trainers (regional and local) to accelerate completion of training and to assist in preparation for practical training,</p> <p>Reinforcement with NGOs about need for improved follow-up and reporting on <i>stage</i> completion.</p> <p>Organizing local FP days to raise awareness of FP methods and services</p> <p>Increased role of NGOs to assist with reporting completion during monthly review meetings.</p> | <p>For CHWs trained in FP4/RH (4,014): - 77% completed stages (3,095)</p> <p>For CHWs trained in DEPOCOM (2,816): - 45% completed stages (1,253)</p> | <p>Continue Advocacy for completion of the <i>stages pratiques</i> with SSD and CSB based on joint action plan developed during the training, and for integration of the CHWs reporting in the public health system at all levels</p> <p>Reinforce monthly supportive supervision for CHWs by TA in addition to supervision visits.</p> |
| 2. Integration of activities at community level | <p>Limited training capacity MAHEFA to meet the high CHWs training needs in short period of time</p> | <p>Prioritize CHWs training by thematic and region- Put in place a pool of regional trainers to conduct parallel sessions of trainings.</p> <p>ToT for NGO staff to conduct quality training and supervision for CHWs</p> | <p>1,100 of 3,012 fokontany= 37% of fok offer integrated services in all 5 health areas</p> <p>CHWs trained in FP/RH are functional in 79% of fokotany</p> | <p>- Develop a comprehensive training plan to combine a major training with a complementary program element</p> <p>- Elaborate a standardized check list for integrated supervision at all level of implementation</p> |
| 3. Limited NGO technical capacity and mobility. | <p>Insufficient number of TA staff in NGO partners.</p> | <p>Review NGO staff level and make modifications as necessary.</p> | <p>Commune-based 279 TAs <i>Techniciens Accompagnateurs</i> operational within 19 NGOs in the 6 targeted regions</p> | |

| Major Challenge | Challenges Encountered | Corrective Actions | Progress by end of FY 2013 | Follow-up actions |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Need for NGO capacity development including improved technical support for field activities and increased ability to collect and analyze data from field. | <ul style="list-style-type: none"> - Provide NGO staff including TA with ToT and organizational capacity assessment - Equip NGO with computers and motorcycles - Conduct monthly supportive supervision for CHWs | <ul style="list-style-type: none"> - 377 NGOs staff trained - 2 NGOs provided with OCA - 19 NGOs equipped with computer for data management | Purchase of motorcycles for 19 NGO implementing partners |
| 4. Challenges linked with the delay of water infrastructures construction approval | <ul style="list-style-type: none"> - Construction activities were not in Cooperative Agreement -> rewriting CA takes time -> delay in achieving objectives related to WASH hard activities - - The selected small construction enterprises companies risk to cancel their commitment | <ul style="list-style-type: none"> - Informing them on the process progress - Starting rehabilitation activities implementation in the targeted regions | 47 wells, fountains and gravity system rehabilitated in Menabe and Sofia regions | <ul style="list-style-type: none"> - Rehabilitation of 51 remaining infrastructures in FY2014 - start-up of water infrastructure construction activities upon approval of the CA modification 8 |
| 5. Refocus process (remedial plan) changes project direction | - Loss of momentum of project implementation and prioritization | <ul style="list-style-type: none"> - Closure of a regional office (Betsiboka) - Reallocation of MAHEFA staff and equipment - Cancellation of NGO grants - Focus on water infrastructures rehabilitation | - With six regional offices, MAHEFA is now fully operational in 6 regions, 24 districts and 280 communes | Work plan PY4 with focus on full roll out and emphasis on quality improvement |

SUCCESS STORY

Champion Commune Takes Health Matters into its Own Hands

Madagascar's commune of Tsimafana, population 10,000, is often wet and flooded, as it is located along the Tsiribihina River. Therefore, mosquitoes are prevalent and the drinking water quality is poor. These conditions cause malaria and diarrhea, especially among the children under five. Hanta Marie H el ene, a community health worker (CHW) trained in 2011, explains: "In 2012 my baby girl often had high fever, as did many other children in my village. I think it was malaria, but I could not be sure. I wanted to help her, and other mothers, but did not know how."



It is not easy for CHWs in Madagascar to do their work. They operate alone and are often disconnected from official health facilities. MAHEFA's adapted version of KMSm (Champion Communes for Health) gives them purpose and direction. Through KMSm, CHWs are connected to local health committees (COSANs) to go through a process of health planning, self-monitoring, and community-level evaluations.

"KMSm is about team work. Through periodic coordination meetings between us, NGO partners, COSAN members, and CHWs, we exchange experiences, boost commitment, share performances, identify bottlenecks, and adopt new strategies," explains MAHEFA's Regional Director for Menabe, Dr. Echah Madi.



Health worker receiving performance certificate from COSAN and MAHEFA

MAHEFA launched the champion communes approach in Tsimafana in June 2012. A year later, Tsimafana became a certified community. Through regular reviews with its partner NGO, MAHEFA found that all CHWs had largely achieved their targets, which are based on population size and demographic statistics provided by the Ministry of Health. As of September 2013, health workers in Tsimafana were able to reach over 4,000 men and women with awareness raising on malaria, water, sanitation, and hygiene and nutrition.

diagnosed and tested 240 children this year, many with malaria".

"It helps to know how many women and children we can reach out to", says Hanta Marie H el ene. I personally

The statistics say it all: 1,200 children diagnosed with fever have been tested for malaria in Tsimafana, out of which 80% tested positively and were treated. Thanks to the supply point put in place that sells anti-malaria medication, CHWs were able to access and prescribe over 1,400 Actipal Zaza to children and 650 Zazakely to infants to treat the children diagnosed with malaria.

CHWs in Tsimafana are now connected to locally define the commune's goals for improving health. "We were able to avoid a malaria outbreak," claimed a community health worker during the official certification ceremony. Dr. Echah Madi adds, "By connecting CHWs to other actors and restoring the culture of target-based performance, we have been able to record champion results."

Table of Contents

| | |
|-------------------------------------------------------------------------------------|-----------|
| ANNEX 1A: LIST OF MAHEFA NGO GRANTEES..... | 2 |
| ANNEX 1B: MAP OF NGO GRANTEE SITES | 4 |
| ANNEX 2A: MAP OF MAHEFA COMMUNES WITH TRAINED AND FUNCTIONAL CHWS | 5 |
| ANNEX 2B: MAPS OF SUPPLY POINTS (PA) IN MAHEFA DISTRICTS | 6 |
| ANNEX 2C: MAPS OF KMSM COMMUNES IN MAHEFA DISTRICTS..... | 7 |
| ANNEX 2D: MAPS OF MAHEFA COMMUNITIES THAT CONDUCT COMMUNITY SCORE CARD | 8 |
| ANNEX 3: PERFORMANCE AND EVALUATION PLAN | 9 |
| ANNEX 4: ENVIRONMENTAL MITIGATION AND MONITORING REPORT – FY13 | 16 |
| ANNEX 5: STAFF LIST | 26 |
| ANNEX 6: SUMMARY OF PY3 ACTIVITIES IMPLEMENTED..... | 28 |

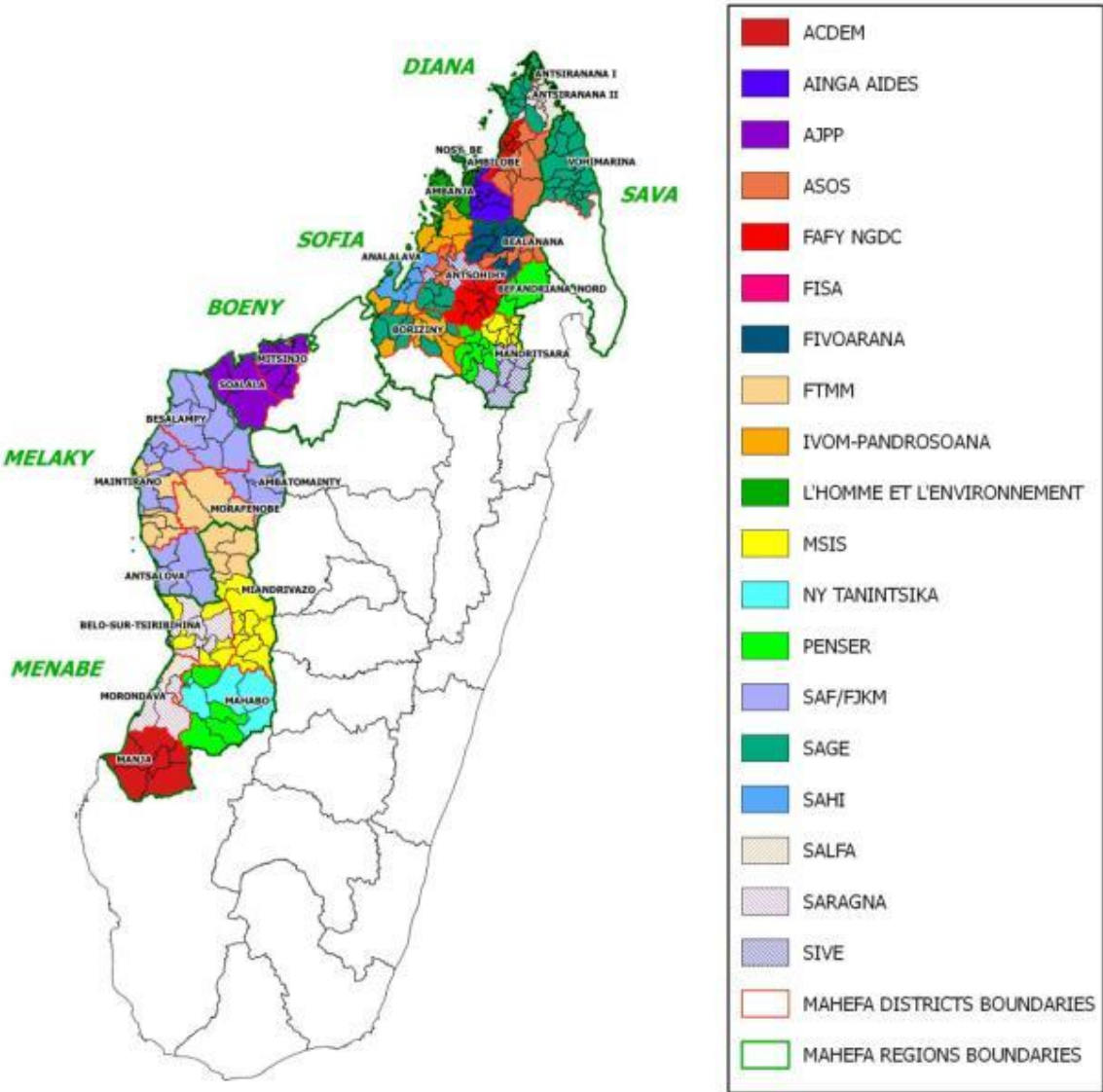
ANNEX IA: LIST OF MAHEFA NGO GRANTEES

| N° | NGOs proposed | Budget amount (\$) | Region | District | Number communes | Contract status |
|----|------------------------|--------------------|--------|---------------------|-----------------|-----------------|
| 1 | ACDEM | \$75,253 | Menabe | Manja | 6 | Approved Q1 |
| 2 | AINGA AIDES | \$83,977 | Diana | Ambanja | 10 | Approved Q1 |
| 3 | AJPP | \$219,272 | Boeny | Mitsinjo | 7 | Approved Q3 |
| | | | | Soalala | 3 | |
| 4 | ASOS | \$265,849 | Sofia | Bealalana | 8 | Approved Q3 |
| | | | | Antsohihy | 4 | |
| | | \$86,549 | Diana | Ambilobe | 7 | Approved Q1 |
| 5 | FAFY NGDC | \$259,483 | Sofia | Befandriana | 9 | Approved Q3 |
| | | | | \$99,791 | Diana | |
| 6 | FISA | \$30,153 | Diana | Antsiranana I | 1 | Approved Q1 |
| 7 | FIVOARANA | \$220,947 | Sofia | Bealalana | 10 | Approved Q3 |
| 8 | FTMM | \$330,947 | Melaky | Maintirano | 9 | Approved Q3 |
| | | | | Morafenobe (*) | 3 | |
| | | | Menabe | Miandrivazo (*) | 4 | |
| 9 | HOMME ET ENVIRONNEMENT | \$98,152 | Diana | Ambanja | 13 | Approved Q1 |
| 10 | IVOMPANDROSOANA | \$393,619 | Sofia | Boriziny | 9 | Approved Q3 |
| | | | | Analalava (*) | 7 | |
| 11 | MSIS | \$572,867 | Menabe | Belo surTsiribihina | 7 | Approved Q3 |
| | | | | Miandrivazo (*) | 11 | |
| | | | Sofia | Mandritsara | 11 | |
| | | | | Befandriana | 3 | |
| | | | | Mandritsara | 8 | |
| 12 | NY TANINTSIKA | \$180,988 | Menabe | Mahabo | 5 | Approved Q3 |
| 13 | PENSER | \$433,308 | Menabe | Mahabo | 6 | Approved Q3 |
| 14 | SAF FJKM | \$484,360 | Melaky | Maintirano | 8 | Approved Q3 |
| | | | | Antsalova | 5 | |
| | | | | Ambatomainty | 4 | |
| | | | | Besalampy (*) | 8 | |
| 15 | SAGE | \$627,345 | Sava | Vohemar | 19 | Approved Q3 |
| | | | Sofia | Boriziny | 8 | |

| N° | NGOs proposed | Budget amount (\$) | Region | District | Number communes | Contract status |
|-------|---------------|--------------------|--------|--------------------|-----------------|-----------------|
| | | | | Antsohiy | 4 | |
| | | \$99,636 | Diana | Antsiranana II | 9 | Approved Q1 |
| | | | | Nosy-Be | 5 | |
| 16 | SAHI | \$40,096 | Sofia | Analalava | 4 | Approved Q1 |
| 17 | SALFA | \$31,486 | Menabe | Morondava | 2 | Approved Q1 |
| | | \$93,886 | Diana | Antsiranana II | 12 | |
| 18 | SARAGNA | \$313,076 | Menabe | Belo siribihina | 7 | Approved Q3 |
| | | | | Morondava (*) | 3 | |
| 19 | SIVE | \$259,840 | Sofia | Mandritsara | 9 | Approved Q3 |
| | | | | Antsohiy | 4 | |
| Total | | \$5,300,880 | | | 280 | |

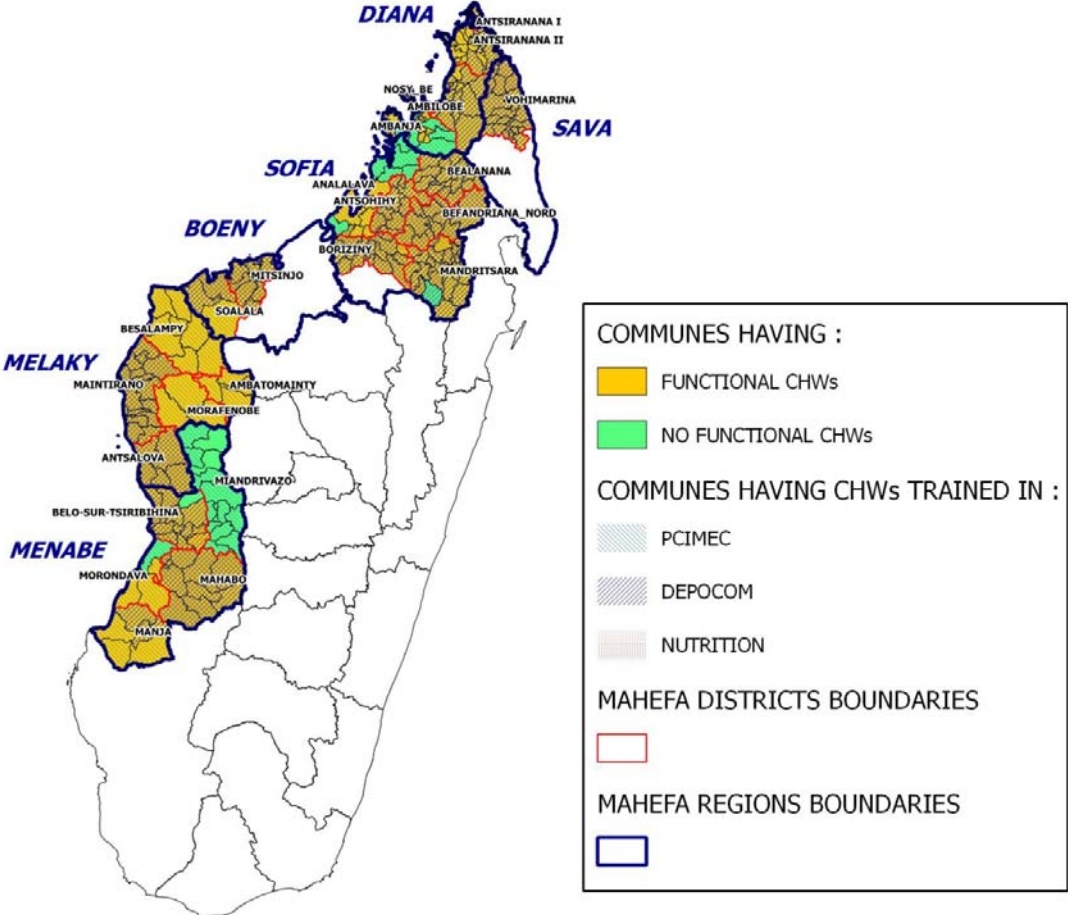
ANNEX IB: MAP OF NGO GRANTEE SITES

MAHEFA PARTNER NGOs AND THEIR COVERAGE OF COMMUNES



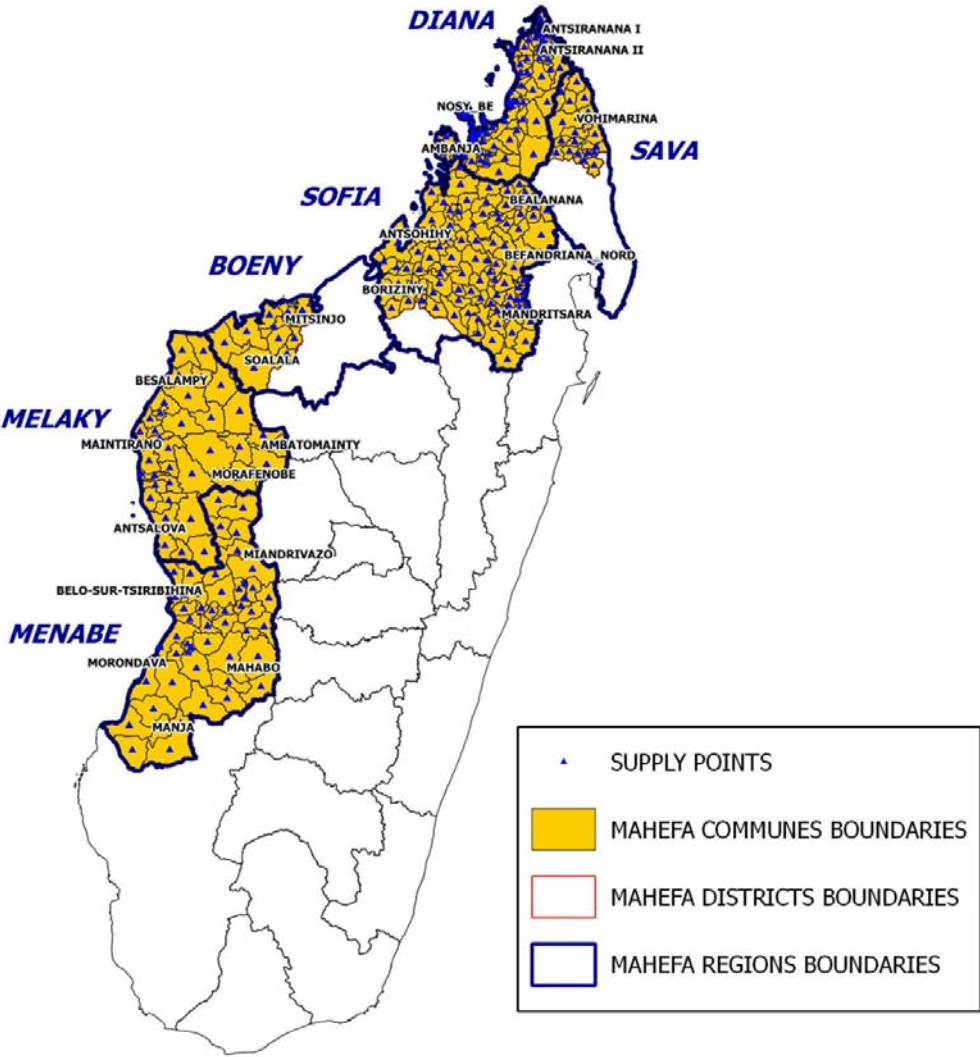
ANNEX 2A: MAP OF MAHEFA COMMUNES WITH TRAINED AND FUNCTIONAL CHWS

MAHEFA COMMUNITIES HAVING FUNCTIONAL AND TRAINED CHWs



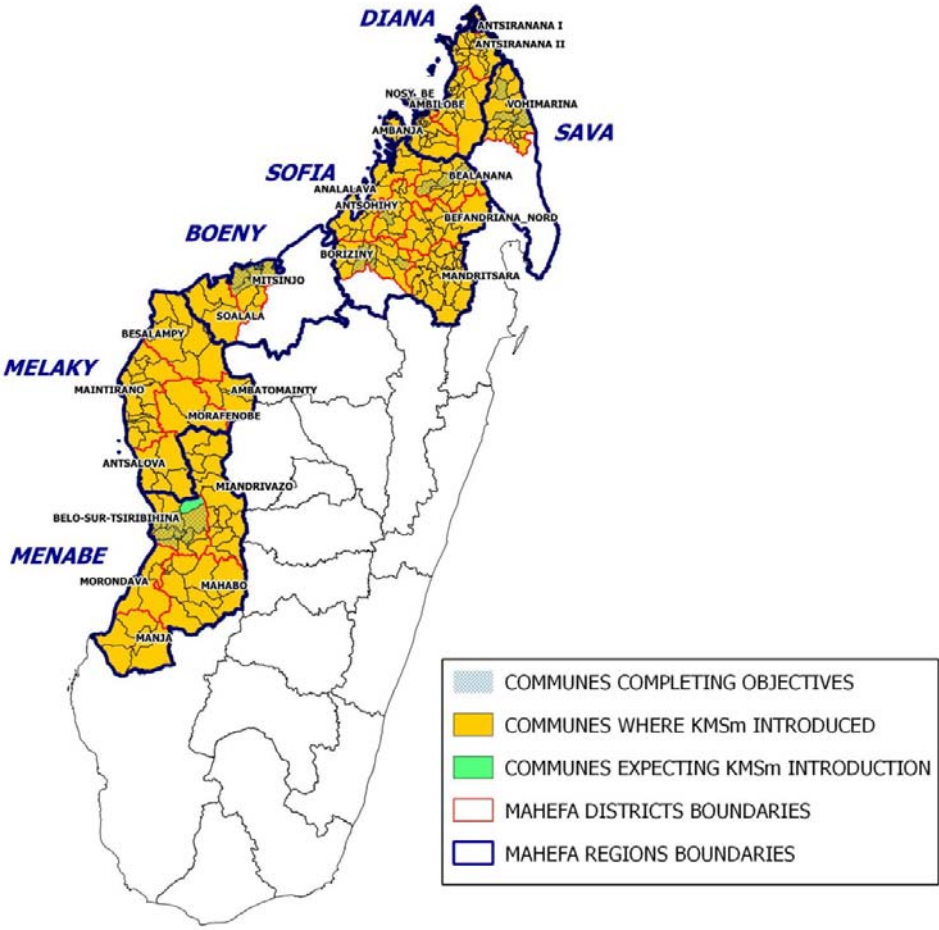
ANNEX 2B: MAPS OF SUPPLY POINTS (PA) IN MAHEFA DISTRICTS

NUMBER OF SUPPLY POINTS ALREADY IDENTIFIED



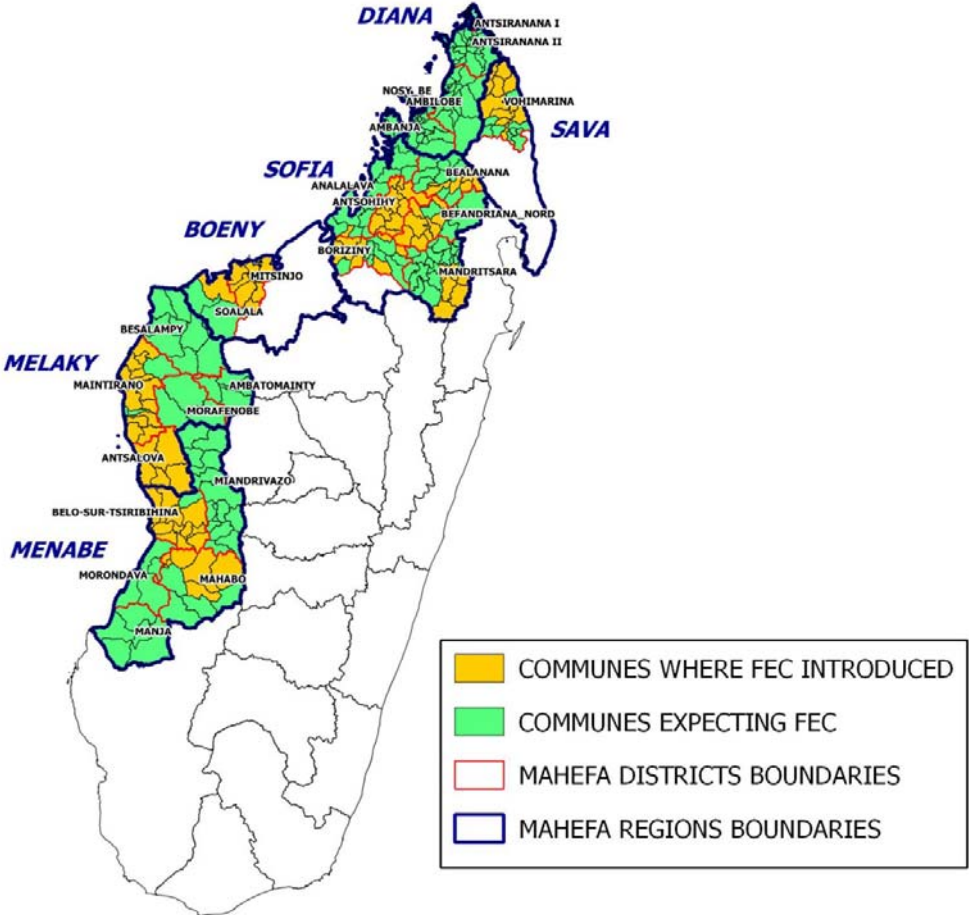
ANNEX 2C: MAPS OF KMSM COMMUNES IN MAHEFA DISTRICTS

MAHEFA COMMUNITIES WHERE KMSm HAS BEEN INTRODUCED AND COMPLETED



ANNEX 2D: MAPS OF MAHEFA COMMUNITIES THAT CONDUCT COMMUNITY SCORE CARD

MAHEFA COMMUNITIES WHERE FEC HAS BEEN INTRODUCED



ANNEX 3: PERFORMANCE AND EVALUATION PLAN

| | IR | USAID IR | Indicator | Indicator Source | Data Source | Frequency of Data Collection | Baseline 2012 | Midterm target | FY 2013 Targets | Achieved FY 2013 | FY 2014 Targets | FY 2015 Targets | End-of-Project Target | |
|------------|-------|----------|-----------------------------------------------------------------------------------------------------|-----------------------------|-----------------|------------------------------|------------------|----------------|-----------------|------------------|-----------------|-----------------|-----------------------|--|
| | | | MNCH | | | | | | | | | | | |
| 1,0 | | | Maternal Care | | | | | | | | | | | |
| 1,1 | IR1,2 | O | Percentage of women seen at ANC at least 4 times during their last pregnancy with a live birth | AO custom ⁶ | Cluster survey | Every two years | 33% | 38% | - | N/A | - | - | 42% | |
| 1,2 | IR2,3 | O | Percentage of births attended by a doctor, nurse or trained midwife from USG-assisted facilities | AO custom | Cluster survey | Every two years | 50% | 55% | - | N/A | - | - | 59% | |
| 1,3 | IR1,2 | IR2 | Percentage of women who received 2 tetanus toxoid shots (or equivalent) during their last pregnancy | Mission custom ⁶ | Cluster survey | Every two years | 41% | 49% | - | N/A | - | - | 56% | |
| 1,4 | IR1,2 | IR2 | Percentage of women who state they received iron folate supplements during their last pregnancy | Custom | Cluster survey | Every two years | 51% | 62% | - | N/A | - | - | 72% | |
| 1,5 | IR2 | IR2 | Percentage of reporting CHWs who had stock-outs of specific maternal care tracer drugs ⁴ | AO custom | Program records | Quarterly | N/A ⁸ | 40% | - | N/A | - | - | 20% | |

For 1.5: ability to achieve this indicator is based on commodity availability.

| | IR | USAID IR | Indicator | Indicator Source | Data Source | Frequency of Data Collection | Baseline 2012 | Midterm target | FY 2013 Targets | Achieved FY 2013 | FY 2014 Targets | FY 2015 Targets | End-of-Project Target |
|------------|-------|----------|-----------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------|------------------------------|-------------------|----------------|-----------------|------------------|-----------------|-----------------|-----------------------|
| 2,0 | | | Infant and Child Health | | | | | | | | | | |
| 2,1 | IR1,2 | O | Percentage of children between 12-23 months of age who received their 3 rd dose of DPT ² | AO custom | Cluster survey | Every two years | 70% ¹⁰ | 75% | - | N/A | - | - | 80% |
| 2,2 | IR1,2 | O | Number of cases of child diarrhea (CU5) treated with ORS by trained facility or community health workers in USG-assisted programs | Standard | Program records | Annual | --- | --- | 32 200 | 35 100 | 46 696 | 54 912 | --- |
| 2,3 | IR2 | IR2 | Number of newborns receiving essential newborn care through USG-supported programs ⁷ | Standard | Program records / Cluster survey | Quarterly Annual | N/A ⁸ | 6900 | - | N/A | - | - | 7500 |
| 2,4 | IR1 | O | Number of children under five years old with pneumonia taken to appropriate care | Standard | Program records | Annual | --- | --- | 19 440 | 17 228 | 24 301 | 27 937 | --- |
| 2,5 | IR2 | IR2 | Percentage of reporting CHWs who had stock-outs of specific infant and child health tracer drugs ⁵ | AO custom | Program records | Quarterly | N/A ⁸ | 40% | - | N/A | - | - | 20% |

For 2.5: ability to achieve this indicator is based on commodity availability.

| | IR | USAID IR | Indicator | Indicator Source | Data Source | Frequency of Data Collection | Baseline 2012 | Midterm target | FY 2013 Targets | Achieved FY 2013 | FY 2014 Targets | FY 2015 Targets | End-of-Project Target |
|------------|-------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------|------------------------------|------------------|----------------|-----------------|------------------|-----------------|-----------------|-----------------------|
| 3,0 | | | Family Planning | | | | | | | | | | |
| 3,1 | IR1,2 | O | Contraceptive prevalence rate (CPR) in USG-supported programs (modern methods) | AO custom | Cluster survey | Every two years | 26% | 32% | - | N/A | - | - | 37% |
| 3,2 | IR2,3 | IR2 | Number of additional USG-assisted community health workers (CHWs) providing family planning (FP) information and/or services during the year | Standard | Program records | Quarterly | --- | --- | 3 913 | 4 014 | 206 | 0 | --- |
| 3,3 | IR1 | IR1 | Percentage of mothers of children aged less than 12 months who stated a desire to wait at least 24 months to have another child or do not want to have another child | Mission custom | Cluster survey | Every two years | 79% | 83% | - | N/A | - | - | 86% |
| 3,4 | IR2 | IR2 | Percentage of reporting CHWs who had stock-outs of specific family planning tracer drugs ⁴ | AO custom | Cluster survey | Every two years | N/A ⁸ | 40% | - | N/A | - | - | 20% |
| 3,5 | IR2 | IR2 | Couple Years of Protection (CYP) | Standard | Program records | Annual | --- | --- | 15 000 | 20 713 | 40 000 | 40 000 | --- |

For 3.4: ability to achieve this indicator is based on commodity availability.

| | IR | USAID IR | Indicator | Indicator Source | Data Source | Frequency of Data Collection | Baseline 2012 | Midterm Target | FY 2013 Target | Achieved FY 2013 | FY 2014 Targets | FY 2015 Targets | End-of-Project Target |
|------------|-------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------|------------------------------|------------------|----------------|----------------|------------------|-----------------|-----------------|-----------------------|
| 4,0 | | | Malaria | | | | | | | | | | |
| 4,1 | IR1,2 | O | Percentage of children under 5 years old who slept under an ITN the previous night ² | AO standard ⁶ (PMI) | Cluster survey | Every two years | 75% | 83% | - | N/A | - | - | 90% |
| 4,2 | IR1,2 | O | Percentage of pregnant women who slept under an ITN the previous night | AO standard (PMI) | Cluster survey | Every two years | 78% | 84% | - | N/A | - | - | 90% |
| 4,3 | IR1,2 | O | Percentage of children under 5 years of age with fever in last 2 weeks who received treatment with ACT within 24 hours from onset of fever ² | AO standard (PMI) | Cluster survey | Every two years | 1% | 12% | - | N/A | - | - | 22% |
| 4,4 | IR1,2 | O | Percentage of women who received 2 or more doses of SP for IPTp for malaria during their last pregnancy in the last 2 years | AO standard (PMI) | Cluster survey | Every two years | 14% | 25% | - | N/A | - | - | 35% |
| 4,5 | IR2 | IR2 | Percentage of reporting CHWs who had stock-outs of specific malaria program products (RDTs and ACTs) ⁴ | AO custom | Program records | Quarterly | N/A ⁸ | 40% | - | N/A | - | - | 20% |
| 4,6 | | IR2 | Number of health workers trained in case management with artemisinin-based combination therapy (ACT) with USG funds | Standard | Program records | Annual | --- | --- | 4 839 | 4 464 | 5 963 | 5 963 | --- |
| 4,7 | | IR3 | Number of health workers trained in malaria laboratory diagnostics (RDT) or microscopy with USG funds | Standard | Program records | Annual | --- | --- | 4 839 | 4 464 | 5 963 | 5963 | --- |

For 4.5: ability to achieve this indicator is based on commodity availability.

| | IR | USAID IR | Indicator | Indicator Source | Data Source | Frequency of Data Collection | Baseline 2012 | Midterm target | FY 2013 Targets | Achieved FY 2013 | FY 2014 Targets | FY 2015 Targets | End-of-Project Target |
|------------|---------|----------|-------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------|------------------------------|------------------|----------------|-----------------|------------------|-----------------|-----------------|-----------------------|
| 5,0 | | | Water and Sanitation | | | | | | | | | | |
| 5,1 | IR1,2,3 | O | Percentage of households that are practicing effective household water treatment | AO Custom | Cluster survey | Every two years | 22% | 25% | - | N/A | - | - | 28% |
| 5,2 | IR1,3 | O | Percentage of households practicing proper storage of drinking water treated at the household | AO Custom | Cluster survey | Every two years | 28% | 31% | - | N/A | - | - | 34% |
| 5,3 | IR2,3 | IR2 | Number of people gaining access to an improved drinking water supply as a result of USG assistance ^{2,5} | Standard | Point of use, via user-fee records | Annual | 0 | - | --- | N/A | 13 500 | 19 000 | - |
| 5,4 | IR1,3 | O | Percentage of households with soap and water available for hand washing | AO Custom | Cluster survey | Every two years | 11% | 14% | - | N/A | - | - | 17% |
| 5,5 | IR2,3 | IR2 | Number of people gaining access to an improved sanitation as a result of USG assistance ^{2,5} | Standard | Point of use, via user-fee records | Annual | 0 | - | --- | 1550 | 6 686 | 7 390 | - |
| 5,6 | IR1,2,3 | O | Percentage of households using an improved sanitation facility | AO Custom | Cluster survey | Every two years | 3,1% | 3,4% | - | N/A | - | - | 3,7% |
| 5,7 | IR1,2,3 | IR2 | Number of communities certified as 'open defecation-free' (ODF) as a result of USG assistance | Standard | Program records | Semi-annual | N/A ⁸ | - | ---- | 76 ¹¹ | 50 | 71 | - |
| 5,8 | IR2 | IR2 | Percentage of reporting CHWs who had stock-outs of specific water and sanitation products ⁵ | AO custom | Program records | Quarterly | N/A ⁸ | 40% | - | N/A | - | - | 20% |

For 5.8: ability to achieve this indicator is based on commodity availability.

| | IR | USAID IR | Indicator | Indicator Source | Data Source | Frequency of Data Collection | Baseline 2012 | Midterm target | FY 2013 Targets | Achieved FY 2013 | FY 2014 Targets | FY 2015 Targets | End-of-Project Target |
|------------|-------|----------|--------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------|------------------------------|----------------------|----------------|-----------------|------------------|-----------------|-----------------|-----------------------|
| 6,0 | | | Nutrition | | | | | | | | | | |
| 6,1 | IR1 | O | Percentage of children ages 6-23 months fed according to a minimum standard of infant and young child feeding practices ² | AO custom | Cluster survey | Every two years | 0% (9%) ⁹ | 2% (11%) | - | N/A | - | - | 3% (12%) |
| 6,2 | IR1 | O | Percentage of infants aged less than 6 months who were exclusively breast-fed in past 24 hours ² | AO custom | Cluster survey | Every two years | 79% | 82% | - | N/A | - | - | 85% |
| 6,3 | IR1,2 | O | Percentage of children aged 6-59 months receiving a Vitamin A supplement during the last 6 months ² | AO custom | Cluster survey | Every two years | 29% ¹⁰ | 36% | - | N/A | - | - | 42% |
| 6,4 | | | Number of people trained in child health and nutrition through USG-supported health area program | Standard | Program records | Annual | --- | --- | 5 963 | 8 795 | 7 454 | 7 454 | --- |
| 6,5 | | | Number of children reached by USG-supported nutrition programs | Standard | Program records | Annual | --- | --- | 187 929 | 1 321 131 | 234 912 | 270 373 | --- |

Reference for 6.1 and 6.2 is the National figure (DHS 2008-2009)

| | IR | USAID IR | Indicator | Indicator Source | Data Source | Frequency of Data Collection | Baseline 2012 | Midterm target | FY 2013 Targets | Achieved FY 2013 | FY 2014 Targets | FY 2015 Targets | End-of-Project Target |
|-----|---------|----------|-------------------------------------------------------------------------------------------------------|------------------|---------------------|------------------------------|------------------|----------------|-----------------|------------------|-----------------|-----------------|-----------------------|
| 7,0 | | | Management and Systems | | | | | | | | | | |
| 7,1 | IR1,2 | IR2 | Number of people covered by USG-supported community and health financing arrangements ^{2,13} | AO custom | Program records | Semi-annual | 0 | 2500 | - | 16 500 | - | - | 12500 |
| 7,2 | IR2,3 | IR2 | Number of functional (trained, equipped, and supervised) community health workers ^{2,3} | AO custom | Program records | Quarterly | N/A ⁸ | 5760 | - | 5 864 | - | - | 5760 |
| 7,3 | IR3 | IR3 | Percentage of project communes reporting into the extranet system | Custom | NGO partner reports | Quarterly | 0 | 60% | - | N/A | - | - | 75% |
| 7,4 | IR1,2,3 | IR1 | Percentage of KMS launched by region that achieve annual plan indicator targets | Custom | Program records | Semi-annual | 0 | 60% | - | 9% | - | - | 80% |
| 7,5 | IR3 | IR3 | Number of innovations and models tested with results disseminated to communes | Custom | Program records | Semi-annual | 0 | 5 | - | 6 | - | - | 8 |

Notes and Sources:

¹ Facility access is contingent upon CBIHP's ability to work with CSBs when USG projects are again working with the GOM.

² Disaggregated by gender

³ Disaggregated by technical training area, including Home-Based Life Saving Skills; also disaggregated by geographic area which is to be determined based on estimated population of project communes

⁴ CHWs will be supplied with products for community-level service delivery, as well as WASH supplies. "CHW" therefore replaces "service delivery point" as the unit of measurement for this indicator.

⁵ Revised according to the study "Document de référence pour l'adduction d'eau potable, assainissement et hygiène" submitted by MAHEFA consultants on September 27, 2011.

⁶ From list of indicators from the Foreign Assistance Objective: Investing in People, Health Sector Assistance Objective, June 2010.

⁷ Proxy: Report by mother of infant breastfeeding in first hour

⁸ N/A: Not Applicable

⁹ Minimum acceptable diet (Minimum diversity diet)

¹⁰ This indicator was measured for those who had a health card which could be verified by surveyor.

¹¹ Sites self-declared ODF.

ANNEX 4: ENVIRONMENTAL MITIGATION AND MONITORING REPORT - FY13

Madagascar Community-Based Integrated Health Program/MAHEFA

**Annual Environmental Mitigation and Monitoring Report (EMMR)
October 1st 2012 – September 30, 2013**

Title of the program: Community-Based Integrated Program

Implementing Partner: JSI Research & Training Institute, Inc.

Country or Region: Madagascar

Cooperative Agreement No. : 687-A-00-11-00013-00

Program Area: HEALTH

Program Elements and Sub-Elements:

3.1.3 MALARIA PREVENTION AND COMMUNITY-BASED TREATMENT

- 3.1.3.1. Treatment with Artemisinin-based Combination Therapies (ACT).
- 3.1.3.2. Promotion on use of Insecticide-Treated Nets (LLINs) to prevent malaria
- 3.1.3.4. Promotion of Intermittent Preventive Treatment (IPT) for pregnant women.

3.1.6 MATERNAL, NEONATAL AND CHILD HEALTH

- 3.1.6.01. Birth Preparedness and Maternity Services (including prenatal and post-partum care)
- 3.1.6.03. Promotion of Newborn Care and Treatment
- 3.1.6.07. Counseling and Treatment of Child Illness (c-IMCI)
- 3.1.6.08. Sensitization and promotion of improved products or techniques for household drinking water treatment and proper storage of water, sanitation, hygiene and environment.

3.1.7 FAMILY PLANNING AND REPRODUCTIVE HEALTH

3.1.7.1. Community-based service delivery of Family Planning methods including injectable FP commodities, and management of medical waste related to FP products.

3.1.8 WATER, HYGIENE AND SANITATION

3.1.8.1. Small-scale construction or rehabilitation of potable water systems

3.1.8.2. Promotion of construction and use of improved household latrines, using slabs.

Life of Activity: FY2011 – FY 2015

Fiscal Year of Submission: FY 2013 – Annual

| | |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Funding Begin: 05/23/2011 | LOA Amount: \$ 34,999,935 |
| Funding End: 05/22/2016 | Total obligated amount by June 30, 2013: \$ 20,581,569 |
| ESR Prepared by: Chuanpit Chua-oon Chief of Party JSI/MAHEFA | Date: 10/29/2013 |
| Date of Previous EMMR: July 29, 2013 | Date of Most Recent IEE: August 08, 2003 with a second amendment on June 21, 2010 |

A. Status of the IEE

No revisions or modifications of the IEE are needed.

An amended IEE is submitted.


B. Status of Fulfilling Conditions in the IEE, including Mitigation and Monitoring

All mitigation measures were successful at preventing environmental impact as specified in the original IEE. An Environmental Mitigation and Monitoring Report (EMMR) describing compliance measures taken are attached.

Improved mitigation measures were adopted to better reduce environmental impacts. An EMMR describing these improved compliance measures taken is attached.

Approval of the Environmental Status Report (as appropriate)

AOR

_____  Date: 04/25/2014.

MEO

_____  Date: 04/25/2014.

REA

_____ Date: _____

BEO

_____ Date: _____

Environmental Status Report

B. Status of Fulfilling IEE Conditions

1. Environmental Mitigation and Monitoring Report – table for activities under Categorical Exclusion.

In line with its FY13 Workplan, MAHEFA continued to implement its training related activities during the Q3 period. These activities fall under categorical exclusions according to the Reg 216 and include the following:

- Conducted EMMP training for Regional WASH Officers, consulting agencies, and building company staff;
- Trained master trainers and NGOs in the use of the *Behavior Change Empowerment Guide and Solutions for CHWs*, trained NGO staff in IMCIc and training of trainers;
- Conducted participative planning for COSANs in extension communes, training for CHWs in FP4 methods, Depocom, WASH practices and nutrition, training for local facilitators in CLTS, and training for supply points in managing the social marketing health products;
- Held coordinating meetings and OCA exercises for NGO implementing partners and MAHEFA regional teams; and
- Conducted a review of the KMSm approach progress for community stakeholders.

| Classes of actions as per 22 CFR 216.2(c) (2) | Actions implemented | Remarks |
|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| (i) Education, technical assistance, or training programs | <p>To reduce environmental waste or effect on using paper or plastic, the following actions were implemented at central, regional and local levels:</p> <ul style="list-style-type: none"> - Used double-side printing for curricula, management, and IEC/CC tools (technical documents, check lists, registers, etc.). - Provided attendees electronic versions of presentations made, as appropriate, during ToTs. - Provided attendees with large bottles of water. - Recycled bottles for community tippy-tap conception and use. | |
| (v) Document and information transfers | <p>Whenever possible material and document transfers have been done electronically to minimize the waste of paper and printed materials, including the following actions:</p> <ul style="list-style-type: none"> - Updated the electronic database for recording and use for central and regional staff of technical documents/ reports/ photos. - Shared by e-mail for AOR review and approval reports, materials models, and technical documents. - Made PowerPoint presentations and shared electronic versions among partners. | |

2. Environmental Mitigation and Monitoring Report – Table for Activities under Negative Determination with Conditions

Activities that may affect the environment negatively are classified under negative determination with conditions in the 22 CFR 216.3 (a) 2 (iii). During the third quarter of FY13, the continued activities are as follows:

- Implementation of a health program at community level, especially by provision and handling of malaria products and sur'eau (water treatment solution) at the CHW level;
- Supporting supply and resupply of CHWs for malaria, c-IMCI, family planning, and WASH products; and
- Implementation of small scale water infrastructure and latrines in target communes.

The tables below describe the actions taken during the fiscal year 2013 period by program element.

3.1.3 MALARIA PREVENTION AND COMMUNITY-BASED TREATMENT

3.1.3.1. Treatment with Artemisinin-based Combination Therapies (ACT).

3.1.3.2. Promotion on use of Insecticide-Treated Nets (LLINs) to prevent malaria

3.1.3.4. Promotion of Intermittent Preventive Treatment (IPT) for pregnant women.

| Planned activities | Recommended mitigating actions | Status of mitigating measures/actions taken | Any outstanding issues | Remarks |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------|
| 4.1.1 Develop/adapt EMMP training and ToT curricula for use at the community level | - Adapt 22 CFR 216 procedures and compliance for use of the NGO's implementing partners, CHWs, COSANs, water users, local enterprises, and technicians. | In Q3: 1 curriculum developed for CHWs 1 curriculum developed for consulting agencies and building companies | | |
| | - Based on the national strategy for providing LLINs for households through periodic campaigns in 2-3 years, all MAHEFA districts will be resupplied with new LLINs in 2013. MAHEFA will coordinate with USAID partners for promoting correct procedures for disposal of used LLINs, handling LLINs, and destroying the LLINs' biodegradable packaging according to USAID instructions | The campaign distribution launch started in Boeny region including MAHEFA targeted districts in late Q4 and MAHEFA has included as part of the <i>BC Empowerment Guide and Solutions for CHWs</i> mosquito net cleaning (p.41). | The distribution of LLINs led by PSI has been launched in Boeny in September 30, 2013 and will continue in Q1 of FY 2104. | |

| Planned activities | Recommended mitigating actions | Status of mitigating measures/actions taken | Any outstanding issues | Remarks |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 4.1.2 Conduct ToT for central, regional and NGO staff and in coordination with other trainings | In line with the USAID 2012 BPR, MAHEFA will train all implementing partners on EMMP preparation, implementing, and monitoring | - 6 regional MAHEFA staff trained -333 NGO staff trained | | |
| 4.1.3 Conduct training for CHWs and COSANs on the EMMP in coordination with other trainings+ | - The national policy on malaria treatment recommends the use of ACT for community-based-service. Therefore, CHWs must make the diagnosis by RDT. They will be trained on handling and disposal of used lancets, gloves using a safety box, and on transportation of full safety box to health facility (CSB) for disposal | - 4464 additional CHWs from the extension and ongoing communes attended a group review session on IMCI-c - 2,132 COSANs trained | | |
| | In the areas where the health facility is closed or has no incinerator or other medical waste disposal system, the CHW will be trained on, and assisted in building burial pits as needed for correct disposal at community level | -The inventory of existing “official” community sites was completed in the period of the present report to determine the appropriateness of installing a burial pit | Based on the status of Depocom and malaria diagnosis services provided by the CHWs in the field, the safety boxes are not yet full and still in use, therefore the implementation of 1,750 burial pits will be reported in FY2014 | |

3.1.6 MATERNAL, NEONATAL AND CHILD HEALTH

3.1.6.01. Birth Preparedness and Maternity Services (including prenatal and post-partum care)

3.1.6.03. Promotion of Newborn Care and Treatment

3.1.6.07. Counseling and Treatment of Child Illness (c-IMCI)

3.1.6.08. Sensitization and promotion of improved products or techniques for household drinking water treatment and proper storage of water, sanitation, hygiene and environment.

| Planned activities | Recommended mitigation actions | Status of mitigating measures/actions taken | Any outstanding issues relating to required conditions | Remarks |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 4.1.3 Conduct training for CHWs and COSANs on the EMMP in coordination with other trainings | <p>-Train CHWs on potential effects of zinc on the environment, required conditions for stocking and handling waste (VIASUR) using training curriculum developed by the MoH as part of integrated management of childhood illness and updated by PSI. Include checking for date expiry of medications</p> <p>-Train COSANs and CHWs on case management of diarrhea using VIASUR and hydrazinc, including: -Handling and storage -Managing of packaging considered as household waste</p> | <p>-4,464 additional CHWs from the extension and ongoing communes attended a group review session on IMCI-c</p> <p>-2,132 COSANs trained</p> | <p>CHWs in MAHEFA extension districts were already trained by the NSA/GFTAM project on c-IMCI including the malaria component in FY12, but did not receive commodities.</p> <p>There is a national stock out of VIASUR since Q3 and the next procurement is under PSI and planned on Q4 of FY2013 and Q1 FY2014</p> | |

3.1.7 FAMILY PLANNING AND REPRODUCTIVE HEALTH

3.1.7.1. Community-based service delivery of Family Planning methods including injectable FP commodities, and management of medical waste related to FP products.

| Planned activities | Recommended mitigating actions | Status of mitigating measures/actions taken | Any outstanding issues relating to required conditions | Remarks |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 4.1.3 Conduct training for CHWs and COSANs on the EMMP in coordination with other trainings | <p>-Train CHWs and provide FP products, using MOH curricula and certified trainers. Training to include:</p> <ul style="list-style-type: none"> - Storage and waste management of FP products (condoms, COC, CI) to facilitate separation of ordinary and contaminated waste -Use of safety injection steps -Syringe waste management -Assembling sharp boxes -Managing sharp boxes (syringes etc) according to NPWM and referring to the existing CHWs supervision tool and job aid on FP injectable waste management for disposal | 2,816 CHWs trained on DEPOCOM including EMMP related to dispose of used syringes and needles in respect of injection security as per the National Policy for Medical waste Management (2005) | | |
| 4.1.7 Adapt Guide to Health Care Waste Management for the CHW | USAID DELIVER Project developed a simple guide for CHWs on managing, and classifying health care waste, and storing, transporting, treating, and disposing of waste in November 2011, and MAHEFA will adapt it in Malagasy for CHW use and follow-up | A Malagasy version of the guide available | Need to develop a simple job aid based on the Malagasy version to fit with the CHWs' skill level, and that will be developed in Q1 FY2014 for CHWs use | |

3.1.8 WATER, HYGIENE AND SANITATION

3.1.8.1. Small-scale construction or rehabilitation of potable water systems

3.1.8.2. Promotion of construction and use of improved household latrines, using slabs.

| Planned activities | Recommended mitigating actions | Status of mitigating measures/actions taken | Any outstanding issues relating to required conditions | Remarks |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| <p>4.1.4 Conduct training for entrepreneurs, local technicians and Water Users Associations on the EMMP in coordination with other trainings</p> | <p>Part of the water supply building process developed by the recruited Consulting agencies, training for local entrepreneurs, technicians and Water Users Associations will include:</p> <ul style="list-style-type: none"> - EMMP preparation, implementing and monitoring - Water supply point management, maintenance, and small repairs. <p>As part of the Sanitation Marketing promotion:</p> <ul style="list-style-type: none"> - identification of possible contamination of surface water, groundwater, soil, and food by excreta, chemicals and pathogens, inadequate protection of groundwater, and improper operation of sanitation facilities. - building, marketing and promoting of models of households latrines suitable to each district, and sale, and household cleaning of slabs. | <ul style="list-style-type: none"> -08 of consulting agencies and building companies staff from 6 regions trained on EMMP concept and plan for reducing or prevent environmental potential impacts related to water infrastructures construction in target communes - 210 local masons / technicians trained on construction of improved sanplats and latrines in 06 regions - 108 WUAs identified | <p>The water infrastructures construction related activities will start in Q1 of FY2014</p> <p>The training of the WUAs members will happen in FY 2014 as part of the water infrastructures construction related activities</p> | |
| <p>4.1.5 Monitor and follow-up compliance with environmental mitigation procedures</p> | <p>MAHEFA will monitor through its regional staff, and implementing NGOs supervisions at community level the CHWs, and Water Users EMMP action plans progress and its compliance with the 22 CFR 216 procedures.</p> | <ul style="list-style-type: none"> - One EMMR submitted every quarter as part of the quarterly report. - 2,027 supervision visits conducted by the NGOs and MAHEFA - 4,510 CHWs supervised by the NGOs | | |

| Planned activities | Recommended mitigating actions | Status of mitigating measures/actions taken | Any outstanding issues relating to required conditions | Remarks |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 4.1.6 Prepare and submit report by consulting agencies for ESF/ERR USAID approval | Assess the water facility location to ensure that it will meet technical and environmental requirements (e.g. Respect of a minimum distance from pit latrine, minimum distance between wells, sensitive zones, etc.)- Develop an ESF and or ERR for planned WASH rehabilitation or construction under moderate risk to be approved by USAID prior to building or rehabilitation. | Six ESF/ERR for construction and two ESF/ERR for rehabilitation for the 6 target regions were approved by USAID. | 4 ESF/ERR of the remaining regions for rehabilitation will be approved in earlier PY4 by USAID (October 1, 2013) Construction activities will be reported in Q1 of FY2013 after the CA modification and then the capital expenditures approval. | |
| 4.1.8 Conduct project wide best practices review (BPR) on EMMP for central, regional, NGO and partner staff in coordination with other project-wide activities | MAHEFA will experiment internal BPR to monitor and follow-up progress and achievements in EMMP compliance, and identifying unforeseen environmental negative impacts related to the above program elements for anticipating mitigation measures | Will depend on the start-up of implementation of the water infrastructures construction or rehabilitation activities that represent the main topic of the assessment | Construction of water facilities by building companies will start on FY2014 | |
| REF: EGSSAA: Water and Sanitation. March 2009. www.encapafrica.org | | | | |

ANNEX 5: STAFF LIST

| N. | Positions |
|----|---------------------------------------------------|
| 1 | Chief of Party |
| 2 | Behaviour Change Senior Advisor |
| 3 | Deputy Chief of Party Technical |
| 4 | Deputy Chief of Party Admin Finances & Grants |
| 5 | Senior Community Health Advisor |
| 6 | KMS and Community Health Senior Advisor |
| 7 | Human Resources and Administration Specialist |
| 8 | Monitoring and Evaluation Senior Advisor |
| 9 | Office cleaner |
| 10 | Behaviour Change Coordinator |
| 11 | Finance Responsible 1 |
| 12 | Administrative Assistant Receptionist |
| 13 | Senior Financial and Grants Specialist |
| 14 | Water Hygiene and Sanitation Advisor |
| 15 | Maternal Neo natal and Child Health Coordinator 1 |
| 16 | Maternal Neo natal and Child Health Coordinator 2 |
| 17 | Menabe Regional Coordinator |
| 18 | Grants Manager 1 |
| 19 | IT Manager |
| 20 | SAVA Admin and Financial Assistant |
| 21 | Menabe Admin and Financial Assistant |
| 22 | SAVA Regional Coordinator |
| 23 | Melaky Regional Coordinator |
| 24 | Driver Senior |
| 25 | Menabe Driver |
| 26 | Melaky Driver |
| 27 | SAVA Driver |
| 28 | Program Assistant 1 |
| 29 | Transport Coordinator |
| 30 | SOFIA Technical Responsible |
| 31 | SOFIA Regional Coordinator |
| 32 | Melaky Admin & Finance Assistant |
| 33 | Sofia Admin & Finance Assistant 1 |
| 34 | Grants Manager Senior |
| 35 | M&E Coordinator |
| 36 | Melaky M&E |
| 37 | SAVA Water Hygiene and Sanitation Responsible |
| 38 | Melaky Water Hygiene and Sanitation Responsible |
| 39 | SOFIA Water Hygiene and Sanitation Responsible |
| 40 | SOFIA M&E 1 |
| 41 | Logistic Coordinator |

| N. | Positions |
|-----------|---------------------------------------------------|
| 42 | SOFIA Driver 1 |
| 43 | SOFIA Driver 2 |
| 44 | Program Assistant 2 |
| 45 | DIANA M&E |
| 46 | Menabe M&E |
| 47 | Driver Central Office 2 |
| 48 | Office maintenance |
| 49 | Procurement assistant |
| 50 | Grants Manager 2 |
| 51 | Logistic Assistant |
| 52 | Finance Assistant |
| 53 | DIANA Technical Responsible |
| 54 | DIANA Admin and Financial Assistant |
| 55 | DIANA Driver 1 |
| 56 | DIANA Regional Coordinator |
| 57 | DIANA Water Hygiene and Sanitation Responsible |
| 58 | Menabe Technical Responsible |
| 59 | Family Planning Compliance Responsible |
| 60 | Sofia Admin and Financial Assistant 2 |
| 61 | Sofia M&E 2 |
| 62 | SAVA M&E |
| 63 | Senior Technical Advisor |
| 64 | Melaky Technical Responsible |
| 65 | Boeny Water Hygiene and Sanitation Responsible |
| 66 | Maternal Neo-natal and Child Health Coordinator 3 |
| 67 | Menabe Water Hygiene and Sanitation Responsible |
| 68 | DIANA Driver 2 |
| 69 | Driver Central Office 3 |
| 70 | Procurement Manager |
| 71 | Chlorhexidine Coordinator |
| 72 | Wash Coordinator |
| 73 | M&E Senior DIANA |
| 74 | Finance Responsible 2 |

These are staff members newly since the start of the project until Q4 FY13 in chronological order.

ANNEX 6: SUMMARY OF PY3 ACTIVITIES IMPLEMENTED

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every receipt, invoice, and bill should be properly filed and indexed for easy retrieval. This not only helps in tracking expenses but also ensures compliance with tax regulations.

Next, the document outlines the various methods for collecting and organizing financial data. It suggests using spreadsheets or specialized accounting software to input and analyze data. Regularly updating these records is crucial for identifying trends and making informed decisions.

The document also addresses the issue of budgeting. It provides a step-by-step guide on how to create a realistic budget based on historical data and current market conditions. It stresses the importance of sticking to the budget and making adjustments as needed.

Finally, the document concludes with a summary of key points and offers some final advice on financial management. It encourages readers to seek professional advice when needed and to stay proactive in managing their finances.

| Contract | Activity | Sub-Activity | Planned Activities | Indicators | Annual achievements | | | Explanation of Gaps/Delays by end of FY13 | Next Steps to Address Gaps |
|----------|----------|--------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | | Expected FY13 | Actual FY13 | Status | | |
| 0 | 1 | | Establish and maintain management and administrative structures | | | | | | |
| 0 | 1 | 1 | Set up offices in regions | Two additional regional field offices opened (6 total) | Two additional regional field offices opened (6 total) | Two additional regional field offices opened (6 total) | Completed | | |
| 0 | 1 | 2 | Identify best candidates for key roles (technical and administrative/financial staff at central and regional levels) | Candidates recruited | Candidates recruited | 24 staff hired at central and regional offices | Completed | | |
| 0 | 1 | 3 | Build capacity for central and regional staff through in-services training and other opportunities | Trainings attended | Training attended | 3 MAHEFA staff attended international workshops in India and Tanzania, 2 MAHEFA staff members participated at the MNCH Global Conference, 13 January to January 22, 2013, Arusha- Tanzania, 3 days Training of Trainers for 20 MAHEFA staff on Organizational Capacity Assessment (OCA) in June 2013 | Completed | | |
| 0 | 1 | 4 | Procure office equipment, furniture and vehicles | Office equipment, furniture and vehicles available at central and regional offices | Office equipment, furniture and vehicles available at central and regional offices | Six regional offices fully equipped, as well as central office in Antananarivo. 10 vehicles allocated: 2 in DIANA and Sofia: 4 in other regions and rest in MAHEFA central office.. Motor-bikes still in process | Ongoing with delays | At last minute, the selected vendors for the 6 motorbikes have not fulfilled our requirements related to the import taxes exemptions | Acquisitions re-planned during the 1st quarter of FY14 as procurement to be relaunched |
| 0 | 2 | | Maintain financial management systems | | | | | | |
| 0 | 2 | 1 | Complete quarterly financial reports | 4 quarterly reports submitted on time | 4 quarterly reports submitted on time | 3 quarterly reports submitted | Ongoing as planned | the last Q4 financial report of FY13 will be submitted during the 1st month of FY14 | FY13 Q4 financial report will be submitted the 1st month of FY14 |
| 0 | 3 | | Expand and provide ongoing support for grants management | | | | | | |
| 0 | 3 | 1 | Select local grantees | Proposals reviewed and evaluation reports finalized for local grantees selection | Proposals reviewed and evaluation reports finalized for local grantees selection | Proposals reviewed and evaluation reports finalized for local grantees selection | Completed | | |
| 0 | 3 | 2 | Establish contract for local grantees | Contracts for selected local grantees signed | Contracts for selected local grantees signed | Longer term awards (2,5 years) signed with 13 NGO grantees of MAHEFA following USAID approval in the old district Long term award for 9 NGOs (6 new and 3 amendments) not yet signed. | Ongoing with delays | New contracts not yet signed yet with the 9 NGOs - awaiting approvals from USAID | We are resubmitting the request for USAID approval of the 9 NGOs during the second week of October 2013 |
| 0 | 3 | 3 | Conduct regular financial audits of local grantees | Financial audits conducted on a regular basis | Financial audit conducted on a regular basis | As none of the NGOs funded by MAHEFA have not received more than 14,000 from USAID \$300,000 during FY13, no audit have to be conducted | Completed | | |
| 0 | 4 | | Establish and maintain partnerships | | | | | | |
| 0 | 4 | 1 | Establish MOU with USG and non USG partners | MOUs finalized with USG and non USG Partners | MOUs finalized with USG and NON USG partners | 3 MOUs signed with Louvain (Belgium NGOs), Peace Corps and Blue ventures (British NGOs) | Completed | | |
| 0 | 5 | | Plan and conduct coordination activities with local partners | | | | | | |
| 0 | 5 | 1 | Organize a quarterly planning meetings with NGO grantees | # of planning meetings realized | 20 planning meeting realized for all the 5 regions (1 meeting per quarter per region) | 18 planning meetings conducted | Ongoing as planned | 2 quarterly meetings in DIANA did not take place because of activities re-programming | We will maintain 1 quarterly meeting per region during FY14 (24 meetings) ; Objective of this meeting is to review the achievements of the previous quarters and to plan appropriately for the next quarters |

| Contract | Activity | Sub-Activity | Planned Activities | Indicators | Annual achievements | | | Explanation of Gaps/Delays by end of FY13 | Next Steps to Address Gaps |
|-----------------------------------------------------------------------|----------|--------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | | Expected FY13 | Actual FY13 | Status | | |
| 0 | 5 | 2 | Organize regular coordination meetings with NGO grantees | # of coordination meetings realized # of coordination meeting reports received | 44 coordination meeting realized 44 coordination meeting reports received | 37 coordination meetings conducted and 37 Coordination meeting reports received | Ongoing as planned | | During FY14, these regulars meeting will be continued while also focusing on sites supervision and visits of NGOs works with CHWs |
| 0 | 5 | 3 | Organize an annual exchange meeting to share experiences between regional teams and NGO grantees | # of exchange meetings realized Exchange meeting reports received | # exchanges meeting realized # exchanges meeting report received | | Postponed | As there are already the quarterly and regular planning and coordination meetings with NGOs, we decided not to hold this annual meeting and objective of the NGO annual meeting will be discussed during FY14 before we re-plan for this meeting | Establish the objective of the annual NGO meeting and plan for the date during FY14 |
| 0 | 5 | 4 | Conduct official project launch for new regions | 4 new regions launched | 4 new regions launched | 2 regions : DIANA and BETSIBOKA launched | Completed | The 2 others including Alaotra-Mangoro and Bongolava launching were cancelled due to USAID de-prioritization of these 2 regions | |
| Sub-total Technical Project Start-Up, Management and Reporting | | | | | | | | | |
| 1 | 1 | | Complete BC studies and develop strategies | | | | | | |
| 1 | 1 | 1 | Complete BC studies (e.g. TIPS, A2B) | # of studies completed by region | 4 TIPS 4 Reports | All 4 TIPS completed (Boeny, Sofia, SAVVA, DIANA) All 4 TIPS Reports finalized & being formatted; | Ongoing as planned | Delay in finalizing & formatting DIANA TIPS report due to problems with quality of consultant reporting; delays in finalizing & formatting gender reports due to need to prioritize completion of Message Guide & rollout of BC Empowerment activities | Complete formatting for DIANA TIPS & Gender Reports; submit to USAID for approval; complete formatting & covers for all compiled documents |
| 1 | 1 | 2 | Conduct gender analysis with NGO grantees | # of gender analyses completed Recommendations made for programming implications for NGOs in gender | Gender analyses completed in 6 regions. Recommendations made for NGO programming | All gender analyses with 19 NGOs and predominant ethnic groups in 6 regions completed. Reports finalized and being formatted; they will be submitted for USAID approval in Q1, FY14. Recommendations for NGO programming to improve gender inequities incorporated into MAHEFA solutions guide (Torolalana sy Vahaolana). | completed | Only formatting & USAID approval of reports remains for Q1, FY14. | See 1.1.1 |
| 1 | 1 | 3 | Complete BC strategies according to study results | BC strategies developed | 6 BC strategies completed | 6 DBC workshops for 19 NGOs completed and 6 BC strategies developed; strategy results incorporated into the Torolalana sy Vahaolana (How to Guide for CHWs) | Completed | | |
| 1 | 2 | | Reinforce partner capacity to develop strategies for behavior change | | | | | | |
| 1 | 2 | 1 | Adapt curriculum on designing BC (DBC) strategies | Curriculum developed | Curriculum developed | Designing for Behavior Change curriculum adapted and revised by building on lessons learned from each DBC workshop | Completed | | |
| 1 | 2 | 2 | Conduct regional DBC workshops (3 workshops for 6 regions) | # of DBC workshops realized | | See 1.1.3 | Completed | | |
| 1 | 2 | 3 | Conduct regional workshops to share good and promising BC practices on an annual basis | # of workshops realized | | | Ongoing with delays | The introduction of BCE approaches for CHWs in Q3 only, hence good practices in BC will be generated in FY14 | Planned for FY14 |

| Contract | Activity | Sub-Activity | Planned Activities | Indicators | Annual achievements | | | Explanation of Gaps/Delays by end of FY13 | Next Steps to Address Gaps |
|----------|----------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| | | | | | Expected FY13 | Actual FY13 | Status | | |
| 1 | 2 | 4 | Conduct regional training workshops on adaptation/production of BC materials and message transfer techniques according to research results | # of training workshops conducted # of partners trained | 14 TOTs conducted as part of cascade training with TAs and RTs from 19 NGOs in 6 regions | 14 TOTs conducted as part of cascade training with TAs and RTs from 19 NGOs in 6 regions; 2787 CHWs trained in BC Empowerment Approach | Ongoing with delays | The TOT cascade effect has resulted in training of approx half of all CHWs in FY13. | Complete training of remaining CHWs in FY14 |
| 1 | 2 | 5 | Conduct regional workshops on the development of different approaches to supplement BC strategies (training on media, gender, and peer approaches) | # of training workshops conducted # of partners trained | - 17 listening group workshops held within 6 regions - 19 NGO trained - 324 listening group facilitators trained | 17 workshops conducted 74 TAs trained from 19 NGOs 364 listeners group facilitators trained | Completed | | |
| | | | | | village listening groups in all districts | 182 village listeners' groups; 19 districts, 74 communes, 176 villages reached; 26 radio stations partnering with MAHEFA, and 19 NGOs providing follow-up - 17 listeners group workshops held - 19 NGO trained - 324 listeners group facilitators trained | Completed | | |
| 1 | 3 | Use research results to develop print and audiovisual tools/aids to address major BC barriers | | | | | | | |
| 1 | 3 | 1 | Adapt and produce new BC materials for different program elements and gender | # of aids produced # of program elements addressed | | See 1.3.4 | | | |
| 1 | 3 | 2 | Develop a BC message guide for program elements and update messages periodically | Message guide developed Messages updated periodically | | 1 Guide including messages on all key behaviors and gender skits, as well as BC Empowerment approaches developed and disseminated to 2787 CHWs & 280 TAs in 6 regions. | Ongoing as planned | | |
| 1 | 3 | 3 | Develop audiovisual materials for selected program elements and gender, for the mass media program | # of spots developed # of documentaries realized # of reports done | | 25 spots MNCH , WASH & Gender produced and aired 3 times/day through 26 radio local stations | Completed | | |
| 1 | 3 | 4 | Develop print materials for selected program elements and gender, for CHW activities | # of flyers developed # of documentaries realized *No. of information bulletins edited # of posters or other materials (fans, etc.) produced | | 4 types of FP invitations cards developed 17 Gender sketches developed and included in Guide & Solutions for CHWs BC Supportive supervision and follow-up tool developed, printed, and distributed to all 19 NGOs; Mutuelle invitation cards sentenders evaluation | Ongoing with delays | Delays due to other priorities, including completion of Guide & Solutions for CHWs; also limited availability of selected graphics artists | Complete materials during Q1, FY14 |
| 1 | 3 | 5 | Develop or produce aids for MVU for selected program elements | # of aids produced # program elements addressed | | | Cancelled | Activity depending on MVU availability with PSI - | Other communication means have already been developed (using radio) |
| 1 | 3 | 6 | Design client invitation cards to disseminate information about program elements and to increase new users (combined with 1.3.4) | # of cards distributed to CHWs | | see 1.3.4 | | | |
| 1 | 3 | 7 | Design training tools for youth peer educators on youth health, including FP and condom use. (Integrate key messages for delaying sexual debut and pregnancy) (combined with 1.3.4) | Curriculum and management tools validated | YPE training and management tools finalized, validated and implemented | YPE training tools for YPE designed and developed YPE management tools designed and validated | Completed | | |
| 1 | 3 | 8 | Design IEC tools (including SMS message guide) for use by youth peer educators (combined with 1.2.5) | Youth peer educator (YPE) kit available | IEC tools designed and released along with the guide on SMS message guide | IEC tools for YPE designed SMS messages availables | Ongoing with delays | MoU with private sector in the process of negotiation before writing the SMS message guide | MoU will be concluded on October/Q1 SMS messages guide available on November/Q1 |

| Contract | Activity | Sub-Activity | Planned Activities | Indicators | Annual achievements | | | Explanation of Gaps/Delays by end of FY13 | Next Steps to Address Gaps |
|----------|----------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| | | | | | Expected FY13 | Actual FY13 | Status | | |
| 1 | 3 | 9 | Design IEC tools for use by COSANS | COSAN IEC tools available | | | | | |
| 1 | 3 | 10 | Test supplementary materials for Maternal and Child Health (combined with 1.3.1 / 1.3.2 / 1.3.3) | Supplementary materials for MNCH tested if required | | | | | |
| 1 | 4 | | Implement sensitization activities at the community level/ Roll-out of BCC activities in communities and districts | | | | | | |
| 1 | 4 | 1 | Broadcast programs and/or radio formats in collaboration with partners (6 regions) | # of programs and radio formats produced and broadcast through the radio channels | Radio programs operational | 25 spots on MNCH,WASH & Gender thematics produced in 3 dialects(Sakalava, Tsimihety , Antakarana) broadcast through 26 local radio stations(3times /day/station) during Q4 | Completed | | |
| 1 | 4 | 2 | Form community listening groups and operationalize them in target districts (selected fokontany in 24 districts) | # of community listening groups functional in each target district in MAHEFA regions | Village listening group functional covering all district | 182 Village listening groups rendered functional : 19 districts & 74 communes &176 villages covered, Partners: 26 radio local stations, 16 ONG | Ongoing as planned | | |
| 1 | 4 | 3 | Organize collective listening sessions through KMSm (selected fokontany in 24 districts) (combined with 1.4.2) | # of collective listening sessions organized # of sessions for each program theme | Village listening groups conduct collective listening sessions | 2 /month of listeners' sessions conducted within 182 village listening groups on MNCH/WASH thematics | Completed | | |
| 1 | 4 | 4 | Determine the availability and feasibility of using solar/wind-up radios for listening sessions to expand coverage (combined with 1.4.2) | Availability and feasibility assessments completed Recommendations available | | 182 Solar Wind Up radios available in partnership with AWR | Completed | | |
| 1 | 4 | 5 | Procure the radios as necessary and develop a plan for their management (TBD) | Radios procured as necessary | | As part of contract with Communications Agency,182 solar wind-up radios were donated to the program | Completed | | |
| 1 | 4 | 6 | Collaborate with social marketing partner for mass communication/MVU campaigns for selected program elements and target populations as applicable (combined with 1.3.5) | # of MVU sessions conducted # of target people reached by MVU | | | Cancelled | See 1.3.5 | |
| 1 | 5 | | Establish WASH-friendly institutions | | | | | | |
| 1 | 5 | 1 | Identify and make courtesy visits to local scout branches, churches, youth groups, NGO grantees as local WASH partners in 10 communes/districts (24 districts) | # community groups/partners identified # of courtesy visits conducted | 215 community groups identified | 247 community groups identified | Ongoing as planned | | |
| 1 | 5 | 2 | Establish agreement with selected community groups/partners (270 communes) | # of community groups/partners with signed MOU | 233 community groups with signed MOU | 172 community groups with signed MOU | Ongoing with delays | WASH Groups are 'loose' structures, reluctant to sign formalized partnerships (with formal MoUs). | Advocacy with community groups, and add approach WASH-friendly Communities |
| 1 | 5 | 3 | Conduct WASH training and action planning for community groups/partners including COSANS (270 communes) | # of community groups/partners with MOU trained # of community groups/partners with action plans developed | 233 community groups with MOU trained | 172 community groups with MOU trained | | The process of getting community groups/partners to agree to a partnership without remuneration is slower than anticipated | MAHEFA will continue to reinforce the non-financial benefits these partnerships will bring |

| Contrat | Activity | Sub-Activity | Planned Activities | Indicators | Annual achievements | | | Explanation of Gaps/Delays by end of FY13 | Next Steps to Address Gaps |
|---------|----------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| | | | | | Expected FY13 | Actual FY13 | Status | | |
| 1 | 5 | 4 | Assist community groups/partners to conduct community sensitizations on the 3 key WASH strategies (270 communes) | # of sensitizations conducted by community group/partners | 246 community groups assisted to conduct community sensitizations | 172 community groups assisted to conduct community sensitizations | Ongoing with delays | | |
| 1 | 5 | 5 | Support community groups/partners to coordinate implementation of the 3 key WASH strategies (270 communes) = (combined with 1.5.4) | # of community groups/partners able to coordinate implementation of WASH strategies # of households/institutions using Tippy Tap # of households/institutions that practice LMS # of households/institutions with an improved latrine | 290 community groups able to coordinate implementation of WASH strategies | 146 community groups able to coordinate implementation of WASH strategies | Ongoing with delays | | |
| 1 | 5 | 6 | Evaluate implementation of 3 key WASH strategies by community groups/partners at household, institution and commune level (270 communes) | # of community groups/partners evaluated # of community groups/partners achieving WASH-friendly status Evaluation results documented and disseminated | 290 community groups evaluated for implementation of 3 key WASH strategies | 9 community groups evaluated for implementation of 3 key WASH strategies | Ongoing with delays | WASH team prioritized CLTS follow up over this activity in PY3 | This approach will be combined with CLTS follow-up in PY4 |
| 1 | 6 | Launch community mobilization and participation in CLTS approach | | | | | | | |
| 1 | 6 | 1 | Identify CLTS+H regional trainers (24 districts) | # of Trainers selected | 53 Trainers selected | 20 Trainers selected | Completed | There are enough CLTS trainers, moving focus to local CLTS facilitators | |
| 1 | 6 | 2 | Conduct training of trainers and training of facilitators (24 districts) | # of ToT completed # of ToF completed | 28 training of trainers completed | 29 training of trainers completed | Completed | | |
| | | | | | 896 local CLTS facilitators trained | 1169 local CLTS facilitators trained | Ongoing as planned | On a ralenti la formation des Facilitateurs à cause du problème de suivi et le nombre trop élevé de déclenchement | Retenir les BON Facilitateurs pour le suivi des sites déclenchés et travailler avec ceux qui sont MOTIVES |
| 1 | 6 | 3 | Review and adapt tools for use at the community level with input from trainers and facilitators (combined with 1.6.2 cost of consultants) | # of tools reviewed and adapted | 1 tools reviewed and adapted | 1 tools reviewed and adapted | Completed | | |
| 1 | 6 | 4 | Mobilize regional trainers and facilitators and implement "triggering events" in strategic pilot sites | # of triggering events conducted | 528 triggering events conducted | 710 triggering events conducted | Ongoing as planned | | |
| 1 | 6 | 5 | Collaborate with facilitators to identify "natural leaders" to promote CLTS+H in other villages | # of "natural leaders" identified by village | 930 "natural leaders" identified by villages | 740 natural leaders identified by villages | Ongoing with delays | Challenges in identifying natural leaders | Improve methods to identify and support natural leaders, including improved on-the-job training for triggering and follow-up for ODF |
| 1 | 6 | 6 | Assist regional trainers to train "natural leaders" in promotion of CLTS+H | # of assisted CLTS trainings conducted for the "natural leaders" | 16 assisted CLTS trainings conducted for the "natural leaders" | 8 assisted CLTS trainings conducted for the "natural leaders" | Ongoing with delays | Training of new natural leaders was postponed in order to emphasize importance of following up triggered sites with existing natural leaders | Improve methods to identify and support natural leaders, including improved on-the-job training for triggering and follow-up for ODF |

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|---------|----------|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| | | | | | Expected FY13 | Actual FY13 | Status | | |
| 1 | 6 | 7 | Support the facilitators, CHWs, and natural leaders to conduct routine follow-up after triggering events in pilot sites | # of pilot sites with follow-up done # of pilot sites achieving monthly ODF goals with MAHEFA support | 334 pilot sites with follow-up done | 1277 pilot sites with follow-up done | Completed | | |
| 1 | 6 | 8 | Support the expansion of CLTS+H to other villages in collaboration with facilitators, CHWs and "natural leaders" | # of new villages with triggering events conducted # of new villages with follow-up done # of new villages achieving monthly ODF goals with MAHEFA support | 122 villages with follow-up done | 185 villages with follow-up done | Completed | | |
| 1 | 6 | 9 | Conduct 6-month formal evaluation of community ODF goals | # of 6-month formal evaluations conducted # of villages achieving 6-month ODF goals | 4 evaluations of community ODF goals conducted | 3 evaluations of community ODF goals conducted | Ongoing with delays | | WASH consultants recruited to help define implementation strategies to increase the number of ODF sites |
| 1 | 6 | 10 | Prepare to conduct 12-month formal evaluation of community ODF goals with WASH partners and Ministry of Water where applicable | # of 12-month formal evaluations conducted # of villages achieving 12-month ODF goals 5.7 Number of communities achieving open defecation-free (ODF) status (custom) | 0 | 0 | Postponed | This activity was planned for Q4 but is postponed until FY14 due to the fact that communities will not be ready for a 12-month evaluation in Q4 | |
| 1 | 6 | 11 | Plan WASH-themed high visibility community events for ODF-practicing and non-ODF-practicing communities | # of events conducted | 4 community events conducted | 1 community events conducted | Ongoing with delays | Un seul événement car 3 ODF seulement dans un même lieu | Organiser d'autres événements pour les nouveaux sites ODF lors de la certification |
| 1 | 6 | 12 | Celebrate communities certified as "ODF" at their final evaluation | # of communities achieving open defecation-free status certified # of celebrations conducted | 4 celebrations for communities certified ODF conducted | 3 celebrations for communities certified ODF conducted | Ongoing with delays | Problème de suivi des sites en vue ODF | Organiser d'autres celebration pour les nouveaux sites ODF lors de la certification |
| 1 | 6 | 13 | Celebrate WASH "Days" with events and media | # of celebrations conducted | 4 WASH day celebrated | 4 WASH day celebrated | Ongoing as planned | | |
| 1 | 7 | Launch KMSm in new regions/districts | | | | | | | |
| 1 | 7 | 1 | Carry out introductory workshops in 15 new districts | # of district launches conducted | | | | | |
| 1 | 7 | 2 | Carry out introductory workshops at the commune level in 162 new communes | # of commune launches conducted | 117 communes launched | 120 communes launched | Completed | 7 communes were re-introduced to better align their processes with KMSm standards | |
| 1 | 7 | 3 | Assist with and build the capacity of regional and NGO staff to conduct introductory workshops at commune level in 15 new districts | # of assisted introductory workshops conducted | 117 workshop introducing KMSm conducted by NGOs | 120 workshop introducing KMSm conducted by NGOs | Completed | | |
| 1 | 7 | 4 | Perform coverage assessments of districts and communes to determine COSAN coverage (15 districts) | # of coverage assessments done by district and commune # of COSANs already in existence | Coverage assessments done on 117 communes | all coverage assessments done in 117 communes | Completed | | |

| Contract | Activity | Sub-Activity | Planned Activities | Indicators | Annual achievements | | | Explanation of Gaps/Delays by end of FY13 | Next Steps to Address Gaps |
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| | | | | | Expected FY13 | Actual FY13 | Status | | |
| 1 | 7 | 5 | Collaborate with community leaders and CSBs to establish COSANS where needed | # of COSANs established by district and commune | COSAN operational in each commune | COSANs operational in 124 communes | | | |
| 1 | 7 | 6 | Train COSANs in the 15 new districts | # of COSANs trained | Train COSANs members in 117 communes | COSAN members trained in 113 communes | Ongoing as planned | Security problems in 4 communes in Miandrivazo | KMSm activities will take place in the 4 communes when the security situation allows |
| 1 | 7 | 7 | Support COSAN trainings in 15 new districts | # of assisted COSAN trainings | 32 COSAN trainings assisted | 53 COSAN trainings assisted | Completed | | |
| 1 | 7 | 8 | Conduct the KMSm participatory planning in the 15 new districts | # of participatory planning processes conducted # of communes with action plans and signed agreements | Train COSANs members in 117 communes | COSAN members trained in 113 communes | Ongoing as planned | Insécurité sur 4 communes de Miandrivazo, mais planifiées en FY14 | |
| 1 | 7 | 9 | Support and ensure the progress of participatory planning processes in the 15 new districts | # of assisted participatory planning processes conducted | 32 participatory planning assisted | 32 participatory planning assisted | Completed | | |
| 1 | 7 | 10 | Perform coverage assessments of fokontany to determine CHW coverage (15 districts) (combined with 1.7.4) | 7.2. # of functional (trained, equipped, supervised) CHWs by gender, technical training area and geographical area # of coverage assessments done at fokontany level # of CHWs already selected | 1046 coverage assessments conducted with a KMSm introduction | 1046 coverage assessments conducted with a KMSm introduction | Completed | | |
| 1 | 7 | 11 | Collaborate with COSANs and other community actors to identify CHWs where needed (combined with 1.7.5) | 7.2. # of functional (trained, equipped, supervised) CHWs by gender, technical training area and geographical area # of CHWs selected | | Regional and NGO staff worked with COSANs and other community actors to identify CHWs where necessary | Completed | | |
| 1 | 8 | | Contribute to events (health days, etc.) | | | | | | |
| 1 | 8 | 1 | Participate in national and international events | # of events with MAHEFA participation | Active participation in Intl Women's Day, Intl HW, Intl Latrine, Intl Water Day, Intl Population Days | Active participation in Intl Women's Day (all regions & Tana), Intl HW Day, Intl Latrine Day, Intl Water Day, Intl Population Day, and Natl FP Campaign according to USAID regulations; participation in Nairobi Conference by Regional Coordinator & TransAid staff | Ongoing as planned | | |
| | | | | Sub-total IR1 | | | | | |
| 2 | 1 | | Support to NGOs and regional training consultants | | | | | | |
| 2 | 1 | 1 | Review nutrition curriculum and adapt as necessary | Nutrition curriculum reviewed and adapted as necessary | Nutrition curriculum finalized and validated | Curriculum finalized and Printed | Completed | | |
| 2 | 1 | 2 | Recruit regional trainers (6 regions) | # of regional trainers recruited | 140 regional trainers recruited in Diana, Menabe,Boeny, Melaky,Sofia and Sava | 190 regional trainers were recruited in Diana, Menabe,Boeny, Melaky, Sofia and Sava. 127 for MNCH 63 for WASH | Completed | | |

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| | | | | | Expected FY13 | Actual FY13 | Status | | |
| 2 | 1 | 3 | Conduct ToT for regional and NGO staff and regional trainers on KMSm and integrated program elements (24 districts; 15 days) | # of regional staff trained # regional trainers trained # NGO staff trained | 140 regional Trainers trained 06 regional staff trained 333 NGO staff trained in KMSm and integrated Program elements | 190 regional trainers trained in KMSm and integrated Program elements 06 MAHEFA regional staff trained in KMSm and integrated Program elements 333 NGO staff trained in KMSm and integrated Program elements (279 TA, 28 RT, 26 RSE) | Completed | | |
| 2 | 2 | | Build capacity of CHWs in integrated program elements | 7.2 Number of functional (trained, equipped, and supervised) community health workers | | | | | |
| 2 | 2 | 1 | Conduct training and logistics needs assessment for PCIME-c among CHWs in 24 districts (12 ongoing + 15 new districts) (combined with supervision activities) | # of CHWs assessed # of CHWs who need training # of CHWs who have stockouts of essential commodities and products (2.5, 4.5, 5.8) | Tools distributed to CHWs | 5,377 CHWs trained by by NSA program and 686 CHWs not trained in c-IMCI Tools distributed to CHWs | Ongoing with delays | c-IMCI curriculum being reviewed and revised by MoU and WHO | Priority to complete c-IMCI training for outstanding CHWs in FY14 |
| 2 | 2 | 2 | Organize regional team building sessions with staff and trainers to prepare the first level level of training (FP/RH and MNH) (initial; 4 new regions + 3 extension regions) | Team building conducted in each region # of regional staff participating in team building # of trainers participating in team building | 4 team building completed for all new districts | 5 team building completed for all new districts | Completed | | |
| 2 | 2 | 3 | Train all categories of CHWs in FP/RH and MNH (initial; 15 new districts) | # of CHWs trained in FP/RH and MNH elements 7.2 Number of functional (trained, equipped, and supervised) community health workers | 4,094 CHW to be trained | 4,014 CHWs trained | Ongoing with delays | | the difference 80 CHW will be trained in Q1 of FY14 |
| 2 | 2 | 4 | Assist NGOs with their first training session in FP/RH and MNH for all categories of CHWs (initial; 15 new districts) | # of assisted training sessions for FP/RH and MNH | | 9 sessions to be supported | Completed | | |
| 2 | 2 | 5 | Organize phased regional team building sessions with staff and trainers to prepare the second level of training (Depo-Provera/WASH-1) in coordination with the regional coordination meeting (initial; 6 regions) | Team building conducted in each region # of regional staff participating in team building # of trainers participating in team building | | 8 team building conducted | Completed | | |
| 2 | 2 | 6 | Train CHWs in Depo-Provera/WASH-1 (initial; 24 districts) | # of CHWs trained in Depo-Provera/WASH-1 # of CHWs qualified to deliver Depo-Provera services 7.2 Number of functional (trained, equipped, and supervised) community health workers | 4821 CHWs to be trained on Depo-Com and Wash 1 | 2,816 CHWs trained in DEPOCOM | Ongoing with delays | Delays in findings stages pratiques in DEPOCOM have slowed down initial DEPOCOM training | |

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|----------|----------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| | | | | | Expected FY13 | Actual FY13 | Status | | |
| 2 | 2 | 7 | Assist NGOs in their first training session on Depo-Provera/WASH-1 for CHWs (initial; 24 districts) | # of assisted training sessions for Depo-Provera/WASH-1 | | 12 assisted training sessions for Depo-Provera/WASH-1 | Completed | | |
| 2 | 2 | 8 | Organize regional team building sessions with staff and trainers to prepare the third level of training (PCIME-c) for all CHWs (initial and refresher; 6 regions) | Team building conducted in each region # of regional staff participating in team building # of trainers participating in team building | 686 CHWs identified to be trained in c-IMCI (those not yet trained by NSA project) | No CHWs trained in c-IMCI in FY13 | Postponed | NSA-2 project not operational | Participation in curriculum review, and conduct remaining CHWs in c-IMCI (at least 686) |
| 2 | 2 | 9 | Conduct initial or refresher trainings on PCIME-c as necessary based on the needs assessment findings | # of initial training sessions on PCIME-c conducted # of refresher training sessions on PCIME-c conducted # of CHWs receiving initial or refresher training as necessary | | see 2.2.8 | | | |
| 2 | 2 | 10 | Assist NGOs in their first training session on PCIME-c for CHWs (initial and refresher; 24 districts) | # of assisted training sessions for PCIME-c | | see 2.2.8 | | | planned on Q1/Q2 of FY14 |
| 2 | 2 | 11 | Organize regional team building sessions with staff and trainers to prepare the fourth level of training (nutrition/WASH-2) for all CHWs (initial; 6 regions) | Team building conducted in each region # of regional staff participating in team building # of trainers participating in team building | 5 team building conducted in each region | 5 team buildings completed | completed | | |
| 2 | 2 | 12 | Train CHWs in nutrition/WASH-2 (initial; 24 districts) | # of CHWs trained in nutrition/WASH-2 7.2 Number of functional (trained, equipped, and supervised) community health workers | 1783 CHWs to be trained on nutrition/WASH-2 | 2,199 CHWs trained on nutrition/WASH-2 | Ongoing as planned | | Training remaining CHWs in DEPOCOM in FY14 |
| 2 | 2 | 13 | Assist NGOs in their first training session on nutrition/WASH-2 for CHWs (initial; 24 districts) | # assisted training sessions on nutrition/WASH-2 | 5 planned nutrition session were supported by the TU-I | 5 nutrition sessions supported and monitored | Completed | | |
| 2 | 2 | 14 | Conduct 1-2 refresher trainings on FP/RH, Depo-Provera, and MNH for all CHWs in conjunction with other initial trainings (1 training for 15 new districts; 2 trainings for 12 ongoing districts) | # of refresher trainings in FP/RH, Depo-Provera, and MNH conducted # of CHWs receiving refresher training | 4 refresher training sessions on FP/RH conducted | none | Postponed | This refresher is meant to be conducted six months after CHW have been trained in ALL 5 health areas | Refresher curriculum being finalized, and refresher training planned for FY14 |
| 2 | 2 | 15 | Conduct 1 refresher training on PCIME-c, WASH, and nutrition for all CHWs in conjunction with other initial trainings (24 districts) (Combined with 2.2.9) | # of refresher trainings in PCIME-c, WASH and nutrition conducted # of CHWs receiving refresher training | | none | Postponed | see 2.2.14 | c-IMCI, WASH and nutrition will be integrated in the above refresher curriculum |
| 2 | 3 | Participative supply chain management | | | | | | | |
| 2 | 3 | 1 | Collaborate with partners to train supply point agents at commune level (162 communes) | # of communes with supply points trained | All 280 communes covered with 290 PA identified and trained; | f | Ongoing as planned | 09 communes not accessible, but PSI established PA relais to supply these communes | If accessibility and security improves, PSI can identify PA, If not PA relais can continue |

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|----------|----------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| | | | | | Expected FY13 | Actual FY13 | Status | | |
| 2 | 3 | 2 | Develop and implement supply chain strategies for hard-to-reach areas in collaboration with transport unit and partners | Strategies developed # of hard-to-reach communes supplied | | see 4.8 | | | |
| 2 | 3 | 3 | Assess the status of stock levels of malaria, FP, child health, and WASH products for PAs and CHWs on a regular basis | % of reporting CHWs who had stock-outs of specific tracer drugs/products (1.6, 2.5, 3.4, 4.5, 5.8) | % of reporting CHWs who had stock-outs of specific tracer drugs/products (1.6, 2.5, 3.4, 4.5, 5.8) | Stock levels assessed monthly. MAHEFA put in place data collection and data transfer system for CHWs (on stock management) in Sofia and DIANA | Ongoing as planned | | Roll out of stock mgt per SMS project in other districts |
| 2 | 3 | 4 | Update forecasts and procurement plans quarterly | Forecasts updated Procurement plans updated | Attended monthly meetings of the GAS-PMI and quarterly meetings of the FP Commodities Committee | Monthly meetings attended | Ongoing as planned | Delivery of 750,000 RDT for malaria expected Q1 FY14 | |
| 2 | 3 | 5 | Collaborate with partners to ensure a rational procurement plan for malaria, FP, child health, and WASH products for PAs and CHWs | % of reporting CHWs who had stock-outs of specific tracer drugs/products (1.6, 2.5, 3.4, 4.5, 5.8) | % of reporting CHWs who had stock-outs of specific tracer drugs/products (1.6, 2.5, 3.4, 4.5, 5.8) | Most essential commodities largely available for CHW (average monthly stock out % reported by CHW all under 2.3%) except 5 Pneumostop (15%) | Ongoing as planned | Pneumostop problem already addressed, procurement done, arrival in Q1 FY14 | |
| 2 | 3 | 6 | Ensure adequate storage and distribution of malaria, FP, child health, WASH and all other products for PAs and CHWs, including during the transition period from current to future USAID social marketing partner (280 communes) | % of reporting CHWs who had stock-outs of specific tracer drugs/products (1.6, 2.5, 3.4, 4.5, 5.8) | | see 2.5.3 and see 2.3.1 | Ongoing as planned | This action was only needed in case PSI's CA would not have been expetended. | |
| 2 | 4 | Equip and supply the CHWs and Youth Peer Educators | | | | | | | |
| 2 | 4 | 1 | Duplicate and disseminate IEC materials (flip charts, job aids, folders, posters, certificates, sign boards, etc.) for CHW use (initial and resupply; 24 districts) | Availability of materials at all necessary levels | Availability of CHW materials | 13,500 check lists DEPOCOM, 13,500 job aid DEPO and 2,750 FP posters distributed to CHWs, and 6,300 How-to Guides available. | Ongoing as planned | Tools (IEC registers, CSC tools and Mutuelle booklet) will be delivered in Q1 FY14 by suppliers | Deliver the outstanding tools Q1 to CHWs, including • FP invitations cards for CHW clients |
| 2 | 4 | 2 | Duplicate and disseminate IEC materials (pamphlets, guides, newsletters, posters, certificates, etc.) for use at the COSAN level (initial and resupply; 24 districts) | Availability of materials at all necessary levels | Availability of COSAN materials | 1,500 jobaid COSAN delivered - COSAN guide developed awaiting printing | Ongoing as planned | COSAN tools are all ready, waiting delivery by the printer | Deliver COSAN Guide in Q1 FY14 |
| 2 | 4 | 3 | Duplicate and disseminate IEC materials (health cards, pamphlets, posters, certificates, etc.) for use at the household level (initial and resupply; 24 districts) | Availability of materials at all necessary levels | Availability of materials at household level | 100,000 Carnets de Sante Enfants, 60,000 Carnets de Sante Femmes distributed to CHWs in intervention zones | Completed | | 4 types of <i>household merit stickers</i> designed for Care Group families printed Q1 FY14. Order and send 250,000 Carnets de Sante |

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|----------|----------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| | | | | | Expected FY13 | Actual FY13 | Status | | |
| 2 | 4 | 4 | Duplicate and disseminate IEC materials (flip charts, pamphlets, job aids, certificates, SMS message guide, etc.) for youth peer educators (initial and resupply; 24 districts) | Availability of materials at all necessary levels | Availability of IEC materials for YPE | IEC tools are developed for YPE s, and procurement process initiated | Ongoing with delays | Recrutement of the YPE consultant delayed, in Q3 only | All YPE tools, including training manuals, IEC materials and SMS guide will be available for 662 YPEs |
| 2 | 4 | 5 | Duplicate and distribute training and management tools for CHWs, YPEs, COSANs, and NGOs (24 districts) | # of tools duplicated (by tool) # of community actors provided with tools | Availability of training and management tools for actors | 70.000 stock management forms, 6.250 registers and forms and DEPO guide and job aids available at CHWs level | Ongoing with delays | Guides cycle beads, animation booklets delayed because of delays in updating tools and procurement delays | Guides cycle beads, c-IMCI tools, animation booklets and monthly report templates will be available in Q1 FY14 |
| 2 | 4 | 6 | Acquire the elements of the CHW starter kit (162 new communes; existing communes as needed) | # of kits available | Availability of materials at all necessary levels Duplicate new for the new districts and fokontany | 2.750 blouses and hats, scales, timers et MUAC, plastic buckets, jerrycans et 6.250 blue and red smart folder sent to CHWs + 6.030 tee shirts and hats + stationery kits already available | Ongoing as planned | | tee shirts and hats and stationery will be sent when bags are available in October 2013 |
| 2 | 4 | 7 | Distribute starter kits to CHWs (162 new communes; existing communes as needed) | # of kits distributed | Availability of starter kits to CHWs Duplicate new for the new districts and fokontany | Starter kits (items listed under 2.4.1. to 2.4.5) distributed to CHWs | Ongoing as planned | | Distribute remaining elements from in the Kits (see 2.4.1 to 2.4.5) |
| 2 | 5 | Establish pilot models for mutuelle/microfinance and transport approaches | | | | | | | |
| 2 | 5 | 1 | Identify and contact local microfinance institutions related to emergency transport, improved latrines, and women's decision-making for health (24 districts) | Local mutuelle/microfinance institutions identified and contacted | 3 local microfinance institutions identified in the 3 pilot districts of Morondava, antsohihy and Mitsinjo | Local mutuelle/microfinance institutions identified and contacted: 3 IMF (OTIV in Mitsinjo, CECAM in Morondava and PAMF à Antsohihy) | Completed | | |
| 2 | 5 | 2 | Conduct a feasibility study and develop a action plans to pilot mutuelle/microfinance models (2 models) | Feasibility study completed Action plans for pilot models developed | Feasibility study completed Action plans for pilot models developed 3 feasibility studies completed Action plans for pilot models developed | Feasibility study completed for Boeny (Mitsinjo), Menabe (Morondava) and Sofia (Antsohihy) Action plans developed for Boeny, Menabe and Sofia | Completed | | |
| 2 | 5 | 3 | Implement pilot models for mutuelle/microfinance for emergency transport, improved latrines or women's decision-making for health | # of pilot models tested | # of pilot models tested 2 autres pilot models tested and local facilitators/animators recruited and trained : 30 in Antsohihy on Q2: 30 in Morondava on Q2 Conduct supervision and follow-up of mutuelles (bi annual visits to Boards of Directors) | All 3 mutuelle pilots have reached last 3 steps of process All guides, manuals and management tools (inscription form, membership card, ...) developed and tested. Printing and distribution will commence in the first quarter of FY14 | Ongoing as planned | | Support the completion of the pilots, and distribute all print materials |
| 2 | 6 | Conduct Sanitation Marketing | | | | | | | |
| 2 | 6 | 1 | Conduct Sanitation Market Research (suppliers and consumers) (24 districts) | 3 mutuelles established, with management committee selected and Board of Directors selected and trained, 12 per districts mutuelle, rules and statuts established in Boeny, Menabe and Sofia | Market research conducted | Market research conducted | Completed | Market research conducted | |

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|----------|----------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| | | | | | Expected FY13 | Actual FY13 | Status | | |
| 2 | 6 | 2 | Design sanitation marketing strategy (Combined with 2.6.1 budget) | | Strategy | Strategy available, focussing on implementation of improved latrines first (with CLTS) | Completed | DSP component has priority, other WASH products for FY14 | Support local masons with DSP then focus on other WASH products |
| 2 | 6 | 3 | Design type of latrines and community disposal pits suitable for each district (24 districts) (Combined with 2.6.1 budget) | Types of latrines selected for each district Types of community disposal pits selected for each district | Types of latrines selected for each district | Each region has provided its most suitable models for latrines - collected central level | Ongoing with delays | Latrine models are available but need to be catalogued | Elaboration of catalogue for model latrines and disposal pits |
| 2 | 6 | 4 | Design and carry out marketing and promotion of products (24 districts) (combined with 2.6.1 budget) | 5.5 # of people in target areas with access to improved sanitation as result of USG assistance | | DSP are being constructed in all WASH regions by 210 local masons | Ongoing as planned | | |
| 2 | 6 | 5 | Design and carry out monitoring of production and sales of slabs and other products (24 districts) (combined with 2.6.1 budget) | Production and sales monitoring plan developed and disseminated Production and sales monitoring data collected and analyzed on schedule Information on production and sales shared with relevant parties | Production and sales monitoring plans developed and disseminated, monitored Information on production and sales shared with relevant parties | Production and sales monitoring plans are developed by local masons during training | Ongoing as planned | | |
| 2 | 6 | 6 | Train technicians and latrine construction entrepreneurs in latrine construction & maintenance, sensitization techniques, and sales promotion (15 selected districts) | # of technicians and latrine construction entrepreneurs trained # of SANPLAT slabs sold | 171 local masons trained | 210 local masons trained | Completed | | |
| 2 | 6 | 7 | Support development of action plans by technicians and entrepreneurs for latrine construction, including a plan for dissemination and follow-up (15 selected districts) (combined with 2.6.1 budget) | Action plans for latrine construction, sensitization and sales promotion developed Plan for monitoring and evaluating use of latrines developed Plans for dissemination developed | 67 Action plans for latrine construction, sensitization and sales promotion | 185 Action plans for latrine construction, sensitization and sales promotion | Ongoing as planned | Action plans for latrine construction, sensitization and sales promotion developed Plan for monitoring and evaluating use of latrines developed Plans for dissemination developed | |
| 2 | 7 | Establish infrastructure for improved drinking water | | | | | | | |
| 2 | 7 | 1 | Continue recruitment of consulting agencies/NGOs to mobilize the community and conduct technical studies, monitoring and surveillance (58 priority communes) | # of consulting agencies/NGOs recruited # of mobilizations conducted # of studies conducted | 8 Consulting agencies hired | 8 Consulting agencies hired | Completed | | |
| 2 | 7 | 2 | Select MSE for the construction or rehabilitation of infrastructure for water (58 priority communes) | # of MPE selected | 58 of MSEs selected | 41 Micro and Small Enterprises selected (not including Melaky) | Ongoing with delays | All completed except Melaky | Relaunch for Melaky |
| 2 | 7 | 3 | Identify or establish Water Users Associations and train and periodically update members on how to manage local infrastructure (58 priority communes) (combined with 2.7.1 budget) | # of Waters Users Associations functional (established, trained and supervised) | 100 WUAs established | 100 WUAs identified. The training is being done in parallel or after rehabilitation | Ongoing with delays | see 2.7.4 | |

| Contract | Activity | Sub-Activity | Planned Activities | Indicators | Annual achievements | | | Explanation of Gaps/Delays by end of FY13 | Next Steps to Address Gaps |
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| | | | | | Expected FY13 | Actual FY13 | Status | | |
| 2 | 7 | 4 | Rehabilitate and build water infrastructure facilities (58 priority communes) | # of wells constructed or rehabilitated # of other (non-well) water structures constructed or rehabilitated | 100 built water infrastructure facilities | 47 rehabilitated water infrastructure facilities: 22 wells, 15 fountains, 10 gravity water supplies | Ongoing with delays | Approval for <i>construction of new</i> infrastructures not yet received, instead MAHEFA focused on rehabilitation work (47 pieces) | Proceed to construction of previously identified water infrastructures in FY14 |
| 2 | 7 | 5 | Develop/adapt WASH-3 curriculum for Water Users Associations, technicians and entrepreneurs on maintenance and repair of WASH infrastructures (Combined with 2.7.1 budget) | Curriculum developed/adapted | 1 Curriculum developed/adapted | 1 Curriculum developed/adapted | Completed | | |
| 2 | 7 | 6 | Identify and train local technicians, entrepreneurs, and other members of the Water Users Association in infrastructure quality and maintenance (58 priority communes) (Combined with 2.7.1 budget) | # of technicians trained # of local entrepreneurs trained # of Water Users Association members trained # of improved water structures properly maintained | 200 technicians trained (2 per WUA) | 40 technicians trained within existing WUAs for maintenance | Ongoing with delays | Pending see 2.7.4 | Training in Q1 and Q4 de FY14 |
| 2 | 8 | Support CHWs to conduct sensitization and provide basic services at the community level | | | | | | | |
| 2 | 8 | 1 | Develop action plans with CHWs to conduct home visits on a regular basis at fokontany level | # of fokontany with action plans developed for home visits | 540 Fokontany with actions plans developed (new communes) 1644 Fokontany with actions plans developed (current communes) 4368 CHWs with action plans developed for home visits | 2570 Fokontany with actions plans developed 5140 CHWs with actions plans developed for home visits | Completed | | |
| 2 | 8 | 2 | Develop action plans with CHWs to conduct group sensitizations on a regular basis at fokontany | # of fokontany with action plans developed for group sensitizations | 540 Fokontany with actions plans developed (new communes) 1644 Fokontany with actions plans developed (current communes) 4368 CHWs with action plans developed for group sensitizations Complete | 2570 Fokontany with actions plans developed 5140 CHWs with actions plans developed for group sensitizations Complete | Completed | | |
| 2 | 8 | 3 | Develop action plans with CHWs to organize service delivery at a fixed site/home (receiving, counseling, treating, and referring clients) at fokontany level | # of fokontany with action plans developed for service delivery at fixed sites/homes | 3424 CHWs completed review 1 | 3924 CHWs completed review 1 | Completed | | |

| Contract | Activity | Sub-Activity | Planned Activities | Indicators | Annual achievements | | | Explanation of Gaps/Delays by end of FY13 | Next Steps to Address Gaps |
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| | | | | | Expected FY13 | Actual FY13 | Status | | |
| 2 | 8 | 4 | Establish communication channels between the CHWs, the NGOs, and the PAs to address obstacles and ensure continuous delivery of services by the CHWs (see M&E tools and reporting systems) | NGOs have communication channels established and shared with CHWs and PAs | 6024 CHWs in 5 regions reporting in monthly basis | 4292 CHWs reporting in a monthly basis (71%) | Ongoing as planned | | |
| Sub-total IR2 | | | | | | | | | |
| 3 | 1 | | Improve the quality of community activities | | | | | | |
| 3 | 1 | 1 | Conduct quarterly integrated supervision visits of Regional Units (6 regions) | # regional units supervised # regional supervision visits conducted | 6 regional units supervised | 6 regional units supervised | Completed | | |
| 3 | 1 | 2 | Conduct quarterly integrated supervision visits to NGOs (24 districts) | # NGOs supervised # NGO supervision visits conducted | 19 NGOs supervised | 19 NGOs supervised on a quarterly basis | Completed | | |
| 3 | 1 | 3 | Conduct quarterly integrated supervision visits of community actors (24 districts) (combined with 3.1.2) | # community actors supervised # community actors supervision visits conducted | 1857 community actors supervised (COSAN, CCDS, local authority, community facilitators, CHWs, PA) 97 community actors supervision visits conducted | 2598 community actors supervised (COSAN, CCDS, local authority, community facilitators, CHWs, PA) 2128 community actors supervision visits conducted | Ongoing as planned | All targets achieved (even beyond expected results) | FP compliance to be continued within Q1 FY14 (179 restants) . However FP compliance training will be repeated every year |
| 3 | 1 | 4 | Conduct quarterly integrated supervision visits of CHWs (24 districts) | # CHWs supervised # CHW supervision visits conducted using checklist | 3436 CHWs supervised | 4510 CHWs supervised | Completed | | |
| 3 | 1 | 5 | Conduct KMS objectives review 1 (12 districts) and KMS objectives reviews 2-4 (24 districts) | # of reviews conducted | 119 Objectives review 1 conducted 162 objectives review 2 conducted 80 objectives review 3 conducted 32 Review 4 conducted | 233 Review 1 conducted 163 Review 2 conducted 113 Review 3 conducted 24 Review 4 conducted | Ongoing as planned | After the Plan de Redressement, the certification of CHWs is only done after final evaluation in KMSm process | |
| 3 | 1 | 6 | Provide additional support for KMS objectives review 3 and certification (24 districts) | # of assisted reviews | Certification of CHWs in 162 communes KMSm | So far, 24 communes KMSm certified, and their CHWs and COSANS | Ongoing with delays | After the Plan de Redressement, the certification of CHWs is only done after final evaluation in KMSm process | Review targets, support KMSm certification in remaining 128 communes |
| 3 | 1 | 7 | Support events with the labels "AC mendrika," "fokontany mendrika", "tokatrano mendrika" et "commune mendrika" (24 districts) | # of "AC mendrika," "fokontany mendrika", "tokatrano mendrika" et "commune mendrika" events held | 6 Champion CHWS will be selected from each of the 12 original districts (72 total) Evaluation finale de 50 communes | 24 communes certified so far, with 2 Champion CHWs in each commune | Ongoing with delays | The Champion CHWs have not yet been selected as communes were only certified very recently (Q4) | Identify 72 Champion CHWs in 12 districts Speed up the final evaluation stage of other communes |
| 3 | 1 | 8 | Support and monitor the group monitoring sessions of CHWs (24 districts) | # of group monitoring sessions and reviews conducted | 393 monitoring sessions and reviews supported by NGOs | 533 monitoring sessions and reviews see 3.1.5 | Completed | | |

| Contract | Activity | Sub-Activity | Planned Activities | Indicators | Annual achievements | | | Explanation of Gaps/Delays by end of FY13 | Next Steps to Address Gaps |
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| | | | | | Expected FY13 | Actual FY13 | Status | | |
| 3 | 1 | 9 | Assist NGOs with group monitoring sessions for CHWs (24 districts) | # of assisted group monitoring sessions # of CHWs certified | 48 assisted group monitoring sessions Trainers and MAHEFA staff assist NGOs with monitoring sessions (Assistance provided to NGOs for monitoring sessions) | 62 assisted group monitoring sessions Trainers and MAHEFA staff assist NGOs with monitoring sessions | Completed | | |
| 3 | 1 | 10 | Develop QI measurement and improvement strategy and tools | Quality improvement strategy developed Quality measurement tools developed and available Quality improvement action plan developed | Quality improvement strategy + Quality measurement tools and plans and guidelines available. | QI approach, tools, guides ready and been used in 418 fokotany | Completed | | |
| 3 | 1 | 11 | Pilot adaptation of Community Score Cards or similar community QI approaches in MAHEFA districts (selected communes in 12 districts) | Community QI approach adapted # of pilot communes implementing community QI approach | Community QI approach adapted 3 pilot communes implementing community , 19 districts implementing community QI approach will be completed in Q4 | 12 district implementing QI | Ongoing as planned | | and focus on the 12 districts where CSC has been implemented |
| 3 | 1 | 12 | Orient regional and NGO staff and CHWs on the quality improvement approach in coordination with other trainings/orientations | # of regional and NGO oriented # of CHWs oriented | TA 280 trained in 19 districts where CSC introduced 45 NGO staff TRAINED (M&E and Technical Leads) in 19 districts Train a minimum of 1 Regional Trainers/district in 19 districts Train 8 regional and 10 central staff | TA 207 trained in 19 Districts where CSC introduced 45 NGO staff trained (M&E and Technical Leads) in 19 districts, 1 Regional Trainers /district trained in 19 districts 8 regional staff trained | Ongoing with delays | 10 MAHEFA staff were not available for training in QI | Organize training for 10 MAHEFA centra staff and focus FY14 on 12 districts where TAs already been trained |
| 3 | 1 | 13 | Identify community actors (e.g. CCDS, COSAN, beneficiaries, CHWs, opinion leaders) to coordinate QI activities at community level (selected NGOs in 24 districts) | # of communes with coordinating mechanisms identified | 2400 Community Actors | 5016 Community Actors | Completed | | |
| 3 | 1 | 14 | Conduct QI measurement and improvement activities with CHWs | # of measurements conducted # of improvement activities reported | Conduct 200 CSC processes in 15 districts | Conduct 418 CSC processes in 12 districts | Completed | To ensure good quality of the process, MAHEFA focussed on 12 in stead of 15 districts | In stead of expanding to other fokontany, redo the CSC session in the 418 fkt (15 districts) to assess impacts. |
| 3 | 1 | 15 | Develop ToT and participant curricula on mapping for household intervention monitoring and integrate into ongoing ToT and CHW trainings in pilot areas (10 communes) | Curriculum for ToT developed and integrated into ToT trainings Curriculum for participants developed and integrated into CHW trainings # of CHWs trained on the curriculum for mapping household interventions | | Curriculum for participants developed and integrated into CHW trainings All CHWs participating in review 1 are trained on the curriculum for mapping household interventions | Completed | | |

| Contrat | Activity | Sub-Activity | Planned Activities | Indicators | Annual achievements | | | Explanation of Gaps/Delays by end of FY13 | Next Steps to Address Gaps |
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| | | | | | Expected FY13 | Actual FY13 | Status | | |
| 3 | 1 | 16 | Monitor and evaluate use of mapping for household intervention monitoring at CHW level and make recommendations for scale-up (10 communes) | Evaluations completed Recommendations available # of CHWs using household intervention mapping | | | Postponed | Activity linked to SMS projecy see 3.4.2 | Trial of the monitoring based on the SMS-based system |
| | | | Formation en lignes en conformité PF des staffs Mahefa et ONG | Nombre staff formé en conformité PF | 340 MAHEFA staff, trainers, NGO personnel trained about FP compliance in conformity with USG regulations | All but 3 MAHEFA staff (central and regional) trained in FP compliance + 56% of Regional Training Consultants and 60% of all NGO staff. Those Regional Trainers and NGO recruited in Q4 not yet trained in FP compliance in conformity with USG regulations | Ongoing as planned | FP compliance trainings on track - newly recruited staff and regional training consultants will follow FP course in Q1 PY14 | FP compliance to be continued within Q1 PY4. Conduct FP compliance training for 3 new MAHEFA staff and repeat for those already trained in PY3 |
| 3 | 2 | | Motivation and incentives for CHWs | | | | | | |
| 3 | 2 | 1 | Establish non-financial motivation and incentives system for CHWs in line with the National Community Health Policy | Motivation/incentive system with clear management plan established and disseminated # of CHWs who receive non-financial incentives # of high-performing CHWs recognized | Finalized guide Conduct evaluation of 50 communes and determine Champion Communes 6 Champion CHWs identified in each of the 12 original districts and exchange visits are organized for them. | Finalized guide 24 evaluation communes and determine Champion Communes conducted 6 Champion CHWs identified in each of the 12 original districts and exchange visits are organized for them. | Ongoing with delays | The implimentaion guide of the NCHP is ready, but awaits signing by the Ministry. Exchanges with Champion CHWs not yet organized, the communities only reached Champion status at the very end of Q4 FY13 | Duplicate and distribute the Implementation Guide of the NCHP Identify 6 Champion CHWs in each of the 12 original districts and organize exchange visits |
| 3 | 2 | 2 | Collaborate with partners to determine strategy for travel cost reimbursement for CHW reporting activities | Meetings attended Reimbursement strategy developed and operationalized in selected districts | Reimbursement strategy developed and operational in 24 districts | Reimbursement done during the "regroupement mensuel" of CHWs | Completed | | |
| 3 | 2 | 3 | Create an informal network of CHWs and organize regular peer exchanges to encourage competition among different communities | # of exchanges visits conducted # of participants involved in exchange visits | 6 Champion CHWs will be selected from each of the 12 original districts and realize exchanges visits (72 total) | see 3.1.7 | Ongoing with delays | see 3.1.7 | |
| 3 | 3 | | Promote health among youth | | | | | | |
| 3 | 3 | 1 | Adapt/develop curriculum and related tools for training youth peer educators (YPE) | Curriculum and tools adapted/developed and available | YPE curriculum and tools adapted and developed | YPE curriculum and tools adapted and developed | Completed | | |
| 3 | 3 | 2 | Train youth peer educators in youth health in pilot fokontany (2 YPE/fokontany in chef lieu for 12 ongoing districts) | # of youth peer educators trained | 256 YPE in pilot fokontany trained in ARH | 200 YPE in pilot fokontany trained in ARH | Ongoing with delays | 56 YPE in Boeny will be trained in October and November (FY14) | 20 YPE training planned for Oct 6 to 10 36 YPE training planned for Nov 11 to 14 (postponed because of SSME and election process) |
| 3 | 3 | 3 | Conduct OR on adapting and implementing messages for sharing via SMS for YPE (153 FKT) | OR Strategy developed | OR strategy developed | OR strategy with phone mobile operators ongoing as | Ongoing with delays | Files lately delivered by operators for negotiation and small delays in reaction from mobile phone providers | MoU will be available by the end of November 2013 OR will be started only after 3 months of SMS project implementing |

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| | | | | | Expected FY13 | Actual FY13 | Status | | |
| 3 | 3 | 4 | Develop and implement action plans to pilot the use of mobile phones for sharing messages with YPE in selected communes, including the exploration of partnership with the private sector | Action plans developed # of YPE participating in mobile phone message sharing activities | MoU available | Exploration of partnership with the private sector ongoing as | Ongoing with delays | Action plan to pilot the use of mobile phone will be available after the MoU | Action plan developed at least by the end of November |
| 3 | 3 | 5 | Support sensitizations conducted by youth peer educators (YPE) (108 fokontany) (combined with below activity 3.3.6) | # of sensitizations conducted by YPE | Support of sensitizations conducted by YPEs in the fokontany pilot after YPEs training | No sensitizations conducted by YPEs by the end of September | Ongoing with delays | Delayed training of the YPEs by the end of September and November for DIANA | Monthly support of sensitization conducted by YPEs from the end of September planned |
| 3 | 3 | 6 | Conduct follow-up of sensitizations by youth peer educators (108 fokontany) | # of follow-up activities conducted (by YPE) | Follow up of sensitizations by YPEs on going as | Follow up of sensitizations by YPEs postponed | Postponed | The follow-up organized on December, after 3 months of implementing project | Quarterly follow up planned from December |
| 3 | 3 | 7 | Conduct a refresher training for CHW mentors of youth peer educators (108 fokontany) | # of youth peer educator mentors trained # of mentoring/monitoring sessions occurring # of youth peer educators monitored | 256 CHWs mentors refreshed on youth approach | 200 CHWs mentors refreshed on youth approach | Ongoing with delays | 56 YPEs from BOENY have been trained on Q1 of FY14 by availability of the local NGO faced to all activities of MAHEFA program to implement | 20 YPEs from Mitsinjo trained from 7 to 10 October; 36 YPEs from Soalala will be trained from 11 to 14 November faced to all activities of MAHEFA program to implement |
| 3 | 3 | 8 | Develop a plan for and conduct assessment of youth peer educator activities for scale-up | Plan developed Assessment conducted | Action plans developed | Plan for and conduct assessment of YPEs activities postponed | Postponed | Plan for and conduct assessment of YPEs activities will be effective after at least 6 months of implementing project, especially for scaling up | First assessment of YPEs activities for March 2014 |
| 3 | 4 | Logistics Management Information System (LMIS) | | | | | | | |
| 3 | 4 | 1 | Finalize monitoring strategy for supply chain management and data transmission and feedback at community level | Strategy finalized % of reporting CHWs who had stock-outs of specific tracer drugs/products (1.6, 2.5, 3.4, 4.5, 5.8) | Trial of the system at the pilot districts | Trial of the system accomplished at the pilot districts | Ongoing with delays | Some components of the system especially the outputs are not validated yet. The training of the system admin is postponed. | Validation and introduction of the outputs. These outputs are under development with HNI and are planned to be ended during Q1 |
| 3 | 4 | 2 | Operationalize the routine information system for supply chain management | Routine information system for supply chain management operationalized % of reporting CHWs who had stock-outs of specific tracer drugs/products (1.6, 2.5, 3.4, 4.5, 5.8) | Trial of the monitoring based on the SMS-based system | Trial of the monitoring based on the SMS-based system accomplished | Ongoing with delays | Not all the concerned CHW are trained. 344 CHW, 23 TA were trained in the 22 communes within the 2 pilot districts. 11 CHW were absent during these training session. | Training of all the concerned we decided not to catch up these training during the pilot phase |
| 3 | 4 | 3 | Develop and implement action plans for use of mobile phones for supply chain activities at PA, NGO and CHW levels (280 communes) | Action plans developed # of PAs and CHWs reporting commodity status by mobile technology | Action plans implemented | Action plans implemented | Ongoing as planned | | |
| 4 | 1 | Implement the EMMP | | | | | | | |
| 4 | 1 | 1 | Develop/adapt EMMP training and ToT curricula for use at the community level | Curricula developed/adapted | 1 | 1 Curricula adapted | Completed | | |
| | | | Duplicate EMMP curricula | | | 0 | | | |

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| | | | | | Expected FY13 | Actual FY13 | Status | | |
| 4 | 1 | 2 | Conduct ToT for central, regional and NGO staff and in coordination with other trainings | # of central staff trained # of regional staff trained # of NGO staff trained | 1 | 190 Regional Training Consultants + 6 MAHEFA regional staff + 333 NGO staff - integrated in initial TOT | Completed | | |
| 4 | 1 | 3 | Conduct training for CHWs and COSANs on the EMMP in coordination with other trainings | # of CHWs trained # of COSANs trained | | This is integrated to DEPOCOM training in which 2816 CHWs have been trained | Ongoing as planned | | Continue DEPOCOM training for remaining CHWs in FY14 |
| 4 | 1 | 4 | Conduct training for entrepreneurs, local technicians and Water Users Associations on the EMMP in coordination with other trainings (combined with 2.6.6 and 2.7.1) | # of entrepreneurs trained # of local technicians trained # of members of Water Users Associations trained | 171 local masons | 210 local masons trained | Completed | | |
| 4 | 1 | 5 | Monitor and follow-up compliance with environmental mitigation procedures (with MAHEFA staff supervision) | # of quarterly EMMP reports submitted | 4 Quarterly reports | 4 Quarterly EMMP reports submitted - combined with Annual Report | Completed | | |
| 4 | 1 | 6 | Prepare and submit report by consulting agencies for ESF/ERR | ESF/ERR report submitted | | 12 | Completed | 6 ESF ERR pour chaque région(Construction) 6 ESF ERR pour chaque région (Réhabilitation) | |
| 4 | 1 | 7 | Adapt Guide to Health Care Waste Management for the Community Health Worker. Duplicate Guide | Guide adapted | Guide adapted | Malagasy version of the guide available | ongoing as planned | Need to develop a simple jobaid based on the malagasy version to fit with the CHWs skill level | Develop a waste disposal jobaid for CHWs use |
| 4 | 1 | 8 | Promote community disposal pits at Fokontany levels (1750 fkt) | # disposal pits in place | 1750 disposal pits in place | none | postponed | Based on the status of Depocom and malaria diagnosis services provided by the CHWs in the field, the safety boxes are not yet full and still in use | Activity will be implemented in FY14 |
| 4 | 1 | 9 | Conduct project-wide Best Practices Review (BPR) on EMMP for central, regional, NGO and partner staff in coordination with other project-wide activities | BPR conducted | BPR conducted | none | postponed | Due to the delay of starting the water infrastructures construction that represents the main activity to assess | Activity will be implemented in PY5 |
| 4 | 2 | Ensure adequate M&E capacity among staff at all levels of the M&E system | | | | | | | |
| 4 | 2 | 1 | Hold annual project-wide M&E workshop for M&E, technical, and NGO staff | Project-wide workshop conducted | Project-wide workshop conducted | Combined with the annual planning meeting | Ongoing with delays | Given that M&E team has been introducing new systems which will be fully operational in FY14, it was found to be more effective to set up the workshop in FY14. Furthermore, as all M&E staff participated in the annual planning meeting, subjects like effective way to manage NGOs report, continued availability of CHWs management tools and WASH coordination were addressed during extra hours of the workshop. | Organize the annual workshop once the systems are operational |

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|----------|----------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| | | | | | Expected FY13 | Actual FY13 | Status | | |
| 4 | 2 | 2 | Conduct quarterly M&E supervision visits with on-the-job coaching for regional staff in coordination with other supervision visits (6 regions) | # of supervision visits conducted | 8 supervision visits conducted by M&E central staff | 10 supervision visits conducted by M&E central staff | Completed | | |
| 4 | 2 | 3 | Conduct quarterly M&E supervision visits with on-the-job coaching for NGO staff in coordination with other supervision visits (24 districts) | # of supervision visits conducted | 53 supervision visits conducted | 80 supervision visits conducted | Completed | | |
| 4 | 2 | 4 | Conduct quarterly M&E supervision visits with on-the-job coaching for CHWs and COSANS in coordination with other supervision visits (24 districts) | # of supervision visits conducted | 98 supervision visits conducted | 186 supervision visits conducted | Completed | | |
| 4 | 3 | Set up the data management system, including electronic approaches | | | | | | | |
| 4 | 3 | 1 | Select database providers | Proposals reviewed and evaluation reports finalized for provider selection | Proposals reviewed and evaluation reports finalized for provider selection | Proposals reviewed and evaluation reports finalized for provider selection | Completed | | |
| 4 | 3 | 2 | Establish contract for database provider | Contract for selected provider signed | Contract for selected provider signed | Contract for selected provider signed | Completed | | |
| 4 | 3 | 3 | Develop and set up the electronic data management system | System developed and set up | System developed and set up | Technical specification designed | Ongoing with delays | The MAHEFA M&E focal point and the selected provider needed more time than anticipated to design the system given the integrated areas to be considered. One M&E consultant was hired to help with the work load. | Set up the system for trial |
| 4 | 3 | 4 | Training of trainers for central and regional M&E staff on database utilization | # M&E staff trained | # M&E staff trained | Postponed in Q1 of FY2014 | Postponed | Subsequent to 4.3.3 | |
| 4 | 3 | 5 | Training of NGO M&E staff on database utilization | # NGO staff trained | # NGO staff trained | Postponed in Q1 of FY2014 | Postponed | Subsequent to 4.3.3 | |
| 4 | 3 | 6 | Operationalize the monitoring strategy, including data transmission and feedback at community level | # of on-time reports received at each level | 3400 on-time reports received at CHW level | 4087 on-time reports received at CHW level | Ongoing as planned | | |
| 4 | 3 | 7 | Conduct quarterly monitoring of BCC media and message dissemination activities | Monitoring conducted | | | | | |
| 4 | 3 | 8 | Assess mobile phone use coverage and capacity at commune level (162 communes) | Assessments of coverage and capacity completed | 160 communes assessed for coverage and capacity | 160 communes assessed for coverage and capacity | Completed | | |
| 4 | 3 | 9 | Develop action plans to pilot the use of smart phones by NGOs for submitting monthly reports (3 districts) | Action plans developed # of districts with NGOs submitting monthly reports by mobile technology | Action plans developed 2 districts with NGOs submitting monthly reports by mobile technology | Action plans developed 2 districts with NGOs submitting monthly reports by mobile technology | Completed | | |

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| | | | | | Expected FY13 | Actual FY13 | Status | | |
| 4 | 3 | 10 | Ensure coordination of database with other USAID and other stakeholders as appropriate | Database coordinated as appropriate | Database coordinated as appropriate | Tools for c-IMCI coordinated with PNL | Ongoing as planned | | |
| 4 | 4 | | Ensure functional M&E system in line with USAID requirements | | | | | | |
| 4 | 4 | 1 | Conduct semi-annual internal project performance reviews including NGO performance | Semi-annual project reviews (internal) conducted | Semi-annual project reviews (internal) conducted | Semi-annual project reviews conducted for all of the 16 NGOs contracts and new NGOs | Completed | | |
| 4 | 4 | 2 | Conduct annual strategic planning meeting | Strategic planning meeting conducted | Strategic planning meeting conducted | Annual planning meeting conducted | Completed | | |
| 4 | 4 | 3 | Develop FY14 Workplan, Program Monitoring Plan (PMP) and Environmental Mitigation and Monitoring Plan (EMMP) for FY14 | FY14 Work plan completed | FY14 Work plan completed | FY14 Work plan completed | Completed | | |
| 4 | 4 | 4 | Complete annual report | Complete annual reports submitted on time | FY12 annual report, Q1,Q2,Q3 reports submitted on time | FY12 annual report, Q1,Q2,Q3 reports submitted on time | Completed | | |
| 4 | 4 | 5 | Contribute to USAID joint annual management reviews (PPR) | Joint annual management reviews conducted (PPR) | Joint annual management reviews conducted (PPR) | Joint annual management reviews conducted (PPR) | Completed | | |
| 4 | 4 | 6 | Prepare and submit other required M&E documents as necessary, including TRaiNet | Documents submitted | Documents submitted | TRaiNet, remedial plan submitted | Completed | | |
| 4 | 4 | 7 | Participate in M&E working group and host some M&E working groups | # of M&E working groups attended # of M&E working groups hosted | # M&E working groups attended according to USAID planning | All planned M&E working groups attended | Completed | | |
| 4 | 5 | | Monitor data quality periodically and address obstacles to high-quality data | | | | | | |
| 4 | 5 | 1 | Conduct data quality coaching during routine supervision visits (Combined with supervision activities) | # of supervisions including data quality conducted | 65 supervisions including data quality conducted | 80 supervision visits conducted | Completed | | |
| 4 | 5 | 2 | Conduct annual internal data quality assessments with feedback and coaching | # of internal data quality assessments conducted | 1 internal data quality assessments conducted | Onsites data quality assessments conducted | Ongoing with delays | Data quality assessment was divided into 2 parts: routine and snapshot. NGO staff (RT, TA, RSE) were trained on the routine system. | Snapshot internal assessment will be done by end of Q2 of FY14. |
| 4 | 6 | | Carry out research activities to improve the quality of community health | | | | | | |
| 4 | 6 | 1 | Utilize MAHEFA baseline study findings to define current cord care practices | Current cord care practices in MAHEFA regions defined | Current cord care practices in MAHEFA regions defined | Current cord care practices in MAHEFA regions defined Protocol for the pilot program in Mahabo developed and presented to the ethics review board | Completed | | |
| 4 | 6 | 2 | Collaborate with USAID partners to conduct qualitative study on acceptability and feasibility of use of chlorhexidine for umbilical cord care | Qualitative study completed and results available | | Coordinated with and conducted by PSI | Completed | | |

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| | | | | | Expected FY13 | Actual FY13 | Status | | |
| 4 | 6 | 3 | Conduct OR on 1-2 pilot districts on the use of chlorhexidine for umbilical cord care, including EMMP-related disposal issues, contingent on product availability and approval | Research results available with recommendations and a plan for scale-up | Chlorhexidine project launched with MAHEFA program | Feasibility studies conducted, product tested and now available ("AroFoitra"), CHX coordinator recruited, training curriculum for CHWs done, 6 Regional Training Consultants trained *Job aid for CHWs available, 282 CHWs trained, M&E guide and tools available (integrated) | Ongoing as planned | | Continue implementation in Mahabo and roll out in Vohémar district |
| 4 | 6 | 4 | Conduct OR in 1 district on the use of misoprostol for prevention of post-partum hemorrhage if approved by MOH | Study conducted and results available | Study conducted and results available | Follow-up on the introduction of Misoprostol with MCHIP as part of CHX expansion in Vohémar | Ongoing as planned | Introduction of the Misoprostol should be coordinated with MCHIP as it was depending on the results of MCHIP research | Misoprostol will be integrated with Chlorhexidine program in Vohémar |
| 4 | 6 | 5 | Implement innovations, pilots and operations research | Studies conducted and results available according to need 7.5. # of innovations and models tested with results disseminated to communes | Combined with 4.6 to 4.11 | Combined with 4.6 to 4.11 | Completed | | |
| 4 | 7 | Pilot, with support from OR, methods designed to improve CHW mobility | | | | | | | |
| 4 | 7 | 1 | Develop detailed methodology for OR (Participatory) | Meeting held at regional level to present results of Needs Assessment and discuss OR approach Methodology developed with input from regions/communities | Hold meetings to develop method in participatory way | 1 Meeting held at regional level (Vohémar - SAVVA) Methodology developed Discussions held in Menabe Region to study the possibility of selecting one pilote district in Menabe | Completed | | |
| 4 | 7 | 2 | Achieve Ethical Approval in coordination with OR for community logistics | Research Protocol developed and submitted to MoH Ethical Committee Presentation of study to Ethical Committee Ethical Approval received | Develop and Submit Research Protocol to MoH Ethical Committee Present to Ethical Committee the study design | NA | Cancelled | Since the program is working directly with CHWs and not with community-level target groups, the OR on CHW mobility has no need for a research protocol. A letter authorising the pilot and training of the CHWs was obtained from the local MoH at the pilot district (Mahabo, Menabe region). | |
| 4 | 7 | 3 | Initiate procurement for means of transport and other equipment (if the OR for CHW mobility requires acquisition of capital equipment) | Specifications developed for equipment Purchase process developed with Admin team Means of transport purchased and in Madagascar Equipment available at regional level | Specifications developed for equipment Purchase process developed with Admin team Means of transport purchased and in Madagascar Equipment available at regional level 320 bicycles procured (as per initial pilot project plan and Remedial Plan). | Specifications developed, 320 bicycles procured and available at regional level (as per initial pilot project plan and Remedial Plan). | Completed | | |
| 4 | 7 | 4 | Conduct Baseline Study | Tools for Baseline Study developed Interviewers selected and trained Field work completed Data treated and analysed | Tools for Baseline Study developed Interviewers selected and trained Field work completed Data treated and analysed Baseline study conducted with first group of CHWs trained (who received MAHEFA bicycles and NSA bicycles). | Tools developed for project M&E and baseline study conducted in March with first group of 56 CHWs trained (who received MAHEFA bicycles and NSA bicycles) in Mahabo district, Menabe region. | Completed | | |

| Contract | Activity | Sub-Activity | Planned Activities | Indicators | Annual achievements | | | Explanation of Gaps/Delays by end of FY13 | Next Steps to Address Gaps |
|----------|----------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| | | | | | Expected FY13 | Actual FY13 | Status | | |
| 4 | 7 | 5 | Select implementing partner to support with OR | TORs developed Tender process completed Implementing partner selected | TORs developed Tender process completed Implementing partner selected | TORs completed, tender process completed and implementing partner selected (ONG Lalana). Consultant supervisor not selected due to lack of capacity at local level, supervision by the central team. | Completed | | |
| 4 | 7 | 6 | Train implementing partner | Training curriculum developed Implementing partner trained | Develop Training curriculum (CHWs and mechanics - 2) Train implementing partner | Training curricula finalised and implementing partner trained. 56 CHWs trained during first phase and capacity building sessions completed with implementing partner before second training phase. | Completed | | |
| 4 | 7 | 7 | Develop work plan with partner | Detailed work plan developed with partner | Develop work plan with partner | Work plan and training schedule developed with implementing partner and in collaboration with MAHEFA partner NGOs. | Completed | | |
| 4 | 7 | 8 | Review the OR progress and supervise and assure the quality of the implementing partner | At least 2 supervisory visits conducted during the 6 mth OR (this is in addition to M&E framework) | At least 2 supervisory visits conducted during the 6 mth OR (this is in addition to M&E framework) | Three (3) supervisory visits conducted for all activities (two training supervision visits and one M&E visit during mid-term evaluation). | Completed | | |
| 4 | 7 | 9 | Conduct mid-line evaluation (depending on rainy season access) | Tools developed Evaluation conducted Data analysed | Tools developed Evaluation conducted Data analysed | Mid-line evaluation for first 6 months of intervention in the first implementing district (Mahabo) conducted in June. | Completed | | |
| 4 | 7 | 10 | Conduct final evaluation | Tools for final evaluation developed (using Baseline Study tools) Interviewers selected and trained Field work completed Data treated and analysed | Tools for final evaluation developed (using Baseline Study tools) Interviewers selected and trained Field work completed Data treated and analysed Final evaluation conducted with first group of CHWs trained (who received MAHEFA bicycles and NSA bicycles). | Evaluation conducted and results available, final report bring developed. | Ongoing with delays | As the evaluation was conducted in late September, the report is still being finalised. | Finalise report and submit for USAID feedback. |
| 4 | 7 | 11 | Review evaluation findings | Findings reviewed and initial OR report produced | Training completed for selected 300 CHWs before the end of Q4, as proposed in Remedial Plan. | Tools and training curriculum reviewed, partner selection completed (ONG Lalana) and selection of scale-up districts completed in collaboration with the Regional Units. Training completed and bicycles distributed to 293 CHWs. | Completed | Due to communication issues between the MAHEFA partner NGOs and the CHWs, 7 CHWs did not attend the training course. | These 7 CHWs will be included in the FY14 training schedule. |
| 4 | 8 | Pilot through OR, new solutions for improved community logistics (hard-to-reach areas) | | | | | | | |
| 4 | 8 | 1 | Develop detailed methodology for OR (Participatory) | Meeting held at regional level to present results of Needs Assessment and discuss OR approach Methodology developed with input from regions/communities | Meeting held at regional level to present results of Needs Assessment and discuss OR approach Methodology developed with input from regions/communities | 1 Meeting at regional level (Boeny) and 1 Meeting at district level (1 Pilot area Mitsinjo) conducted. Methodology developed with input from regions, communities and partners. | Completed | | |

| Contract | Activity | Sub-Activity | Planned Activities | Indicators | Annual achievements | | | Explanation of Gaps/Delays by end of FY13 | Next Steps to Address Gaps |
|----------|----------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| | | | | | Expected FY13 | Actual FY13 | Status | | |
| 4 | 8 | 2 | Achieve Ethical Approval in coordination with OR for CHW mobility | Research Protocol developed and submitted to MoH Ethical Committee Presentation of study to Ethical Committee Ethical Approval received | Research Protocol developed and submitted to MoH Ethical Committee Presentation of study to Ethical Committee Ethical Approval received | NA | Cancelled | Since the program was working directly with CHWs and partner organisations (PSI and HoverAid) and not with community-level target groups, the pilot project on CHW mobility had no need for a research protocol. Through participatory meetings, the input of the community was sought to support the development of the methodology. An M&E framework and indicators were also developed for this pilot. | |
| 4 | 8 | 3 | Initiate procurement for means of transport and other equipment (if the OR for community logistics requires acquisition of capital equipment) | Specifications developed for equipment Purchase process developed with Admin team Means of transport purchased and in Madagascar Equipment available at regional level | Specifications developed for equipment Purchase process developed with Admin team Means of transport purchased and in Madagascar Equipment available at regional level | HoverAid has created a base in Mitsinjo and one hovercraft was permanently stationed in the district for the pilot project. This hovercraft will now be long-term available to MAHEFA. | Completed | | |
| 4 | 8 | 4 | Conduct Baseline Study | Tools for Baseline Study developed Interviewers selected and trained Field work completed Data treated and analysed | Tools for Baseline Study developed Interviewers selected and trained Field work completed Data treated and analysed | Tools for Baseline Study developed Interviewer Selected and trained Baseline interviews in Boeny (Mitsinjo) completed | Completed | | |
| 4 | 8 | 5 | Select implementing partner to support with OR | TORs developed Tender process completed Implementing partner selected | TORs developed Tender process completed Implementing partner selected | Contract developed with HoverAid and MoU signed with PSI (2) | Completed | | |
| 4 | 8 | 6 | Train implementing partner | Training curriculum developed Implementing partner trained | Training curriculum developed Implementing partner trained | NA | Cancelled | No training curriculum was needed, but a participatory workshop was held with both partners to help finalize the methodology and define responsibilities of each partner. | |
| 4 | 8 | 7 | Develop work plan with partner | Detailed work plan developed with partner | Detailed work plan developed with partner | Work plan developed with partners during participatory workshop. | Completed | | |
| 4 | 8 | 8 | Review the OR progress and supervise and assure the quality of the implementing partner | At least 2 supervisory visits conducted during the 6 mth OR (this is in addition to M&E framework) | At least 2 supervisory visits conducted during the 6 mth OR (this is in addition to M&E framework) | Three (3) supervisory visits conducted, during baseline, mid-term and final evaluation. | Completed | | |
| 4 | 8 | 9 | Conduct mid-line evaluation (depending on rainy season access) | Tools developed Evaluation conducted Data analysed | Tools developed Evaluation conducted Data analysed | Tools developed and mid-line evaluation completed | Completed | | |

| Contract | Activity | Sub-Activity | Planned Activities | Indicators | Annual achievements | | | Explanation of Gaps/Delays by end of FY13 | Next Steps to Address Gaps |
|----------|----------|--------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | | Expected FY13 | Actual FY13 | Status | | |
| 4 | 8 | 10 | Conduct final evaluation | Tools for final evaluation developed (using Baseline Study tools) Interviewers selected and trained Field work completed Data treated and analysed | Tools for final evaluation developed (using Baseline Study tools) Interviewers selected and trained Field work completed Data treated and analysed | Final evaluation of the pilot project completed in June, data treated and analyzed. | Completed | | |
| 4 | 8 | 11 | Review evaluation findings | Findings reviewed and initial OR report produced | Findings reviewed and initial OR report produced | Final presentation with USAID AOR conducted and Final Project Report completed and submitted for USAID feedback. | Completed | | |
| 4 | 9 | | Pilot through OR, community level referral transport arrangements for pregnant women, newborns and children (ETS 1) | | | | | | |
| 4 | 9 | 1 | Develop detailed methodology for OR (Participatory) | Meeting held at regional level to present results of Needs Assessment and discuss OR approach. Methodology developed with input from regions/communities | | The ETS1 (4.9) was modified during the development of the Remedial Plan in March 2013. See 4.10 (ETS2) for actual achievements. Consequently all 4.9.1 to 4.9.11 have been removed | Cancelled | The Emergency Transport strategy was modified during the development of the Remedial Plan in March 2013. See 4.10 for achievements | |
| 4 | 10 | | Pilot through OR, community level referral transport arrangements for pregnant women, newborns and children (ETS 2) | | | | | | |
| 4 | 10 | 1 | Develop detailed methodology for OR (Participatory) | Meeting held at regional level to present results of Needs Assessment and discuss OR approach Methodology developed with input from regions/communities | Meeting held at regional level to present results of Needs Assessment and discuss OR approach Methodology developed with input from regions/communities | The meeting held in Vohémar (to plan for CHW mobility activities) was used to discuss the possibilities of implementing the Emergency Transport pilot in the region. | Completed | | |
| 4 | 10 | 2 | Achieve Ethical Approval in coordination with OR for ETS 1 | Research Protocol developed and submitted to MoH Ethical Committee Presentation of study to Ethical Committee Ethical Approval received | Research Protocol developed and submitted to MoH Ethical Committee Presentation of study to Ethical Committee Ethical Approval received | NA | Cancelled | The team decided not to seek Ethical Approval on this instance, since the strategy was modified and this will no longer be a pilot project. The M&E framework was simplified for this first implementation district. | |
| 4 | 10 | 3 | Initiate procurement for means of transport and other equipment (if the OR for ETS 2 requires acquisition of capital equipment) | Specifications developed for equipment Purchase process developed with Admin team Means of transport purchased and in Madagascar Equipment available at regional level | Specifications developed for equipment Purchase process developed with Admin team Means of transport purchased and in Madagascar Equipment available at regional level | Specifications developed, implementing partner selected and designs developed for bicycle-ambulances, stretchers and ambulance-ambulance. Production ongoing (near completion) for bicycle-ambulances and stretchers. Production of boats waiting for cost evaluation. | Ongoing with delays | Limited local capacity in producing selected modes of transport delayed final selection of implementing partner | Production to be finalised in October and modes of transport available in Morondava. Negotiation on ambulance-boat costs currently ongoing. |
| 4 | 10 | 4 | Conduct Baseline Study | Tools for Baseline Study developed Interviewers selected and trained Field work completed Data treated and analysed | Tools for Baseline Study developed Interviewers selected and trained Field work completed Data treated and analysed | M&E framework developed and M&E plan developed. Baseline to be completed before management committee training. | Ongoing as planned | see 4.10.3 | Implementation activities planned for early November. |
| 4 | 10 | 5 | Select implementing partner to support with OR | TORs developed Tender process completed Implementing partner selected | TORs developed Tender process completed Implementing partner selected | TORs developed, tender process completed and implementing partner selected (Cabinet MIDAS). Implementation sites selected with MAHEFA partner NGOs. | Completed | | |

| Contract | Activity | Sub-Activity | Planned Activities | Indicators | Annual achievements | | | Explanation of Gaps/Delays by end of FY13 | Next Steps to Address Gaps |
|----------|----------|--------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| | | | | | Expected FY13 | Actual FY13 | Status | | |
| 4 | 10 | 6 | Train implementing partner | Training curriculum developed Implementing partner trained | Training curriculum developed Implementing partner trained | Community management system developed with implementing partner and training curriculum being developed for different stakeholders. | Ongoing with delays | Limited local capacity in producing selected modes of transport delayed final selection of implementing partner | Training curriculum planned to be finalised in October before implementation in November. |
| 4 | 10 | 7 | Develop work plan with partner | Detailed work plan developed with partner | Detailed work plan developed with partner | Detailed work plan developed with partner | Completed | | |
| 4 | 10 | 8 | Review the OR progress and supervise and assure the quality of the implementing partner | At least 2 supervisory visits conducted during the 6 mth OR (this is in addition to M&E framework) | At least 2 supervisory visits conducted during the 6 mth OR (this is in addition to M&E framework) | | Ongoing with delays | see 4.10.3 | Supervision and M&E to be carried out once emergency transport system is in place. |
| 4 | 10 | 9 | Conduct mid-line evaluation (depending on rainy season access) | Tools developed Evaluation conducted Data analysed | Tools developed Evaluation conducted Data analysed | | Ongoing as planned | see 4.10.3 | Supervision and M&E to be carried out once emergency transport system is in place. |
| 4 | 10 | 10 | Conduct final evaluation | Tools for final evaluation developed (using Baseline Study tools) Interviewers selected and trained Field work completed Data treated and analysed | Tools for final evaluation developed (using Baseline Study tools) Interviewers selected and trained Field work completed Data treated and analysed | | | see 4.10.3 | Supervision and M&E to be carried out once emergency transport system is in place. |
| 4 | 10 | 11 | Review evaluation findings | Findings reviewed and initial OR report produced | Findings reviewed and initial OR report produced | | | see 4.10.3 | Lessons learned to be evaluated during implementation and after, to be incorporated as well during FY14 activities. |
| 4 | 11 | | <u>Develop strategic plan for dissemination and scale-up for transport and logistics</u> | | | | | | |

| Contract | Activity | Sub-Activity | Planned Activities | Indicators | Annual achievements | | | Explanation of Gaps/Delays by end of FY13 | Next Steps to Address Gaps |
|----------|----------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| | | | | | Expected FY13 | Actual FY13 | Status | | |
| 4 | 11 | 1 | Disseminate results and discuss possibility for scale-up by the end of first 2 OR (CHW mobility and community logistics) | Strategic plan for dissemination and scale-up developed | Discussions held as part of Remedial Plan preparation and scale-up for selected transport activities initiated. | Discussions held as part of Remedial Plan preparation and scale-up for selected transport activities initiated. | Completed | | |
| 4 | 11 | 2 | Disseminate results and discuss possibility for scale-up by the end of second 2 OR (emergency transport and referral) | Strategic plan for dissemination and scale-up reviewed | Results of pilot project for community logistics discussed with partners and scale-up options agreed. | Results of pilot project for community logistics discussed with partners and scale-up options agreed (included in FY14 Work Plan). | Completed | | |
| 4 | 12 | Knowledge management for dissemination and contributing to programmatic decision-making | | | | | | | |
| 4 | 12 | 1 | Finalize knowledge management plan | Knowledge management plan finalized | CHX | Strategy reviewed | Ongoing with delays | Given that no suitable candidates were identified MAHEFA asked for assistance from Boston but the person will only be available in Q1 of FY14 | Knowledge management plan finalized |
| 4 | 12 | 2 | Develop articles for print and electronic media reporting results and success stories for USAID and others | Articles developed and disseminated | 5 success stories completed | 5 success stories completed | Completed | | |
| 4 | 12 | 3 | Disseminate results at international, national, regional, district and commune levels | # of documents with results disseminated | 12 documents with results disseminated | 12 documents with results disseminated | Completed | | |
| 4 | 12 | 4 | Develop a program website | Website developed | Website developed | | Cancelled | Will be developed along with the knowledge management plan | |
| 4 | 12 | 5 | Contribute to implementation of the National Community Health Policy | Meetings attended | Meetings attended | Meetings attended | Completed | | |
| 4 | 12 | 6 | Contribute to other policy and programmatic decision-making at local and national levels based on study and OR results | Meetings attended | Meetings attended | Meeting attended on chlorhexidine and misoprostol | Completed | | |
| 4 | 12 | 7 | Contribute to staff capacity building through attendance of international conferences and program exchanges | # people attending conferences | 3 international conference/workshop | 3 international conference/workshop | Completed | | |
| | | | | Sub-total IR4 | | | | | |

TOTAL Technical project start-up, management and reporting + IR1 + IR2+IR3+IR4



December 30, 2013

Dr Jocelyne Andriamiadana

AOR, USAID Madagascar

Subject: Response to USAID/HPN comments on MAHEFA FY13 Annual Report
(October 1, 2012 – September 30, 2013).

Reference: AOR e-mail of December 23, 2013 and
Cooperative Agreement No. 687-A-00-11-00013-00.

Dear Dr Jocelyne,

Thank you for reviewing and providing us with your comments on the MAHEFA FY2013 Annual Report. JSI noted areas of remarks/comments included in your communication and made update and or correction as necessary.

Please find below our responses and clarifications related to areas needing clarifications.

- 1. Please state only the June 21, 2010 version under the date of the most recent IEE.**

Update made in the attached version.

- 2. For the LLIN distribution activities, please ask MAHEFA team to provide more details on how the packaging and sachets have been disposed. What is exactly given to the beneficiaries -- the bednet out of its sachet or with the sachet? Can they send us some photos that illustrate the process of the bednet distribution and disposal of the entire packaging? Also, how did they deal with the used LLINs? Did beneficiaries give them back during the distribution of new ones?**

During MAHEFA FY2013 implementing period, only the district of Vohemar included in the LLIN campaign, as part of PSI program, and MAHEFA was not involved in the process of preparation, distribution and follow-up of the LLIN national campaign. Otherwise, PSI may use the same NGO and CHWs working with MAHEFA for distribution of the LLIN at the ground. Regarding Vohemar, MAHEFA did routine field supervision in Morafeno and Analovana (CR Fanambana) in February 2013 and observed how the CHWs organized the distribution with



Community waiting for LLIN distribution
- Analovana

community members. Depending of the family size (a community census preceded the distribution day) each household is provided with LLIN (1 for two persons) without sachets. However, we did not observe any used LLIN given back to the CHW by the beneficiaries.



The AC pulling out the sachet before giving the new LLIN to a mother in the fokontany of Analovana (February 10, 2013)



A committee member digging a hole to dispose the LLIN sachets after distribution

The packaging is then buried in place by the distribution local committee in a hole dug for that purpose far from crop field or water point. In addition, the regional team of MAHEFA worked in collaboration with the local radio and the SSD to reinforce the message related to the need to dispose correctly the LLIN packaging using burial pits.

3. Under the same activity – LLIN campaign, it is stated that CHWs received training based on the Empowerment guide and solutions for bednet cleaning. Can they send us the related module?

We attached herewith the “Torolalana and Vahaolana” guide the CHWs trained with and the bednet cleaning is part of the malaria topic (8 and 9) out of the 22 desired behaviors developed in the guide, and the sensitization on each topic is organized by quarter according to seasonal epidemiology of specific illness. The details of messages and proposed approaches to behavior change are described in pages 40, 41, 101 and 106 of the guide and solutions.

4. We need to document the environmental trainings provided by MAHEFA to CHWs and/or other participants, please ask them to provide us with copies of key curricula such as the waste management and disposal system.

As per MAHEFA approaches to improve CHWs skills in providing counseling, services and or referral related to program elements that required environmental mitigation and monitoring actions, the waste management and disposal system concerning specific areas of : (1) Malaria prevention and community-based treatment, (2) maternal, neonatal and child health, (3) Family Planning and Reproductive Health, and (4) water, hygiene and sanitation

are integrated in the main trainings provided to the CHWs on IMCI-c (pages 13 – 14), Depocom (pages 27, 38), RCC (p. 40, 41, 101, 106), and WASH (21-27). However, to complete the used LLIN and the chlorhexidine 7,1% disposal, the waste management job aids for CHWs will be reviewed to integrate these parts in Q2 of FY2014, and the use of the new presentation of RDT as well. A sample of the curricula and job aids are attached and additional hard copies will be provided to you.

5. Under the WASH activity – 4.1.6, do you mean that construction activities will be reported in FY 2014 instead of FY 2013?

Yes, and we reviewed accordingly the EMMR FY2013 that we resubmit here attached.

Please let us know if you require any additional information.

Regards,

p.i. 



Chuanpit Chua-oon
CBIHP COP JSI Research & Training Institute, Inc.
Community Based Intervention (CBI) Program

Attached files:

- Reviewed EMMR FY 2013
- Excerpt of the guide and solutions
- Curriculum of DEPOCOM
- Job aid of Depocom disposal
- Curriculum of IMCI-c (torolalana ho an'ny mpiofana).

