Quarterly Report

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Acronyms

AAP	American Academy of Pediatricians
ACCESS	Accessible Continuum of Care and Essential Services Sustained
ACNM	American College of Nurse Midwives
ACT	Artemisinin-based Combination Therapy
ADC	Aides Cliniques
ADRA	Adventist Development and Relief Agency
AIM	Alliance for Innovation on Maternal Health
AMS	Ankohonana Mendrika Salama (Ménage Championne)
ANC	Antenatal Care
ANC1	One ANC Visit
ANC4	Four ANC Visits
AQS	Assurance de Qualité de Services
ASC	Accompagnateurs de Santé Communautaire
ASOS	Action Socio-Sanitaires Organisation Secours
BRF	Bureaux Régionaux de Formation
CAC	Community Action Cycle
CCDS	Comités Communaux De Développement De Santé
CCTN	Cellule de Coordination Technique Nationale
CHRD	Centre Hospitalier De Référence de District
CHV	Community Health Volunteer
CHX	Chlorhexidine
CLTS	Community-Led Total Sanitation
COSAN	Comités De Santé
CRS	Catholic Relief Services
CSAJ	Centres de Santé Amis des Jeunes
CSB	Centre de Santé de Base
CU5	Children Under Five
CYP	Couple Years Protection
DAJ	Directorate of Jurisdictional Administration
DEPSI	Direction des Études, de la Planification et du Système d'Information
DGMP	Direction Générale de la Médecine Préventive
DHIS2	District Health Information Software II
DHP	Dihydroartémisinine-pipérquine
DPEV	Direction du Programme Elargi de Vaccination
DPS	Direction de la Promotion de la Santé
DQA	Data Quality Assessment
DREN	Regional Department of Education
DRS	Direction Régionale de la Santé
DRSP	Direction Régionale de la Santé Publique
DSFa	Direction de la Santé Familiale
DSSB	Direction des Soins de Santé de Base
DVSSER	Direction de Veille Sanitaire, Surveillance Épidémiologique, et Riposte

ECV	Vaccination Coverage Survey
EMAD	Equipe de Management de District
EMAR	Equipe de Management de Région
EPI	Expanded Programme on Immunization
ESF	Environmental Screening Form
FAF	Fer acide folique
FAV	Hetsika Fanamafisana ny Andron'ny Vaksiny
FE	Iron
FP	Family Planning
FSAW	Formation Sanitaire Amie de WASH
FY	Fiscal Year
GAS	Gestion d'Approvisionnement de Stock
GMP	Growth Monitoring and Promotion
GIS	Gestion des Informations Sanitaires
HCD	Human-Centered Design
HMIS	Health Management Information System
iCCM	Integrated Community Case Management
ICN	Integrated Community Nutrition
IHAB	Initiative Hopitaux Amis de Bébé
IMCI	Integrated Management of Childhood Illnesses
IMPACT	Improving Market Partnerships and Access to Commodities Together
IP	Implementing Partner
IPM	Institut Pasteur de Madagascar
IPT	Intermittent Preventive Therapy
IPTp2	Intermittent Preventive Treatment in Pregnancy 2 Doses
IPTp3	Intermittent Preventive Treatment in Pregnancy 3 Doses
IR	Intermediate Result
IUD	Intrauterine Device
JHU-CCP	Johns Hopkins Center for Communication Programs
LDP+	Leadership Development Program Plus
MEAH	Ministère de l'Eau, de l'Assainissement et de l'Hygiène
MERL	Monitoring, Evaluation, Research, and Learning
MGA	Malagasy Ariary
MI	Médecin Inspecteur
MID	Ministry of Decentralization
MISO	Misoprostol
MMS	Mpifankatia Mendrika Salama
MNCH	Maternal, Neonatal, and Child Health
MNDSR	Maternal and Newborn Death Surveillance and Response
MNH	Maternal and Newborn Health
MOPH	The Ministry of Public Health
MSH	Management Sciences for Health
MUAC	Mid Upper Arm Circumference
NdF	Nutrition de la Femme

NU	New User (of family planning)
O2VR	Outils de Vérification et Validation des RMAs
ODF	Open Defecation Free
ORS	Oral Rehydration Solution
PA	Point d'approvisionnement
PCoGE	Présidents du Comité de Gestion
PENTA1	Pentavalent Vaccine (First Dose)
PENTA3	Pentavalent Vaccine (Third Dose)
PEV	Programme Elargi de Vaccination
PhaGDis	Pharmacie de Gros du District
PhaGeCom	Pharmacie à Gestion Communautaire
PIRS	Performance Indicator Reference Sheet
PMP	Performance Management Plan
PNC	Postnatal Care
PNLP	Programme Nationale de Lutte contre le Paludisme
PPH	Postpartum Hemorrhage
PPR	Performance Plan and Report
PROGRES	Program for Organizational Growth, Resilience, and Sustainability
Project CURE	Project Commission on Urgent Relief and Equipment
PSI	Population Services International
PSP	Private Service Provider
PTF	Partenaire Technique et Financier
Q	Quarter
RANO WASH	Rural Access to New Opportunities in Water, Sanitation, and Hygiene
RBM	Roll Back Malaria
RCR	Referral and Counter-Referral
RDQA	Routine Data Quality Assurance
RDT	Rapid Diagnostic Test
RH	Reproductive Health
RMA	Monthly Activity Report
RSH	Rapport de Surveillance Hebdomadaire
RU	Regular User (of family planning)
SALAMA	Centrale d'Achats De Médicaments Essentiels Et De Matériel Médical De Madagascar
SBA	Skilled Birth Attendant
SBC	Social and Behavior Change
SDSP	Service de District de Santé Publique
SEIE	Electronic-based Integrated Epidemiological Surveillance
SFP	Service de Formation du Personnel
SG	Secrétaire Général
SILC	Savings and Internal Lending Communities
SMGSSE	Service de la Maintenance, du Génie Sanitaire et de Santé Environnement
SMS	Short Message Service
SMSR	Service de la Maternité Sans Risque
SMSRPF	Service de Maternite Sans Risque et Planification Familiale

SNUT	Service de la Nutrition
SOMAPED	Société Malgache de Pédiatrie
SP	Sulfadoxine Pyrimethamine
SSEAJ	Service de la Santé de l'Enfant, des Adolescents et des Jeunes
SSEnv	Service de la Santé et Environnement
STI	Sexually Transmitted Infection
STTA	Short-Term Technical Assistance
TAFA	Tanora Filamatra Aho
TMS	Tanora Mendrika Salama
TTM	Toeram-pitsaboana Tomombana sy Mahomby (FFSDP)
UNICEF	The United Nations Children's Fund
USAID	United States Agency for International Development
USG	US Government
WASH	Water, Sanitation, and Hygiene
WHO	The World Health Organization
WSR	Weekly Surveillance Report
WSUP	Water and Sanitation for the Urban Poor

ACCESS Program Overview

Activity Name	**Accessible Continuum of Care and Essential Services Sustained (ACCESS)**
Start and End Date	September 27, 2018 – September 26, 2023
Name of Prime Implementing Partner (IP)	Management Sciences for Health (MSH)
Cooperative Agreement Number	72068718CA00003
Name of Sub-Awardees	*Action Socio-Sanitaires Organisation Secours* (ASOS) American Academy of Pediatrics (AAP) American College of Nurse Midwives (ACNM) Catholic Relief Services (CRS) Dimagi Johns Hopkins Center for Communication Program (JHU-CCP) Population Services International (PSI)
Main Counterpart	Ministry of Public Health (MOPH), Madagascar
Geographic Coverage	Thirteen Regions in Madagascar: *Atsinanana, Vatovavy Fitovinany, Vakinankaratra, Amoron'I Mania, Haute-Matsiatra, Atsimo Andrefana, Menabe, Melaky, Boeny, Sofia, Analanjirofo, DIANA, SAVA.*
Goal and Purpose	The goal of the program is to accelerate sustainable health impacts for the Malagasy people–as measured by sustained reductions in maternal and child mortality and morbidity–in 13 regions of the country. The purpose of the program is to build the capacity of MOPH actors at the district level and below in all districts in the implementation regions, to design, develop, manage, deliver, monitor, and evaluate health services and programs in their catchment areas.
Objectives	1. Quality health services are sustainably available and accessible to all Malagasy communities in the target regions 2. Health systems function effectively to support quality service delivery 3. The Malagasy people sustainably adopt healthy behaviors and social norms.

RESULTS FRAMEWORK

ACCESS GOAL: To accelerate sustainable reductions in maternal, neonatal and child mortality

ACCESS Envisions: To build the capacity of MOPH actors at district level and below to design, develop, manage, deliver, monitor and evaluate health services and programs in their catchment areas

Objective 1. Quality health services are sustainably available and accessible to all Malagasy communities in the targeted regions	Objective 2. Health systems function effectively to support quality health service delivery	Objective 3. The Malagasy people sustainably adopt healthy behaviors and social norms
• 1.1. Quality community health services are available as first point of contact with the health system • 1.2. Quality health services are available at the CSB and district hospitals • 1.3. Functional continuum of care across service delivery channels is provided throughout the district	• 2.1. Service quality at the community and CSB is maintained through appropriate management, governance, supervision, oversight and motivation mechanisms • 2.2. Quality data is available at the CSB and district level, is used for decision making and integrated into the national HMIS • 2.3. Health commodities continuously available at CSBs and CHVs	• 3.1. The Malagasy people demonstrate knowledge and practice of healthy behaviors • 3.2. Communities and institutions promote and support healthy behaviors • 3.3. Barriers to healthy and health-seeking behaviors for the poor and underserved are reduced

AT A GLANCE

Through the United States Agency for International Development (USAID)-funded Accessible Continuum of Care and Essential Services Sustained (ACCESS) Program, the US Government (USG) continues its support to the Government of Madagascar in accelerating sustainable health impacts for the Malagasy people and strengthening the Ministry of Public Health's (MOPH) stewardship of the health sector. The purpose of the program is to build the capacity of MOPH actors at national, regional, district level and below to design, implement, monitor, and evaluate health services and programs in their catchment areas. Since its launch in October 2018, the five-year program is increasing the availability of quality health services, improving health infrastructure, strengthening the capacity of the health system, and promoting healthy behaviors among Malagasy communities to achieve sustained reductions in maternal and child mortality and morbidity across 13 regions of the country.

Led by Management Sciences for Health (MSH) in close partnership with the Government of Madagascar and its local partners, ACCESS is conducting activities to achieve three intermediate objectives: 1) quality health services are sustainably available and accessible to all Malagasy communities in the target regions; 2) health systems function effectively to support quality service delivery; and 3) the Malagasy people sustainably adopt healthy behaviors and social norms.

January- March 2021 [fiscal year (FY) 2021, quarter (Q) 2] marks the second quarter of the third year of implementation for ACCESS. Efforts in Q2 FY21 continued to focus on scaling up evidence-based interventions alongside the MOPH to improve access to quality care across the continuum of care, build the capacities of health actors across all levels to manage health system functions, and implement targeted social behavior change (SBC) strategies tailored to meet district needs. Q2 also saw the further implementation of transition activities between the Mahefa Miaraka and ACCESS programs in the seven northern regions. Throughout FY21, Mahefa Miaraka activities will gradually be transferred over to ACCESS. In Q2, the transition occurred in Analanjirofo, Melaky, and SAVA.

By the end of this reporting period, Madagascar has officially announced that the country entered the second phase of the COVID-19 epidemic. From February 18 to March 20, 2021, a total of 2,483 new cases were reported, with 45 deaths declared, the highest since the introduction of the virus in Madagascar in March 2020. While the region of Analamanga -- with the capital city of Antananarivo -- remains the epicenter of the epidemic, the other most heavily impacted districts are all in ACCESS intervention regions, including DIANA, Boeny, and Atsinanana. In these unusually tough conditions, ACCESS has adopted restrictive measures in order to protect its staff members, their collaborators, as well as the beneficiaries of the program. These include office closures, teleworking, travel restrictions and drastic limitations of meetings, workshops, and any type of gatherings.The COVID-19 pandemic has also resulted in the delays of some activities, as many MOPH staff and health actors at all levels have needed to re-prioritize their activities to focus on COVID-19 response efforts. This has also resulted in the delay of receiving some data.

ACCESS has also noted improvements in several priority indicators, including:

- The malaria testing rate (with a Rapid Diagnostic Test [RDT]) at the Community Health Volunteer (CHV) level increased to 75% in Q2 from 70% in Q1 FY21
- The malaria treatment rate (with an Artemisinin-based Combination Therapy [ACT]) at the *Centre Hospitalier De Référence de District* (CHRD) level increased from 78% in Q1 QY21 to 88% in Q2 FY21

- The percentage of Children Under Five (CU5) suspected of pneumonia treated with antibiotics increased from 92% in Q1 FY21 to 99% in Q2 FY21
- The number of family planning (FP) new users (NUs) increased from 132,259 in Q1 FY21 to 150,173 in Q2 FY21
- The number of FP regular users (RUs) increased from 1,434,109 in Q1 FY21 to 1,524,302 in Q2 FY21
- Chlorhexidine (CHX) use increased from 20% in Q1 FY21 to 23% in Q2 FY21
- The average percentage of scores between Toeram-pitsaboana Tomombana sy Mahomby (TTM) baseline and second TTM evaluation for 76 *Centre de Santé de Base* (CSB)2 has improved from 30% to 47% in a 6 months period.

Progress towards the Program Objectives

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OBJECTIVE 1: QUALITY HEALTH SERVICES ARE SUSTAINABLY AVAILABLE AND ACCESSIBLE TO ALL MALAGASY COMMUNITIES IN THE TARGET REGIONS

Key Activities Q2 FY21

OBJECTIVE 1.1: QUALITY COMMUNITY HEALTH SERVICES ARE AVAILABLE AS FIRST POINT OF CONTACT WITH THE HEALTH SYSTEM

- ACCESS has started to take over the community-level activities in the region of Boeny (beginning in Q1 FY21), within which two of five districts have been supported by Mahefa Miaraka, as well as in the regions of SAVA, Analanjirofo, and Melaky (beginning in February 2021). Therefore, the following section reports activities in seven regions:
    - Seven full-package regions : Analanjirofo, Atsimo Andrefana, Atsinanana, Boeny, Melaky, SAVA, and Vatovavy Fitovinany;
    - Three FP regions: Amoron'i Mania, Haute Matsiatra, and Vakinankaratra.
- To respond to the malaria resurgence, ACCESS supported Madagascar's first mass distribution of dihydroartémisinine-pipérquine (DHP)-based medicines campaign in the region of Atsimo Andrefana between March 16 and April 23, 2021. A total of 12 priority districts countrywide were selected by the MOPH and partners in FY20 for the roll-out of the mass distribution. Selection criteria were:
    - Districts with seasonal transmission
    - Communes that have experienced an increase in malaria cases of over 100% over the past three years
    - High malaria prevalence and high death rate

  Based on these criteria, 42 communes in 12 districts were chosen for this campaign, with a total target population of 659,500 people. Three of these districts are in the ACCESS supported region of Atsimo Andrefana: Benenitra, Ampanihy, and Morombe. The target population within the selected communes and districts is everybody over the

age of two months, except pregnant women and those with contraindications to the medicines.

In all 12 districts countrywide, each eligible individual receives three doses of DHP. This distribution of these three doses occurred in three successive days. The first dose is directly observed by the campaign staff, but the two remaining doses are given to the fathers of families so that they can ensure that each member of their family can correctly take their daily doses in the subsequent two days. Two distribution campaigns occurred 30 days apart. In total, 564,062 people were reached (85.4% of the target population). Of those, 3% (16,693) were 2-11 months old, 17.7% (100,192) were 1-4 years old, 27.7% were 5-13 years old, and 51.4% (290,474) were over 14 years old. According to the protocol, the second and third doses were administered at the household level; only the first dose was directly observed. ACCESS mobilized CHVs to support households if ever there were problems or adverse events during the administration of the second or third dose.

Specifically within the three ACCESS-supported districts that were a part of this campaign, 169,392 people received DHP, which was 72% of the target population of those districts. In Q3, results of the first round of mass distribution campaign will be further discussed among stakeholders, and the *Programme Nationale de Lutte contre le Paludisme* (PNLP), in order to use lessons learned to improve the planning and preparation of the second round.

- Following the initial implementation of the revised *Assurance de Qualité de Services* (AQS) approach in Q1 FY21 (the implementation cycle was revised to a 12-month cycle, when previously it was 8 months), all *Accompagnateurs de Santé Communautaire* (ASCs) have been oriented on the approach. 979 CHVs in Atsinanana, Atsimo Andrefana, and Vatovavy Fitovinany benefitted from clinical supervision at the level of the CSBs and were able to participate in their performance evaluation. 267 out of the 979 CHVs (27%) evaluated had a good performance (having a performance score over 80%). 207 out of 547 (37%) of CHVs offering Integrated Management of Childhood Illnesses (IMCI) services had a good performance; whereas 144 out of 432 (33%) of CHVs offering FP had a good performance. The first recommendation coming out of the supervision activities is the need to update CHVs on completing management tools, and the capacity of the CSBs must be improved to ensure the availability of commodities at the CSB/*Pharmacie de Gros du District* (PhaGDis) level so as not to penalize the CHVs. The frequency of integrated supervision is three months for CHVs.
- To improve access to contraceptive methods at the community level, and as part of the process of integrating the pregnancy test distribution at the community level in the region of Vatovavy Fitovinany, an advocacy and orientation workshop was held with members of the *Equipe de Management de Région* (EMAR) and two members of each of the six *Equipe de Management de District* (EMADs) in the region. This activity should have begun in Q1 FY21 but the competing priorities over the management of COVID-19 has caused delay: the regional team and the central *Direction de la Santé Familiale* (DSFa) team have been assigned to epidemic control related duties and therefore not available for our planned activity. The central team has since sent the updated documents to the regional team followed by remote orientation. The next step is the orientation (by the regional and district team) of the health workers who will train the community workers.

- Participated in the Baby-Friendly Community initiative implementation workshop led by the MOPH/DSFa/*Service de la Nutrition* (SNUT), and the Adventist Development and Relief Agency (ADRA). This approach, which promotes the practices of exclusive breastfeeding and the other components of *Alimentation du Nourrisson et du Jeune Enfant /Nutrition de la Femme* (ANJE/NdF) in the community, in the CSBs, and in Baby-Friendly Hospitals, will first be introduced in Vatovavy Fitovinany. ACCESS will support the improvement of service quality in the health facilities; integrate the vaccination component in baby-friendly spaces set up at the community level; and strengthen vaccination in the baby-friendly facilities. SBCC tools will be introduced in the health facility waiting rooms. Next steps include supporting the SNUT and *Direction du Programme Elargi de Vaccination* (DPEV) in reviewing the strategies for the *Initiative Hopitaux Amis de Bébé* (IHABs) and CSBs to improve the functionality of friendly spaces; support the SNUT and ADRA in producing training tools, assessment tools, and SBCC tools; selecting existing baby-friendly IHABs and CSBs in ACCESS-supported areas in Vatovavy Fitovinany; and initial implementation.
- Supported the EMAD and Chef CSBs in training of 52 CHVs on nutrition for pregnant women in the district of Mahajanga I in the region of Boeny.
- Trained 1,731 CHVs (see Table 1), which represents 41% achievement of ACCESS's annual objective to reach 4,235 CHVs this FY21. A total of 11,603 CHVs have been identified in the seven regions in which ACCESS is implementing at the community level starting in Q2 FY21. Of them, 68% are polyvalent (offering both FP and Integrated Community Case Management [ICCM] services). Urban CHVs (Toamasina I, Tulear I, and Mahajanga I), and CHVs located within 5km of a health facility are not polyvalent as they are only trained in health promotion, counseling, and referral activities.

Table 1: Number of CHVs trained in Q2 by region and module

Region	Maternal and Newborn Health (MNH)	ICCM	Malaria	FP	Total
Amoron'i Mania	0	0	0	204	204
Atsimo Andrefana	0	0	0	179	179
Atsinanana	200	111	111	137	311
Boeny	52	0	0	0	52
Haute Matsiatra	0	0	0	231	231
Vakinakaratra	0	0	0	69	69
Vatovavy Fitovinany	60	615	196	70	685
Total	**312**	**726**	**307**	**890**	**1,731**

*Total number of individual CHVs trained, but some CHVs were trained in more than one module

OBJECTIVE 1.2: QUALITY HEALTH SERVICES ARE AVAILABLE AT THE CSB AND DISTRICT HOSPITALS

Clinical Capacity Building

- Participated in MOPH and Technical Working Group (TWG) meetings to improve Postpartum Hemorrhage (PPH) prevention and treatment interventions in Madagascar using the Alliance for Innovation on Maternal Health (AIM) approach and virtual mentoring. Various meetings have taken place to disseminate the results of the Advancements in Postpartum Hemorrhage Care (APPHC) pilot project and to propose recommendations for scaleup.
- Conducted monthly telementoring sessions to strengthen the skills of ACCESS regional and district clinical capacity coordinators. Each session lasts at least 90 minutes with presentations and discussions of clinical cases selected at CSBs or hospitals. At the end of each session, a quality of care improvement form is discussed, so that the participants identify solutions to overcome the challenges encountered in implementing mentoring, supervision, and quality of care approaches. In January, the telementoring session focused on neonatal sepsis, the February session focused on FP in adolescents, and the March session focused on prolonged labor and the use of partographs. ACCESS identified the topics for telementoring through a survey. In October 2020, a questionnaire was administered to ACCESS technical staff at the central level, regional directors, district coordinators, and clinical capacity building specialists to assess the telementoring sessions conducted in 2020 and express their needs according to priorities.
- Prepared for the implementation of the AIM program: training documents are available in French, Safety Survey and baseline data collection documents and tools are available at the regional level, and a CHRD and two pilot CSBs were visited by the ACCESS team in Marovoay. Next steps include sharing the AIM implementation manual and facilitators guide with the MOPH (*Service de la Maternité Sans Risque* [SMSR] and *Service de Formation du Personnel* [SFP]), visiting the pilot sites in Vatomandy, collecting baseline data from the two pilot district hospitals, and training trainers on the AIM approach.
- Continued to develop ACCESS U modules. Four modules are currently available: *Gestion Active de la Troisième Période de l'Accouchement (*GATPA), preeclampsia, newborn resuscitation, and PPH. Next steps include identifying participants to test the four available modules, preparing the list of participants (names, emails, and modules to be tested), and testing the four modules and collecting feedback from participants. This includes online ACCESS U module testing with ACCESS staff as well as MOH officials in the evaluation process. ACNM is working with MSH ACCESS U team and platform moodle is being populated and contents being uploaded for existing modules.
- Supported the MNH training of seven trainers from the *Service de Maternite Sans Risque et Planification Familiale* (SMSRPF)/MOPH team. This training is intended to update the necessary MNH knowledge and skills of participants and develop the capacity for potential trainers, since some of the SMSR technical staff are new. Themes covered were: 1) Reproductive Health (RH) standards and procedures for antenatal care (ANC) - Misoprostol and Chlorhexidine (MISO-CHX) use; 2) partograph; 3) obstetric vacuum extraction; 4) pre-eclampsia and eclampsia; 5) PPH prevention by tranexamic

acid use; and 6) techniques for conducting training. Theoretical courses were followed by practical sessions. Jhpiego provided clinical expertise, while ACCESS provided technical and financial support. Next steps include monitoring of the post-training plans and conducting clinical skills strengthening sessions within the SMSRPF service once or twice a week. These new trainers will participate in training and supervisions throughout the regions as needed.

- Received and dispatched two containers worth more than $560,000 USD from Project Commission on Urgent Relief and Equipment (Project C.U.R.E.) in Vatovavy Fitovinany in Q2. These shipments included consultation tables, examination lamps, delivery and birth kits, surgical kits, patient beds, chairs, delivery kits for midwives, scales, and more, that were distributed to 147 CSBs and five CHRDs in Manakara, Mananjary, Vohipeno, Ikongo, and Nosy Varika. The next Project C.U.R.E. arrivals in Q3 will consist of three containers of various medical materials and equipment, as well as three containers of patient beds, which will be delivered to Atsimo Andrefana in May and June. Sofia and Boeny will receive the following shipments.
- Supported the MOPH in training eight central-level trainers on using the CSB Quality of Care Dashboard. Subsequently, these trainers trained EMARs, EMARs, and ACCESS regional teams in Analanjirofo, Atsinanana, Vatovavy Fitovinany, Menabe, and Atsimo Andrefana, and the regions are currently in the process of planning for the training of providers, which will take place during routine reviews, ongoing trainings, or formative monitoring visits.
- Trained 456 health workers in Q2 FY21 (see Table 2). ACCESS does not preset targets for the number of health workers trained because the training participants and modules are based on specific needs and set by the *Bureaux Régionaux de Formation* (BRFs). As the trainings occur on a needs basis, the targets change often, and therefore ACCESS does not set annual targets. CSBs receive integrated supportive supervision every six months.

Région	MNH1	MNH 2	MNH3	MNH4	Malaria	Expanded Programme on Immunization (EPI)	FP	Total*	Notes
Amoron'i Mania	0	0	0	0	0	0	0	0	Trainings postponed due to COVID-19
Analanjirofo	22	0	22	52	22	52	0	52	
Atsimo Andrefana	0	0	0	0	0	0	0	0	Trainings postponed due to COVID-19
Atsinanana	36	27	25	34	103	29	29	103	
Boeny	0	0	0	0	0	0	24	24	
DIANA	7	7	7	0	0	0	12	19	
Haute Matsiatra	0	0	0	0	0	0	0	0	Already completed targeted FP trainings
Melaky	0	0	0	0	0	0	0	0	No trainings occurred to the vacancy of the ACCESS Regional Coordinator and Clinical Capacity Building Director
Menabe	0	0	34	0	0	0	33	49	
SAVA	0	8	0	0	0	0	0	8	
Sofia	74	30	56	0	16	0	31	130	
Vakinakaratra	0	0	0	0	0	0	23	23	
Vatovavy Fitovinany	0	21	21	0	27	21	21	48	
Total	**139**	**96**	**165**	**86**	**168**	**102**	**190**	**456**	

*total number of individuals trained (some individuals were trained in multiple modules)

Vaccination

- Provided technical support to the DPEV for the development of its FY21 workplan.
- Supported the finalization of the EPI Standards and Procedures document for use by health workers.
- Provided technical support to the DPEV for monitoring preparations for the implementation of the Vaccination Coverage Survey (ECV). ACCESS also provided financial support for the training of 35 supervisors, 10 coordinators, and 115 surveyors, as well as for the purchasing of tools and PPE for the survey teams. A data analysis workshop funded by UNICEF is scheduled for the week of July 04, 2021, and ACCESS will fund the final restitution workshop on July 15, 2021, as well as the drafting of the final report.
- Provided technical and financial support for the investigation of VDPV polio cases reported in the Atsimo Andrefana region: There was a type 1 polio case detected in Ampanihy by the *Institut Pasteur de Madagascar* (IPM). The results of the investigation revealed that 57% of the children surveyed in the two investigation sites (Ampanihy and Sakaraha) in the Atsimo Andrefana region have never received a dose of polio vaccine, and that two suspected cases were found. The investigation team recommended organizing the Hetsika Fanamafisana ny Andron'ny Vaksiny (FAV) polio campaign in high-risk regions.
- Participated in strategic meetings with the MOPH, The World Health Organization (WHO), and other stakeholders to initiate Madagascar's adherence into the COVAX initiative and supported the MOPH and partners in the preparation of the national COVID-19 vaccine deployment plan (PNDV).
- Developing the e-learning module: Usefulness of the health card in vaccination services
- Conducted capacity strengthening activities of the ACCESS field teams to improve the coordination of data integrating EPI in the mobile clinics

FP

- In the process of expanding the range of contraceptive methods offered by health workers, ACCESS supported the MOPH to carry out four waves of regional training of trainers to build the capacity of the *Bureau Régionaux de Formation* (BRFs) and the *Laboratoires de Développement de Compétences* (LDCs) to conduct Intrauterine Device (IUD) training to health workers. As a result, Vakinankaratra, Amoron'i Mania, and Haute Matsiatra each have 10 IUD trainers; DIANA has five, and Sofia has seven.
- To improve youth access to quality RH services, the SSEA/DSFa intends to increase the number of *Centres de Santé Amis des Jeunes* (CSAJ- Youth-Friendly Health Centers). In Boeny, ACCESS supported the MOPH in organizing and conducting an orientation workshop for regional trainers (2 EMAR, 2 Mahajanga I EMAD, and 2 Mahajanga II EMAD), who then proceeded to train health workers on the approach and the management of adolescent and youth health. Twenty-seven health workers benefited from this training (eight from Mahajanga I and 19 from Mahajanga II). Consequently in Mahajanga I, one CSAJ has been revitalized and seven new CSAJs were established, and in Mahajanga II, 19 new CSAJs were established.

Malaria

- Continued to support the MOPH's malaria epidemiological surveillance efforts. In Q2 FY21, ACCESS conducted an audit of the program's surveillance system. All 60 districts in the ten ACCESS supported regions have an operational surveillance system, and of them, 25 priority districts use Electronic-based Integrated Epidemiological Surveillance (SEIE) (an expansion plan is currently underway). However, the audit revealed that within these 25 districts, the average completeness rate within the system is only 18%, which is mainly due to tablets provided by other partners that are broken. Roll Bank Malaria (RBM) , the PNLP, and the *Direction de Veille Sanitaire, Surveillance Épidémiologique, et Riposte* (DVSSER) have been made aware of this challenge and are in search of a solution with the partners. Initially, tablets were provided to the CSBs for the supervision of users of the CommCare application as part of electronic health monitoring. In collaboration with the other partners, ACCESS also supports the DVSSER in the provision or replacement of tablets at health facilities. As an interim solution, ACCESS and the PNLP supported these 25 districts using SEIE to switch to the use of the paper *Rapport de Surveillance Hebdomadaire* (RSH) forms. As a result, 12 of these 25 districts have been using these RSH forms since January 2021. ACCESS, RBM, and the DLMT are working to increase paper RSH forms in these 25 districts until the tablet issues are resolved.

Maternal, Neonatal, and Child Health (MNCH) + Nutrition

- Supported the training of trainers on Maternal and Newborn Death Surveillance and Response (MNDSR) in Atsimo Andrefana and DIANA. In Atsimo Andrefana, 26 people, including six facilitators (two MOPH central staff members, three members of the EMAR Atsimo Andrefana *Direction Régionale de la Santé Publique* (DRSP), and one ACCESS staff), as well as 13 district-level participants (four CHRD and nine EMAD), one from the *Centre hospitalier universitaire* (CHU) of Tulear, and six ACCESS regional and district staff. The EMARs and EMADs of DIANA were also oriented on MNDSR in Q2, including 28 participants (4 EMAR, 16 EMAD, 2 CHRD Ambilobe, 1 CHRD Ambanja, 1 CHRD Nosy Be, 2 ACCESS regional staff, and 2 ACCESS district staff). Next steps include the establishment of MNDSR review committees in each of the target districts of Atsimo Andrefana and DIANA at the regional level; organizing reviews of deaths recorded in 2020 in eights districts and eight hospitals in DIANA and Atsimo Andrefana; and orienting the health workers from the hospitals and CSBs, as well as the CHVs in the eight districts on the audit and review process.
- Supported the creation of 10 district MNDSR committees, including four in Vatovavy Fitovinany and six in Analanjirofo. All 12 *Service de District de Santé Publique* (SDSPs) of these two regions now have MNDSR Committees. 15 death reviews were conducted in Q2, including one in Soanierana Ivongo at the CHRD level, one in Sainte Marie at the CHRD level, four in Ifanadiana at the CSB level, seven in Mananjary at the CHRD level, and two in Nosy Varika at the CHRD level. See intermediate result (IR)1 results section for further details.
- Supported the orientation of MOPH central-level trainers and EMAR, EMAD, and ACCESS field staff on the CSB Dashboard to improve the quality of services use of data for decision-making in the regions of Atsinanana, Vatovavy Fitovinany, and Menabe.

Eight MOPH central-level trainers from the DSFa/DPEV/*Direction des Soins de Santé de Base* (DSSB), five EMAR and 71 EMAD, and 45 project field staff were oriented. The health worker orientations will subsequently be carried out by the EMARs and EMADs (supported by ACCESS regional staff) during reviews, formative monitoring, and supervisions. The orientations of trainers in the regions of Atsimo Andrefana and Analanjirofo are planned in Q3 FY21.

- Organized a coordination meeting with the DSFa team to share the MNCH/FP approaches and to discuss achievements and implementation challenges in the regions supported by ACCESS. This meeting helped the DSFa team to realize the importance of periodic monitoring of indicators, to promote the analysis and use of data at all levels, and to strengthen the commodity management system at all levels. Periodic coordination meetings between DSFa and ACCESS will be organized with well-defined themes for each meeting. Consecutive to this coordination meeting, the DSFa organized a videoconference with the EMAR and EMAD teams to provide guidance on commodity management and on the distribution and use of MISO-CHX. Participants in the meeting included 17 EMAR, 73 EMAD, and 72 ACCESS staff from the ten supported regions.
- Participated in the MNH National Committee meeting during which the committee TDRs were reviewed, and the SMSR workplan was presented. All *Partenaire Technique et Financier* (PTF) activities should be aligned and included in the SMSR workplan. ACCESS also presented the status of MISO-CHX use, challenges, lessons learned, and recommendations for harmonizing the approach with the partners. The MISO-CHX SBCC tools and *Boite à image à classeur* (BAIC) were also presented for feedback before validation.
- Following the Leadership Development Program Plus (LDP) organized within ACCESS in FY20 to improve the use of MISO-CHX, the activities planned for Q2 were monitored and improvement plans were developed and implemented. ACCESS also supported the SMSRPF team in developing and disseminating the job aid on the use of CHX 20g, ensuring that after the refresher courses, CHVs are equipped with MISO and management tools. Improving Market Partnerships and Access to Commodities Together (IMPACT) has dispatched CHX to eight of the ten jointly supported regions. For Atsimo Andrefana, The United Nations Children's Fund (UNICEF) will ensure the delivery, and no more CHX was sent to Analanjirofo as there is an overstock in this region.
- Supported the MOPH and *Société Malgache de Pédiatrie* (SOMAPED) to develop the Curriculum for Pediatric and Neonatal Emergencies adapted to the Madagascar context. Two meetings were organized and attended by 11 pediatrician members of SOMAPED, clinicians practicing in hospitals, and MOPH technical team members (two *Direction Générale de la Médecine Préventive* (DGMP) staff, one DSFa staff, and three *Service de la Santé de l'Enfant, des Adolescents et des Jeunes* [SSEAJ] staff). Topics for technical content were identified: Triage and ABCD (Airways- Breathing- Circulation- Coma- Convulsion- Severe dehydration); early bacterial neonatal infection; respiratory distress in infants and children' convulsion of newborn infants and children; neonatal jaundice; neonatal tetanus; coma in infants and children; acute dehydration in a eutrophic child; and bacterial meningitis. Next steps include sharing the draft reference manual with the group of pediatricians, DGMP, DSFa, and SSEAJ staff; organizing a workshop to develop the curriculum; identifying resources for training and for the

required materials and equipment for the hospitals; validating and disseminating; and launching the training of trainers (scheduled for Q4 FY21).

Water, Sanitation, and Hygiene (WASH)

- Organized two national-level interministerial reflection workshops on sustaining WASH services in health facilities. The first took place on February 10, 2021, with the participation of the *Service de la Santé et Environnement* (SSEnv), Directorate of Jurisdictional Administration (DAJ) MOPH, *Ministère de l'Eau, de l'Assainissement et de l'Hygiène* (MEAH), DAJ MEAH, Ministry of Decentralization (MID), Regional Department of Education (DREN), ACCESS, WHO, UNICEF, Water and Sanitation for the Urban Poor (WSUP), WATERAID, Rural Access to New Opportunities in Water, Sanitation, and Hygiene (RANO WASH), and Catholic Relief Services (CRS). The workshops covered the need to establish a formal sustainability structure that would involve the existing formal structures; the budgeting process at CSBs and the funding mechanism from the Mayor's office at the commune levels; and the identification of other possible sources of revenue to support WASH activities in health facilities, including: the sale of water to visitors, the commune budget, the SDSP budget, CSB allocation from MID, taxes or surcharges from Jirama or the private sector, and fundraising events.

  The second workshop took place March 4, 2021, with the participation of the SSEnv, DAJ MOPH, SILOP MOPJ, MEAH, MID, WASH DREN, *Ministere de l'aménagement du Territoire et des Travaux Publics* (MATP), WASH civil society organizations (CSOs), WHO, UNICEF, WSUP, WATERAID, RANO WASH, CRS, and Medical Care Development International (MCDI). This workshop covered the four proposed WASH management models for health facilities according to the type of facility, system, and management structure available (see Annex A for more details). Next steps include testing management models in ACCESS-supported health facilities, and reviewing the findings after six months of testing.
- Conducted WASH-friendly health facility (FSAW) evaluations in 14 of the 33 ACCESS-supported health facilities in four districts of the Analanjirofo Region: Sainte Marie, Fenerive Est, Vavantenina, and Soanierana Ivongo. The results of the evaluation revealed that 13 of the 14 health facilities could be FSAW-certified after only a few observations from the survey are addressed; the remaining facilities could not be visited due to accessibility challenges during the rainy season. Observations included the need for on-site sorting and disposal of waste; repairing of minor problems of the water system; fulfillment of commune responsibilities at the CSB; and clarification of the responsibilities of the commune, the SDSP, and the CSB for managing WASH services at the health facility level.
- Conducted FSAW formative follow-up visits with 86 out of 104 planned health facilities in the seven northern regions. The visits, conducted in collaboration with the *Service de la Maintenance, du Génie Sanitaire et de Santé Environnement* (SMGSSE), EMAD, ACCESS WASH Specialists, and CSB chiefs, focused on the development and monitoring of action plan implementation (see Table 1 in Annex B for more details). Challenges with the FSAW approach include, but are not limited to, the unavailability of the FSAW training curriculum due to some key stakeholders unavailable to contribute to the document; differences among stakeholders in the content and delivery method of the

FSAW training, which could lead MOPH staff to prefer one over another; difficulty in training and monitoring WASH committees in remote zones, including Maroantsetra and Mananara Nord; and lack of involvement of EMARs/EMADs in FSAW formative follow-up visits due to their unavailability.

- Supported 36 (10 were planned) technical diagnostics and initial WASH assessments in Analanjirofo, DIANA, SAVA and Sofia regions. Activities were accelerated to advance in the bidding process and attain the objectives set for FY21. (Please see Table 2 in Annex B for detailed diagnostic results.)
- Established 58 out of 49 planned WASH committees in priority facilities of the seven northern regions (see Table 3 in Annex B for details).
- Trained 12 out of 59 planned WASH committees in the Boeny, Menabe, and Melaky regions (see Table 4 in Annex B for details).
- Provided 350 hand-washing devices to 140 health facilities trained in FSAW in the Analanjirofo region (see Table 5 in Annex B for details).
- Installed 20 gender-segregated latrine blocks and handwashing stations in 19 health facilities in the Boeny, Menabe, and DIANA regions (see Table 6 in Annex B for details).
- Monitored construction of 23 latrine blocks and handwashing stations in the Analanjirofo and DIANA regions. Construction was delayed due the lack of financial resources and unavailability of materials that was experienced by two construction companies. Discussions with the companies are in progress to identify alternatives to advance their work, or else terminate their contracts if necessary. One challenge is insufficient staff to continuously monitor construction work, as sites are remote and scattered. ACCESS identified Service and Maintenance Technician volunteers but they were not sufficiently available, competent, or interested in undertaking this responsibility. CRS has addressed this challenge by hiring consultants to monitor for Q3 FY21.
- Conducted 10 out of 38 planned microbiological and physico-chemical analyses of water points in the DIANA region with IPM. At the same time, analyses of the same water points were carried out with the ACCESS DelAgua Analysis Kits. The two results from the IPM/ACCESS Kit analyses will be compared to validate the ACCESS Kits for post-Project use by the DRSPs (see Tables 7 and 8 in Annex B). Challenges with analyses include: difficulty in meeting 24-hour timeframe to route samples to IPM for microbiological and physico-chemical analysis of water points due to the difficulty of accessing remote health facilities, and difficulty with analyzing water points before establishing WASH infrastructure, since some CSBs are inaccessible from November to June.
- Construction is in progress for 49 latrines/ handwashing stations and 75 water points. The first water points constructions will be completed by the end of June. Contracts for 35 latrines/handwashing stations and 17 water points are awaiting USAID approval. Bid tendering and Environmental Screen Forms for 35 latrines//hand washing devices and 70 water points are being prepared (see indicators 1.2.21 and 1.2.22)
- Distributed handwashing devices to 10 CSBs and informational posters on handwashing and waste-sorting to 86 health facilities in the Sofia region to help reduce the spread of COVID-19. ACCESS also distributed handwashing and waste management guides and

FSAW diagrams to 135 health facilities in SAVA, as well as 350 handwashing devices to 140 health facilities in Analanjirofo.

- Installed electrochlorinators at the SDSP level, and trained 16 EMADs (WASH district representatives and laboratory technicians) on the use of them across four districts of the SAVA and DIANA regions.
- Trained health workers on Infection Prevention and Control (IPC) WASH during FSAW evaluations in the Analanjirofo region.
- Existence of *Document d'Appel d'Offre* (DAO) and Environmental Screening Form (ESF) being finalized for the construction of 35 latrines/hand washing devices.
- Continued to conduct activities linked to indicator 2.0.4, "Percentage of annual action plans including WASH improvements with budgeted line items" in priority health facilities. However, due to the confusion about the indicator definition, ACCESS will report on this indicator for the seven northern regions starting in Q3 FY21. ACCESS submitted a proposed revision of the indicator definition to USAID, which is awaiting approval. The results presented below are cumulative for the life of the project, and include the percentage of annual action plans that include WASH improvements in priority health facilities in the seven northern regions.

Table 3: Realizations of the WASH Action Plans

	Number of health facilities for FY20	Number of health facilities for FY21	Total health facilities	Number of FY20-FY21 action plans	Objective reached	Observation
7 Northern regions	16	60	76	76	100%	Action plans available at the health facilities

OBJECTIVE 1.3: FUNCTIONAL CONTINUUM OF CARE ACROSS SERVICE DELIVERY CHANNELS IS PROVIDED THROUGHOUT THE DISTRICT

- 52% of women and children referred by CHVs were reported as received by the CSB level in Q2 FY21. This is the first period that the Monthly Activity Report (RMA) CSB and RMA Com have captured both ends of the referral system (people referred by CHVs to CSBs and people at the CSB received who were referred by a CHV). This reported rate of referral completion surpasses the FY21 annual target of 20%.
- Assessed Referral and Counter-Referral (RCR) system functionality through the TTM approach (see Table 4).

Table 4. RCR results from TTM baseline assessments of 193 CSB2 in ten regions conducted in Q2 FY21

RCR STANDARDS	CONDITIONS OF ALLOCATION OF POINTS	Nb CSB2 with no compliance to the standard	Nb CSB2 with compliance to the standard**
7.2 (f) The health facility has identified which CHVs are involved in referrals for ANC provision and identified those who are not.	The health facility manager identified the CHVs involved in the referral for the provision of ANC and those who are not.	72	121
7.2 (g) The health facility has identified which CHVs are involved in actions related to emergency transport and identified those who are not..	The health facility manager identified the CHVs involved in actions related to emergency transport and those who are not during the monthly meetings with the CHVs.	111	82
8.2 (a) All referrals of patients to a higher level are documented and the referral sheets are used to complete the RMA of the health facility.	At the health facility level, there is the RMA which collects referral data to a higher level establishment. The referral sheets are used as a source of data for filling in the RMA of the health facility concerning the number of referral cases made to the referral health facility.	127	66
8.2 (b) Counter-referral sheets issued by the referral health facility concerning patient follow-up visits are available and filed in the health facility that initiated the referral.	Check that there are counter-referral sheets written by the referral health facility when referring back patients to the health facility that made the referral.	161	32

**Score à 0% = The CSB2 does not follow the standard; **Score à 100% = The standard is fully applied by the CSB2*

- Identified 1,407 functional CHV TOBYs and 760 operational emergency transport systems in Q2, which is approximately a 50% increase compared to Q1 in the five regions (232 in Atsinanana, 335 in Atsimo Andrefana, 135 in Vatovavy Fitovinany, 28 in Boeny, 29 in SAVA, and 1 Melaky). The modes of transport vary by Fokontany or region, but include rickshaw, car, *charette,* and *filanjana*. Every month all the ASCs go to the Fokontanys to identify or revitalize the CHV TOBYs and the emergency transport systems to make them functional. In the event that there is not yet a CHV TOBY or an emergency transport system, the ASC reports to this to the COSAN so that the latter can make an action plan (SAHA Plan) with the community in order to put one in place.

FY21 Q2 Key Data/Results

MALARIA

Table 5. Progress to target for key malaria indicators in Q2 FY21

Indicator	FY21 Target	Q1 FY21	Q2 FY21	% of FY21 target achieved
1.0.1 # CU5 with fever tested for malaria	841,555	168,726	251,687	50%
1.0.1 % CU5 with fever tested for malaria	96%	94%	93%	98%
1.0.2 # CU5 testing positive for malaria who are treated with ACT	324,190	53,642	93,719	45%
1.0.2 % CU5 testing positive for malaria who are treated with ACT	100%	88%	85%	86%
1.2.4 # of women who received Intermittent Preventive Treatment in Pregnancy 2 Doses (IPTp2) during ANC	355,308	N/A	58,969	17%
1.2.4 % women who received IPTp2 during ANC	80%	N/A*	58%	72%
1.2.5 # women who received IPTp3+ during ANC	244,276	51,939	42,674	39%
1.2.5 % women who received Intermittent Preventive Treatment in Pregnancy 3 Doses (IPTp3+) during ANC	55%	51%	42%	85%

** This data was available only starting from Q2, 2021, after the implementation of the new version of RMACSB.*

Key Achievements

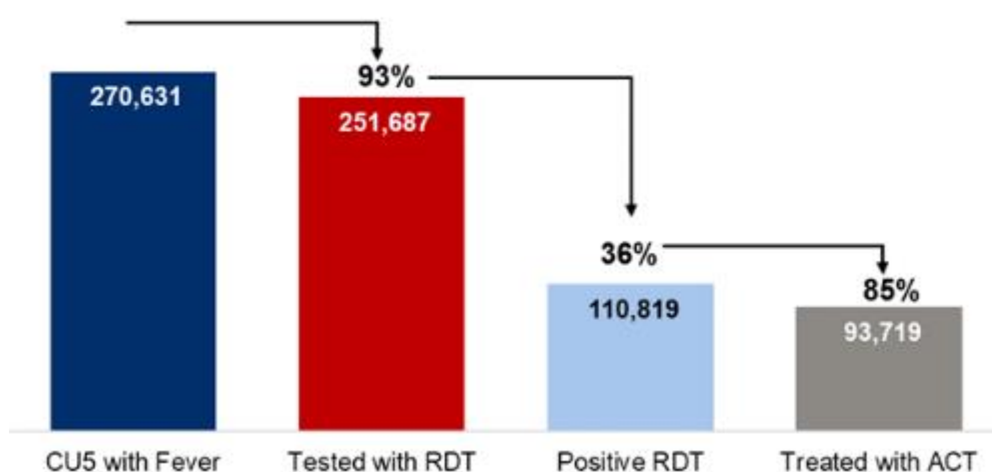
- Malaria testing and treatment rates remain high; at 93% and 85%, respectively
- The testing rate at the CHV level increased to 75% in Q2 from 70% in Q1 FY21
- The treatment rate at the CHRD level increased from 78% in Q1 QY21 to 88% in Q2 FY21.

Malaria Treatment Cascade

A total of 251,687 CU5 with a fever were tested for malaria with a RDT in Q2 FY21, representing a 50% achievement toward the annual target of 841,555. This is equivalent to a 93% testing rate. The project is on track to achieve the FY21 target (96%). The percentage of CU5 tested has increased by two percentage points in one year, from 91% in Q2 FY20 to 93% this quarter.

93,719 of the 110,819 CU5 who tested positive for malaria with an RDT were treated with ACT, representing a 45% achievement of the annual target (324,190). This is a treatment rate of 85% (FY21 target is 100%).

Figure 1: Malaria Cascade Q2 FY21, all levels



CHV Level

From Q2 FY21 forward, ACCESS will report community-level data in SAVA, Melaky, and Analanjirofo after it took over Mahefa Miaraka's activities. These three regions bring ACCESS to seven full-package regions, in addition to Boeny, Atsimo Andrefana, Vatovavy Fitovinany, and Atsinanana. In the seven full-package regions, 40,114 children with a fever were tested with an RDT, which is a testing rate of 75% in Q2 FY21, an increase from 70% in Q1 FY21. As shown in the figure below, the three southern regions reported lower testing rates with RDTs this reporting period when compared to the same period last year. This is likely because in October 2020, the RDTs received in Madagascar were presented in 25 tests per one vial of solution (originally designed for hospital use). This form is not suitable for use at the community level because it cannot be divided into multiple batches to distribute to CHVs based on need, which resulted in a distribution and supply challenge at the CHV level. For example, if the CHV needed 40 tests, they could either be given one batch of 25, which is not enough, or two batches (50 tests), which would be too many.

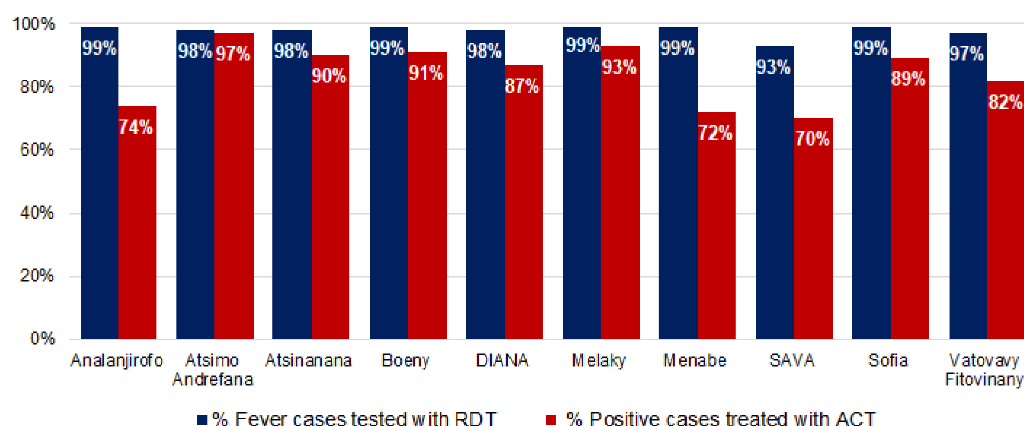
Of those tested, 61% (24,544) were positive for malaria, and 80% of those positive cases were treated with ACT (similar to the 81% reported in Q2 FY20).

CSB level

The CSB level reports a high testing rate with 98% (208,116) of cases of fever in CU5 tested for malaria, 41% (85,083) of which were positive. As can be seen in Figure 2 below, all 10 regions reported testing rates higher than 93%.

Out of the total positive cases at the CSB level, 86% were treated with ACT in Q2 FY21, this is slightly less than in Q1 FY21, when the treatment rate at the CSB level was at 89%. Three of the ten regions reported increased ACT treatment rates in Q2 FY21 compared to Q1 FY21 at the CSB level (Melaky, Boeny, and Atsimo Andrefana). The other seven regions reported decreases, but the only rate that dropped to a level that is significantly out of trend is SAVA which reported their lowest ACT treatment rate since the project started at 70%. SAVA typically reports ACT treatment rates between 80% and 94%. At the beginning of January 2021, some CSBs in SAVA reported stock outs of antimalarial commodities (RDT, ACT all age groups, and Sulfadoxine Pyrimethamine [SP]), which warranted emergency action with the MOPH: on February 3, 2021, the central GAS committee organized a virtual meeting with the EMADs and the district GAS Committee to jointly validate the quantities of commodities to be sent to SAVA and to the regions of the Antsiranana axis, according to the purchase order reports received at the central level and the level of stock available in the SALAMA warehouse. The delivery of SALAMA took place in March 2021.

Figure 2: Percentage of CU5 tested and treated for malaria at the CSB level in Q2 FY21, by region



CHRD Level

3,457 CU5s with fever were tested for malaria with RDT at the CHRD level in Q2 FY21. Of those tested, 35% were positive for malaria. 88% of those who tested positive for malaria were treated with ACT. This is the highest ACT treatment rate reported at the CHRD level since the beginning of the project, and is an increase from 10 percentage points since the previous quarter (78%) and a large increase from Q2 FY20 (47%). This success reflects enhanced support measures that ACCESS has provided to the CHRD level, particularly around RMA reporting, that will be continued in Q3.

Severe malaria

During Q2, 15,530 cases of severe malaria were treated in the CSBs and CHRDs in the ten regions supported by ACCESS. The regions of Vatovavy Fitovinany, Sofia, and Atsinanana managed 60% of severe cases. It should be noted that the management of only less than 10% of severe cases is taken care of at the CHRD level. At the CSB level there has been a 32% increase in severe cases. The increases were most significant in Atsinanana, Analanjirofo, and SAVA, which presented an increase during Q2 FY21. Additional reporting on severe case management, including the use of rectal artesunate, will be included in future reports.

Malaria in Pregnancy (MIP)

Starting in January 2021, the RMA CSB and RMA CHRD capture IPTp2 in addition to IPTp3. Therefore, ACCESS will start reporting achievement on the number and percentage of pregnant women who received their second dose of IPTp during ANC in this reporting period.
During Q2 FY21, the reported average rate of women attending at least one ANC visit (ANC1) was 74% (101,870). 58% (58,969) of those women received at least IPTp2. This represents a 72% achievement toward the IPTp2 rate target of 80% for FY21. 42% (42,674) of those women received at least IPTp3. This represents a 85% achievement toward the IPTp3 rate target of 55% for FY21; however this is a decrease from 51% reported in Q1 FY21. This could mainly be explained by stock outs and late delivery of SP from *Centrale d'Achats De Médicaments Essentiels Et De Matériel Médical De Madagascar* (SALAMA) to PhaGDis this quarter. The rate fell most sharply in January, as the majority of commodities did not arrive until around mid-February (min-March for landlocked areas). The underlying problem is the systematic non-prescription of SP and the non-completion of the stock inventory at the end of the month by some CSBs. This results in the underestimation of the quantity of SP to be ordered by the districts. Hence the existence of stock outs at the level of certain PhaGDis and certain CSBs while the SP is in overstock at the national level. By not taking the monthly stock inventory, CSBs who are not used to prescribing SP do not realize that this product is out of stock and do not order it. ACCESS, particularly through ADCs, is working to support CSBs with inventory and quantification of SP, as well as to orient CSBs on the importance of SP prescription. In addition, the association of paramedicals throughout Madagascar went on strike between January and February 2021, which disrupted not only service delivery, but also the supply chain between the district level and CSBs.

Finally, mobile clinics provided IPTp1 to 696 women, IPTp2 to 237 women and IPTp3+ to 258 women (see Table 1 in Annex C).

Child Health

Table 6. Progress to target for key child health indicators in Q2 FY21

Indicator	FY21 Target	Q1 FY21 achievement	Q2 FY21 achievement	% of FY21 target achieved
1.0.4 # of CU5 suspected of pneumonia receiving antibiotics	60,771	9,702	16,306	43%
1.0.4 % of CU5 suspected of pneumonia receiving antibiotics	92%	92%	99%	104%
1.0.3 # of child cases of diarrhea treated	189,201	30,280	36,083	35%
1.0.3 % of child cases of diarrhea treated	90%	85%	85%	94%
1.0.5 # CU5 reached by a specific nutrition intervention	2,516,154	530,463	293,695	21%
1.2.32 # of children who received their first dose of measles vaccine	368,729	104,436	77,257	49%
1.2.32 % of children who received their first dose of measles vaccine	90%	N/A	76%	85%

Key Achievements

- The percentage of CU5 suspected of pneumonia treated with antibiotics increased from 92% in Q1 FY21 to 99% in Q2 FY21, surpassing the annual target of 92%.
- The diarrhea treatment rate remains high at 85%, which is an annual achievement of 94% against the FY21 target (90%)

Pneumonia

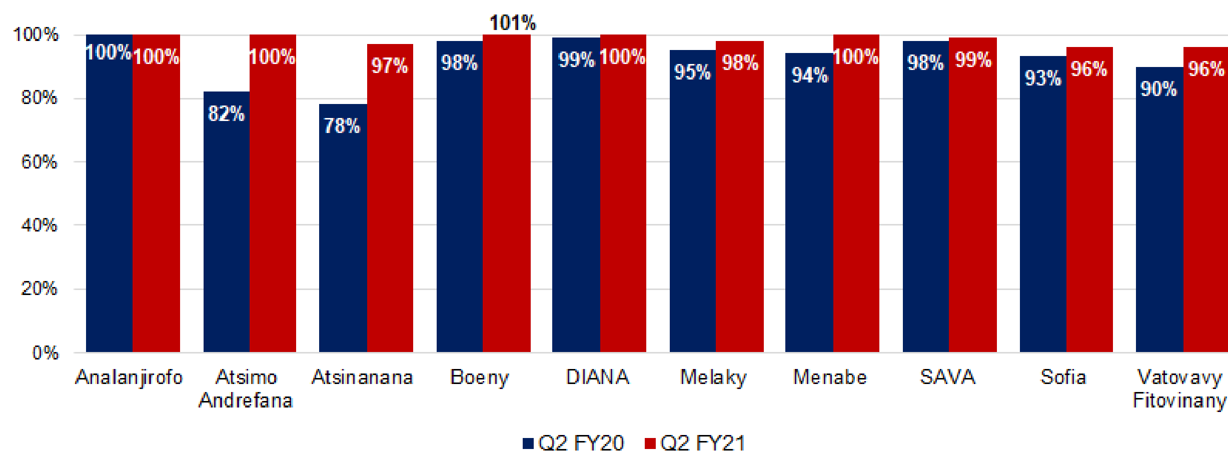
During Q2 FY21, at the CHV and CSB levels, 99% (16,306) of CU5 suspected of having pneumonia were reported to be treated with antibiotics, representing a 104% achievement toward the FY21 target of 92%, and an increase from 92% in Q1 FY21.

At the CHV level, the treatment rate was 86% across the seven full package regions in Q2 FY21, which is a decrease from 91% in Q1 FY21. During the current COVID-19 outbreak, many CHVs will refer children who are showing signs of difficulty breathing directly to a CSB.

Among all children treated for pneumonia in the 10 regions, CHVs managed 66% (10,780) of the cases (even though CHV level data is currently only reported in seven of the ten regions). This demonstrates that the population is correctly seeking care at CHVs for childhood illnesses.

At the CSB level, the pneumonia treatment rate was 99.5%, which is an increase compared to the rate in Q2 FY20 (93%).

Figure 3: Percent of CU5 presenting with pneumonia treated with antibiotics at CHV and CSB levels, by region in Q2 FY21

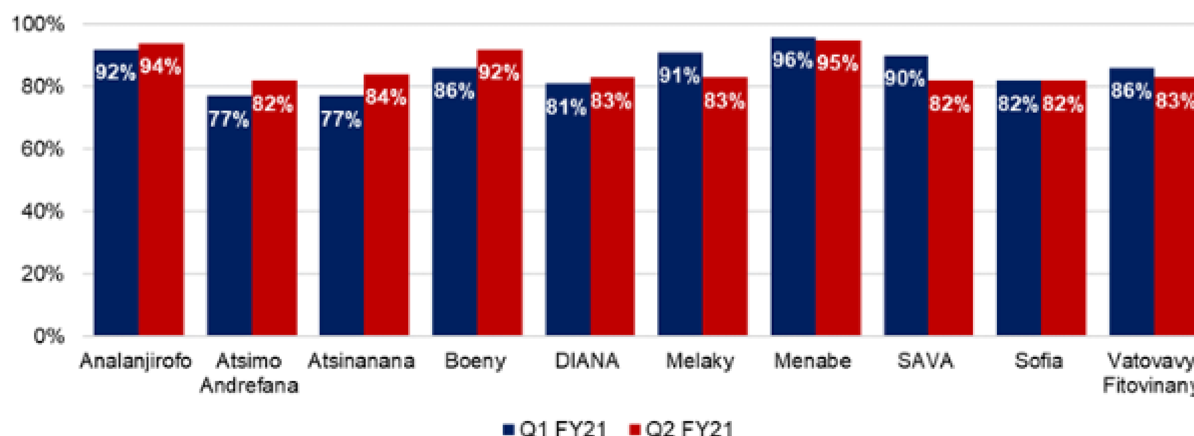


Diarrhea

In Q2 FY21, 36,083 CU5 presenting with diarrhea were treated across all levels. Together with Q1 results, this brings the cumulative total for FY21 to 66,363 cases as of Q2, representing a 35% achievement of the FY21 target (189,201). Among the children treated for diarrhea in the 10 regions, CHVs managed 10% (3,636) of the cases. It is interesting that only 10% of diarrhea cases are treated at the CHV level, compared to 60% of pneumonia cases. ACCESS is investigating this, but one likely reason is that most parents will treat simple cases of diarrhea at home and only seek care when they think it is more serious, and thereby opt to go directly to a health facility for treatment. However, as a "simple diarrhea case" may become deadly in a few hours due to dehydration, ACCESS will increase SBCC activities to promote the importance of early care seeking for cases of simple diarrhea to ensure the child is given Oral Rehydration Solution (ORS) and zinc.

The RMA CHRD does not track the total number of CU5 presenting with diarrhea (it only captures severe diarrhea). Therefore, the rate of CU5 presenting with diarrhea treated with ORS and zinc only includes the number of CU5 treated at the CSB and CHV levels. In Q2 FY21, 85% of CU5 presenting with diarrhea at a CSB or CHV were treated with ORS/zinc. This indicator is a 94% achievement of the FY21 target (90%).
At the CHV level, the treatment rate is similar across the two last quarters (about 75%), and at the CSB level, the treatment rate was 87% across the ten intervention regions in Q2 FY21, which is an increase of 2 percentage points in comparison to Q1 FY21 (85%).

Figure 4: Percentage of CU5 presenting with diarrhea at a CSB and CHV treated with zinc and/or ORS, by region, Q1 FY21 vs. Q2



Nutrition

During Q2 FY21, a maximum of 293,695 CU5 benefited from a specific nutrition intervention. At the health facility level, 37,737 new mothers benefited from breastfeeding counseling by health workers during postnatal care (PNC) visits.

161,006 children aged 6-59 months received vitamin A supplementation during the last three months (only recorded at the CSB level including mass distribution), which is a large decrease compared to 496,699 in Q1 FY21. This is possibly attributed to a stock out of Vitamin A at the CSB level, as UNICEF stopped supplying CSBs with Vitamin A since October 2019, so the CSBs are only using whatever leftover stock they have. ACCESS will encourage the MOPH to advocate with UNICEF to resume distribution of Vitamin A, or to work with SALAMA to purchase Vitamin A and supply it through the SALAMA delivery channel. A total of 255,958 CU5 were weighed, while 154,100 had their Mid Upper Arm Circumference (MUAC) measured at the CSB level during this reporting period. Both of these activities decreased in Q2 FY21 from Q1 FY21. Weighting and MUAC measurements take place during Growth Monitoring and Promotion (GMP) sessions or during consultations for a sick child. However, GMP sessions tend to decrease during Q2, which is the lean season, as parents will generally only seek health care if their child is very sick (at the CSB level), and not attend routine GMP sessions.

Nutrition specific interventions for children 0-23 months at community level

At the community level, a total of 86,475 children were weighed in Q2 FY21 and their parents or caregivers received counseling so that they can take actions to improve child growth. This is an improvement from Q1 FY21 (40,928). In addition, 28,376 children had their MUAC measured to identify malnutrition and refer them to appropriate levels of care depending on their nutritional status. This service usage has not changed much from Q1 FY21 (29,475). A total of 23,881 individuals were visited by CHVs during home visits, and 35,912 participated in informal talks about nutrition. Both of the two increased from Q1 FY21 respectively (15,381 and 25,728).

In Q2 FY21, a maximum of 86,475 of children (0-23 months) benefited from at least one community nutrition intervention, which marks a 4% achievement toward the FY21 target of

1,927,462. This low achievement is due to a target setting issue, and a more realistic revised target is pending approval from USAID.

In addition, two districts in Atsimo Andrefana (Benenitra and Ampanihy) are currently experiencing a severe famine, and ACCESS will be working with partners to enhance nutrition response activities in these districts in Q3.

Vaccination

The Pentavalent Vaccine (First Dose) (PENTA1) and Pentavalent Vaccine (Third Dose) (PENTA3) related indicators have a changed reporting frequency, and will only be reported on an annual basis in relevant annual reports.

77,257 children 0-11 months received their first dose of the Measles vaccine, which is a decrease from the reported value in Q1 FY21 (104,636). This decrease could be due to the fact that during the lean season, parents typically only seek health care services for emergencies and opt to defer routine health care, such as immunizations. Additionally, ACCESS is exploring the impact that COVID-19 could have on care seeking behaviors and whether people are hesitant to go to health centers out of fear of COVID-19. However, these results still mark a 49% achievement toward the FY21 target (368,728).

The mobile clinics teams continued to increase vaccination services. They vaccinated 9,676 CU5, including 8,856 children under 1 year, as well as 1,000 women. See Table 3 in Annex C.

FP/RH

Table 7. Progress to target for key FP indicators in Q2 FY21

Indicator	FY21 Target	Q1 FY21 achievement	Q2 FY21 achievement	% of FY21 target achieved
1.0.7 # of NUs	697,574	132,259	150,173	41%
1.0.6 # of RUs	1,812,295	1,434,109	1,524,302	84%
1.0.8 Couple Years Protection (CYP)	1,208,237	176,921	69,699	20%

Key Achievements

- The number of FP NUs increased from 132,259 in Q1 FY21 to 150,173 in Q2 FY21
- The number of FP RUs increased from 1,434,109 in Q1 FY21 to 1,524,302 in Q2 FY21, which is an 84% achievement of the annual target

NUs of modern contraceptive methods

In Q2 FY21, ACCESS reported 150,173 NUs of modern contraceptives across all 13 program-supported regions. This is an increase of 12% in comparison to Q1 FY21. Both quarters cumulated represent a 41% achievement toward the annual target of 697,574. The NUs disaggregated by method and age are presented in Table 1 of Annex D.

Youth (10-19 years) accounted for 29% (43,779) of NUs across all levels, with the majority of those aged 15-19 years (37,442). This is similar to the 29% (40,889) young NUs reported in Q1 FY21.

RUs

Across the three levels of service delivery in the 13 FP intervention regions, ACCESS recorded 1,524,302 RUs of modern contraceptive methods in Q2, which is an increase from 1,434,109 in Q1 FY21. This represents a 84% progress toward the FY21 target (1,812,295).

At the CHV level, 153,282 RUs were recorded in March 2021, a huge increase from the 22,675 RUs recorded in December 2020. The addition of community-level FP activities in Analanjirofo, Melaky, and SAVA regions contributed to this increase. In addition, the RU numbers in the four other regions (Atsinanana, Atsimo Andrefana, Vatovavy Fitovinany, and Boeny) recorded notable increases since Q1.

Similar to NUs, the hospital level typically reports the lowest number of RUs of the three service delivery levels each reporting period. In Q2 FY21, CHRDs reported serving 9,004 RUs.

The mobile clinics provided FP services to 2,140 NUs (69 IUDs, 1998 implants, and 73 other methods) and to 5,709 RUs (250 IUDs, 5,128 implants, and 331 other methods). Mobile clinic staff also provided on-the-job trainings to 31 doctors, 170 paramedics, 47 community leaders (on FP promotion), and 260 CHVs. On-the-job training aims at continuity of service once the mobile team is not on-site, so it focuses on follow-up consultations, management of side effects, and support for users for continuous use. The mobile clinics also provided 62 Sexually Transmitted Infection (STI) screenings and treatments (see Table 6 in Annex C).

CYP

In Q2 FY21, ACCESS recorded a total of 69,699 CYP in the 13 intervention regions and at all levels of service delivery. Total CYP to date represents a 20% achievement of the FY21 target (1,208,237).

The CYP achievement this quarter is low because many CSBs did not fill in Table N°18 (the commodities management table) in the RMA because, for the MOPH, District Health Information Software II (DHIS2) is not a software for commodities management, and FP managers really only track RU, NU, lost-to-follow up, and the stockout indicators. Table 18 records initial stock, quantity received, quantity distributed, quantity deployed, stock at the end of the month, and number of days of stock out. A meeting with the *Direction des Études, de la Planification et du Système d'Information* (DEPSI) will be organized in Q3 to inform them of the situation so that they can subsequently give directives to DRSPs and SDSPs on the importance of filling in this table. In addition to the non-completion of Table 18, ACCESS noted some problems since the use of the new RMA forms in DHIS2, and held a meeting with the DEPSI team to inform them of the findings. One of the main problems is the setting of DHIS2 which returns all the digits of "0" to "empty," and therefore does not allow one to know whether the entry is a problem of completion or if it is really a shortage of stock. The ACCESS DHIS2 specialist has already offered his support to the DEPSI team to help resolve this issue.

MATERNAL AND NEWBORN HEALTH (MNH)

Table 8. Progress to target for key MNH indicators in Q2 FY21

Indicator	FY21 Target	Q1 FY21 achievement	Q2 FY21 achievement	% of FY21 target achieved
1.2.2 # pregnant women attending ANC1	444,135	102,494	101,870	46%
1.2.2 % pregnant women attending ANC1	70%	74%	74%	106%
1.2.3 # pregnant women attending four ANC visits (ANC4)	411,713	56,658	55,577	27%
1.2.3 % pregnant women attending ANC4	63%	41%	40%	64%
1.2.30 ANC coverage gap	10%	34%	33%	74%
1.2.6 % pregnant women who received *Fer acide folique* (FAF) during ANC	90%	79%	77%	86%
1.2.8 % deliveries with a Skilled Birth Attendant (SBA)	50%	38%	34%	72%
1.2.9 % of PNC visits within 2 days of birth*	90%	95%	96%	106%
1.2.12 % of newborns not breathingat birth who were resuscitated	87%	N/A	88%	101%
1.2.19 % of of women giving birth who received uterotonic in the third stage of labor or immediately after birth	60%	75%	55 %	108%

Key Achievements

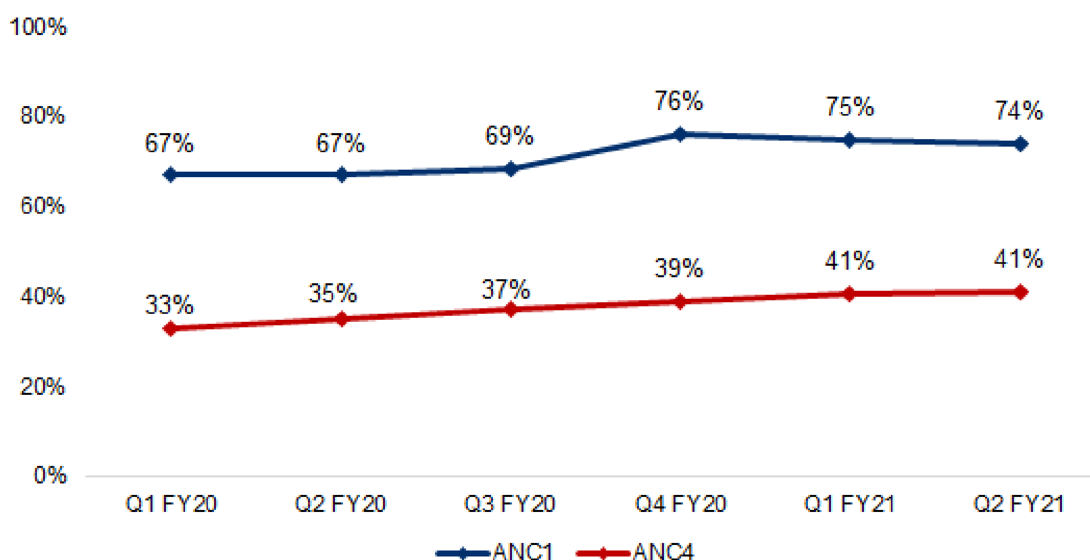
- 88% of newborns not breathing at birth were resuscitated, which surpasses to FY21 annual target of 87%
- CHX use increased from 20% in Q1 FY21 to 23% in Q2 FY21
- 96% of newborns were consulted within the first 24 hours after delivery, which is higher than the annual target of 90%.

ANC

During Q2 FY21, a total of 101,870 pregnant women attended ANC1 services at both CSB and CHD levels, which represents 74% of pregnant women in the 10 regions. This rate remains constant in comparison with Q1 FY21 and is on track to achieve the FY21 target of 70%. At the regional level, Menabe has reported a consistent increase over the past year, and has the highest rate this quarter at 80%. This is a 21 percentage point increase for this region from the 59% in Q2 FY20. The effective best practices in Menabe have included sharing data with the CSB chiefs and strengthening awareness sessions on ANC 1. Vatovavy Fitovinany reported a rate over 100%, most likely due to the population estimation source in DHIS2, which is used to determine the number of women expected to be pregnant each month. However, ACCESS is investigating this.

55,577 (40%) pregnant women attended ANC4 in Q2, which is below the target of 63% for FY21 and slightly below the rate achieved in Q1 FY21 (41%). Nonetheless, it remains higher than the rates observed in FY20 which were below 39%. Vatovavy Fitovinany has reported a positive trend in the percentage of pregnant women attending ANC4 over the past year, increasing from 40% in Q2 FY20, up to 63% this quarter. Several best practices applied by this region will be encouraged in the other regions e.g., performance reviews/analysis of indicators at each quarterly review with EMAD and CSBs, referrals by CHVs and matrones in concerted efforts with other PTFs (TTIPTOP, Performance-Based Financing [PBF]), active search of pregnant women by the CHVs (particularly for the ANC visits up to ANC4), and broadcasting of radio spots on the importance of ANC visits and delivery at the health facility.

Figure 5: Rate of ANC1 and ANC4 visits, quarterly



The number of ANC services provided by mobile clinics also significantly increased from Q1 to Q2.

Table 9: ANC services offered by mobile clinics, Q1 FY21 and Q2 FY21

Offre de service en consultation prénatale	Q1	Q2
Primigeste	172	479
1ère CPN avant 4 mois (grossesse précoce)	122	303
1ère CPN	403	1068
2ème CPN	186	516
3ème CPN	118	368
4ème CPN ou plus	120	426
TOTAL des Femmes reçues en CPN	**827**	**2378**

Iron (FE) Deficiency

78,047 (77%) pregnant women who attended ANC1 received FE and folic acid during Q2 FY21. This is a slight decrease from Q1 (79%), but ACCESS is almost on track to meet the annual target of 90%.

Deliveries with SBAs

During Q2 FY21, 34% (44,385) of women gave birth at CSBs and CHRDs in the 10 regions. The rate has experienced a decrease of four percentage points compared to Q1FY21. Possible reasons for this decrease include:

- More and more private health centers continue to open throughout Madagascar. These facilities do not report their activities and services in the RMAs, and therefore the true number of skilled deliveries are not captured. ACCESS is working on advocating with the MOPH to encourage EMADs to instruct these private providers to report into the national system. ACCESS is also actively working with the MOPH to develop incentives for the private sector to report.
- COVID-19 may be discouraging women from seeking care at a health facility due to fears over COVID-19 risks. ACCESS is investigating this further.
- During the lean season, many families will only seek medical care in an emergency.

Delivery care : Uterotonic use

From Q2 FY21 onwards, ACCESS reports uterotonic use at both CSB and community levels. The program focuses on use instead of distribution of uterotonics to ensure quality of care. At the CSB level, 22,808 women giving birth received uterotonic in the third stage of labor or immediately after birth this quarter. This represents 55% of all deliveries with SBAs, which is below the reported rate of 75% in Q1 FY21; however Q1 FY21 data was not captured in the RMAs, and therefore not fully comparable with Q2 data. In addition, the availability of misoprostol at the level of the CSBs, and in particular of the CHVs, was limited in Q2 given the delay in dispatching this product and their arrival at the district level from February and March 2021. The CHVs started to receive their lots towards the end of February at the earliest (but most received them in March and April). The second COVID-19 lockdown slowed down the delivery of products to the CSBs, and especially to the CHVs.

Menabe and DIANA reported the highest rate with more than 66% of women giving birth who received uterotonic. Best practices to be gleaned from these regions include: continuous reminders to CSBs on the use of uterotonics during childbirth at each regrouping or meeting of health workers (the ministerial note signed by the *Secrétaire Général* (SG) on the first line use of oxytocin and the second line use of MISO to manage PPH served as a strong reinforcement of this message), and close monitoring of commodities by district and regional MOPH staff.

At the community level, only 5% (511) of women visited by a CHV after home deliveries in Q2 reported being administered MISO to prevent PPH. This average hides disparities between regions. For instance, Me laky and SAVA both report a rate of 15%. This indicator has only been reported since Q1 this year, and the reporting rate at the community level is lower than anticipated this quarter, which could partly explain such a low achievement against the annual target (50%). In addition, for SAVA, Analanjirofo, and Melaky, which were newly transferred to ACCESS in Q2, only February and March data are reported (data from January to March are reported for the 4 other regions: 3 southern regions + Boeny).

Moreover, in Q1 FY21, ACCESS identified obstacles to MISO use and corresponding actions for improvement that have been implemented beginning in Q2, including disseminating MOPH policies, ensuring CHVs receive MISO from CSBs, and focusing SBC efforts on dispelling misconceptions and generating demand for use.

Newborn Care

In accordance with the indicators monitored by the MOPH within the Health Management Information System (HMIS), ACCESS currently tracks two essential newborn care indicators, namely, breastfeeding within one hour of delivery and clean cord care with CHX. Drying the newborn immediately after birth and skin-to-skin contact with the mother are two other key components of the essential newborn care but that are not part of the HMIS system and that ACCESS will explore collecting through survey data this year.

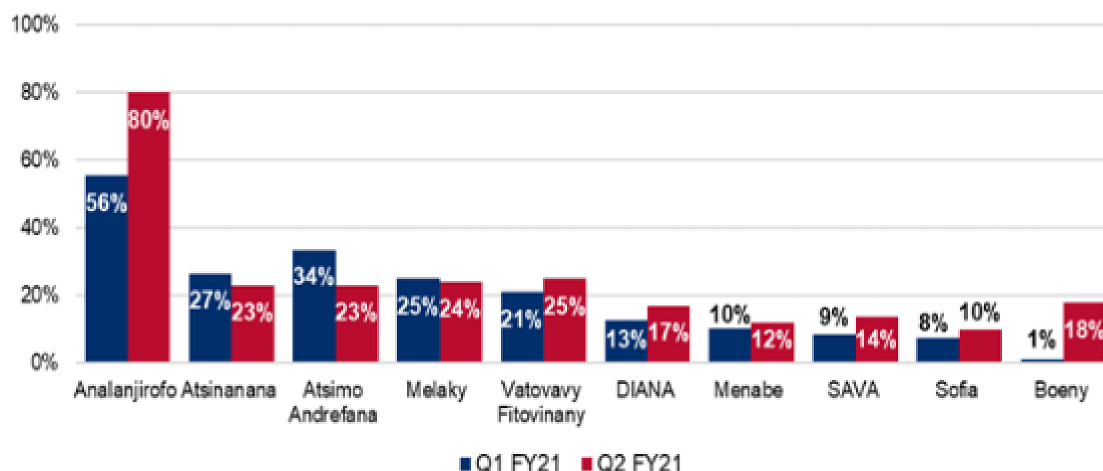
The practice of breastfeeding in the first hour after delivery was 71% (28,349) during Q2 FY21. This is a large decrease in comparison to Q1FY20 (96%) data. It is suspected this decrease is due to a lack of formal training for CSB staff about changes in reporting data in the new RMA form at the CSB level. Breastfeeding data is currently only tracked at the CSB level and this data element has been subject to revision.

The rate of umbilical cord care with CHX was reported to be 23.4% (10,013) for Q2 FY21, This is an increase of 4 percentage points in comparison to Q1 FY21 (20%), and the highest level

ever achieved over the past year. Almost all regions reported an increase or very small decrease in the rate of umbilical cord care with CHX between Q1 FY21 and Q2 FY21. In Analanjirofo, there were no CHX stock outs reported in most of the CSBs because it receives regular supplies from UNICEF. In addition, after formative monitoring of health workers and rigorous monitoring of CHX availability and distribution to understocked CSBs in the region, the percentage of use of CHX increased by 24 points from 56% in Q1 FY21 to 80 % for Q2 FY21. This shows the impact of combining targeted supply chain management efforts with formative monitoring and supervision on use of the commodities, and is a best practice ACCESS will further encourage in other regions. The only notable decrease is Atsimo Andrefana where the rate of umbilical cord care with CHX decreased over the past quarter (see Figure 6 below), decreasing from 34% in Q1 FY21 to 23% in Q2 FY21. This is most likely due to a delay delivery of CHX in the region, which ACCESS hopes will be resolved in Q3.

The number of newborns receiving CHX at home was 124 in Q1 FY21 and 764 in Q2 FY21, which is a total of 888, i.e. a proportion of 888/12,073 corresponding to 7% of births at home. The number of women who took misoprostol was 80 in Q1 FY21 and 519 in Q2 FY21, which is a total of 599, or 599/12,073, or 5% of women who gave birth at home. For CHX, the barriers relate to the negative perceptions of CHX. Awareness-raising will be reinforced for this purpose on the advantages of CHX. Specifically, awareness-raising will be planned in SAHA action plans. Radio pots will also be broadcast, as well as BAIC media, to help raise awareness. In addition, ACCESS is supporting CSBs in sending purchase orders to ensure the availability of these commodities at the CSB and CHV levels.

Figure 6: CHX cord care rates by region at the CSB level, Q1 to Q2 FY21



The percentage of newborns not breathing at birth who were resuscitated is an indicator reported for the first time in Q2 FY21 due to the updated RMA CSB. 87% (768) of all newborns reportedly not breathing at birth were successfully resuscitated in Q2, meaning that the project is on track to achieve its annual target of 87%.

PNC

In previous quarters, ACCESS reported PNC visits within six hours after delivery as a proxy for the PNC visits within 2 days because this information was not available in the HMIS. The new RMA CSB in use since January 2021 (Q2 FY21 report) is now recording PNC visits within 24

hours, 48 to 72 hours, 3 to 14 days, and 6 weeks after delivery. ACCESS only reports first postnatal visit within 24 hours.

In Q2 FY21, 96% (39,480) of newborns were consulted within the first 24 hours after delivery. These results confirm the trend previously observed with an increasing number of postnatal visits within 24 hours. This indicator is on track to achieve the annual set target of 90%.

Delivery Complications and Deaths

The maternal death rate averaged 98 per 100,000 live births among facilities in Q2 FY21, which corresponds to a total of 43 maternal deaths at the CHD and CSB levels. This rate remains close to the rate observed in the previous quarter (104 in Q1 FY21), but is a notable improvement from the 114 maternal death rate reported in the same period last year. One important success story can be seen in Melaky, where the maternal mortality rate has fallen sharply since Q3 FY20 (330) to this period (254). ACCESS is identifying key contributing factors to this success so that important lessons learned and best practices can be shared with other regions.

In Q2 FY21, a total of 489 PPH cases were reported. This represents 11 cases per 1,000 deliveries. Even though this figure is slightly higher in comparison to Q1 FY21 (9.1), it remains below the PPH rates observed since the beginning of the project. It should be noted that from this period (Q2 FY21) onwards, CHRD data are included in the total PPH number and percentage. The increase in the rate observed this quarter in comparison to Q1 is observed at the CSB level. Specific attention will be brought to this indicator in the next quarter to determine if the increase this quarter is an exception to the previous downward trend observed over the previous quarters.

Importantly, Boeny and Vatovavy Fitovinany have reported consistent and significant decreases in PPH rates over the past year. Boeny went from a 19 PPH rate in Q2 FY20 down to 10 in Q2 FY21; in Vatovavy Fitovinany the PPH rate decreased from 14.4 in Q2 FY20 to 7 in Q2 FY21. These improvements could be attributed to strengthened clinical capacity skills of health workers, which have led to improved practices of Active Management of Third Stage Labor (AMTSL) in health facilities. ACCESS is investigating what specific best practices can be learned from these two regions in order to share them with other regions to further facilitate reductions in PPH.

The number of neonatal deaths reported by CSB and CHD this quarter is 247 deaths. Overall, this represents 5.6 per 1,000 live births, which is similar to the 5.4 reported in Q1 FY21).

Table 10: Maternal and Neonatal Deaths and PPH at the facility level (CSB and CHRD), Q2 FY21

Region	Maternal Deaths (per 100,000 live births)	Neonatal deaths (per 1,000 live births)	PPH rate (per 1,000 deliveries)
Analanjirofo	117	6	18
Atsimo Andrefana	109	2	13
Atsinanana	108	4	15
Boeny	0	3	10
DIANA	114	3	7
Melaky	254	10	15
Menabe	227	6	8
SAVA	196	8	10
Sofia	0	4	10
Vatovavy Fitovinany	78.5	11	7
Total*	**98**	**5.6**	**11**

Total is calculated by taking total deaths across the ten regions divided by the total live births. Therefore, the total row will not be an average of the individual regions shown in the table.

Maternal and Neonatal Death Audit Committees

MNDSR audit committees are established at the district level and aim at investigating maternal death cases at the CSB and CHD level in the catchment area. As of Q2 FY21, all SDSPs in Vatovavy Fitovinany and Analanjirofo have established MNDSRs. This is a 26% achievement of the FY21 target (90%). Audit committees will be established in Atsimo Andrefana and DIANA next quarter.

In Analanjirofo and Vatovavy Fitovinany where committees are now operational, 15 maternal deaths (2 and 13 respectively) were audited in Q2 FY21. This represents 16.7% of maternal deaths from Q1 and Q2 which were audited (15.4% at the CSB level and 17.2% at the CHD level). Audits will increase next quarter once committees become operational in Atsimo Andrefana and DIANA.

Activities Planned for Q3 FY21

OBJ 1.1 KEY ACTIVITIES PLANNED FOR Q3

- Implement second round of the DHP mass distribution campaign
- Strengthen the capacity of CSBs, ASCs, and *Aides Cliniques* (ADCs) on the implementation of the AQS approach.
- Support the implementation of the AQS approach (clinical and non-clinical supervision of the CHVs, CHV evaluations)
- Reinforce the CHV peer supervisor approach with ASCs and CHVs, including training of CHVs identified as peer supervisors
- Enhance community-level nutrition activities in the two districts in Atsimo Andrefana most impacted by the ongoing famine
- Finalize transition with Mahefa Miarka in Meneba, Sofia, and DIANA

OBJ 1.2 KEY ACTIVITIES PLANNED FOR Q3

Clinical Capacity Building

- Finalize the infection prevention and control e-learning module
- Support the technical teams with monthly tele-mentoring sessions and the testing of ACCESS U modules
- Implementation of the AIM program: training of AIM trainers, identification of members of steering units, and training of health workers from two CHRDs and 4 CSBs in the pilot districts
- Provide technical support to SOMAPED in finalizing a training manual for pediatric emergencies.

Malaria

- Support ProCCM training and roll out
- Train the CSBs on the management of severe malaria cases, including the use of ARC and injectable artesunate
- Document the ARC pilot results
- Continue to support focused IPTp strategies, including the prescription and management of SP
- Orient ADCs on epidemiological surveillance and response.
- Participate in the evaluation of the DMM.
- Support the PNLP in the preparations for the holding of the scientific conference on malaria.

MNCH

- Organize an information meeting with the two new service heads of SMSRPF and SSEAJ of the DSFa to discuss opportunities for collaboration and to ensure their support of ACCESS interventions
- Continue to follow up on the implementation on CHX and MISO improvement plans
- Support the northern regions in the training of new ADCs and ASCs
- Support the regions in monitoring the use of CSB Dashboards

Vaccination

- Support the implementation of an FAV polio vaccination campaign in the 15 high-risk regions of the country.
- Monitor ECV implementation through ad hoc meetings of the small technical group and through funding of the restitution workshop
- Organize virtual capacity building sessions for ACCESS field staff on mobile clinic EPI planning and data management activities
- Finalize the development of the mobile clinic integrated package implementation guide
- Organize the COVID-19 vaccination campaign throughout the country
- Finalize two EPI e-learning modules
- Involve the DPEV in the planning the implementation of the Baby-Friendly health facilities

FP

- Formative follow-up of trainers newly trained in IUD, jointly with the SMSRPF/DSFa
- Support the Vatovavy Fitovinany regions with training CHVs on the use of pregnancy tests
- Support Atsinanana and Vatovavy Fitovinany with training CHVs on the provision of injectable contraceptives
- Conduct formative follow-ups of health workers trained on the youth-friendly health facility approach.
- Finalize the e-learning module on provision of the levoplant implant
- Participate in the validation of the *Plan d'action national budgétisé* (PANB) FP 2016-2020 assessment

WASH

- Support the development of the MOPH FSAW training curriculum
- Conduct FSAW training at new health facilities in Sava, Melaky, and Sofia regions
- Deploy and train Service and Maintenance Technicians at priority health facilities
- Conduct microbiological and physico-chemical analysis of 25 water points in the Analanjirofo region and 2 water points in the Melaky region, using IPM and ACCESS DelAgua kits
- Initiate construction work on 49 latrines/hand washing devices and 75 water points
- Monitor and provide provisional acceptance of construction work on 23 latrines and handwashing devices
- Submit construction contracts to USAID for 35 latrine/handwashing stations and 17 water points
- Engage 49 Service and Maintenance Technicians

Nutrition

- Develop the implementation guide for the Baby Friendly Health Facility in collaboration with SNUT and DPEV, and develop accompanying SBCC tools, such as visual supports on vaccination, Infant and Young Child Nutrition, and Nutrition for Pregnant and Breastfeeding Women (ANJE / NdF) that will be placed in the waiting rooms of health facilities to facilitate discussions between mothers, parents, or those responsible for children who attend health facilities

  Select the regions for the introduction of the "Baby Friendly Space" approach, integrating Infant and Young Child Feeding (IYCF)/NdF and vaccination.

OBJ 1.3 KEY ACTIVITIES PLANNED FOR Q3

- Continue to monitor RCR activities through the TTM approach; identifying improvement plans where necessary
- Through the HCD study, continue to explore and implement plans for introducing emergency transport systems and health facility lodging

PHOTO GALLERY | SERVICE QUALITY

The Regional health director of Vatovavy Fitovinany during Project C.U.R.E donation event

Presentation of the equipment from ACCESS to the Representative from the National Assembly in V7V

ACCESS's clinical capacity building specialist mentoring midwives in Antalaha

The vaccinator from ACCESS's mobile clinic offering certificates to fully vaccinated children in Andapa

The regional health director in SAVA participating in the transition workshop with ACCESS, Mahefa Miraka and IMPACT.

The regional health director in Melaky offering ACCESS caps to CHVs during the launch of ACCESS's community health activities in the region.

OBJECTIVE 2: HEALTH SYSTEMS FUNCTION EFFECTIVELY TO SUPPORT QUALITY HEALTH SERVICES

Key Activities Q2 FY21

OBJECTIVE 2.1: SERVICE QUALITY AT THE COMMUNITY AND CSB IS MAINTAINED THROUGH APPROPRIATE MANAGEMENT, GOVERNANCE, SUPERVISION, OVERSIGHT, AND MOTIVATION MECHANISMS

***Comité Communal de Développement Sanitaire* (CCDS) and *Comités de Santé* (CoSaN)**

- This Q2 FY21, ACCESS reports CCDS and CoSan activities in the three initial full package regions and Boeny. Just over half of CCDS (52%) and CoSan (59%) held their quarterly meetings across the four regions. In Atsimo Andrefana, 27% of CCDS and CoSaN reviews were held. The districts of Benenitra, Ampanihy, and Betioky Atsimo were unable to hold theirs due to the absence of an SBC Officer. In Atsinanana, 57% CCDS and CoSaN reviews were held. The reviews in Marolambo were postponed to April due to a mayoral meeting, and COVID-19 restrictions caused postponement of reviews in certain municipalities in Brickaville, Toamasina II, Antanambao, and Manampotsy. In Vatovavy Fitovinany, 80% of CCDS reviews were held, and 100% of CoSan reviews were held. Some communes of Manakara and of Manajary had to postpone their CCDS reviews due to the unavailability of their members. Finally, in Boeny, only 11% of CCDS and CoSaN reviews were held in Q2. Most of the planned meetings in this region were postponed due to the COVID-19 outbreak, as Boeny was one of the regions most impacted by COVID-19.

Table 11: CCDS and CoSaN reviews held in Q2 FY21

REGIONS	CCDS			CoSaN COM		
	#	REVIEWS	%	#	REVIEWS	%
ATSINANANA	91	52	**57%**	91	52	**57%**
VATOVAVY FITOVINANY	150	120	**80%**	150	150	**100%**
ATSIMO ANDREFANA	121	33	**27%**	121	33	**27**
BOENY	46	5	**11%**	46	5	**11%**
TOTAL	**408**	**210**	**52%**	**408**	**240**	**59%**

Leadership Development Program (LDP+)

District Level

- 19 SDSPs (83%) out of the 23 expected were able to hold LDP + workshops in Q2 FY21: all 5 planned in Atsinanana, all 4 planned in Vatovavy Fitovinany, 3 of 7 planned in Atsimo Andrefana (internet connectivity problems, unavailability of staff), all 2 planned in Boeny, 5 of 2 planned in Menabe (this region was able to orient all five of its SDSPs in Q2 when it had only initially target two for Q2), none in Analanjirofo (2 planned), and none in Melaky (2 planned). This brings the completion rate to 59% (26 of 44 SDSPs) to date. Overall, 22 workshops were held in Q2 FY21 (16 Workshop #1, 5 Workshop #2, 1 Workshop #3). This performance results from the strong ownership and involvement of the teams from the DSFa and DSSB in the co-facilitation of workshops at the SDSP level. In fact, five workshops (all respecting COVID-19 safety guidelines) were held without the support of the ACCESS Central Office.

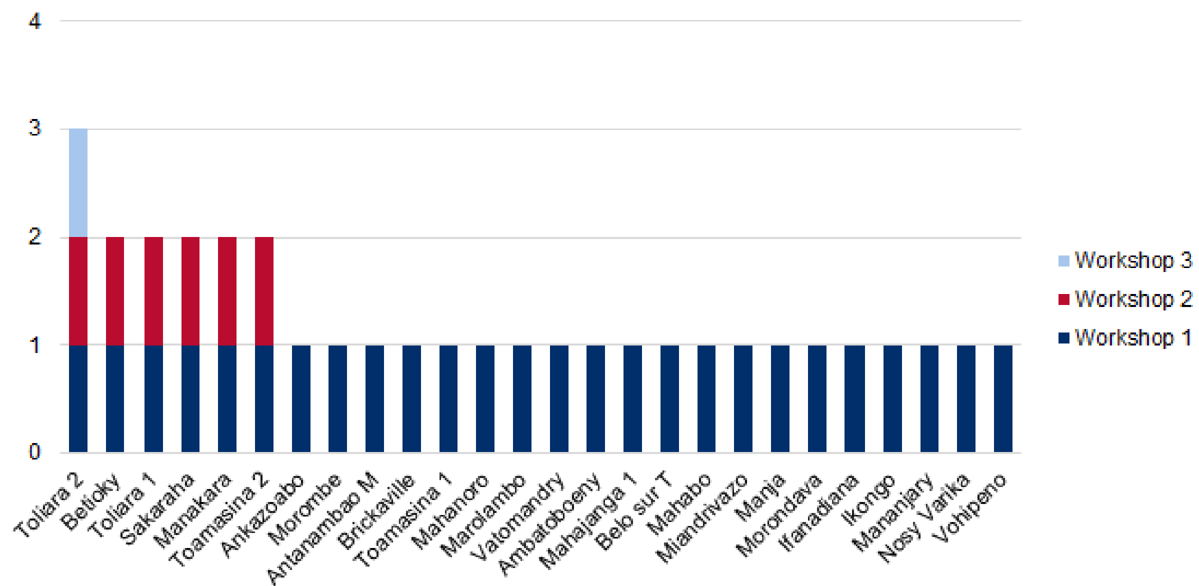
  The SDSP of Toliara II is one of the most advanced in LDP+ implementation: it has completed the LDP+ workshop #3 and has demonstrated tangible results. For example, the expected LDP+ result for Toliara II is to raise the contraceptive coverage rate from 23% to 28% from July 2020 to April 2021; the rate has already increased to 38.6% as of the end of March 2021. The SDSP included the coaching of the CSB providers in their LDP+ Action Plan. As a result, Toliara II gathered more than 4,283 RUs and 1,239 NUs (an average of 200 new households each month) because of the combined key following activities:

  - Strengthened the skills of all health providers in Toliara II in FP counseling
  - Provided an anatomical model, an image box, and other tools for each CSB to use during FP consultations
  - Ensured continuous supply of contraceptive products
  - Performed formative follow-up of the health workers' skills in FP counseling

- Organized on-site training monitoring of the 18 CSBs by 6 coaches,
- Distributed timelines to 35 out of 42 CSBs who did not have any, to aid in counting NUs and RUs.
- Regularly analyzed CSB monthly reports to monitor progress towards their LDP+ target.

Moreover, the Toliara II EMAD members successfully facilitated the second LDP+ for the SDSP of Betioky, using the skills acquired through their own experience in LDP+.

Figure 7 : Status of LDP + roll out as of Q2 FY21 (number of workshops completed by district)



Program for Organizational Growth, Resilience, and Sustainability (PROGRES)

- Only four SDSPs (2 in Atsinanana and two in Menabe) were oriented on PROGRES out of the 23 expected for this period (4 in Atsinanana, 4 in Vatovavy Fitovinany, 7 in Atsimo Andrefana, 2 in Boeny, 2 in Menabe, 2 in Analanjirofo, and 2 in Melaky). This brings the total number of SDSPs oriented in PROGRES to 11 out of 44 (25%). This lower performance is mainly the result of conflicting agendas and the prioritization of capacity-building activities by the EMADs. To facilitate implementation in Q3, depending on their availability, the EMADs in each region will attend an initial PROGRES orientation online, then the ACCESS Regional Directors and District Coordinators will support the EMADs in the implementation of PROGRES within the SDSPs.

***Tobim-pahasalamana Tomombana sy Mahomby* (TTM)**

- Conducted orientations with the ACCESS district staff on use of the TTM database developed in previous quarters. As a result, the TTM evaluations conducted during Q2 FY21 were directly entered into https://mada.simr-dhis2.org/ by ACCESS regional and district staff.
- In total, 93 people (57 men and 36 women), including 10 EMAR, 42 EMAD, and 41 ACCESS staff from Boeny, Menabe, and Melaky were trained on the TTM approach and process in Q2 FY21. The strong involvement of the central-level MOPH facilitators in the co-facilitation contributed to the timely organization of the training of regional facilitators in TTM in the 10 ACCESS supported regions.
- 282 health facilities, including 12 CHRDs and 270 CSB2s, were evaluated during Q2. Among the 270 CSB2s, 76 (28%) performed their second assessment (six months after the baseline). Vatovavy Fitovinany is the most advanced, with 75 health facilities (three CHRD and 72 CSB2) from five out of six districts in the second assessment phase (six months after the baseline). The district of Vohipeno has completed the baseline of all their health facilities. The seven northern regions have all initiated their activities to implement the TTM approach.

Table 12: Number of HFs evaluated with TTM during Q2

REGION	Number of districts that carried out the TTM evaluations (1st and 2nd evaluation)	TTM Steps in Q2		Total number of health facilities evaluated during Q2 FY21
		Number of HFs - 1st evaluation (Baseline)	Number of HFs - 2nd evaluation (6 months after baseline)	
ANALANJIROFO	4	8		8
ATSIMO ANDREFANA	8	31	2	33
ATSINANANA	7	57	2	59
BOENY	5	22		22
DIANA	2	6		6
MENABE	5	15		15
SAVA	4	21		21
SOFIA	7	36		36
VATOVAVY FITOVINANY	6	7	75	82
TOTAL	**48**	**203**	**79**	**282**

Note: Melaky will initiate its baseline assessments in Q3 FY21.

The table below provides details of the number of health facilities (CHRD and CSB2) which completed the baseline and the second evaluation of the TTM standards since the introduction of the TTM in Q3 FY20 until Q2 FY21, as well as the results in percentage of achievement.

Table 13: TTM achievements since TTM introduction in Q3 FY20

REGION	Number of health facilities (CHRD et CSB2) per region to be evaluated	Number of health facilities (CHRD et CSB2) that have conducted baseline assessments	Percent achievement	Number of health facilities (CHRD et CSB2) that have conducted a second evaluation
ANALANJIROFO	76	9	12%	
ATSIMO ANDREFANA	95	55	58%	2
ATSINANANA	94	83	88%	2
BOENY	61	21	34%	
DIANA	72	6	8%	
MELAKY	41	0	0%	
MENABE	60	16	27%	
SAVA	152	40	26%	
SOFIA	90	28	31%	
VATOVAVY FITOVINANY	129	127	98%	75
TOTAL	**870**	**385**	**44%**	**79**

Table 14: Scores achieved by health facilities, per TTM domain in Q2

Domains	Average scores for CHRDs		Average scores for CSB2	
	Baseline (9 CHRD)	2nd evaluation (3 CHRD)	Baseline (193 CSB2)	2nd evaluation (76 CSB2)
Domain 1 : Infrastructure	19%	78%	34%	51%
Domain 2 : Equipment, furniture, management tools	34%	55%	36%	51%
Domain 3 : Essential supplies (commodity management)	49%	83%	46%	68%
Domain 4 : Personnel	20%	58%	29%	49%
Domaine 5: Training	0%	47%	2%	3%
Domain 6: Community approach	N/A	N/A	45%	58%
Domain 7 : Community support	N/A	N/A	43%	51%
Domain 8 : Quality of services	13%	43%	22%	40%
Domain 9 : Management	31%	63%	45%	58%
Average score	**25%**	**73%**	**38%**	**54%**

Table 15: CSB2s' scores by TTM domain and score category in Q2

Domain	# of health facilities with score <50%		# of health facilities with scores 51% - 69%		# of health facilities with score = or > 70%	
	Baseline (193 CSB2)	2nd evaluation (76 CSB2)	Baseline (193 CSB2)	2nd evaluation (76 CSB2)	Baseline (193 CSB2)	2nd evaluation (76 CSB2)
Infrastructure	161	37	24	25	8	14
Equipment, furniture, management tools	144	37	37	26	12	13
Essential supplies	108	22	25	9	60	45
Personnel	164	39	12	17	17	20
Training	192	75		0	1	1
Community approach	116	26	39	23	38	27
Community support	131	34	27	19	35	23
Quality of services	177	56	15	12	1	8
Management	117	31	47	21	29	24

- A second assessment of TTM standards (six months after the baseline) was carried out in 79 health facilities (76 CSB2 and three CHRD) during Q2 FY21.

Figure 8 : Evolution of TTM scores of 76 CSB2 between the baseline and the second assessment

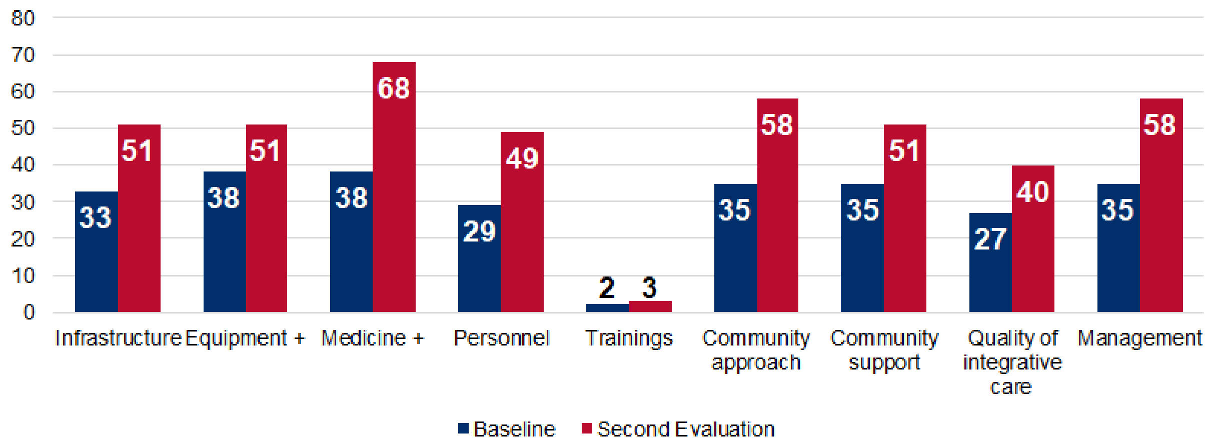
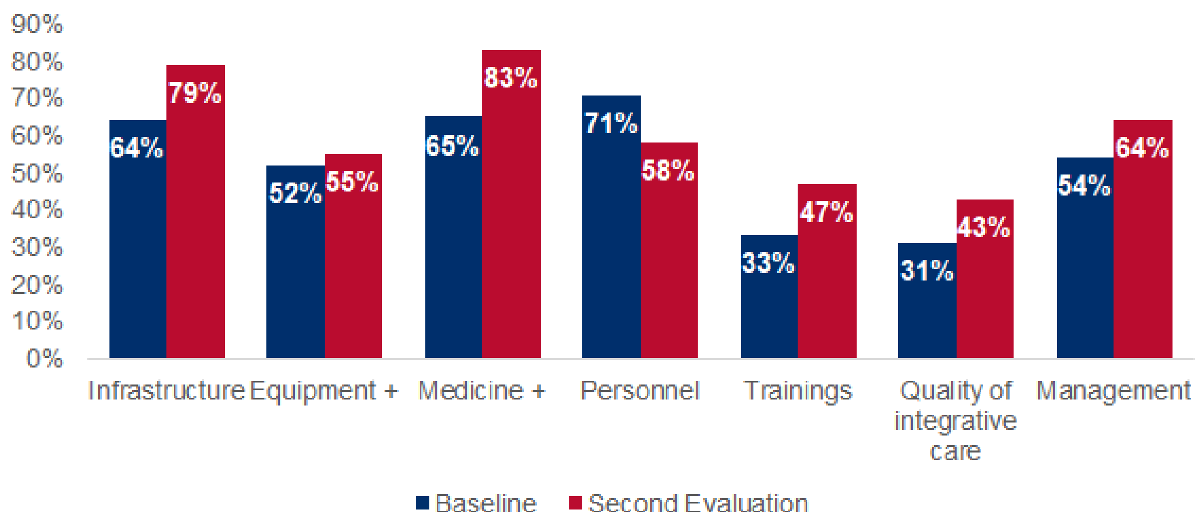


Figure 9 : Evolution of the scores of 3 CHRD between the baseline and the second evaluation)



Overall, these results demonstrate the positive impact of the TTM approach, which aims to improve the quality of care provided at health facilities. Of the 79 facilities evaluated with a second assessment, 77 of them showed an improvement in all nine domains, and the average overall score increased from 36% at baseline to 55% at the second evaluation. At the CSB2 level, the TTM scores increased across all domains between baseline and second evaluation. On the other hand, TTM scores increased across all but in domain 4 (personnel) that decreased in two CHRDs. This situation was due to the re-assignment of health personnel from the CHRDs to join the EMAD or to another health facility, and their respective replacements were still pending at the time of the second TTM evaluation.

More specifically, in the CSB2s, the two domains related to management and community engagement have showed great improvements, particularly in the compliance of the following standards:

- 9.4 (b) Semi-annual evaluation of coverage data for priority services
- 9.4 (d) The activities planned during the biannual evaluations of the coverage of priority services are implemented.
- 6.2 (a) SBC materials concerning priority essential health services, including the 2018 FP/RH law, are available at the health facility level.
- 6.2 (c) COSAN at the community level organizes collective meetings to promote priority essential health services

OBJECTIVE 2.2: QUALITY DATA IS AVAILABLE AT THE CSB AND DISTRICT LEVEL, IS USED FOR DECISION MAKING, AND IS INTEGRATED INTO THE NATIONAL HMIS

FY21 Q2 OBJ 2.2 KEY ACTIVITIES

- Provided technical assistance to the MOPH to finalize the revised RMA guidelines (CSB, Hospital and Community levels). The guidelines will be validated during an online workshop scheduled for Q3 FY21.
- Provided technical and financial assistance to the MOPH to prepare for and conduct the DHIS2 training workshop in the regions of Boeny and Vatovavy Fitovinany. As a result, the *Direction Régionale de la Santé* (DRS), *Médecin Inspecteur* (MI), Système Nationale (SNIS) managers, and data managers in these two regions are able to enter, extract, and analyze data in the MOPH's DHIS2 instance. The same training will be implemented in all other ACCESS supported regions.
- Participated in the development of the monthly and annual epidemiological surveillance bulletin. The monthly bulletin has been published and shared electronically with stakeholders. The annual bulletin is still being validated.
- Organized and held the quarterly coordination meeting between ACCESS and the *Cellule de Coordination Technique Nationale* (CCTN) PBF, and included TIP TOP in the meeting. As TIP TOP operates in the Vatovavy Fitovinany region, ACCESS advocated for their integration into the quarterly coordination meeting with the CCTN PBF team for the first time. The objective of the meeting was to discuss the inconsistency of the data reported by PTFs and the data in DHIS2. The differences are related to ANC and childbirth data, hence organization of a Data Quality Assessment (DQA) with CSBs in the Vohipeno district. For better inter-partner organization of the DQA, each project is overseeing the DQA activities in nine CSBs each. The DQA began in March 2021.

OBJECTIVE 2.3: HEALTH COMMODITIES CONTINUOUSLY AVAILABLE AT CSBS AND CHVS

FY21 Q2 OBJ 2.3 KEY ACTIVITIES

- Provided technical leadership in the periodic coordination meeting with DSFa, which focused on the use of MISO-CHX at health facilities and community sites.
- Actively participated in the coordination meeting for the management of FP/RH commodities initiated by United Nations Population Fund (UNFPA). The meeting aimed at sharing the result of the analysis of the 2019 and 2020 reports on the management of FP/RH commodities, which revealed: a high rate of stockouts at service delivery points; poor maintenance of management and inventory tools; and non-compliance with storage conditions at district and service point levels, especially for temperature-sensitive products (lack of cold chain). At this meeting, the participants also discussed FP/RH commodities that are about to expire (Ampicillin inj 1g expiring in October 2021; MISOI 200mg expiring in August 2021; and Oxytocin inj 10UI expiring July 2021), valued at $133,711. The MSR Service presented a breakdown of these commodities at each level to encourage their use before any expiration dates.

- Contributed to the validation of the shipments of antimalarial commodities during the National *Gestion d'Approvisionnement de Stock* (GAS) committee meeting. ACCESS continues to support the GAS committee in the analysis and determination of the quantities to be delivered to PhaGDis
- Provided technical assistance to the validation of the national quantification of MNH, malaria, and child health commodities. Although the quantifications were carried out in September 2020, they were validated in January 2021 by the CGL (Logistics Management Committee). Some of the comments raised by ACCESS and other partners include: the lack of reporting of commodity use data from *Fonds d'Approvisionnement Non Stop en Medicaments Essentiels* (FANOME) (RMA/DHIS2), the lack of consistency of consumption data for program commodities (health facilities)/distribution (PhaGDis), and the unavailability of logistics data at the central level (SALAMA and PTFs). The roadmap for improving the Logistics Management Information System (LMIS) is being signed by the MOPH SG's office; its implementation will help improve the reporting of logistics data from the SDSPs.
- Participated in a joint USAID, ACCESS, Mahefa Miaraka, and IMPACT supervision visit in Analanjirofo and Atsinanana. Fifty-eight structures were visited, including 36 in the region of Analanjirofo and 22 in the region of Atsinanana (2 SDSP, 2 PhaGDis, 21 CSB/Pharmacie à Gestion Communautaire [PhaGeCom], 17 AC, 2 *Point d'approvisionnement Relais Communautaire* [PARC], 13 *Point d'approvisionnement* [PA]). The supervision enabled the teams to assess the availability of commodities at PhaGDis, PhaGeCom, PARC, PA, and CHV levels, and to strengthen the collaboration between the Mahefa Miaraka, ACCESS, and IMPACT teams.
- Provided technical leadership in a workshop to develop the plan to improve the effective management of vaccines. This workshop was organized by the DPEV with WHO funding and saw the participation of representatives of the DGMP, the DRS, regional and district *Programme Elargi de Vaccination* (PEV) managers, CSB chiefs, UNICEF, Dalberg, and ACCESS. An analysis of the situation of the EPI supply chain at all levels (central, regional, district, and CSB) was carried out in order to identify the deviations of the various criteria from norms and standards of good management. Recommendations were developed to correct the weaknesses of the system, and a global improvement plan for the next five years was drafted.
- Participated in the Malaria Operational Plan (MOP) 2022 preparatory meeting. This was a four-day workshop organized by PNLP. The participants were divided into 10 groups (entomology; indoor spraying; laboratory; monitoring-evaluation and surveillance; operational; research; strategic communication; prevention; management; and commodity management). The commodity management group focused on: the collection and presentation of available data (CHV, CSB, CHRD); 2021 -2023 quantification forecasts; and the development of the supply plan and gap analysis.
- Provided technical assistance to the SMSR team. Given the weakness observed in the monitoring and analysis of the logistics data of the SMSR team and the long stockouts of MISO and CHX that made it impossible to quantify needs on the basis of the *Consommation Moyenne Mensuelle* (CMM), ACCESS and IMPACT supported the team in the development of the MISO-CHX distribution plan based on the birth rate at CSBs. The final plan has been submitted for validation to *Groupe de Travail Technique* (GTT) /

MSR. Currently, all USAID districts have received MISO and 71% of CSBs are supplied with MISO with a reporting rate of 80%. For CHX, 850,000 CHX units have arrived from UNICEF, and delivery to 45 districts in eight USAID regions by IMPACT occurred in March 2021.

- Supported *Gestion des Informations Sanitaires* (GIS) trainings for 188 health workers, *Comité de Gestion* (COGE) Presidents, CSB dispensers, and CSB treasurers in the regions of Atsimo Andrefana (6 districts), Atsinanana (3 districts); Boeny (1 district) and Sofia (1 district).
- Supported fifteen GAS committee meetings in the 14 districts in the regions of Amoron'i Mania (SDSP Fandriana), Menabe (SDSPs Manja and Belo), Vakinankaratra (SDSPs Mandoto and Ambatolampy); SAVA (SDSP Antalaha), and Vatovavy Fitovinany (SDSPs Vohipeno, Mananjary, Manakara, Ikongo, Ifanadiana, Nosy Varika).

FY21 Q2 Key Data/Results

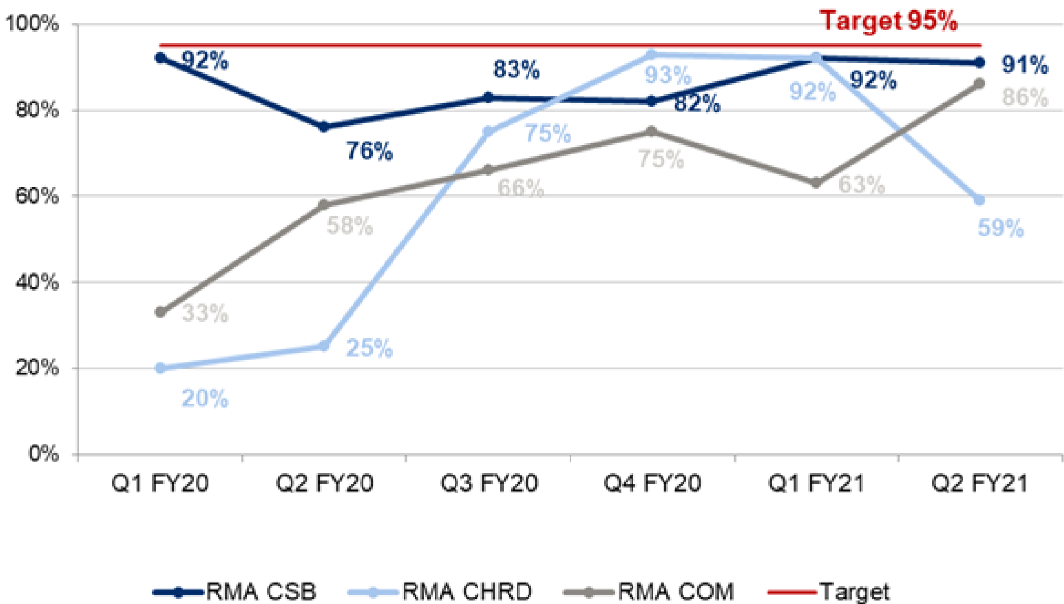
DATA QUALITY

Table 16. Progress to target for key data quality indicators in FY20

Indicator	FY21 Target	Q1 FY21 achievement	Q2 FY21 achievement	% of FY21 target achieved
2.2.1a % USG supported CSB that submit complete reports to the district on time	95%	92%	91%	96%
2.2.1b % USG supported CHD that submit complete reports to the district on time	95%	92%	59%	79%
2.2.2 % USG supported CHVs that submit complete reports to the CSB on time	95%	63%	86%	78%
2.2.3a % of surveillance reports submitted on time by CHVs	75%	80%	77%	105%

The timeliness rate of RMA Communautaire shows great improvement this quarter as seen in Figure 10 below.

Figure 10. Percent of RMAs reported on time



Community RMAs submitted on time

86% of community RMAs submitted in the seven ACCESS-supported full package regions this reporting period were submitted on time. This achievement, in addition to the Q1 rate (63%), represents a 78% achievement toward the annual target of 95%.

CSB RMAs submitted on time

92% of expected CSB RMAs were submitted across the ten ACCESS-supported regions during this period. The timeliness of the RMA CSB reporting during Q2 FY21 was 91%. This indicator is almost on track to meet its FY21 goal of 95%.

CHRD RMAs submitted on time

The average timeliness reporting rate of RMA CHRDs was 59% in this period. The FY21 target of 95% for this indicator is on track to being met this year. This quarter, the timeliness of RMA CHRD dropped from 92% to 79%. Some of the reasons that contributed to this drop include the additional workload that district hospitals faced in the midst of the COVID-19 outbreak. Additionally, in the CHRDs of Morombe (Atsimo Andrefana) and Faratsiho (Vakinakaratra), they could not access the data entry form of the national reporting system, whose refinements are underway by the DEPSI team in charge of national DHIS2 in collaboration with EMAD.

eSurveillance reports submitted on time by CHVs

This period, ACCESS is reporting the percent of eSurveillance reports submitted on time by CHVs. Reports show a 77% on-time reporting rate, which represents a 105% achievement toward the FY21 target of 75%.

SUPPLY CHAIN

In Q2, many challenges were encountered with reporting inventory data. The transition to the new RMAs partially explains this, as some categories have been added or removed from the RMA form. Failure of completing management tools, especially for health workers alone at post, makes it difficult to fill in Table 18 of the RMA CSB in DHIS2. This situation could have been worsened by mobilization of health workers for COVID-19 response efforts. As a result, these data may not be representative of reality. ACCESS will mobilize the field team to verify the completeness of the RMA CSB and RMA Com stock-related tables including data and transcriptions in DHIS2 and DREAM@MSH. This includes the *Points de Prestation de Service* (PPS) concerned for the RMA Com. A thorough investigation will be carried out to identify bottlenecks and obstacles in completing these tables and to develop targeted action plans. A meeting with DEPSI will be organized to discuss the situation and identify corrective actions.

Table 17. Progress to target for key supply chain indicators in FY21

Indicator	FY21 Target	Q1 achievement	Q2 Achievement	% of FY21 target achieved
2.3.1 Average stockout rate of tracer essential drugs during the reporting period at SDPs	6%	12.5%	24.5%	87%
2.3.2 Average stockout rate of contraceptive commodities at FP service delivery points	5%	3.6%	12.4%	97%
2.1.5 Average percentage of CSBs with 2-4 months of stock in the report.	25%	10%	17%	54%

Tracer Medicines Stock Outs

In this reporting period, the average stock out rate of tracer medicines across all delivery levels and regions was 24.5%. This is an 87% achievement toward the FY21 target of 6%.

Differences in variations are observed from one commodity to another. For instance, average stock outs rates decreased for certain commodities between Q1 FY21 and Q2 FY21, including CHX (decreasing from 15% to 11%), oxytocin (decreasing from 24% to 22%) and ACT (decreasing from 7.2% to 6.6%), but for other commodities, an increase in stock outs was reported, such as for amoxicillin (increasing from 3.7% to 13.3%) over the same period. There are more stock outs at the CHV level for social marketing products (pneumox), although the products are more available at the PA level, compared to free products (ACT). This is the same for the CSBs for FANOME products, which can be purchased from SALAMA (amoxicillin), compared to CHX and free MNH products. The financial constraints faced during the pandemic could be the reason for the increase in stock outs. With new ASCs and ADCs on board, ACCESS expects to have a better control of the stock management at CSB level in next reporting periods.

There are a few plausible reasons that could explain why the stock out of ACT has decreased while the treatment rate has also decreased: 1) either the estimated quantities were greater than the number of expected cases during the period (overestimate); or 2) there was a problem with admissions and all of the confirmed cases did not receive the appropriate treatment despite the availability of supplies; or 3) there was an anomaly with the inventory data reported at the service delivery points. It is worth noting that the quantifications coming from the CHV, CSB, and PhaGDis are based on their use (CMM), whereas the central GAS team adjusts the quantity to be delivered to the districts depending on the level of supplies at the central level as well as seasonality, which is based on the epidemiological evolution from the past three years (projection taken from a national quantification). With the support and involvement of the ADCs and ASCs, ACCESS will closely monitor this situation during subsequent quarters to see if this trend continues.

CSB Level

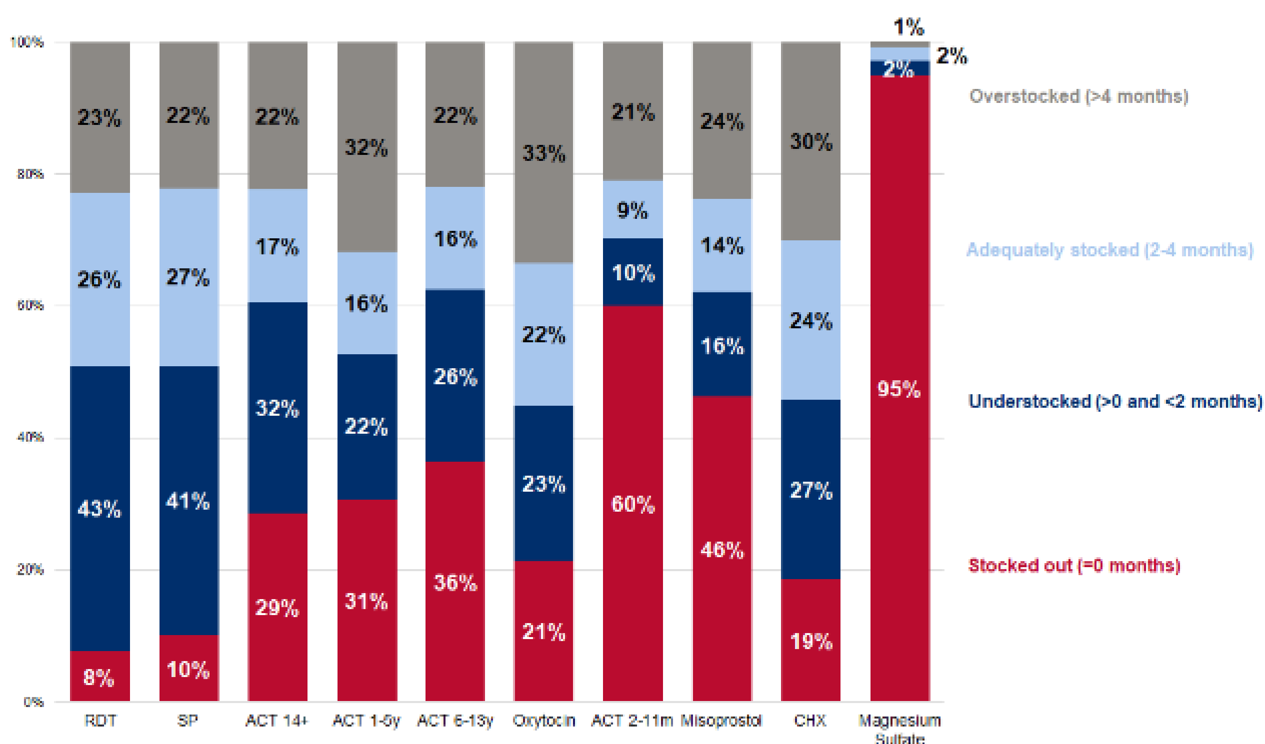
At the CSB level, the average stock out rate for tracer drugs was 30.5% in Q2 FY21, which is higher than the trend observed in the previous quarter. The stock out rate by commodities at the CSB level can be found in Annex E of the report.

Adequate stock levels at CSBs

Since Q1 FY21, ACCESS has been reporting the proportion of CSBs with the adequate level of stocks for ten of the tracer medicines, instead of the difference between CSB commodity forecasting and actual use. This is explained by two main reasons: first, the RMA CSB does not track data on forecasting and second, the MOHP's classification refers to CSB with an adequate level of stock. A CSB has an adequate stock level for a given tracer product if it ends the month with two to four months of stock. The proportion is calculated as the amount of stock available at the end of the month divided by the average utilization of the commodity (average of previous three months). This produces the number of months of stock available.

Across the ten tracer medicines included in this calculation (same as stock outs reported above at CSB level without gentamicin or ORS), 17% of CSBs had two to four months of stock available each month during the period, 24% had zero to two months of stock, 23% were overstocked, and 36% were stocked out (zero months of stock).

Figure 11: Adequate stock levels at CSBs by commodity, Q2 FY21



Oxytocin expired in February 2021, and the high stockout rates of magnesia sulfate result from the refusal of many SDSPs to receive it because of its expiration date in May 2021. The commodities management procedure recommends that the products that are delivered to the

PhaGDis must not expire for at least six months. The next shipment of UNFPA is scheduled for June 2021; these stockouts could therefore persist until Q3. ACCESS and IMPACT will approach UNFPA to obtain the exact date of the arrival of these products, and will encourage the holding of a conference call to all SDSPs by the SMSR team to remind them of the integration of MNH inputs into their purchase orders. Also, the teams in the field will help the CSBs and GAS Committees (in collaboration with the IMPACT CRLs) in the quantification of their needs to better complete the purchase order forms and send them on time.

CHRD Level

At the CHRD level, the stock outs rates for tracer drugs was 5.2% in Q2 FY21, which is the same level as observed in Q1 FY21. Stock outs at the CHRD level are generally lower than at the CSB level. Given their proximity to PhaGDis, they do not often encounter a stock out problem, if the products are available at the PhaGDis level.

CHV Level

The average percent of CHVs stocked out of tracer medicines was reported to be 13.6% in Q2 FY21, which is higher than the trend observed in previous quarters (less than 5%). This could partially be explained by the fact that the criteria of functional CHV was adjusted slightly this quarter to be more relevant and targeted. This quarter ACCESS focused on functional CHVs by commodity for only the three months of the quarter instead of reviewing the previous year. This means of determining functional CHVs eliminated the CHVs that were functional possibly 12 months ago but no longer are functional (i.e. they have not received or distributed any of the specified commodity in the reporting period). This decreased the number of Fokontanys included in the calculation and denominator, which may be contributing to this higher reported stock out rate compared to previous quarters. This new calculation better reflects reality and supports programmatic action (enabling targeted tracking and follow up with active Fokontanys).

In addition, many CSBs are no longer motivated to pay the transportation fees of the free commodities to the CHVs. The CSBs find the last mile distribution procedures very complicated and the reimbursement package does not cover the real transportation fees. ACCESS continues to discuss this with IMPACT and UCP.

FP Commodities' Stock Outs

The average stock out rate of FP commodities in Q2 FY21 was 12.4% which is higher than the 3.6% achieved in Q1FY21. This is a 97% achievement toward the FY21 target (5%). The stock out rate increased for all commodities this quarter.

Facility level (CSB only)

The average stock out rate of FP commodities at the CSB level in Q2 FY21 was 4.2% which is slightly higher than the rate observed in Q1 FY21 (3.2%). While stock out rate remained stable for cyclebeads and IUD, a large increase was observed for oral hormonal contraceptive (increased from 2.4% to 10.8%). Given the number of customers who opt for injectables and in order to avoid product expiration, many CSBs do not order oral contraceptive pills, although there are still some available at the PhaGDis and Central levels. Although ACCESS has already made CSBs aware of the importance of having a small reserve stock to meet the needs of

clients wishing to adopt these methods, this situation demonstrates the need to strengthen awareness. Please refer to Annex E of this report for further data by FP commodities.

CHV Level

In Q2, data are reported for the 7 regions implementing the full ACCESS package. In FY21 Q1 we had 4 full package regions against 3 in FY20.

The average stockout rate of FP commodities at the community level in Q2 FY21, was 39.9% which is much higher than what was reported in the previous quarter (2.8%), but lower than the rate from FY20 at 65.6%. The ACCESS team will investigate further the data to better understand these results. Almost all of the FP products were out of stock at the CHV level. The stock out rate of injectables was the lowest (15.4%), but was 44.5% for oral contraceptive pills, 47.5% for cycle beads, and 55% for condoms. In addition to verifying the quality of the data, ASCs and ADCs will analyze this situation together with the CHVs during the monthly regroupings as soon as the COVID-19 containment is lifted.

Activities Planned for Q3 FY21

OBJ 2.1 KEY ACTIVITIES PLANNED FOR Q3

LDP+

- Promote online facilitation until the COVID-19 restrictions lift and allow for resumption of face-to-face workshops/trainings
- Host learning exchanges with SDSPs of the same LDP+ advancement level so that they can share challenges and best practices with each other
- Encourage the EMADs to promote and practice the LDP+

PROGRES

- Promote online facilitation until the COVID-19 restrictions lift and allow for resumption of face-to-face workshops/trainings
- Support EMADs to establish a baseline for each SDSP
- Develop improvement plans for each district
- Support the EMADs with monitoring implementation of action plans on a monthly basis

TTM

- Continue to introduce TTM to health facilities in the severn northern regions, as well as in the rest of Atsimo Andrefana
- Continue to conduct the second evaluations of health facilities in the three southern regions
- Update and operationalize TTM databases. In Q3, ACCESS will integrate the data from the TTM evaluations from Q3 and Q4 of FY20 and of Q1 of FY21 into DHIS2.

OBJ 2.2 KEY ACTIVITIES PLANNED FOR Q3

- Support the DEPSI in finalizing the guides for the RMAs (CHRD, CSB, Com) and their online validation
- Participate in the monthly meeting of the HMIS working group
- Support the DEPSI with the establishment of the EPI logistics report at the district level in collaboration with the DPEV
- Support the finalization of the annual DHIS2 supervision schedule of the DEPSI, according to the results of the analyses on the use of the hospital and community DHIS2 modules by the 22 regions and 115 districts
- Analyze the use of hospital and community DHIS2 modules and provide targeted supervisions in regions and districts of ACCESS experiencing problems.

OBJ 2.3 KEY ACTIVITIES PLANNED FOR Q3

- Continue to orient health workers, *Présidents du Comité de Gestion* (PCoGe), and dispensers
- Hold the monthly coordination meeting of the three USAID projects at the central, regional, and district levels
- Maintain the online coordination meetings of the regional ACCESS and IMPACT (distribution) teams
- Develop the 2022-2023 gap supply plan and analysis for malaria commodities. This focuses on the additional funding needed to be able to purchase malaria commodities versus the amount of funding available.
- Monitor the routing of MISO and CHX from the central level to districts, from districts to CSBs, and from CSBs to CHVs
- Design a tool for consolidating purchase orders at the central level, according to the request of the MNH team
- Actively participate in GAS committee meetings (malaria, FP, and MNH)
- Finalize didactic video of commodities management for ADCs and ASCs
- Finalize the electronic order form and deploy it in the ADC's and ASC's tablets
- Conduct online skills enhancement of ACCESS field staff

OBJECTIVE 3: THE MALAGASY PEOPLE SUSTAINABLY ADOPT HEALTHY BEHAVIORS AND SOCIAL NORMS

Key Activities Q2 FY21

OBJECTIVE 3.1: THE MALAGASY PEOPLE DEMONSTRATE KNOWLEDGE AND PRACTICE OF HEALTHY BEHAVIORS

SBC

- Conducted trainings on SBC in the regions of Boeny, SAVA, and Melaky. A total of 224 participants attended the training across all three regions, including EMAR, EMAD, CCDS, CoSan, and ACCESS regional technical staff. The content of the training includes SBC approaches and techniques, as well as the use of management tools. The training methodology included field trips to observe the practical application of SBC activities (Community Action Cycle [CAC] plans, the champions of change approach, etc). These trainings will continue in the remaining northern regions as ACCESS gradually takes over Mahefa Miaraka community-level activities.

  In addition to these trainings led by the ACCESS central-level SBC managers, further orientation sessions are also organized in parallel or afterwards by the district SBC officers in Vatovavy Fitovinany, Atsimo Andrefana, Atsinanana, Boeny, Melaky, and SAVA. Throughout Q2 FY21, 5,367 participants (EMAR/EMAD, CCDS/COSAN, CHVs) attended these follow-up orientation sessions.

- Dispatched 5,893 job aids and communication supports (such as image boxes, Mendrika Salama invitation cards, Mendrika Salama registers, CAC registers, and “10 quality promises” posters) to the ten supported regions in February.
- Pre-tested the two Human-Centered Design (HCD) prototypes chosen by the communities (construction of stopover lodging at health facilities and *pousse-pousse* emergency transport systems). In Q3, ASCs will promote these prototypes during

community meetings to encourage community engagement from the design phase of their CAC plans.

- Broadcasted 10,459 radio spots, accompanied by 127 specialized radio broadcasts, in the regions of Vatovavy Fitovinany, Atsimo Andrefana, Atsinanana, Boeny, and SAVA. While the themes of the broadcasts vary according to the needs of the targets and the local context of each district, the focus during Q2 mainly addressed malaria (22% of broadcasts), and COVID-19 (17%). The ACCESS team aimed at broadcasting four radio spots per day per district by each SBC officer in order to promote the 20 priority behaviors (except anti-tobacco and alcohol; these are part of the promotion of the Champion Youth approach, not the radio broadcasts).

  These achievements exceed the objectives by 189%. These activities will be introduced and scaled up in the additional remaining regions as the Mahefa Miaraka transition continues.

Table 18: Number of radio broadcasts in Q2 FY21

REGION	VATOVAVY FITOVINANY	ATSIMO ANDREFANA	ATSINANANA	BOENY	SAVA	TOTAL
Number of radio spots	3127	3 465	3 308	400	159	10 459
Number of radio programs	53	40	24	8	2	127
Total	**3180**	**3505**	**3332**	**408**	**161**	**10 586**

- Broadcasted priority messages on National TV, including 329 TV spots, Be M'Ray clips, and the Be M'Ray songs. The themes of the broadcasts included COVID-19, malaria, unwanted pregnancy, construction of latrines, and gender-based violence.
- Conducted social media campaigns. For instance, on the Be M'Ray Facebook page (which has over 22,500 followers), 34,991 people were reached through 39 posts that covered several themes (COVID-19 , Exclusive Breastfeeding [EBF], FP, gender, and MNCH). Additionally, through the Tanora Filamatra Aho (TAFA) (youth) Facebook page (which has over 21,000 followers), 237,810 people were reached through 75 different publications, which focused on adolescent RH.
- Continued to support the operation of the 910 hotline: four operators, two medical regulators remained available to answer calls from users. Of the 454,073 incoming calls, 453,561 of them received the automatic COVID-19 prevention message, and 495 wanted further advice from the operators, 96% of which were handled by the operators.
- Supported the development of the script for the audio and video spots for the FAV Polio 16 campaign.
- Broadcasted radio spots for the MISO-CHX campaign and organized a validation meeting for the MISO-CHX image box.

- Broadcasted audio spots for the mass distribution campaign of Malaria medicine in the three ACCESS-supported districts (see IR 1.1), as well as ensuring the inclusion of malaria in the CAC plans developed by COSANs.

Gender

- Trained 809 people (EMAR, EMAD, CCDS, COSAN) on gender in Boeny, SAVA, and Melaky in Q2 FY21. The objective of the training was to sensitize community leaders on the five gender themes promoted ACCESS (gender equality, equity, empowerment of women, positive masculinity, and prevention of gender-based violence). A gender training video has been produced especially for use in this training.
- Participated in the celebration of International Women's Day on March 8, 2021. This year's theme was "Empowered and resilient women in a health environment for sustainable development." ACCESS activities in support of International Women's Day included the broadcast of a three-minute short film on gender equality, positive masculinity, COVID-19, and GBV on a national TV morning show, as well asthe broadcasting of a radio spot on COVID-19, GBV, and the FP law. Additionally, a gender-specific campaign was posted on the Be M'Ray and the TAFA Facebook pages.ACCESS also supported the provision of training and support to 50 *Vehivavy Mavitrika* (Volunteer and Motivated Women) who will raise awareness on women's rights, the fight against GBV, FP, and will also help to identify champion couples (*Mpifankatia Mendrika Salama*).ACCESS also supported the MOPH team to lead the official celebration in Diego.
- Identified 3,302 Champion Couples in the regions of Atsinanana, Atsimo Andrefana, Vatovavy Fitovinany, Boeny, SAVA, and Melaky (number included in table 18 below).

OBJECTIVE 3.2: COMMUNITIES AND INSTITUTIONS SUPPORT HEALTHY BEHAVIORS

Community Action Plans (CAC):

- Supported the implementation of 686 CoSan CAC plans, developed with the support of 22,175 participants at the Fokontany-level. Most (594) of these occurred in the three southern regions (Atsimo Andrefana, Atsinanana, and Vatovavy Fitovinany), as ACCESS community-level activities are just being scaled up in the northern regions. However, 82 plans were implemented in Boeny, SAVA, and Melaky. The themes of these plans largely focused on WASH (28%), malaria (21%), and maternal and child health (17%). Other themes included vaccination (8%), FP (5%), and, following the directives and leadership of the ASCs, MISO-CHX (2%). ACCESS will aim to further increase the focus on MISO-CHX as that remains a priority area of improvement for the project.

Champions and SBC Strategy :

- Identified a total of 22,256 new Champions across six regions. This is a significant improvement from Q1, in which 17,311 Champions were identified, due to the contribution of the new community-level regions and to the improved performance of the three southern regions.

Table 19: Number of Champions identified in Q2 FY21

REGION	V7V	AA	ATS	BOENY	SAVA	MELAKY	TOTAL
Number of Ankohonana Mendrika Salama (AMS - Household Champions)	2680	9 294	1 059	0	5	0	16 378
All AMS	*1816*	*7 722*	*3 345*	*11*	*5*	*0*	*12 900*
AMS with a child under five years	*789*	*763*	*404*	*158*	*3*	*0*	*2 117*
AMS with a pregnant women	*434*	*468*	*292*	*165*	*1*	*0*	*1 360*
Number of Mpivady Mendrika Salama (MMS - Couple Champions)	567	1 686	953	93	1	2	3 302
Number of Tanora Mendrika Salama (TMS - Youth Champions)	494	647	927	31	1	1	2 101
Number of CHV Mendrika Salama (CHV Champions)	50	228	168	28	0	0	474
Total CHAMPION	**4150**	**11 514**	**6 091**	**486**	**11**	**3**	**22,255 (Q2 target: 15,400)**

- Designed an event to prepare for the dissemination of the National SBC Strategy in collaboration with the *Direction de la Promotion de la Santé* (DPS) and UNICEF. The objective of the event is to mutually and effectively develop the SBC strategy with partners (strengthening of the relationship with the MOPH, consolidating relationships with partners, and revitalizing the Be M'Ray brand). Given the COVID-19 epidemics, the feasibility is being assessed and the date of the event will be communicated shortly by the MOPH. After this event, a conference with the partners is expected to determine a joint communication plan for the promotion of the 20 Priority Behaviors.

- Organized a follow-up meeting with participants who attended the "Leadership and Innovative Approaches in Strategic Communication for Public Health" (LAICS) courses in 2019. The main objective of the meeting was to discuss the current level of knowledge and skills of the participants and to share their capacity building plan for this year. Six participants attended the meeting; and after discussing their training needs, a provisional re-training schedule has been planned until the end of 2021.

SBC support to national programs:

- Participated in a workshop with the PNLP for the development of new communication materials.
- Participated in the weekly COVID-19 Communication Committee meetings for the development of the new communications plan for the winter season.

Support to project staff::

- Provided supervision to all IR3 activities in Atsimo Andrefana from January 25 to February 03, 2021, in order to observe the implementation of Savings and Internal Lending Communities (SILC), Community-Led Total Sanitation (CLTS), Integrated Community Nutrition (ICN), CAC, Champions, CHV, ASC, and SBC Officer activities. Corrective actions, such as the very rapid dispatch of certain materials and refresher training of the SBC Officers and ASCs, were conducted. Recommendations for improvement were also shared with all SBC Officers (in all regions) during the weekly meetings.
- Started the implementation of a new method of data collection through tablets so that the results of SBC activities appear in DHIS2 beginning in Q3 FY21.
- Recruited 25 SBC Officers in the northern regions (three in Boeny, four in SAVA, two in Melaky, four in Analanjirofo, four in DIANA, six in Sofia, and three in Menabe).
- Recruited five CLTS/CLTN officers in SAVA, Melaky, Boeny, Sofia, Analanjirofo, DIANA, and Menabe

Water Sanitation and Hygiene (WASH):

- Trained six local masons and provided six SANPLAT slab molds in the region of Vatovavy Fitovinany (Marokarima and Ambohimisafy, districts of Mananjary and Ikongo) for the construction of latrines.
- Provided kits and tools for local masons in the regions of Vatovavy Fitovinany, Atsinanana, and Atsimo Andrefana .
- With RANO WASH, conducted a training session for community mobilizers on holding trainings for local promoters in Vatovavy Fitovinany. These trainings already occurred in Atsinanana, and are currently being planned for Atsimo Andrefana.

Intensive Community Nutrition (ICN):

- Participated in three technical orientation sessions of the District SDSP team on the ICN approach in the districts of the Vatovavy Fitovinany region.
- Dispatched ICN management tools and equipment for weighing and measuring children to 60 CHVs in Vatovavy FItovinany, Atsinanana, and Vatovavy Fitovinany.
- Conducted the six-month follow-up visit in the region of Atsinanana (Ampihaonana Toamasina) in March 2021, in advance of the ICN assessment after six months.

- Conducted two ICN triggering events in Mahanoro in Atsinanana, one in Vatovavy Fitovinany, and one in Atsimo Andrefana. Community events are a challenge during the lean season, as families are focused on working and earning money.
- Conducted seven three-month ICN follow-up sessions in Vatovavy Fiovinany to monitor the implementation and progress of the ICN action plans.
- Participated in three coordination meetings with the Nutrition Cluster to discuss the development, monitoring, and continuous updating of nutritional mapping and sharing of strategies for improving nutritional status at the regional level.

OBJECTIVE 3.3: COMMUNITIES AND INSTITUTIONS SUPPORT HEALTHY BEHAVIORS

- Conducted Financial Protection for Health trainings for regional teams (12 SILC supervisors and 3 SILC officers). The trainings covered the SILC Health Funds model, which, like SILC funds, are funds built from members' savings that will be dedicated just for health expenses, and will serve the members themselves and their families.
- Recruited SILC teams in Boeny, SAVA, Sofia, and Analanjirofo, and conducted initial trainings of SILC teams in Boeny

FY21 Q2 Key Data/Results

CLTS

The implementation of CLTS resulted in Open Defecation Free (ODF) status for 20 new villages in Q2, in addition to the 70 villages from Q1 FY21. The limited progress this quarter is due to the start of the rainy season and an increase in COVID-19 cases, which limited travel. In Q2, Atsinanana reported two villages as ODF verified; 11 were verified in Vatovavy Fitovinany, and nine were verified in Atsimo Andrefana. Atsinanana was harder to reach than the other two regions for ODF verification this quarter because it was among the regions most affected by COVID-19, and communities are cautious of large gatherings; many community members were focused on rice cultivation during this quarter and were not available to participate in ODF activities; and that some villages closer to cities have difficulty in self-proclaiming as this is an approach more suitable for rural villages. Atsimo Andrefana had recorded the fewest ODF villages in Q1 FY21 because their focus was on triggering, but were able to verify nine out of 14 self-proclaimed ODF villages in Q2 FY21. ACCESS is on track for this indicator. To date in FY21, 90 new villages have been certified as ODF, which represents a 60% achievement of the FY21 target (150 villages).

Of 688 latrines built or refurbished in these regions, 293 (195 in Vatovavy Fitovinany, 71 in Atsinanana, and 27 in Atsimo Andrefana) are classified as improved and meet the standards of a basic sanitation service. These latrines are equipped with a hand washing device, a cover to prevent fecal-to-oral transmission and are used by a single household.

1,320 people benefitted from these improved latrines, which, combined with the Q1 achievement (2,159), is 112% of the FY21 target. This considers the average number of persons per household by region: Atsinanana (4.1), Atsimo Andrefana (4.9), and Vatovavy Fitovinany (4.6) (*Recensement Général de la Population et de l'Habitat* [RGPH] 2018). These factors are multiplied by the number of latrines meeting the criteria of a basic sanitation service to obtain the number of people benefiting.

Additionally, ACCESS established 31 local monitoring committees to ensure the implementation of WASH community action plans, and conducted 30 follow-up visits to maintain the status of villages already ODF-certified.

Table 20: Q2 FY21 achievements in the various CTLS stages

CLTS Stage	Q2 FY21 Achievement
1- CLTS triggering	39 villages
2- Follow up Mandona (monitoring of the triggered villages)	167 Villages
3- ODF self-proclamation of villages	39 Villages
4- Villages ODF-verified	20 Villages
5- New latrines constructed in Q2 FY21	402 Latrines
6- Improved latrine (not shared)	293 Latrines
7- New improved latrine users	1,320 people
8- Selection of local promoters	44 people

ICN

In Q2 FY21, ACCESS trained 33 communities in ICN implementation. These communities are located in four Fokontany in three regions. 743 people, predominantly female (61%), attended these sessions. A local monitoring committee was created in each community to ensure the follow-up of the action plans established.

In addition to the 43 villages trained in Q1 FY21, ACCESS has achieved 51% (76) of the FY21 target, and is on track to meet the annual target of 150 communities initiated to the ICN approach by the end of FY21.

ICN aims to improve nutrition at the community level through the "Community Scorecard" (CSC) approach and requires all community members to help identify indicators of change (examples include setting up a vegetable garden; construction and use of hygienic latrines; food hygiene; kitchen utensil hygiene (using a shelf for storing kitchen utensils to maintain the cleanliness of kitchen utensils); and water treatment before use). There are four phases of implementation: preparation, pre-triggering, triggering, three and six month follow-up, assessment and certification following achievement of the objectives in the community action plan during community triggering and capacity on behavior change.

SILC

In Q2 FY21, 94 new groups were created in the 12 SILC intervention districts in the three southern regions by 60 Private Service Providers (PSPs). 34% of the groups created were in Vatovavy Fitovinany, 31% were in Atsinanana, and 35% were in Atsimo Andrefana. With 170 groups created in total over the first semester, this represents a 16% achievement toward the FY21 target of 1,050 groups. The creation of these groups enabled the membership of 2,270 newly beneficiary members, with a majority female (74%). This represents a 21% (3,963 to date) achievement toward the FY21 target of 18,900 clients benefiting from financial services. The initial trainings of the Boeny team occurred in March 2021, and the team is deployed on the ground. Unfortunately, the training coincided with the closure of the area and the restriction of traffic. As a result, the team has not been able to move forward at the desired pace, but it remains ready to mobilize as soon as the restrictive measures are lifted. Boeny is currently in the phase of recruiting and then training PSPs, who will subsequently create the SILCs.

ACCESS is lagging behind on the SILC indicators mainly because of the delay in activities' implementation in the Boeny region. The expansion to this region was expected in February 2021 but due to the current restrictions, only the initial training happened so far. Boeny is currently expected to be back on track with group creation in Q4FY21.

Table 21: Summary of SILC activities in Q2 FY21

	Atsimo Andrefana	Atsinanana	Vatovavy Fitovinany	Boeny
Objective over the quarter	30	30	30	0
Number of groups	33	29	32	Boeny has just received his initial training. The first results on the indicators will be expected during Q4
% achievement	110%	96%	106%	
Number of SILC group members	818	595	857	
Number of women members	567	414	706	
% of women members	69%	69%	82%	
Number of groups with health fund (l'épargne santé PFS)	2	0	14	
Number of group members with health fund	43	0 (trainings have occured, but no contributions have occurred due to the lean seas)	249	
Number of women with health fund	31	0	211	
% of women	72%	0	84 %	
Number of people cover with health fund	51	0	833	

At the end of Q2 FY21, the cumulative savings of all of the groups reached 400,090,600 Malagasy Ariary (MGA), and 38% of the members are in the process of mobilizing 277,760,300 MGA in credit.

Table 22: Summary of SILC funds in Q2 FY21

Region	Atsimo Andrefana	Atsinanana	VV7V	Total
Total groups since beginning of SILC activities	144	136	168	448
Amount of savings	114,155,000 MGA	120,993,400 MGA	164,942,200 MGA	400,090,600 MGA
Amount of credit	79,205,000 MGA	57,283,100 MGA	141,272,200 MGA	277,760,300 MGA
Number of outstanding loans	1,050	594	2,063	3,707
Percent of members with credit/loans	32%	23%	55%	38%
Amount in health savings funds	176,500 MGA	N/A	442,800 MGA	619,300 MGA

GENDER

809 people were reached by themes integrating gender during Q2 FY21. These beneficiaries are mainly members of CCDS and COSAN (96%), and the remaining 4% were EMAD and EMAR members. This quarter's achievement represents a 102% achievement toward the FY21 target. ACCESS has achieved its annual target of 1,176 people trained over the past two quarters.

Activities Planned for Q3 FY21

OBJ 3.1 KEY ACTIVITIES PLANNED FOR Q3

- Conduct virtual SBC trainings in the newly enrolled regions of DIANA, Sofia, Analanjirofo, and Menabe
- Engage with a consultant or agency specializing in community management to support the management of Be M'Ray's Digital Communication
- Conduct a Be M'Ray revitalization campaign with the MOPH and PTFs
- Continue gender training in the 10 regions for community leaders and actors
- Train SBC Officers and ASCs in all 10 regions on the use of the new SBC reporting format in tablets
- Launch of the youth mobile application with the relevant Ministries, PTFs, and youth
- Conduct an Short Message Service (SMS) broadcasting campaign, which will include SMS messages targeted to women (on becoming household champions), to youth (on becoming Youth Champions), and to CHVs (for how to promote the champion approach among their communities).

OBJ 3.2 KEY ACTIVITIES PLANNED FOR Q3

- Continue to implement and monitor CLTS and ICN in the three southern regions
- Training of 44 local CLTS promoters

OBJ 3.3 KEY ACTIVITIES PLANNED FOR Q3

- Continue Financial Education trainings in the three southern regions
- Investigate the health fund approach developed by Mahefa Miaraka to define the strategy for the continuation and/or improvement of the strategy in the seven northern regions
- Update the SILC teams already in place in the seven northern regions on SILC protocols
- Establish partnerships with other projects and NGOs to promote the use of the health fund within SILC

PHOTO GALLERY | SOCIAL BEHAVIOR CHANGE

COSAN training in Diana during the rollout of ACCESS's SBC approaches.

A community action plan from SAHA efforts in Boeny.

A community action plan from SAHA efforts in Boeny.

Household visits to promote healthy behaviors and identify health champion households in Boeny.

A pregnant woman receiving antenatal care at a health center in Sambava.

A mother who gave birth at the health center of Tanambao Antalaha, with her new born baby.

HEALTH TECHNOLOGY

FY21 Q2 Key Activities

- Trained 85 CHVs and eight CSBs in Atsimo Andrefana and Vatovavy Fitovinany, bringing the total number of functional users on CommCare to date to 1,058 CHVs and 146 CSBs in the three southern regions.
- Conducted troubleshooting (reinstallation of the application for the most part) and provided feedback to newly trained users on their initial performance.
- Conducted a joint supervision mission with the MOPH in the field. A one-week mission was carried out in the region of Vatovavy Fitovinany (districts of Manakara, Ifanadiana, and Vohipeno) led by the DVSSER with the participation of EMADs. Focus groups held with users who were trained six months ago (from the end of August 2020) revealed an excellent mastery of the application by users and their firm belief in the tool improves their daily work. A video of testimonies was captured to illustrate this for future CHVs to be trained. In parallel, the mission also helped facilitate a coordination meeting with the DVSSER and Pivot, an NGO that is also starting to use CommCare with the CHVs in the district of Ifanadiana.
- Conducted monitoring of user performance recorded. Results show:
    - A slight drop in the CHV activity rate, but it is still high: 82.65% (compared to 84% in Q1). Newly trained additional users at the start of Q2 require time to get started with the application.
    - A ten-point increase in the RMA Com completeness rate: 80.10% (compared to 70% in Q1).
    - An eight-point increase in RMA Com timeliness rate: 89.56% (against 81.80% in Q1). The details are: 87.73% in January, 84.49% in February and 96.46% in March.
    - The rate of active CHVs conducting community surveillance remained high during Q2, i.e. 89.98% (against 91.31% in Q1), despite the increase in the number of trained CHVs.
    - The completion rate of the weekly surveillance report (WSR) increased by six points: 77.84% (compared to 71.21% in Q1).
    - The WSR promptness rate dropped slightly by 3 points: 77.29% (compared to 80% in Q1). The target of 75% has nevertheless been reached.
    - 876 alerts were made by CHVs. The same trend in the types of alerts raised in Q1 was noticed in Q2, namely a majority of cases of RDT positive malaria in children under 5 years old, lack of drugs / equipment, and cases of acute watery diarrhea[1].
    - Five COVID-19 confirmed cases were entered by a single CHV in Manakara district (Vatovavy Fitovinany) following information communicated to him by EMAD. However, no contacts were recorded, following the refusal of the

[1] (1) les cas de Paludisme TDR positif chez les moins de 5 ans (262 alertes) contre 163 alertes en Q1 , (2) Manque de médicaments/équipements (109 alertes) ,(3) les cas de diarrhée aiguë aqueuse (79 alertes) , (4) Maladies fréquemment rencontrées mais personnes atteintes augmentent (45 alertes) et (5) Recrudescence inhabituelle de moustiques (44 alertes). 88,54 % des alertes (soit 518 fiches de signalement) ont été remontées via SMS.

identified contact persons to be followed. Three suspected cases were recorded in the Sakaraha district (Atsimo Andrefana). Among them, one was investigated by the CSB chief who then did not validate it as a case of COVID-19. The two cases remain pending confirmation from the CSB. 155 people were sensitized on COVID-19 themes during 24 awareness sessions.

- To date, two e-learning modules have been deployed to 146 CSBs in the southern regions (administration of injectable artesunate and newborn resuscitation). Supervisions showed that the modules were positively received by the CSBs, and that they know how to use them: 87% of health workers who have started a course complete it within the following month. However, two stages that are conditional for use of the tool remain problematic: the creation of user accounts in the application and the effective start of a course. Only 70 CSBs out of 146 trained (48%) created at least one user account, and only 56% and 33% of users created have started the course on injectable artesunate and newborn resuscitation, respectively. These results are despite regular remote monitoring (calls and SMS to CSBs). Further efforts are planned for the next quarter to better involve EMAD officers to monitor CSBs in the start of the use of e-learning.
- Updated the application, integrating user feedback. A new module has been developed for use by CHVs and CSBs to enable monitoring of MNDSR via death notifications and a verbal autopsy form. Finally, an additional e-Learning module has been made available to health workers at the CSBs: GAPTA (active management of the third stage of labor).
- Updated the database of CommCare trainers. 22 former trainers are still available after verification, and 18 additional trainers were selected (on the basis of 800 applications received, and 40 interviews carried out in Q1). These trainers will support the sessions of user trainings in the southern and northern regions beginning in the end May.
- Supported the consolidation of access to routine and surveillance data collected from CommCare (integration of RMA Com into the MOPH's DHIS2 and operationalization of SMS gateway for users without internet access). Work is being finalized, and these systems will be operationalized during the next quarter.

Activities planned for Q3 FY21

- Ongoing preparations for an upcoming deployment to users at the end of May.
- Further development of e-learning courses (Integrated Commodity Management, DQA, FP, Partographs, Vaccination, WASH)
- Connectivity study in the Northern regions: Analanjirofo and Boeny
- Analysis for the design of CommCare applications for ADCs and ASCs

Monitoring, Evaluation, Research, and Learning (MERL)

FY21 Q2 Key Activities

- Finalized Performance Indicator Reference Sheet (PIRS) and Performance Management Plan (PMP) revisions. Two years after the initial version of the PIRS, the latest updates include, but not limited to, the integration of new indicators and suggested adjustments that resulted from post-Performance Plan and Report (PPR) sessions that were organized by USAID, as well as from constraints and limitations that were encountered in the field in Q4 FY20. The revised version was completed and new modifications will be reflected in the PMP, and both documents are being harmonized prior to submission to USAID for validation. Alongside the PIRS, the PMP was also revised to take into account the latest PIRS indicators' definitions and respective methods of calculations. Furthermore, the revision of the PMP resulted in suggested adjustments to target estimates, in order to align them to latest PIRS definitions and realities of the program's implementation.
- Held a MEL technical review as part of the learning agenda. This was jointly organized and executed by MSH Home Office and the ACCESS technical team in Madagascar. At the end of the review, some of key recommendations developed to enhance the program's performance include but are not limited to:
    1. Come up with a process to identify technical trends (positive and negative) using a systematic approach,
    2. Conduct technical deep dives with key stakeholders to proactively document and identify key lessons learned and best practices, adapt approach as needed, and share the learning, and apply it where appropriate in other less performing sites.
    3. Carry out regular work sessions with the IMPACT project on some of the supply chain issues, identify, apply (with monitoring) additional SCM specific solutions
    4. Develop and implement a strategy for improving data quality and data use at all levels,
    5. Continue to mature the concept of impact measurement for ACCESS and implement it
    6. Overall, create a specific data management system for the Mobile Clinics, pilot test this system with Population Services International (PSI), and transfer ownership of this system to MOPH
- Conducted a quarterly performance review. This is a recurrent quarterly activity coordinated by the central MERL team and executed in collaboration with technical teams at all levels. During this session, ACCESS staff discussed the performance of key indicators against respective set targets, as well as the process of the annual work plan implementation. The exercise facilitates the identification of main challenges that affected the anticipated rate of performance and recommendations for improvement.
- Began preparations for the midline evaluation, including the development of the protocol and initiating the process of recruiting surveyors.
- Developed the mitigation plan and roadmap in response to the recommendations that resulted from the DQA conducted by USAID.
- Participated and contributed to the recruitment of 28 new MERL staff in the seven northern regions.

- Conducted online orientations of new MERL staff in the four regions already transitioned from Mahefa Miaraka (Boeny, SAVA, Melaky, and Analanjirofo)
- Conducted routine data verification and validation for data sets stored in the the national health information system, as well as non-routine programmatic data
- Developed the tool commonly known in French as O2VR (*Outils de Vérification et Validation des RMAs*), which is used in an attempt to improve the quality of data reported routinely on RMACom and RMACSB. The tool mainly focuses on the verification of the accuracy and validity of values transcribed on the RMAs after a counter check against their corresponding primary data sources, mainly registers of respective services. In case discrepancies are identified, the same primary data sources serve as a reliable basis to recalculate the values and update the concerned RMA with the most accurate and correct figures.The process undertaken by the ADCs and ASCs is carried out on selected indicators and service delivery points, preferably prior to submission of hardcopy RMAs to the next level for further data cleaning and subsequent entry into electronic systems. A pilot test of this tool was conducted in March 2021 at 18 CSBs located across six districts of the three southern regions. A scale up of the use of this tool at all facilities is slated to be initiated at all regions starting the Q3. In addition to O2VR, a system and tools for Routine Data Quality Assurance (RDQA) was developed alongside the associated DQA strategy/approach document. The RDQA and DQA are expected to be conducted at different levels of the health system supported by ACCESS at different time intervals and by different teams, as specified in the strategy.
- Supported various components of data management efforts, including the distribution of data management tools (registers and RMA templates), data collection, cleaning, and entry in the electronic systems.
- Continued to conduct capacity building of technical staff on the principles and practice of data analysis, quality assurance, and dissemination at all levels
- Supported the DEPSI to provide trainings to Informations systems heads (SIG), and EMAD on RMA Com and RMA CHRD in DHIS2 in Boeny and Vatovavy Fitovinany.

Activities Planned for Q3 FY21

- Finalize PIRS revisions to be submitted to USAID for approval.
- Finalize PMP revisions, including USAID comments on targets to be submitted to USAID for approval.
- Finalize preparations for the ACCESS midline evaluation, including the protocol and data collection tools, sampling, and recrutement of the consulting firm to conduct the survey.
- Deploy the R/DQA system to the ACCES-supported regions
- Initiate the process of migrating community data to the national DHIS2 instance
- Develop a standardized learning agenda for the ACCESS program

COMMUNICATIONS

FY21 Q2 Key Activities

- Produced and dispatched various communication products and goodies (notepads, calendars, mugs, pens, etc) for MOPH directorates, leaders of other partner ministries (population, education, youth, WASH), USAID and US embassy staff, development partners, partner journalists to increase visibility.
- Organized a handover ceremony for Project C.U.R.E. equipment in the Vatovavy Fitovinany region, in collaboration with the regional health director and the local representative from the National Assembly. *"This donation is very timely as the region is ramping up COVID-19 response activities. These equipment will help our health facilities deliver better services to the population, and will ultimately support case management if there is a surge of COVID-19 in the target districts"*, said Germain Rakotondrazafy, regional health director in V7V.
- Conducted field visits in Melaky and SAVA to collect photos, videos, and stories.
- With the transition of Mahefa Miaraka activities to ACCESS, organized an mini-event with the regional health directorate in Melaky to officially launch ACCESS's activities at the community level in the region.
- Organized a press visit in Maintirano to document ACCESS's community health activities and to showcase the challenges in the field and the work that's being done to support health workers and CHVs. The regional health director and the COP led the field visit at a health center and a community health hut.
- Continuously shared the achievements of the program on social media.

Activities Planned for Q3 FY21

KEY ACTIVITIES PLANNED FOR Q3

- Produce three photo essays: on vaccination, mobile clinics, and clinical capacity building approaches
- Publish success stories on the LDP+, ARC, and Helping Babies Breathe approaches
- Conduct online campaigns for World Health Worker Week (April 1-7), World Malaria Day (Apr 25), Vaccination Week (Apr 24), and International day of the midwives (May 5)
- Publish and promote the COVID-19 photo essay and video with USAID
- Publish and promote the USAID Exposure story on malaria and commcare, along with a corresponding video
- Produce a video on mobile clinics
- Produce specific communications materials for the Project C.U.R.E donation
- For the transition with Mahefa Miaraka, coordinate joint communication with Mahefa Miaraka and USAID