# Quarterly Report

April 1, 2021 – June 30, 2021


Submitted by Dr Serge Raharison, Chief of Party
**Management Sciences for Health**
6ème Etage, Immeuble Fitaratra
Ankorondrano, 101 Antananarivo
MADAGASCAR

This document was produced for review by the United States Agency for International Development. It was prepared by Management Sciences for Health for the USAID ACCESS Program, CA72068718CA00003.

# Table of Contents

# Acronyms

| | |
|---|---|
| **ACCESS** | Accessible Continuum of Care and Essential Services Sustained |
| **ACT** | Artemisinin-based Combination Therapy |
| **ADC** | Aides Cliniques |
| **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 |
| **CSB** | Centre de Santé de Base |
| **CU5** | Children Under Five |
| **cVDPV** | circulating Vaccine-Derived Poliovirus |
| **CYP** | Couple Years Protection |
| **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 |
| **DPS** | Direction de la Promotion de la Santé |
| **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 |
| **EMAD** | Equipe de Management de District |
| **EMAR** | Equipe de Management de Région |
| **EPI** | Expanded Programme on Immunization |
| **FAF** | Fer acide folique |
| **FAV** | Hetsika Fanamafisana ny Andron'ny Vaksiny |
| **FP** | Family Planning |
| **FSAW** | Formation Sanitaire Amie de WASH |
| **FY** | Fiscal Year |
| **GAS** | Gestion d'Approvisionnement de Stock |
| **GIS** | Gestion des Informations Sanitaires |
| **HMIS** | Health Management Information System |

| | |
|---|---|
| **ICN** | Intensive Community Nutrition |
| **IMPACT** | Improving Market Partnerships and Access to Commodities Together |
| **IPTp2** | Intermittent Preventive Treatment in Pregnancy 2 Doses |
| **IPTp3** | Intermittent Preventive Treatment in Pregnancy 3 Doses |
| **IR** | Intermediate Result |
| **IUD** | Intrauterine Device |
| **LDP+** | Leadership Development Program Plus |
| **MERL** | Monitoring, Evaluation, Research, and Learning |
| **MGA** | Malagasy Ariary (currency) |
| **MNCH** | Maternal, Neonatal, and Child Health |
| **MNDSR** | Maternal and Newborn Death Surveillance and Response |
| **MNH** | Maternal and Newborn Health |
| **MOPH** | Ministry of Public Health |
| **MSH** | Management Sciences for Health |
| **MUAC** | Mid Upper Arm Circumference |
| **NU** | New User (of family planning) |
| **O2VR** | Outils de Vérification et Validation des RMAs |
| **ODF** | Open Defecation Free |
| **ORS** | Oral Rehydration Solution |
| **PENTA1** | Pentavalent Vaccine (First Dose) |
| **PENTA3** | Pentavalent Vaccine (Third Dose) |
| **PhaGDis** | Pharmacie de Gros du District |
| **PIRS** | Performance Indicator Reference Sheet |
| **PMP** | Performance Management Plan |
| **PNC** | Postnatal Care |
| **PNLP** | Programme Nationale de Lutte contre le Paludisme |
| **PPH** | Postpartum Hemorrhage |
| **ProCCM** | Proactive Community Case Management |
| **PROGRES** | Program for Organizational Growth, Resilience, and Sustainability |
| **Project C.U.R.E.** | 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 |
| **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 |

| | |
|---|---|
| **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 |
| **SP** | Sulfadoxine-Pyrimethamine |
| **TAFA** | Tanora Filamatra Aho |
| **TMS** | Tanora Mendrika Salama |
| **TTM** | Toeram-pitsaboana Tomombana sy Mahomby (FFSDP) |
| **UNICEF** | United Nations Children's Fund |
| **USAID** | US Agency for International Development |
| **USG** | US Government |
| **WASH** | Water, Sanitation, and Hygiene |
| **WHO** | World Health Organization |

## 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)<br>American Academy of Pediatrics<br>American College of Nurse Midwives<br>Catholic Relief Services (CRS)<br>Dimagi<br>Johns Hopkins Center for Communication Program (JHU-CCP)<br>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.<br><br>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<br>2. Health systems function effectively to support quality service delivery<br>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<br>• 1.2. Quality health services are available at the CSB and district hospitals<br>• 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<br>• 2.2. Quality data is available at the CSB and district level, is used for decision making and integrated into the national HMIS<br>• 2.3. Health commodities continuously available at CSBs and CHVs | • 3.1. The Malagasy people demonstrate knowledge and practice of healthy behaviors<br>• 3.2. Communities and institutions promote and support healthy behaviors<br>• 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.

April-June 2021 [fiscal year (FY) 2021, quarter (Q) 3] marks the second quarter of the third year of implementation for ACCESS. Efforts in Q3 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 and behavior change (SBC) strategies tailored to meet district needs. Q3 also saw the further implementation of transition activities between the Mahefa Miaraka and ACCESS programs in the seven northern regions. As of Q3, all Mahefa Miaraka activities have been transferred over to ACCESS.

Madagascar also continued to battle a second wave of COVID-19 in Q3. During the period of April 1st to June 30th, 2021, a total of 3,408 new cases were reported to be positive, while 274 deaths were declared. 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 Haute Matsiatra, DIANA, and Atsimo Andrefana. 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. However, in Q3, Madagascar also received its first shipment of COVID-19 vaccines as part of the COVAX initiative. ACCESS worked closely with the MOPH and other partners on implementing a national vaccination campaign.

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

- The malaria testing rate trend at the community level has continuously increased over the past quarters from 63% in Q3 FY20 to 85% in Q3 FY21.
- The percentage of women receiving intermittent preventive treatment in pregnancy 2 doses (IPTp2) during antenatal care (ANC) increased from 57% in Q2 FY21 to 64% in Q3 FY21, and the percentage receiving IPTp3+ (3 or more doses) increased from 42% in Q2 FY21 to 46% in Q3 FY21.
- The pneumonia treatment rate increased from 90% in Q2 FY21 to 93% in Q3 FY21.
- At the community level, pneumonia treatment rate increased from 87% in Q2 FY21 to 93% in Q3 FY21.
- The diarrhea treatment rate at the community level increased from 72% in Q2 FY21 to 81% in Q3 FY21.
- The percentage of diarrhea cases managed at the community level increased from 11% in Q2 FY21 to 29% in Q3.
- 87% of newborns not breathing at birth were resuscitated, which represents 100% achievement of the annual target.
- 63% of women giving birth have received a uterotonic in the third stage of labor, which is an increase from 56% in Q2 FY21, and surpasses the FY21 target of 60%.
- The chlorhexidine (CHX) rate use has greatly increased from 24% in Q2 FY21 to 52% in Q3 FY21.
- In the three full package regions, 53 communities were verified as open defecation free (ODF) in Q3 FY21, which is an increase from 20 in Q2 FY21. Since Q1, 143 communities have been verified as ODF, which is a 95% achievement of the annual target (115).
- In the three full package regions, established and trained 45 Fokontany Water, Sanitation, and Hygiene (WASH) Committees. As of Q3 FY21, 98% of Fokontany WASH Committees are functional.

# Progress towards the Program Objectives

© SAMY RAKOTONDRAINA / MSH

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

## *Key Activities in Q3 FY21*

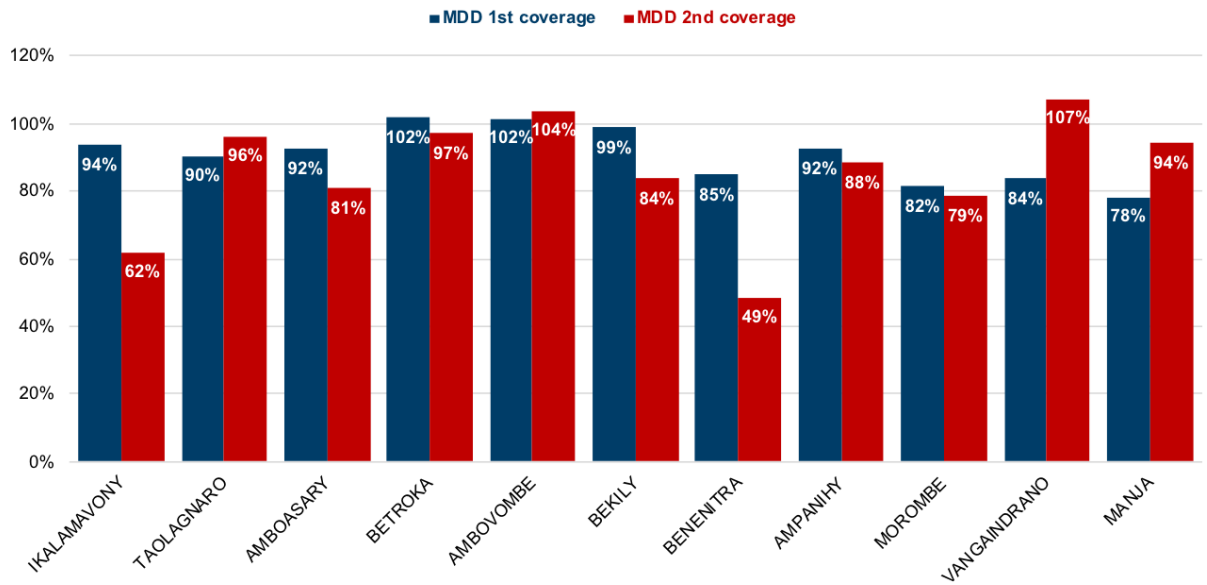
### Objective 1.1: Quality community health services are available as first point of contact with the health system

### FY21 Q3 OBJ 1.1 KEY ACTIVITIES

- Supported trainings of 129 community health volunteers (CHVs) on maternal, neonatal, and child health (MNCH) in Boeny and 249 CHVs (out of 256 planned) on family planning (FP) in Vatovavy Fiovinany. In the other two southern regions, no FP trainings were planned for Q3 (planned for Q4 instead). For the seven northern regions, FP training for CHVs was still being determined in Q3 as the Mahefa Miaraka transition was just concluding at the time. The content of these trainings also include FP service provision.
- To improve the population's access to different contraceptive methods at the community level, and as part of the process of integrating the community pregnancy test in the V7V region, the orientation of the head of the *centre de santé de sase* (CSB) of the two districts was conducted during periodic district reviews in Q3. The training of CHVs was postponed to Q4 due to COVID-19.

- Provided virtual support to regional teams to plan the organization of FP trainings for CHVs in the three highlands regions where ACCESS supports FP/reproductive health (RH) services only. Due to the COVID-19 wave, the trainings were temporarily postponed.
- Collaborated with Impact Malaria on: a) the implementation of the malaria elimination strategy in the districts of Antsiranana I, Antsiranana II, and Toamasina I (in the pre-elimination phase) at the CSB level with trainings for CSBs on the elimination strategy carried out with the involvement of CHV support; b) adaptation of the CHV supervision grid specific to the elimination districts (includes content of the Integrated Vector Management module); and c) the pretest, validation, and integration of the supervision grid in DHIS2.
- Supported the implementation of the second wave of malaria Mass Drug Distribution (MDD). The MOPH implemented the MDD activity under the leadership of *Programme Nationale de Lutte contre le Paludisme* (PNLP)/DLMT with the mobilization of the technical team at the central level (PNLP technician, Lab, DLMT technician, regional (DRS and *Equipe de Management de Région* [EMAR]), district (*médecin inspecteur*, *Equipe de Management de District* [EMAD], CSB, and CHV). This activity is co-financed with ACCESS and the Global Fund. The first wave was conducted in March 2021, and the second in June 2021.

***Figure 1. Coverage rates for the first and second distributions during the MDD in Q3 FY21***




This MDD activity resulted in a fairly significant decrease in malaria cases compared to last year at the same time.

***Table 1. Trend in malaria cases compared to last year at the same time***

| District | Population treated | Targeted Population | Confirmed malaria cases during Q3 | | | |
|---|---|---|---|---|---|---|
| | | | FY 2020: | | FY 2021 | |
| | | | Commune Reached by DMM | District (*) | Commune reached by la DMM | District (*) |
| **Ampanihy** | 62 331 (88%) | 70 533 | 971 | 6089 | 127 | 1678 |
| **Morombe** | 104 547 (78%) | 132 966 | 4776 | 6681 | 1283 | 2373 |
| **Benenitra** | 14 059 (49%) | 28 875 | 4807 | 5686 | 1416 | 1431 |

(*) total number of malaria cases for all districts

- Continued to implement the malaria progractive community case management (ProCCM) Plus strategy, including :
- Conducting a situation analysis Q1-Q2-Q3 (pending DHIS2 data source). The analysis of the quarterly evolution of confirmed malaria cases at the CSB level during the period July 2018 to July 2021 (for 3 years) revealed the increase from quarter to quarter with a fairly significant predominance of cases in children 6-13 years.
- Reducing the target from 93 to 14 communes following the revision of commodity needs
- Revising the strategy towards the integration of the approach, including ANC, postnatal care (PNC), IPTP3, and vaccination of children under 12 months

## Objective 1.2: Quality health services are available at the CSB and District Hospitals

# FY21 Q3 OBJ 1.2 KEY ACTIVITIES

**Clinical capacity building**

- Supported the *Service de Formation et de Perfectionnement* in monitoring the functionality of the *Bureaux Régionaux de Formation* (BRFs) in 10 regions, and in providing remote supportive supervision to them. During the monitoring and supervision sessions, the DRS teams discussed the implementation of each BRF's action plan, and methods for improving BRF functionality and effectiveness were identified. Some key recommendations include more support from the central MOPH in post-training follow up and involving the EMAR/EMAD in monitoring BRF functionality. The three regions (Melaky, DIANA, and Analanjirofo) where the BRFs are not yet established also attended monitoring visits to present on training progress and next steps for operalization.

  An orientation on formative supervision was also conducted with the BRF/EMAR/EMAD teams in the 13 regions to introduce the LDHF process in ensuring the post-training continuity of quality services.
- In Q1 and Q2, the testing and data entry in the Training Tracker application was conducted in the 13 regions. In Q3, user feedback on process indicators, such as supervision and WASH achievements, was integrated.
- The health facility service delivery dashboard is being piloted with 600 CSBs and 20 *Centre Hospitalier De Référence de District* (CHRDs) in five regions (Atsinanana, Atsimo Andrefana, Analanjirofo, Menabe, and Vatovavy Fitovinany). The dashboard uses 14 indicators of health services delivery, including two indicators for each domain (FP, maternal and neonatal health, FP/RH, child health, malaria, vaccination, and nutrition). In Q3, ACCESS supported the orientation of EMAR, EMAD, and ACCESS field staff on the CSB Dashboard to improve the quality of services and the use of data for decision-making in the two regions of Atsimo Andrefana and Analanjirofo. In total, 41 people were trained in Analanjirofo (4 EMAR, 23 EMAD, and 14 project field staff). In the Atsimo Andrefana region, 26 people participated in this training (4 EMAR, 4 EMAD, and 18 project field staff). The EMAR and EMAD teams supported by the regional ACCESS staff oriented the health workers on the CSB Dashboard during supportive monitoring and supervision visits of health workers in the five regions selected for FY21.
- As of Q3, 140 service providers have completed their e-learning training on the existing CommCare modules (newborn resuscitation, partograph, and ARC) in the three southern regions. In addition to the existing modules, modules on nutrition, vaccination, FP, and IPC are being finalized with the MOPH.
- Two telementoring sessions were held in Q3 FY21 with ACCESS field staff. Active participation, presentation, and discussion on selected clinical cases from the CSB or CHRD allows providers to strengthen their knowledge and confidence in identifying needs for training, follow-up, and formative supervision. At the end of each session, a

quality of care improvement form is discussed so that participants identify solutions to overcome challenges experienced.

- Participated in various MNCH MOPH and TWG meetings. Postpartum hemorrhage (PPH) prevention and treatment in Madagascar using the Alliance for Innovation on Maternal Health (AIM) approach and virtual mentoring were discussed in the meetings to disseminate the results of the APPHC pilot project and determine how to scale up the recommendations proposed in the pilot report.
- Participated in the MOPH and MEASURE program meeting for monitoring SRMNIA-nutrition indicators. Lessons learned and areas for improvement (such as reminders to CHVs and health workers on proper completion of management tools at during supervision and monthly or quarterly reviews, organization of periodic CSB performance reviews with *Service de District de Santé Publique* (SDSP) and *partenaire technique et financier* (PTFs), and integration of low performance activities in the SAHA action plans) were shared during the meeting to optimize all efforts to improve the indicators. It was decided that this indicator monitoring meeting will be held quarterly.
- The AIM implementation manual and facilitator guide was shared with the MOPH/S*ervice de la Maternité Sans Risque* (SMSR) for feedback and recommendations. Four master trainers (MOPH, COMAGO, and ACCESS) were identified and oriented on the various AIM documents, presentations, and materials.
- The content for the four available ACCESS U modules (GATPA, preeclampsia, newborn resuscitation, and PPH) were tested by ACCESS central and field technical staff, as well as by central MOPH/SMSR staff. At the end, each participant completed a feedback form, including challenges encountered, which will be addressed in Q4 through modifications as needed. 10% (7 out of 71 respondents) mentioned poor Internet connection as a main challenge and 13% mentioned difficulties linked to technology. One possible solution for the lack of internet connectivity is to partner with a second operator (Telma or Orange) to expand connection.
- Received and dispatched six containers from Project Commission on Urgent Relief and Equipment (Project C.U.R.E.) in Majunga in Q3. These shipments included three containers of patient beds, plus three containers containing consultation tables, examination lamps, delivery and birth kits, surgical kits, chairs, delivery kits for midwives, scales, and more, and were sent to 350 CSBs, 18 CHRDs, and 2 CHRR across four regions (Atsinanana, Analanhirofo, Vatovavy Fitovinany, and Atsimo Andrefana). The next Project C.U.R.E. arrivals in Q4 will consist of three containers of various medical materials and equipment to Majunga that were delayed from Q3  The remaining six containers of medical materials and equipment as well as six containers of patient beds, will be delivered in FY22.
- Launched a call for proposals for the rehabilitations of 20 health facilities.
- Trained 180 health workers across six regions on maternal and newborn health (MNH), malaria, Expanded Program on Immunization (EPI), and FP/RH (see Table 2).

***Table 2. Number of health workers trained in Q3 by region and module***

| Region | MNH1 | MNH 2 | MNH3 | MNH4 | Malaria | EPI | FP | Total* |
|---|---|---|---|---|---|---|---|---|
| **Amoron'i Mania** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Analanjirofo** | 0 | 0 | 0 | 0 | 0 | 12 | 15 | 27 |
| **Atsimo Andrefana** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Atsinanana** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Boeny** | 15 | 15 | 15 | 0 | 0 | 0 | 24 | 39 |
| **DIANA** | 8 | 8 | 8 | 0 | 0 | 0 | 0 | 8 |
| **Haute Matsiatra** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Melaky** | 8 | 8 | 8 | 8 | 8 | 8 | 12 | 12 |
| **Menabe** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **SAVA** | 8 | 8 | 10 | 0 | 12 | 0 | 0 | 30 |
| **Sofia** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Vakinankaratra** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Vatovavy Fitovinany** | 0 | 0 | 0 | 13 | 0 | 28 | 51 | 64 |
| **Total** | **39** | **39** | **41** | **21** | **20** | **48** | **102** | **180** |

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

## Vaccination

- Madagascar joined the COVAX initiative in April 2021 through submission of the national plan for vaccine deployment against COVID-19 (PNDV). At the central level, ACCESS provided technical support for the development of the PNDV. ACCESS also supported the training of 920 individuals across 13 regions (184 vaccination teams of five people per team) in COVID-19 related topics. The objective of the plan is to vaccinate more than 80% of the targeted population by June 2023, representing 50.5% of the country's population. 250,000 doses of Covishield vaccine delivered by the COVAX initiative were received in early May, and the vaccination campaign ran for 37 days from May 10 to June 17. During phase 1 of this campaign, 172,124 eligible individuals received the first dose of the vaccine. These doses, which represent 87% of all vaccinations during Phase 1, were in places supported by ACCESS.

  In addition to financial support for the organization of the campaign, ACCESS contributed technically and financially to the design of various multimedia and digital tools as part of the national mass media campaign through various communication channels. Short message service (SMS) broadcasting was used to send awareness messages to target groups, such as people over the age of 60 and medical doctors and paramedics registered with professional orders. The use of social network channels was an essential asset to reach more target audiences, especially to disseminate key information such as the change of vaccine eligibility to those ages 18

and over. Across 13 regions supported by ACCESS, 4,340,640 individuals were reached with COVID-19 related messages and information vaccination sites through social and mass media dissemination of information concerning the availability of nearby vaccination sites.

Additionally, ACCESS supported the establishment of eight vaccinodromes and seven mobile vaccine cars (vaccinomobiles) in districts with a high incidence of COVID-19 cases in the 13 ACCESS supported regions (Nosy Be, Antsiranana 1, Atsinanana 1, Majunga, Toliara, Fianarantsoa, Sambava, Antsirabe), the training of 184 vaccine teams and the 910 hotline responder team, and the supervision of EMAR and EMAD during the campaign.

The MOPH also requested ACCESS to support COVID-19 vaccination efforts in the Analamanaga region. ACCESS was able to allocate 140 megaphones for local awareness raising, provide 21 tablets to enter vaccination records, provide seven vaccinomobiles to ensure the reach to remote targeted locations within the region, and set up of the vaccinodrome in the capital city.

Overall, out of 197,001 targeted individuals vaccinated throughout the country, 81,235 were recruited from the 13 ACCESS intervention regions (or 41%). Moreover, 90,889 individuals that were vaccinated in the Analamanga region were recruited by vaccinomobiles set up with ACCESS support. This sums up to 172,124 (87%) of the the targeted population countrywide.

***Figure 2. Results of the phase 1 COVID-19 vaccination campaign in 13 Regions in Q3 FY21***

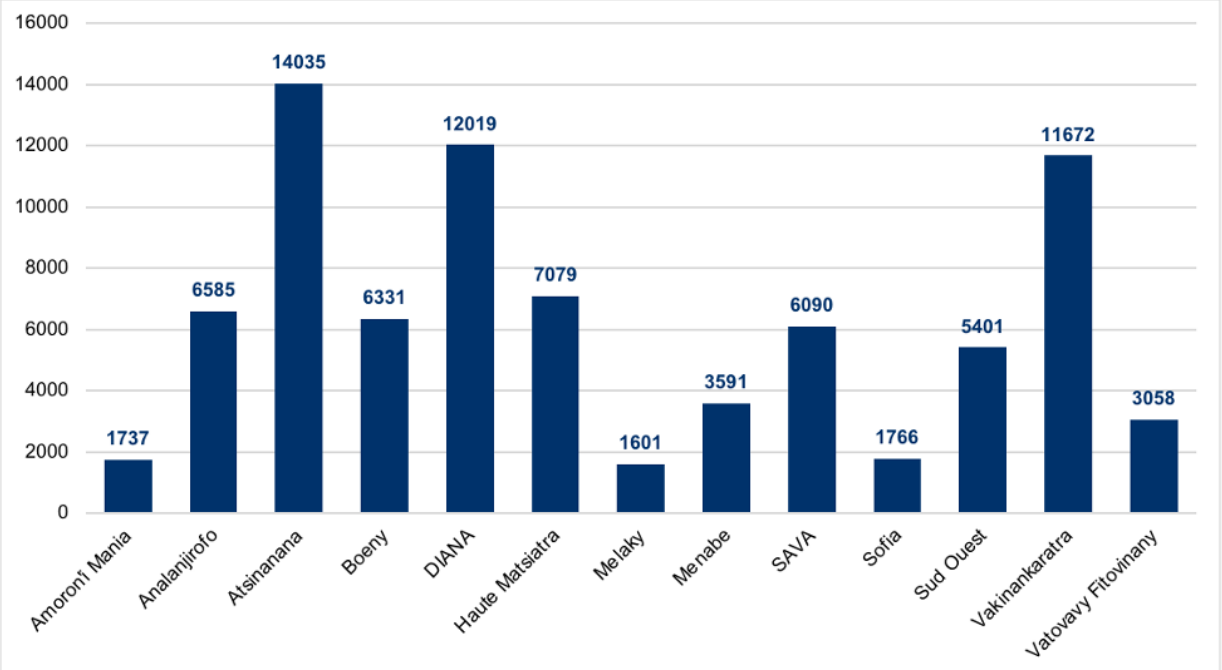
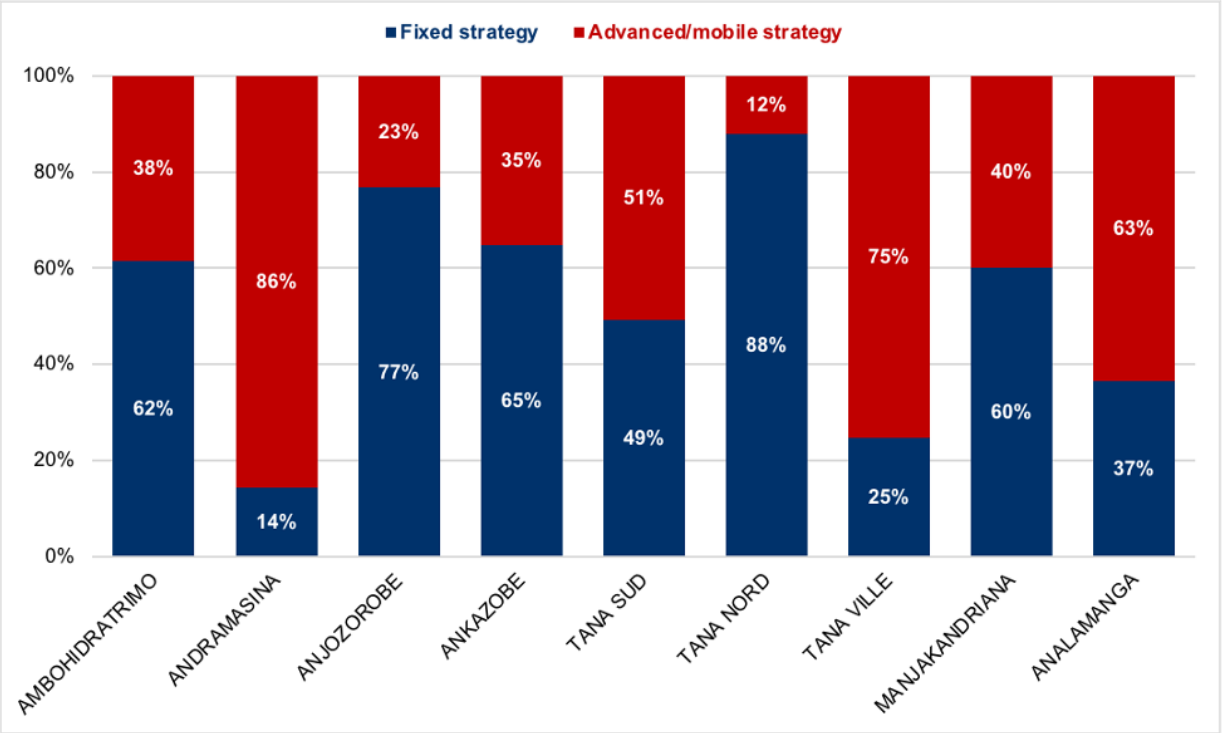


***Figure 3. Distribution of vaccinated targets in Analamanga in Q3 FY21***




- In April 2021, the reference laboratory in South Africa confirmed two cases of circulating vaccine-derived poliovirus 1 (cVDPV1) in the South-East and South-West regions of Madagascar. Four other cases of cVDPV1 were confirmed in samples taken from environmental monitoring in the regions of Analamanga (1) and Boeny (3). In order to ensure strengthening of the immunity of children under 5 (CU5) within the framework of implementation of the Global Polio Eradication Initiative, and to maintain the status of a "polio free country," the MOPH planned two rounds of Local Immunization Days targeting 3,720,401 children aged 0-59 months. The first round of this campaign took place from June 28-30, 2021 in 85 districts spread over 15 regions of Madagascar, seven of which were ACCESS intervention regions (Atsinanana, Boeny, Melaky, Atsimo Andrefana, Vatovavy Fitovinany, Analanjirofo, and Menabe). ACCESS made technical and financial contributions to the implementation of this campaign. The provisional result of the coverage rate is 96% of the targets, i.e. 3,474,633 CU5. Among the targets expected during the first round, 3,572,634 or 96% were vaccinated including 3,495,760 having already received OPV and 76,874 who had previously received zero doses. This confirmed that the first round campaign had a double impact: 1) it helped reduce the zero doses and 2) it was an opportunity to conduct catch-up vaccinations of children who are incompletely vaccinated. In addition, this campaign made it possible to notify suspected cases of vaccine-preventable diseases, including 96 cases for polio and 8 suspected cases for measles. The second round is scheduled for the first week of August.
- An EPI e-learning course on the use of the health cards in vaccination has been completed, and another on the planning of vaccination sessions is underway.

**FP**

- Participated in the final validation of the assessment of the PANB 2016-2020.
- Participated in the preparation of the Madagascar FP 2030 draft commitments with the FP Committee. Madagascar's goals by 2030 are to (1) increase the modern contraceptive prevalence rate for married women to 60% (MICS 2018: 41%); (2) reduce the rate of unmet need for FP to 5% (MICS 2018: 18.4%); and (3) reduce the TFR to 3 (MICS 2018: 4.6 per woman). Nine commitments have been proposed to decision-makers by the committee, but have not yet been made public.
- Participated in the online training for Malagasy journalists from May 18 to June 19, for two hours per week on the impact of the COVID-19 epidemic on RH, organized jointly by the *Direction de la Santé Familiale* (DSFa) and HP+. Since 2019, the HP+ project, in partnership with the Population Reference Bureau (PRB), has supported and strengthened the capacities of a pool of journalists selected for their interest in FP/RH and population and development issues. The objective of this workshop was to strengthen the capacity of these journalists to understand the multiple challenges faced by the population in accessing FP/RH services and to support voluntary, equitable, and rights-based health programs. The training program enabled this network of journalists to benefit from grants for the production of in-depth reports on RH and the FP/RH law, television and radio programs, and productions on YouTube, for example.The training focused on five themes, spanning five weeks (one theme per week): (1) The repercussions of COVID-19 on RH; (2) access and use of FP/RH services: geographic access, method mix, and product safety; (3) implications for youth and women: inequities and social norms that widen the gap; (4) root causes of GBV; (4) policies and solutions; and (5) how to remedy these challenges. The authors of the best products/publications will receive reporting grants to deepen their knowledge.

**Malaria**

- In collaboration with the surveillance sub-committee within Roll Back Malaria, ACCESS participated in the development of the situational analysis of the districts (Betafo, Amparafaravola, Ambatondrazaka) severely affected by the resurgence of malaria. This support was provided remotely and was requested by the PNLP. At the end of this exercise, a district monograph was released with the following information:
    - Each CSB has been analyzed.
    - Malaria cases disaggregated by age group.
    - The functionality of community-based care was highlighted.
    - The other indicators like annual incidence, the number of deaths per year, the positivity rate per year, and the readiness and completeness of the monthly report were analyzed for each district.

  At the end of this exercise, ACCESS developed response strategies adapted to the context of the district.

- Severe malaria: During Q3, 15,485 severe malaria cases were treated in the 10 regions supported by ACCESS, of which more than 90% were received at the CSB level. More than 63% of severe cases were recorded in the regions of Vatovavy Fitovinany, Atsimo Andrefana, Atsinanana, and Sofia. In addition, 3,979 cases of

severe malaria were treated in CU5. Of the 2,393 cases referred by CHVs, 1,412 cases (59%) benefited from RAC pre-referral treatment. The number of severe cases decreased in Q3 compared to Q2 in the East zones, but slightly increased in the West zone, which follows the transmission seasonality.

**Maternal, neonatal, and child health + nutrition**

- Reference documents for revitalizing the Baby Friendly Health Facility initiative and questionnaires to administer to hospitals formerly labeled as *Initiative Hôpitaux Amis de Bébé* for initial evaluation are currently being developed. In addition, SBCC tools for "Baby Friendly Spaces" integrating vaccination promotion are currently being developed.
- ACCESS is developing an e-learning module on nutrition to support the MOPH/*Service de la Nutrition* (SNUT) teams.
- Provided technical and logistical support for the preparation of the workshop for the development of the Pediatric Tri-Emergency curriculum adapted for the country. ACCESS supported the MOPH in collaboration with *Société Malgache de Pédiatrie*. PTFs such as the WHO, UNICEF, UNFPA, Doctors For Madagascar (DFM), and *Santé Sud* will be invited for the workshop.
- Conducted follow-ups on the implementation of the recommendations for improving the use of misoprostol and CHX at the health facility and community levels. At the community level, ACCESS observed an increase in women giving birth who used misoprostol from 560 (5%) to 2,499 (21.8%) women giving birth at home. Similarly, for CHX, the number of newborns born at home who received CHX was 799 in Q2, increasing to 1,651 in Q3. As ACCESS does not have the number of live births at the community level, the number of the pregnant woman who gave birth at home was used as a proxy. The reason that number of women having given birth at home using misoprostol is higher than the number of newborns having received CHX could be attributed to the negative side effects of CHX, including the delay of the cord falling off and the strong odor. Sensitization is reinforced on the advantages and importance of these two products for saving lives, as well as the close monitoring of the availability of CHX and misoprostol at the health facility and CHV levels, and the integration of these activities and messages into community dialogues/SAHA.

**Water, sanitation, and hygiene**

- Established 24 out of 35 planned WASH committees (see Table 1 of Annex A for more details). 17 committees were trained in maintaining WASH infrastructure (see Table 2 of Annex A). Other topics will be integrated such as the *Formation Sanitaire Amie de WASH* (FSAW) hygiene committee, the WASH service management models, and financial management in order to complete their training. Certain hygiene committee trainings were delayed due to COVID-19-related restrictions on travel and gatherings.
- Conducted FSAW formative follow-up visits with 61 out of 73 planned health facilities in the seven full-package regions (see Table 3 in Annex A). The visits, conducted in collaboration with the *Service de la Maintenance, du Génie Sanitaire et de Santé Environnement* (SMGSSE), focused on monitoring WASH action plan implementation.

Challenges with the FSAW approach include, but are not limited to, the unavailability of WASH officials at the *Direction Régionale de la Santé Publique* (DRSP) and SDSP levels; demotivation of the members of the hygiene committee due to the delay of the WASH construction works (for example, in Analanjirofo, the delay of the construction work demotivated the hygiene committees in 15 health facilities); and lack of mastery of waste management, which has prevented some facilities from attaining FSAW status.

- Supported nine (26 were planned) technical diagnostics and initial WASH assessments in Analanjirofo, DIANA, SAVA, and Sofia regions, carried out in collaboration with the SMGSSE and DREAH. The difference in the planned and actual number of assessments is due to planning changes by the WASH specialists during the quarter, in order to prioritize monitoring the construction of WASH infrastructure. The remaining planned assessments will be rescheduled to Q4 FY21.
- 67 out of 76 planned Service and Maintenance Technicians were deployed, corresponding to two technicians per health facility. They were trained in the field, forming part of the workforce constructing the WASH infrastructure at the health-facility level. Additional trainings on other topics, including infrastructure maintenance and repair, will be organized after construction is finished.
- Completed construction of nine latrines/handwashing stations (with 26 holes total for the newly constructed latrines) and two water points in DIANA. An additional 74 latrines/handwashing stations and 75 water points are in progress in the seven full-package regions, which will benefit 19 districts, 85 communes, and 96 health facilities. Their completion is tentatively anticipated for Q4 FY21. In the context of COVID-19, the construction work planned for FY20 was delayed to future fiscal years. If the COVID-19 conditions permit this work to continue during the three remaining years of the program, our objective is to attain the total targeted achievement in FY23 (197 latrines/DLM; 207 water points).
- Contracts for 35 latrines/handwashing stations and 17 water points were approved by USAID, and ACCESS is preparing to initiate construction work.
- Consultancy contracts are in progress for seven engineers (one in each full-package region) to support WASH specialists in monitoring WASH construction work
- Bid tendering and environmental screening forms for future WASH construction projects are being prepared.

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

# FY21 Q3 OBJ 1.3 KEY ACTIVITIES

- Continued to assess referral and counter-referral (RCR) systems through the *Toeram-pitsaboana Tomombana sy Mahomby* (TTM) assessments. ACCESS and the MOPH field teams can use this information to develop targeted action plans for improving RCR functionality at health facility and district levels.

***Table 3. RCR results from TTM baseline assessments of 82 CSB2 conducted in Q3 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. | 25 | 57 |
| 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. | 50 | 32 |
| 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.<br>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. | 49 | 33 |
| 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. | 65 | 17 |

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

The TTM objectives for FY21 were 401 CSB2 baselines and 418 CSB2 second assessments. In Q3, 82 out of 100 planned baseline assessments occurred. Additionally, 28 out of a planned 79 second assessments occurred. The data in Table 3 come from the results of the standards during the TTM evaluations conducted during Q3.

- In Q3, 1,674 TOBY CHVs were identified as functional and 1,269 Emergency Transport were operational. Carts, rickshaws, and sedan chairs are the most commonly used form of emergency transport (76%).
-

***Table 4. Functional Toby and and emergency transportation systems in Q3 FY21***

| REGION | V7V | AA | ATS | BOENY | SAVA | MELAKY | ANLJR | MENABE | SOFIA | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|
| **Number of functioning Toby CHVs** | 417 | 322 | 209 | 77 | 152 | 240 | 68 | 47 | 142 | **1,674** |
| **Number of operational emergency transport systems** | 261 | 260 | 169 | 97 | 142 | 121 | 60 | 33 | 126 | **1,269** |
| **TOTAL** | **678** | **582** | **378** | **174** | **294** | **361** | **128** | **80** | **268** | **2,943** |

# FY21 Q3 Key Data/Results

## Malaria

*Table 5. Progress to target for key malaria indicators in Q3 FY21*

| Indicator | FY21 Target | Q1 FY21 | Q2 FY21 | Q3 FY21 | % of FY21 target achieved |
|---|---|---|---|---|---|
| **1.0.1 # CU5 with fever tested for malaria** | 757,754 | 168,726 | 262,575 | 251,114 | 90% |
| **1.0.1 % CU5 with fever tested for malaria** | 96% | 94% | 93% | 92% | 97% |
| **1.0.2 # CU5 testing positive for malaria who are treated with ACT** | 314,516 | 53,642 | 99,086 | 110,096 | 84% |
| **1.0.2 % CU5 testing positive for malaria who are treated with ACT** | 100% | 88% | 84% | 83% | 85% |
| **1.2.4 # of women who received IPTp2 during ANC** | 355,308 | N/A | 59,747 | 57,164 | 33% |
| **1.2.4 % women who received IPTp2 during ANC** | 80% | N/A | 57% | 64% | 76% |
| **1.2.5 # women who received IPTp3+ during ANC** | 244,276 | 51,939 | 44,170 | 41,486 | 56% |
| **1.2.5 % women who received IPTp3+ during ANC** | 55% | 51% | 42% | 46% | 85% |

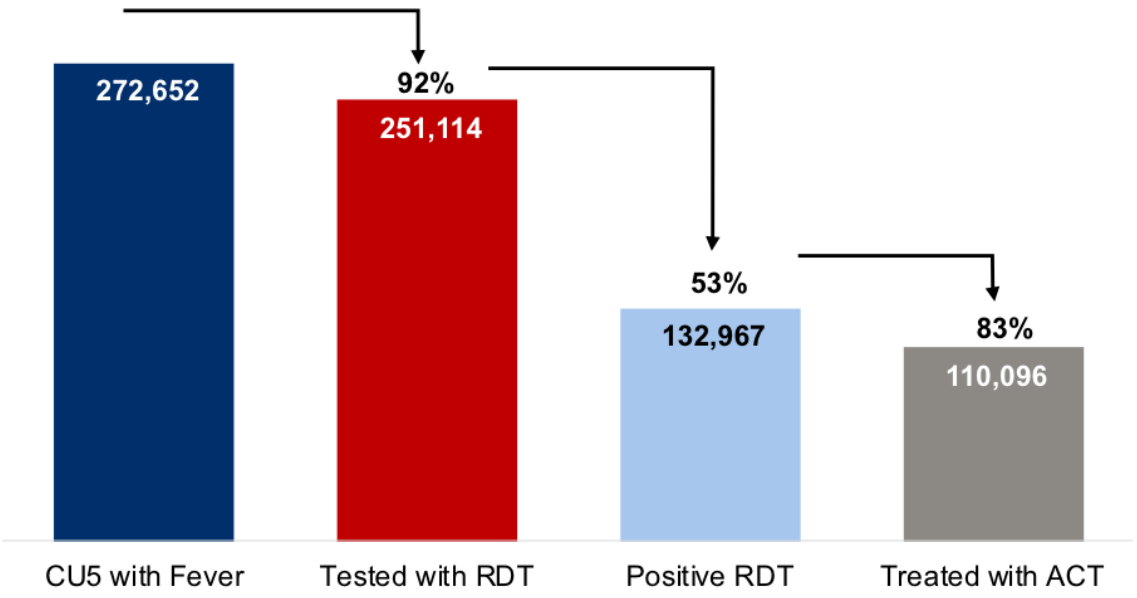
**Key achievements**

- Malaria testing and treatment rates remained high this quarter; at 92% and 83%, respectively.
- The malaria testing rate trend at the community level has continuously increased over the past quarters from 63% in Q3 FY20 to 85% in Q3 FY21.
- The malaria treatment rate at the CHRD level showed improvement this quarter and in comparison to the previous year, from 92% in Q3 FY20 to 97% in Q3 FY21.
- The percentage of women receiving IPTp2 during ANC increased from 57% in Q2 FY21 to 64% in Q3 FY21, and the percentage receiving IPTp3+ increased from 42% in Q2 FY21 to 46% in Q3 FY21.

**Malaria treatment cascade**

A total of 251,114 CU5 with a fever were tested for malaria with a rapid diagnostic test (RDT) in Q3 FY21, which is equivalent to a 92% testing rate. Cumulated with previous quarters' achievements, this represents 93% achievement toward the annual target of 757,754. Of those tested for malaria, 53% of cases were tested positive. Among those who tested positive for malaria, 83% were treated with artemisinin-based combination therapy (ACT). Overall, the treatment rate achievement is 85% towards the annual target of 100% for FY21.

***Figure 4: Malaria Cascade Q3 FY21, all levels***



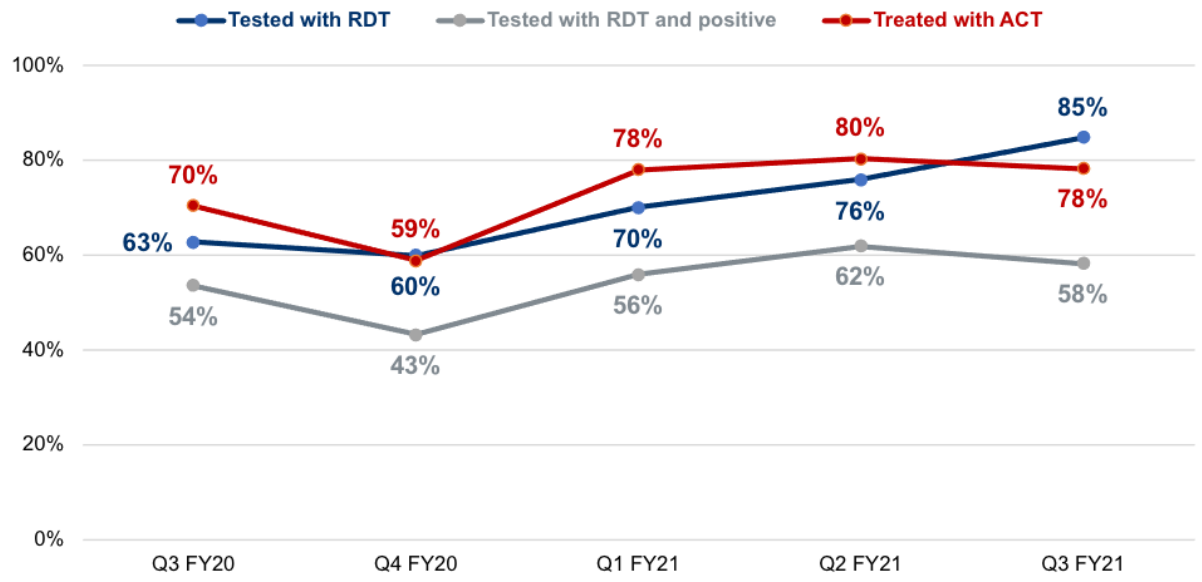

CHV Level

In Q3 FY21, a total of 104,654 CU5 presented with a fever at the community level, and 85% of them were tested for malaria with a RDT. This rate has steadily improved since the beginning of the year, with a 14 percentage points increase since Q1. It is also a great improvement in comparison to Q3 FY20 when the testing rate was 63%. 80% of RDT deliveries in Q2 to the

community level were the hospital kits, which, as described previously, poses significant challenges for CHV RDT use. The arrival of the individual kits in the middle of Q3 (May 2021) resolved this issue and improved testing rates at the CHV level. Likewise, with the implementation of the *Assurance de la Qualité de Services* (AQS) approach, supervision of CHVs has made it possible to improve not only their performance but also their management of commodities.

Of those tested with RDT in Q3 FY21, 58% (51,632) tested positive for malaria. The treatment rate among positive cases was 78% in Q3 FY21 at the community level. This rate is similar to previous quarters but higher than the treatment rate observed a year ago (71% in Q3 FY20).

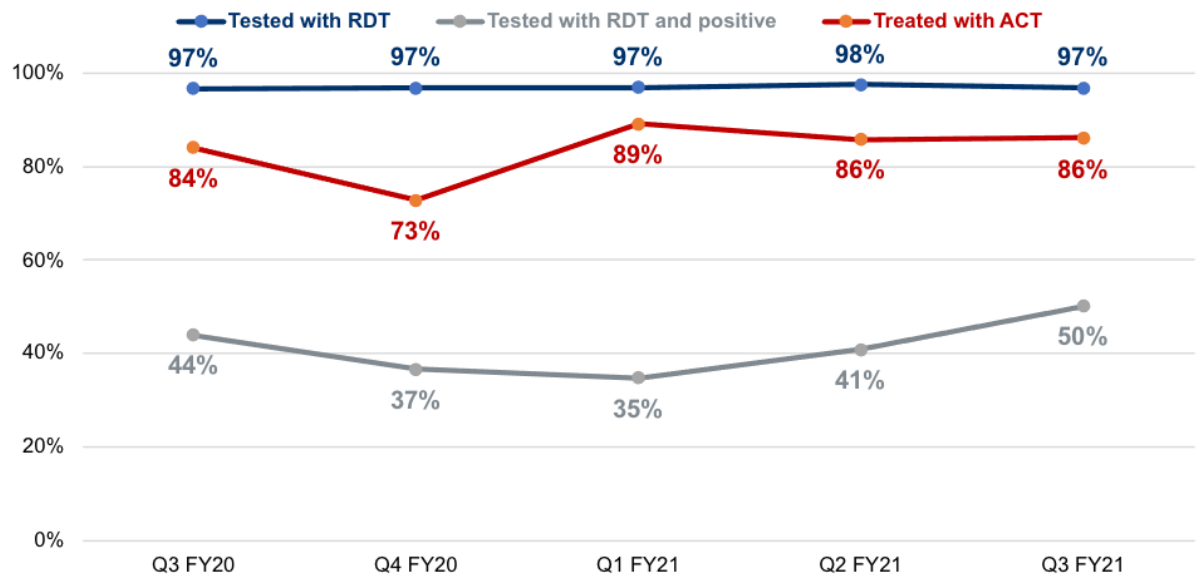
***Figure 5. Percentage of CU5 tested, positive, and treated for malaria at the CHV level by quarters***




CSB level

During the reporting period, a total of 165,550 fever cases in CU5 were reported at the CSB level. Out of those, 97% of cases were tested with RDT for malaria. The testing rate remains high and similar to the rates observed over the past year at the CSB level. The percentage of positive malaria cases among those tested increased in Q3 FY21, due to the increase in prevalence in this season. The percentage of the positive cases treated with ACT at the CSB level remained constant in Q3 FY21 (86%) compared to Q2 FY21, but is an increase compared to the treatment rate in Q3 FY20 (84%).

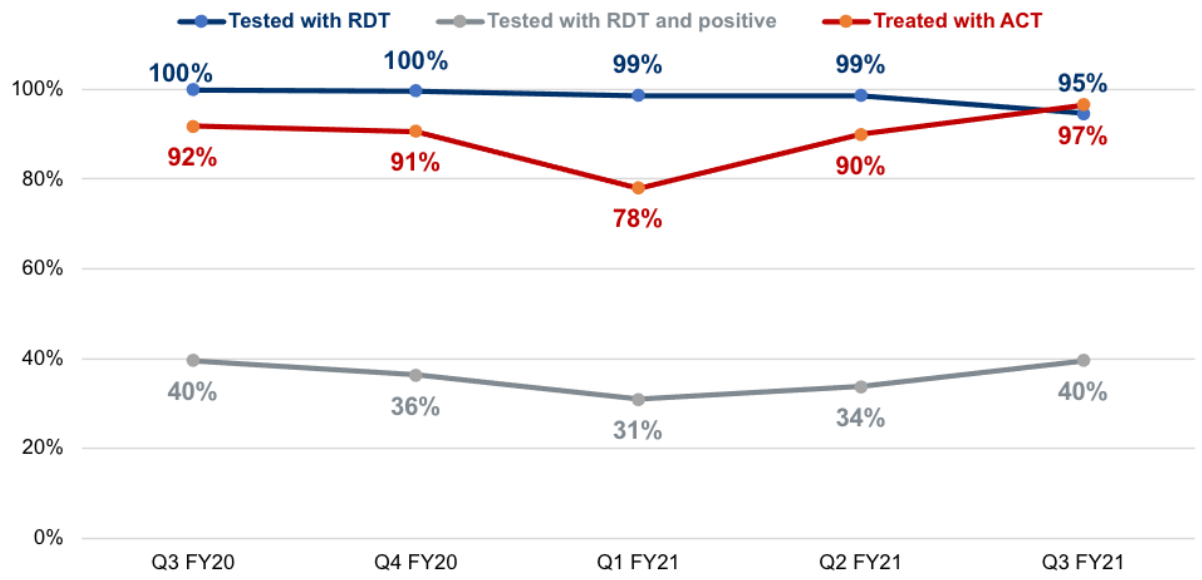
***Figure 6. Percentage of CU5 tested, positive, and treated for malaria at the CSB level by quarters***




CHRD Level

At the CHRD level, 95% of the 2,448 reported fever cases were tested for malaria with an RDT. Among those tested for malaria, 40% were positive and 97% of the positive cases were treated with ACT. This is a notable increase in treatment rates compared to the previous quarter (90% in Q2) and compared to the 92% in Q3 FY20. SAVA is the only region showing an opposite trend with a sharp decrease in the treatment rate at the CHRD level over the past year. The percentage of positive cases treated with ACT in these regions dropped from 100% in Q3 FY20 down to 35% in Q3 FY21. Further inquiries including, but not limited to, data quality assessment on this indicator will be conducted specifically in SAVA, so as to understand issues that may have contributed to this decrease

***Figure 7. Percentage of CU5 tested, positive, and treated for malaria at the CHRD level by quarters***

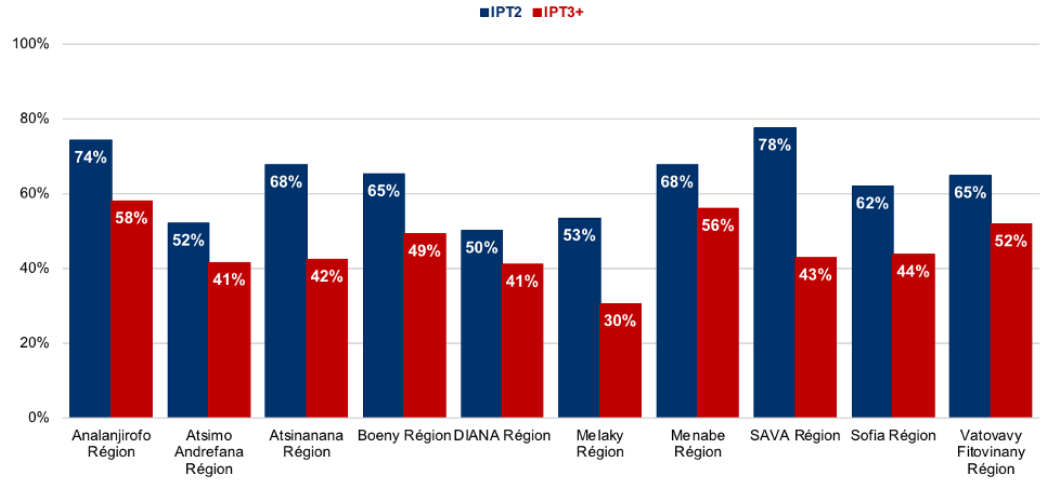



**Malaria in pregnancy (MIP)**

In Q3 FY21, 57,164 pregnant women received IPTp2 during ANC visits at the CSB and CHRD level. This represents 64% of the women who attended at least one ANC visit (ANC1) this quarter and an overall achievement of 76% of our annual target set at 80%. This rate also increased from Q2 FY21 (57%). Furthermore, the percentage of women who received IPTp3+ has increased this quarter to 46% from 42% in Q2 FY21. The IPTp3+ results represent an 85% achievement towards the FY21 target of 55%.

When comparing the service gap average between IPT2 and IPT3 by region, SAVA was the region with the highest gap (35% points). ACCESS will intensity efforts to promote the uptake of ANC visits and identify those lost to follow up after ANC1. The lowest service gap between IPT2 and IPTp3+ was observed in the DIANA region (9% points) in Q3 FY21. ACCESS is currently identifying best practices that could be replicated in other regions.

***Figure 8. Percentage of pregnant women receiving IPT2 and IPTp3+ by regions in Q3 FY21***



## Child Health

***Table 6. Progress to target for key child health indicators in Q3 FY21***

| Indicator | FY21 Target | Q1 FY21 achievement | Q2 FY21 achievement | Q3 FY21 achievement | % of FY21 target achieved |
|---|---|---|---|---|---|
| 1.0.4 # of CU5 suspected of pneumonia receiving antibiotics | 35,890 | 9,702 | 17,534 | 23,187 | 140% |
| 1.0.4 % of CU5 suspected of pneumonia receiving antibiotics | 92% | 92% | 90% | 92% | 99% |
| 1.0.3 # of child cases of diarrhea treated | 160,077 | 30,280 | 37,326 | 25,829 | 58% |
| 1.0.3 % of child cases of diarrhea treated | 90% | 85% | 85% | 84% | 94% |
| 1.0.5 # CU5 reached by a specific nutrition intervention | 875,940 | 530,463 | 293,695 | 416,475 | 61% |
| 1.2.32 # of children who received their first dose of measles vaccine | 378,733 | 104,436 | 73,615 | 76,935 | 67% |

For the number of child cases of diarrhea treated, this result is below achievement as, due to the Zinc stock shortages at the CHV level, households tended to make their own Oral Rehydration Solution (ORS) at home and treat at home instead. One of the possible reasons contributing to the under-achievement of the number of CU5 reached by a specific nutrition intervention in Q3 is that due to COVID-19, many families have faced greater financial constraints, meaning that parents will generally only seek health care if their child is very sick, therefore not prioritizing some health interventions, such as nutrition. This also applies to the measles vaccination indicator.

**Key achievements**

- The pneumonia treatment rate increased from 90% in Q2 FY21 to 92% in Q3 FY21.
- At the community level, pneumonia treatment rate increased from 87% in Q2 FY21 to 91% in Q3 FY21.

- The diarrhea treatment rate at the community level increased from 72% in Q2 FY21 to 81% in Q3 FY21.
- The percentage of diarrhea cases managed at the community level increased from 11% in Q2 FY21 to 29% in Q3.

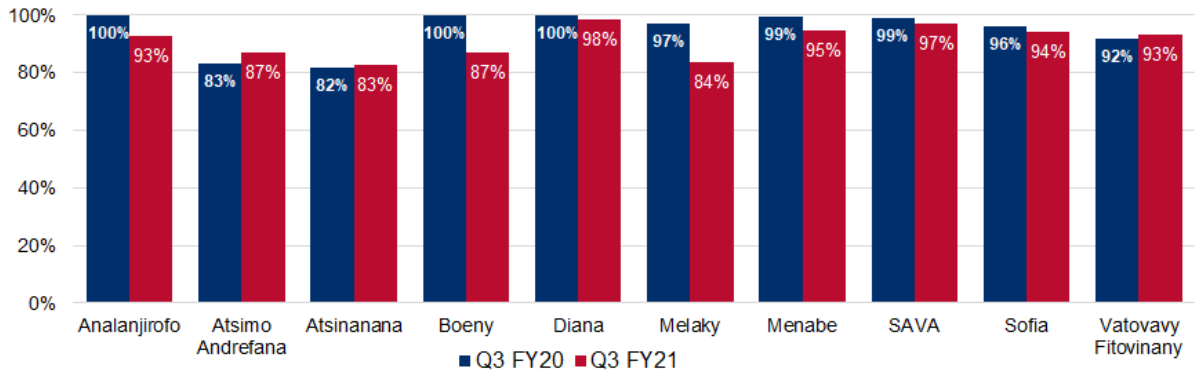
**Pneumonia**

During Q3 FY21, at the community and CSB levels, 92% (23,187) of CU5 suspected of having pneumonia were reported to be treated with antibiotics, which is an increase from Q2 FY21 (90%).

At the community level, the treatment rate was 91% across the ten full package regions in Q3 FY21, which increased by 4% points compared to Q2 FY21 (87%).

Among all children treated for pneumonia in the 10 regions, CHVs managed 81% (18,806) of the cases. This has increased since Q2 FY21, during which the rate was 66%. This demonstrates improved population care seeking behavior of childhood illnesses from CHVs. At the CSB level, the pneumonia treatment rate remained high at 95%.

***Figure 9. Percent of CU5 presenting with pneumonia treated with antibiotics at CHV and CSB levels, by region in Q3 FY20 Vs Q3 FY21***




**Diarrhea**

In Q3 FY21, 25,829 CU5 presenting with diarrhea were treated across all levels. Together with Q1 and Q2 results, this brings the cumulative total for FY21 to 93,435 cases as of Q3, representing a 58% achievement of the FY21 target (160,077). Overall, there were fewer cases of diarrhea in Q3 compared to Q2. The cases of diarrhea increase during the rainy season, which extends only through the first month of Q3. The last two months of the quarter are no longer considered part of the rainy season, which is why the overall number of cases of diarrhea in Q3 decreased.

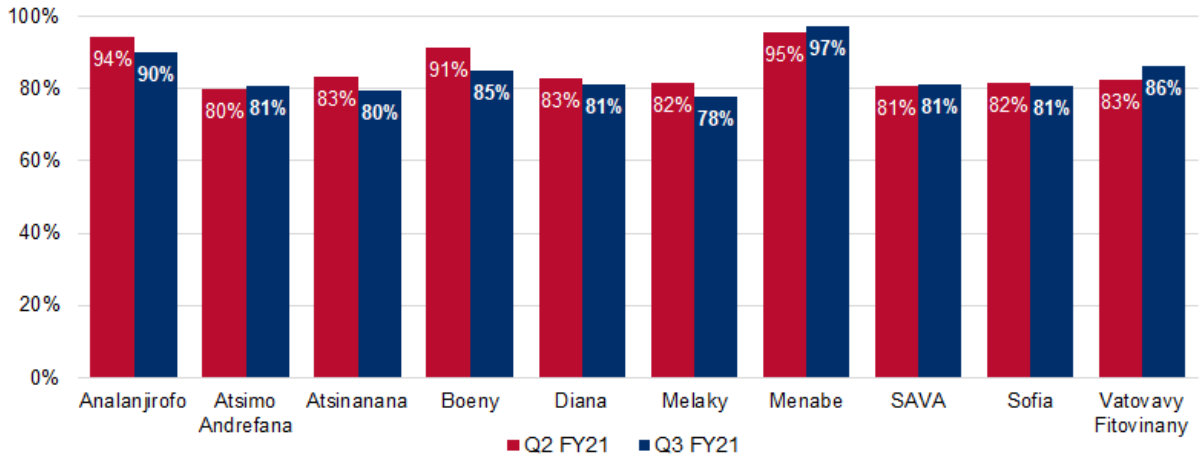
Among the children treated for diarrhea in the 10 regions, case management at the community level increased from 11% (4,141) in Q2 FY21 to 29% (7,591) of the cases. One reason that community-level treatment of diarrhea is lower than it is for pneumonia is that most parents will treat simple cases of 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 has increased SBC activities for promoting the importance of early care seeking for cases of simple diarrhea to ensure the child is given oral rehydration solution (ORS) and zinc.

The monthly activity report (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, 84% of CU5 presenting with diarrhea at a CSB or CHV were treated with ORS/zinc, which is similar to the 85% treatment rate in Q2 FY21. This indicator is at 94% achievement of the FY21 target (90%).

At the CHV level, the treatment rate increased from 72% in Q2 to 81% in Q3, while it remained constant around 86% during these periods at CSB level.

***Figure 10. Percentage of CU5 presenting with diarrhea at a CSB and CHV treated with zinc and/or ORS, by region, Q2 FY21 vs. Q3 FY21***




**Nutrition**

During Q3 FY21, 416,475 CU5 benefited from a specific nutrition intervention. At the health facility level, 41,909 new mothers benefited from breastfeeding counseling by health workers during PNC visits.

212,675 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 31% increase compared to 162,678 in Q2 FY21.

A total of 212,384 CU5 were weighed, while 151,529 had their mid upper arm circumference (MUAC) measured at the CSB level during the Q3 period. Both of these activities slightly decreased compared to reported in Q2 (respectively 255,958 and 162,622). ACCESS noted an increase in MUAC and weighings at the CHV level (see Table 7 below), which could explain the decrease at the CSB level (if these activities were done at the CHV level, there is no need to repeat at the CSB level).

***Table 7. Comparison of growth monitoring and promotion activities for CU5 at CSB and community level, by quarters***

| Level | CSB | | Community | |
|---|---|---|---|---|
| **Quarter** | **Q2** | **Q3** | **Q2** | **Q3** |
| **Weighed** | 255,958 | 212,384 | 206,866 | 416,475 |
| **MUAC measured** | 162,622 | 151,529 | 62,873 | 91,515 |

A total of 25,662 CU5 received zinc supplementation during episodes of diarrhea.

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

At the community level, a total of 258,869 children were weighed in Q3 FY21. This is an impressive increase of 102% compared to Q2 (127,754). Furthermore, 55,391 children had their MUAC measured to identify malnutrition and refer them to appropriate levels of care depending on their nutritional status. This greatly increased by 48% compared to 37,208 in Q2 FY21.

A total of 78,919 individuals were visited by CHVs during home visits and sensitized on nutrition thematic. This is more than double of the value reported in Q2 (36,377). Similarly, 105,793 people participated in informal talks about nutrition, which is also double compared to Q2 (50,779).

In Q3 FY21, a maximum of 258,869 of children (0-23 months) benefited from at least one community nutrition intervention, which is a large increase compared to Q2 (127,154).

These indicators showed large improvement compared to previous quarters mainly because this data now includes ten ACCESS regions, as ACCESS community-level activities have now expanded to the seven former Mahefa Miaraka regions. Additionally, nutrition activities were a primary focus of the monthly CHV groupings in Q3.

**Vaccination**

The vaccination coverage rate of children aged 0-11 months with pentavalent vaccine (first dose = penta1) was 95% while penta3 (third dose) was 83%. The gap coverage of penta vaccine is  12%, which is a slight improvement compared to 13% in Q2.

During Q3 FY21, 76,935 children 0-11 months received their first dose of the Measles vaccine, which is an increase from Q2 FY21 (73,615). Combined with Q1, this results in a 67% achievement towards the FY21 target (378,733).

## FP/RH

***Table 8. Progress to target for key FP indicators in Q3 FY21***

| Indicator | FY21 Target | Q1 FY21 achievement | Q2 FY21 achievement | Q3 FY21 achievement | % of FY21 target achieved |
|---|---|---|---|---|---|
| 1.0.7 # of NUs | 578,192 | 132,259 | 158,334 | 197,459 | 84 % |
| 1.0.6 # of RUs | 1,526,610 | 1,434,109 | 1,585,455 | 1,769,145 | 116% |
| 1.0.8 couple years protection (CYP) | 744,021 | 176,921 | 192,531 | 232,300 | 81% |

**Key achievements**

- The number of FP new users (NUs) increased from 158,072 in Q2 FY21 to 197,459 in Q3 FY21.
- The number of FP returning users (RUs) increased from 1,584,273 in Q2 FY21 to 1,769,145 in Q3 FY21.

**New users of modern contraceptive methods**

In Q3 FY21, ACCESS reported 197,459 NUs of modern contraceptives across all 13 program-supported regions. This is an increase of 19% in comparison to Q2 FY21. This is partially attributed to the transition and progressive take over of community-level FP services by ACCESS in the regions of DIANA, Sofia, and Menabe by ACCESS in Q3. Cumulatively, since Q1 FY21, ACCESS has achieved 84% of the annual target (578,192). The NUs disaggregated by method and age are presented in Table 1 of Annex B.

Youth (10-19 years) accounted for 31% (60,458) of NUs across all levels, with the majority of those aged 15-19 years (50,739). This is an increase of 26% from Q1 FY21 (43,779). This indicates a positive trend in youth uptake of FP. These increases could be attributed to the establishment of youth-friendly health facilities; the increased dissemination of the FP law, which has facilitated young people's access to FP and reassured providers about offering FP services to youth and adolescents; and the *Tanora Filamatra Aho* (TAFA) approach, which has made it possible to directly reach adolescents and young people and promote the voluntary uptake of FP.

**Regular users of modern contraceptive methods**

Across the three levels of service delivery in the 13 FP intervention regions, ACCESS recorded 1,769,145 RUs of modern contraceptive methods in Q3, which increased from 1,584,273 in Q2 FY21. This represents a progress of 116% towards the FY21 target (1,526,610). This difference can be attributed to improved orientation of health workers on

medium and long-term methods and a decrease in loss-to-follow-up. Further, former Mahefa Miaraka regions were included in this quarter's data, which increased the numbers.

At the CHV level, 457,520 RUs were recorded in June 2021, a huge increase from the 179,834 RUs recorded in March 2021. This is partially attributed to the transition and progressive take over of community-level FP services by ACCESS  in the regions of DIANA, Sofia, and Menabe by ACCESS in Q3. However, the RU numbers in the seven other regions (Atsinanana, Atsimo Andrefana, Vatovavy Fitovinany, Boeny, Analanjirofo, SAVA, and Melaky) have also recorded notable increases since Q2.

Similar to NUs, among the three levels of service delivery, the hospital level reported the lowest number of RUs throughout the last three quarters. In Q3 FY21, CHRDs reported serving 10,570 RUs.

**Mobile clinics**

The mobile clinics provided FP services to 1,924 NUs (70 intrauterine devices [IUDs], 1,795 implants, and 59 other methods) and to 5,281 RUs (294 IUDs, 4,669 implants, and 319 other methods). Mobile clinic staff also provided initial and on-the-job trainings to 15 doctors, 122 paramedics, and 335 CHVs (see details in Annex C).

**CYP**

In Q3 FY21, ACCESS recorded a total of 232,300 CYP in the 13 intervention regions and at all levels of service delivery. Total CYP to date represents an 81% achievement of the FY21 target (744,021).

## Maternal and Newborn Health

*Table 9. Progress to target for key MNH indicators in Q3 FY21*

| Indicator | FY21 Target | Q1 FY21 achievement | Q2 FY21 achievement | Q3 FY21 achievement | % of FY21 target achieved |
|---|---|---|---|---|---|
| **1.2.2 # pregnant women attending ANC1** | 444,135 | 102,494 | 104,316 | 89,486 | 67% |
| **1.2.2 % pregnant women attending ANC1** | 70% | 74% | 76% | 65% | 102% |
| **1.2.3 # pregnant women attending four ANC visits (ANC4)** | 304,550 | 56,658 | 56,503 | 54,953 | 55% |
| **1.2.3 % pregnant women attending ANC4** | 48% | 41% | 41% | 40% | 84% |
| **1.2.30 ANC coverage gap** | 25% | 34% | 35% | 25% | 92% |
| **1.2.6 % pregnant women who received Fer acide folique (FAF) during ANC** | 82% | 79% | 76% | 79% | 95% |
| **1.2.8 % deliveries with a Skilled Birth Attendant (SBA)** | 45% | 38% | 38% | 38% | 84% |
| **1.2.9 % of PNC visits within 2 days of birth*** | 90% | 95% | 96% | 96% | 107% |
| **1.2.12 % of newborns not birthing at birth who were resuscitated** | 87% | N/A | 86% | 87% | 100% |
| **1.2.19 % of of women giving birth who received uterotonic in the third stage of labor or immediately after birth** | 60% | 75% | 56% | 63% | 108% |

**Key achievements**

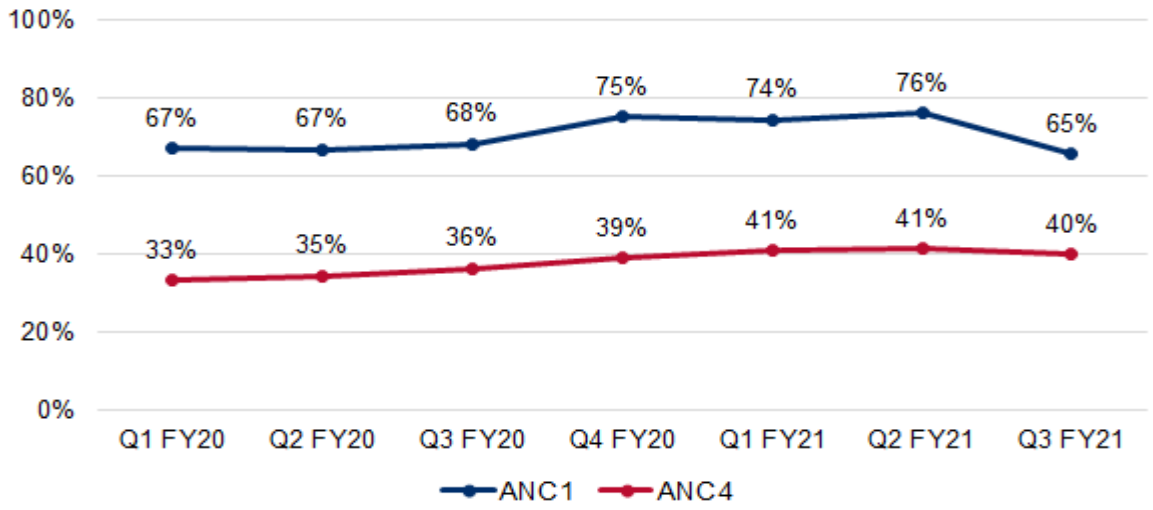
- 87% of newborns not breathing at birth were resuscitated, which represents 100% achievement of the annual target.
- 63% of women giving birth have received a uterotonic in the third stage of labor, which is an increase from 56% in Q2 FY21, and surpasses the FY21 target of 60%.
- The CHX rate use has greatly increased from 24% in Q2 FY21 to 52% in Q3 FY21.

**ANC**

During Q3 FY21, a total of 89,486 pregnant women attended ANC1 services at both CSB and CHRD levels, which represents 65% of estimated pregnant women in the 10 regions. This rate decreased in comparison with Q2 FY21 (76%), but is still on track to achieve the FY21 target of 70%. The decreases in ANC1 were observed mainly in Atsimo Andrefana, Analanjirofo, and Boeny; investigations into the reasonings are ongoing, though it is likely that these decreases can be attributed at least in part to the COVID-19 pandemic. 54,953 (40%) pregnant women attended ANC4 in Q3, which is similar to the rate achieved in Q2 FY21 (41%). Nonetheless, this rate has improved since FY20, when rates were below 39% every quarter. In order to continue increasing the number of ANC visits in Q4, ACCESS (mainly through *aides cliniques* [ADCs] and *Accompagnateurs de Santé Communautaire* [ASCs]) will continue to support the promotion of ANC by both health workers and CHVs, as well as the follow up with women after ANC, in collaboration with matrones. Additionally, ACCESS will prioritize radio spots on ANC during Q4, and will facilitate the inclusion of ANC in SAHA plans.

One success story can be observed in Vatovavy Fitovinany, which has reported a positive trend in the percentage of pregnant women attending ANC4 over FY21, from 60% in Q1 FY21 to 64% in Q2 and 72% during the last quarter. This improvement could be explained by the complementarity of various approaches of ACCESS: four SDSPs (out of six) in this region have focused their desired measurable results of the Leadership Development Program (LDP+) approach on increasing deliveries at CSB or on increasing ANC visits; service providers received formative supervision visits from EMADs focused on ANC;  CHVs conducted active searches of pregnant women in the community, with follow-up visits cards filled out during home visits; and matrones were integrated into *Comités Communaux De Développement De Santé* (CCDS) and *Comités De Santé* (COSAN) to complement CHV activities for early pregnancy detection and referral; and gaps that were identified through the TTM evaluation were addressed.

***Figure 11: Rate of ANC1 and ANC4 visits, quarterly***


100%
80%
60%
40%
20%
0%
67%
67%
68%
75%
74%
76%
65%
33%
35%
36%
39%
41%
41%
40%
Q1 FY20
Q2 FY20
Q3 FY20
Q4 FY20
Q1 FY21
Q2 FY21
Q3 FY21
ANC1
ANC4

The number of ANC services provided by mobile clinics have slightly decreased from Q2 to Q3 (see Table 7 in Annex C). This will be closely monitored in Q4 and subsequent quarters to ensure that CHV are providing timely support and that supply issues are addressed.

In order to continue increasing the number of ANC visits in Q4, ACCESS (mainly through ADCs and ASCs) will continue to support the promotion of ANC by both health workers and CHVs, as well as the follow up with women after ANC, in collaboration with matrones. Additionally, ACCESS will prioritize radio spots on ANC during Q4, and will facilitate the inclusion of ANC in SAHA plans.

**Iron deficiency**

70,966 (79%) pregnant women who attended ANC1 received iron and folic acid during Q3 FY21. This is an increase from Q2 (76%), and ACCESS is almost on track to meet the annual target of 82%.

**Deliveries with skilled birth attendants**

During Q3 FY21, 38% (46,283) of women gave birth at CSBs and CHRDs in the 10 regions, which is an increase from 35% in Q2 FY21. The total number of deliveries at health facilities is actually 137,566 which represents an achievement of 71% compared to the annual target of 192,856.

At the regional level, DIANA region reported an increase of five percentage points from 47% in Q2 to 52% in Q3, and Vatovavy Fitovinany also reported an improvement of four percentage points from 43 to 47% during the same period. In Vatovavy Fitovinany, the LDP+ activities could have contributed to this increase. For example, through the LDP+ cycle, the SMSRPF supported three of six SDSPs in the region with promoting childbirth in health facilities, which led to notable impacts: Mananjary and Vohipeno noted 2.3% growth increase in SBA, while Mananara noted a 10.5% increase over just nine months.

**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, 27,349 women giving birth received uterotonics in the third stage of labor or immediately after birth this quarter. This represents 63% of all deliveries assisted by skilled birth attendants, which is an increase compared to the reported rate of 56% in Q2 FY21. In Q1 FY21, these data were not captured systematically in the RMAs, and therefore not fully comparable with other quarters data. The total number of women receiving uterotonics at labor since Q1 FY21 is 62,526, which represents 54% of the annual target. This performance is partly explained by the incompleteness of the data in Q1.

At the community level, among 11,825 home deliveries visited by CHVs, 21% (2,485) of them reported having administered misoprostol to prevent PPH during Q3 FY21. This indicator experienced a large increase of 16 points percentage between Q2 and Q3.

**Newborn care**

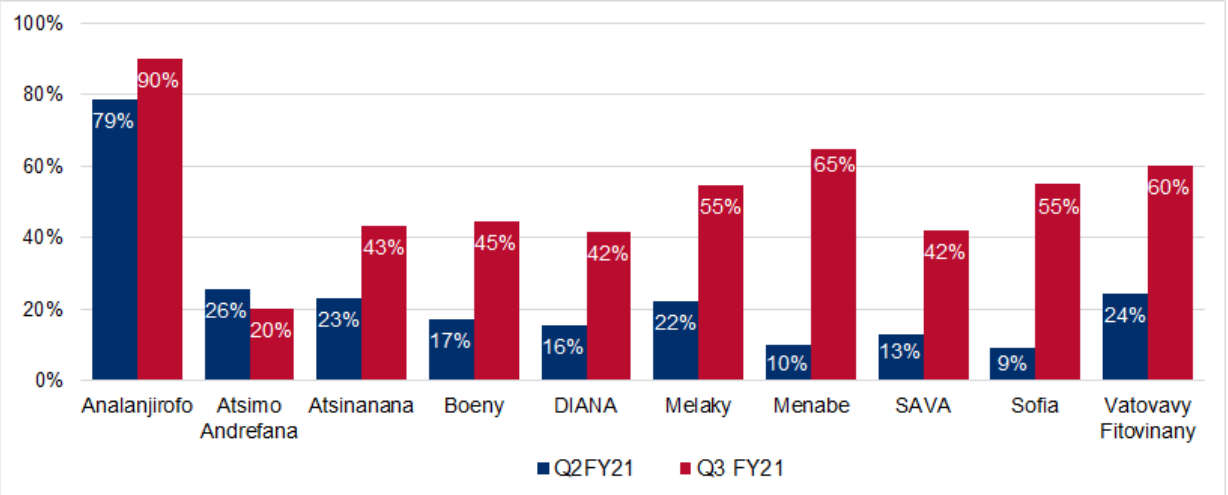
In accordance with the indicators monitored by the MOPH within the routine Health Management Information System (HMIS), ACCESS currently tracks two essential newborn care indicators, namely, breastfeeding within one hour of delivery and clean cord care with CHX. Drying the newborn immediately after birth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

The practice of breastfeeding in the first hour after delivery was 78% (32,252) during Q3 FY21. This is an increase from Q2 FY21 (71%), but still below the performance rate in FY20 (96%). It is suspected that this decrease is due to the lack of formal training for CSB services providers about changes effected in reporting data using the new version RMACSB. Breastfeeding data is currently only tracked at the CSB level and this data element has been subject to revision. ACCESS is working closely with DEPSI to update the user guide for filling new version RMAs.

The rate of umbilical cord care with CHX was reported to be 52% (22,395) during Q3 FY21. This is more than the double of what was reported in Q2 (24%). The average rate performance represents 79% of achievement towards the annual target of 40%. Almost all regions experienced a large increase in the rate of umbilical cord care with CHX from Q2 FY21 to Q3 FY21. In Analanjiforo, the rate of CHX use reached 90% during this period.

The only decrease was in the Atsimo Andrefana region where the rate of umbilical cord care with CHX had steadily declined over the past quarter (see Figure 12 below), decreasing from 34% in Q1 FY21 to 26% in Q2 FY21 and to 20% in Q3 FY21. UNICEF supplied CHX to Atsimo Andrefana (Improving Market Partnerships and Access to Commodities Together [IMPACT] supplied all the other regions); however, UNICEF has not sent the CHX to Atsimo Andrefana since last June. ACCESS and IMPACT will work with DSFa and UNICEF to ensure that this issue is rectified as soon as possible.

***Figure 12. CHX cord care rates by region at the CSB level, Q2 VS Q3 FY21***




Overall, the increase in both CHX and misoprostol rates this quarter reflect ACCESS's focused technical assistance on identifying and addressing bottlenecks and developing

targeted and context-specific improvement strategies. ACCESS conducted an LDP in Q1 to identify the major barriers to use, and used that information to adapt our programmatic strategies. Approaches for increasing misoprostol use include disseminating MOPH policy and SOPs on misoprostol use, ensuring CHVs receive misoprostol from CSBs, and tailoring SBC messages to dispel misconceptions and generate demand for use. Strategies for increasing CHX use include advocating with stakeholders for ensuring appropriate national and local CHX procurement and distribution, encouraging the purchase of CHX through savings and internal lending community (SILC) groups (increase purchasing power of women), and reinforcing capacity building and deliberate SBC efforts. ACCESS will continue to implement these approaches and work with EMARs, EMADS, ADCs, ASCs, CSBs, and CHVs to further promote CHX and misoprostol use.

**PNC**

In previous quarters, ACCESS reported PNC visits within six hours after delivery as a proxy for the PNC visits within two days because this information was not available in the HMIS. The new version of RMA CSB currently in use since January 2021 (Q2 FY21 report) reports PNC visits within 24 hours, 48 to 72 hours, 3 to 14 days, and 6 weeks after delivery. ACCESS only reports the first PNC visit within 24 hours.

In Q3 FY21, 96% (41,909) of newborns were consulted within the first 24 hours after delivery, which is similar to Q2 FY21, 96% (40,626). 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%.

Atsimo Andrefana and Vatovavy Fitovinany both reported rates higher than 100%. ACCESS monitoring, evaluation, research, and learning (MERL) field teams have worked with responsable SIG and CSBs to fix issues.

In addition to the postnatal visits within 24 hours, it was recorded that between 48 and 72 hours after delivery, 75% of women paid postnatal visits during Q3. Such visits decreased to 49% between 3 to 14 days visits. Almost the same trends were observed during Q2 for the 3 sequences of postnatal visits.

The region of Vatovavy Fitofinany recorded the most impressive postnatal visits within 24 hours at the rate of almost 100%, 91% between 48 and 72 hours, and 60% between 3 to 14 days. The region of Menabe recorded the highest postnatal visit between 3 to 14 days at the rate of 70%. ACCESS is currently identifying best practices that can be shared with other regions.

**Delivery complications and deaths**

In Q3 FY21, the maternal death rate averaged 73 per 100,000 live births, which corresponds to a total of 32 maternal deaths at the CHRD and CSB levels. This is the lowest death rate observed over the past year. DIANA has reported a constant decrease in the maternal mortality rate over three quarters, which is encouraging. ACCESS is identifying key contributing factors in this region so that important lessons learned and best practices can be shared with other regions.

During this quarter, a total of 461 PPH cases were reported. This represents 11 cases per 1,000 deliveries. This rate is similar to what was observed in Q2 FY21 (11), and it remains below the PPH rates observed since the beginning of the project. DIANA reports the lowest PPH rates over the past year. ACCESS will investigate what specific best practices can be learned from this region in order to further facilitate reductions in PPH.

In Q3 FY21, 294 neonatal deaths were reported by CSB and CHD. Overall, this represents 7 per 1,000 live births, which is a higher rate than previously observed. We suspect some data quality issues, and ACCESS is investigating some facility data which seems particularly high. In addition, ACCESS will use this information to further advocate with the MOPH to finalize the neonatal death review tools so that teams can audit these neonatal deaths to determine major causes of mortality and identify solutions (currently the audits are only focusing on maternal deaths).

***Table 10. Maternal and Neonatal Deaths and PPH at the facility level (CSB and CHRD), Q3 FY21***

| Region | Maternal Deaths (per 100,000 live births) | Neonatal deaths (per 1,000 live births) | PPH rate (per 1,000 deliveries) |
|---|---|---|---|
| **Analanjirofo** | 109 | 7 | 15 |
| **Atsimo Andrefana** | 133 | 7 | 8 |
| **Atsinanana** | 36 | 6 | 13 |
| **Boeny** | 23 | 5 | 11 |
| **DIANA** | 102 | 4 | 5 |
| **Melaky** | 0 | 20 | 7 |
| **Menabe** | 41 | 2 | 5 |
| **SAVA** | 160 | 8 | 7 |
| **Sofia** | 15 | 4 | 13 |
| **Vatovavy Fitovinany** | 84 | 13 | 11 |
| **Total*** | **73** | **7** | **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

Maternal and newborn death surveillance and response (MNDSR) audit committees are established at the district level with the aim of investigating maternal death cases at the CSB and CHRD level in the catchment area. As of Q3 FY21, 20 SDSPs have established MNDSRs in Analanjirofo, Atsimo Andrefana, DIANA, and Vatovavy Fitovinany. This is a 43% achievement of the FY21 target (50%). Training activities were not possible this quarter, but an additional four SDSPs will be trained next quarter (see IR 2.1).

Since the beginning of FY21, out of the 46 maternal deaths recorded in the districts where committees are operational, 35 deaths were audited. This represents 75% of maternal deaths from Q1 to Q3, which were audited (74% at the CSB level and 78% at the CHRD level). This is above our annual target of 50% of maternal deaths audited.

The audits revealed the main causes of maternal death to be preeclampsia/eclampsia, PPH, and prolonged labor. Delays in decision-making, seeking care, and receiving treatment at the health facility, as well as insufficient ANC and seeking care matrons instead of skilled birth attendants were revealed to be the contributing factors to these deaths. The training of on-site providers, the promotion of early and regular ANC, follow-up by trained health workers, and timely decision-making were the main recommendations made.

# Activities Planned for Q4 FY21

## OBJ 1.1 KEY ACTIVITIES PLANNED FOR Q4

- Support the Vatovavy Fitovinany region during the trainings on the use of pregnancy tests at the community level. ACCESS will also orient the EMARs/EMADs of the other 12 regions as needed on conducting trainings for the heads of CSBs and CHVs on the use of the community pregnancy test in conjunction with *Service de Maternite Sans Risque et Planification Familiale* (SMSRPF)/DSFa.
- Orient all stakeholders in the implementation of the AQS approach, document eligible CHV supervisors in southern areas, and conduct the rapid assessment of CHVs in the seven northern regions in the absence of databases on the performance assessment of the CHVs.
- Participate in the revision of the PAC guide.
- Continue to support the orientation of ASCs and ADCs.

## OBJ 1.2 KEY ACTIVITIES PLANNED FOR Q4

**Clinical capacity building**

- Establish three BRFs in DIANA, Melaky, and Analanjirofo (July and August 2021).
- Officially share training tracking data with the MOPH through guidance from the *Service de Formation du Personnel*, BRFs, and ACCESS technicians in early September 2021. The analysis and interpretation part of the tracker is under development to facilitate use.
- Update the EPI dashboard indicators. The new version will be shared with the 13 regions, the five regions where the dashboard is already available, and the eight remaining regions (Amoron'i Mania, Haute Matsiatra, DIANA, SAVA, Sofia, Boeny, and Melaky). It will be available in Q4 through DHIS2. In collaboration with the MERL team, digitization of the dashboard will make it possible to monitor the use of indicators by service providers at all levels through the interpretation and comments inserted by the providers on DHIS2 (under development).
- For the AIM approach, ACCESS will visit the second pilot site (Vatomandry: CHRD and CSB), collect basic data from the two pilot sites, and conduct AIM training of trainers
- Finalize FP, Nutrition, and EPI modules; and film instructional videos for the e-learning training of health workers and CHVs on breastfeeding and growth monitoring and promotion.
- ACCESS will test the functionality of the ACCESS U Moodle platform with 10 people, before launching the platform (phase 1).
- Continue to support ACCESS technical teams with monthly tele-mentoring sessions.
- Develop the implementation plan for LDHF/AQS approach following the action plans and priorities of the workplan and resulting from the orientations of the ASCs/ADCs.
- Orient EMAR/EMAD/BRF in the AQS CSB process and preparation of the implementation planning for FY22.

- Monitor the implementation of the LDHF approach: continue the cycles in progress, certification of health workers, and reporting in Training Tracker.
- Monitor the effectiveness of the use of the dashboard at the level of the five regions (Atsinanana, Atsimo Andrefana, Analanjirofo, Menabe, and Vatovavy Fitovinany).
- Monitor the operationalization of the BRFs through member reviews and meetings.

**Malaria**

- Orient CHVs and health workers on ProCCM and secure commodities for the eligible communities.
- Strengthen the verification of the quality of IPTp data at the CSB level.

**MNCH**

- Orient the health workers from the five regions not yet trained in Q3 on the CSB dashboard to improve the quality of services and the use of data for decision-making at the CSB level.
- Support the workshop to develop and validate the Curriculum for Pediatric and Neonatal Emergencies adapted to the Madagascar context, and conduct a training of trainers on the Curriculum for Pediatric and Neonatal Emergencies for ETAT trainers trained in December 2019.

**Vaccination**

- Contribute technically and financially to the data analysis at the end of the national vaccination coverage survey (with the MERL team) and the holding of the national restitution workshop in the presence of PTFs.
- Print and dispatch the finalized EPI norms and standards document.
- Provide technical support to the development of the first draft of the EPI curriculum, and provide financial support for the holding of the practical EPI curriculum validation workshop.
- Finalize the mobile clinic implementation checklist.
- Develop the session plan for the training curriculum for CHVs on the use and filling of community vaccination registers.
- Provide technical support for the preparation of the evaluation report of the implementation of phase 1 of the COVID-19 vaccination campaign.
- Provide technical and financial support for the holding of the second phase of the polio campaign in seven ACCESS regions (Atsimo Andrefana, Analanjirofo, Atsinanana, Boeny, Melaky, Menabe, and Vatovavy Fitovinany).

**FP**

- Participate in the various PANB FP 2021-2025 development processes
- Monitor and support the implementation of mobile clinic activities, specifically on the coordination of activities.
- Monitor and support the Vakinankaratra and Amoron'i Mania regions during the training of the health workers on IUD insertions.

- Monitor the implementation of activities on the approach and management of adolescent and youth health, and conduct supervision of Youth Friendly Health Facilities in the district of Nosy Be (DIANA), jointly with the *Service de la Santé de l'Enfant, des Adolescents et des Jeunes*/DSFa.

**WASH**

- Develop, validate, and disseminate the MOPH FSAW training curriculum in collaboration with the other PTFs (WHO, UNICEF, Rural Access to New Opportunities in Water, Sanitation, and Hygiene [RANO WASH], Water and Sanitation for the Urban Poor, ACCESS, Catholic Relief Services [CRS], and SOC EAH [*Organisation de la Société Civile WASH*] and Ministries (*Ministère de l'Eau, de l'Assainissement et de l'Hygiène*, Ministry of Decentralization, MEN [*Ministère de l'Education Nationale*], and *Ministère de l'aménagement du Territoire et des Travaux Publics* [MATP]) from July 27-31, 2021, in Miarinarivo.
- Conduct FSAW training for EMARs and EMADs in Sofia, Melaky, and DIANA regions; and evaluate proposed health facilities in these three regions.
- Deploy, train, and supervise hygiene committees and Service and Maintenance Technicians at priority health facilities.
- Monitor and provide provisional acceptance of construction work on latrines/hand washing devices and water points in the seven full-package regions.
- Conduct microbiological and physico-chemical analysis of water points prior to initiating usage.
- Initiate construction work on 35 latrines/handwashing devices and 17 water points at the priority health facilities.
- Provide FSAW certification for 13 health facilities in Analanjirofo and four health facilities in Menabe.
- Develop and submit bid tendering and environmental screening forms for FY22 latrine/handwashing stations and water points.

**Nutrition**

- Finalize documents and tools for revitalizing the Baby Friendly Health Facility initiative to use in Baby Friendly Spaces to integrate vaccination promotion.
- Administer questionnaires to hospitals to understand the current situation of Baby Friendly Health Facilities, analyze the data, and select the Baby Friendly Health Facilities for support.
- Conduct orientations on the Baby Friendly Health Facility initiative for EMAR, EMAD, and ACCESS staff.
- In Vatovavy Fitovinany, collaborate with the Adventist Development and Relief Agency to decide on strategies for introducing the Baby Friendly Community initiative, and strengthening the Baby Friendly Health Facility initiative through this approach based on the current situation.
- Continue to develop the e-learning curriculum on nutrition to support the MOPH/SNUT teams.

## OBJ 1.3 KEY ACTIVITIES PLANNED FOR Q4

- Set up a coordination committee for the implementation of RCR activities
- Collaborate with IR3/SILC teams for the implementation of RCR activities through the commune champion approach.

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


## *Key Activities Q3 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* and *Comités de Santé***

- In FY21 Q3, there was a significant drop in the number of quarterly reviews held by the CCDS (6%) and CoSan (22%) compared to FY21 Q2, with the exception of the CoSans of Vatovavy Fitovinany. The resurgence of COVID-19 in April 2021 and the resulting lockdowns, plus the focus on the Covishield and *Hetsika Fanamafisana ny Andron'ny Vaksiny* (FAV) Polio vaccination campaigns, resulted in the postponement of the majority of CCDS and CoSan reviews and their rescheduling for Q4 (July - August 2021). In Boeny (except the district of Mitsinjo), the CCDS and CoSan also just renewed their municipal decrees in relation to their active members in Q3 and will not be operational until Q4. In addition, for the six new regions transitioned from Maheda Miaraka, the CoSan and CCDS have not yet been able to hold a formal meeting to review their Terms of Reference.

Many CCDS CoSan members participated in various campaign preparation and pandemic response meetings, although these were not conducted as “CCDS CoSan activities” and therefore their involvement was not reported.

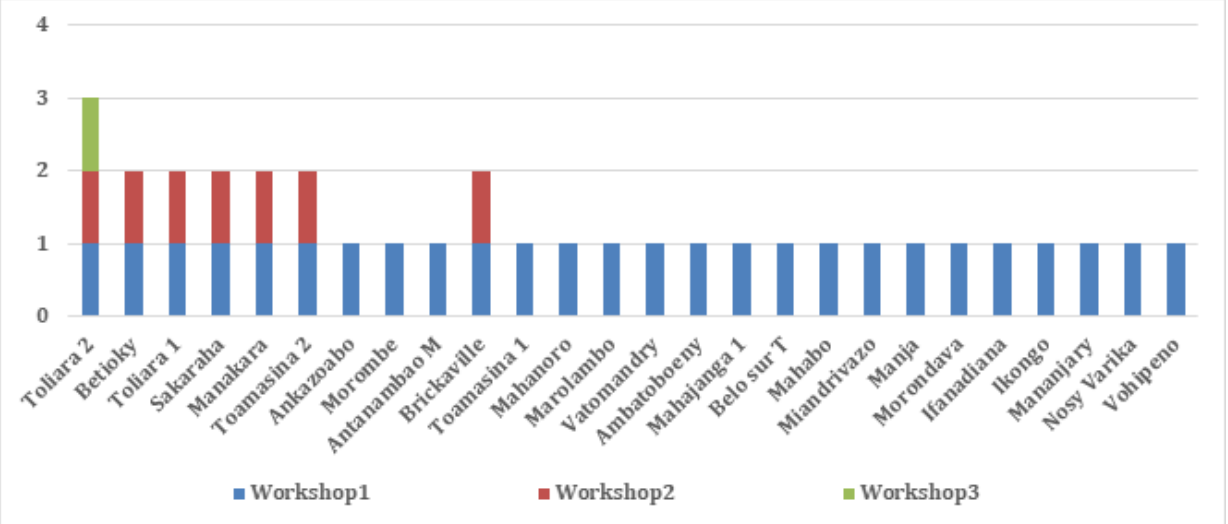
*Table 11. CCDS and CoSaN reviews held in Q3 FY21*

| REGIONS | # | CCDS Q2 | | CoSan Q2 | | # | CCDS Q3 | | CoSan Q3 | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Revues | % | Revues | % | | Revues | % | Revues | % |
| Atsinanana | 91 | 52 | 57% | 52 | 57% | 91 | 24 | 26% | 13 | 14% |
| Atsimo Andrefana | 121 | 33 | 27% | 33 | 27% | 121 | 12 | 10% | 22 | 18% |
| Vatovavy Fitovinany | 150 | 120 | 80% | 150 | 100% | 150 | 7 | 5% | 150 | 100% |
| Boeny | 46 | 5 | 11% | 5 | 11% | 46 | 4 | 9% | 4 | 9% |
| Analanjirofo | | | | | | 72 | | | | |
| Diana | | | | | | 71 | | | | |
| Melaky | | | | | | 42 | | | | |
| Menabe | | | | | | 53 | | | | |
| Sava | | | | | | 86 | | | | |
| Sofia | | | | | | 119 | | | | |
| **TOTAL** | 408 | 210 | 51% | 240 | 59% | 851 | 47 | 6% | 189 | 22% |

**LDP+**

- During Q3 FY21, out of the 43 workshops planned in our 10 regions, only the SDSP of Brickaville in the Atsinanana region was able to hold its orientation in LDP+2 due to restrictions on group gatherings and the mobilization of EMARs and EMADs in response to the COVID-19 emergency, preventing the possibility of online training. The trainings have been postponed to Q4.

***Figure 13. Status of LDP + roll out as of Q3 FY21 (number of workshops completed by district)***



**Program for Organizational Growth, Resilience, and Sustainability**

- During Q3 FY21, no SDSP was able to hold its orientation in Program for Organizational Growth, Resilience, and Sustainability (PROGRES) because of COVID-19 restrictions.
- Only the six District Coordinators of Vatovavy Fitovinany were reoriented in the PROGRES approach in Q3 FY21, given the orientation of the four SDSPs (Mananjary, Nosy Varika, Ifanadiana, and Ikongo) and the relaunch of the two SDSPs (Manakara, Vohipeno) already oriented in PROGRES in 2019.
- To date, 10 out of 60 districts have been oriented on the PROGRES approach. Throughout the last several quarters, the focus has been on orienting the districts on the LDP+ approach first. In order to allow expansion of the PROGRES implementation, ACCESS plans to recruit a LMG advisor in Q4.
- Aligned the PROGRES tool with DHIS2.

**MPDSR**

- No training activity could be carried out in Q3 FY21 due to the lockdown. All planned activities have been carried over to Q4 FY21.
- Given the COVID-19 context and the time constraint for FY21, ACCESS has modified its strategies and has prioritized the districts with a high rate of maternal deaths, instead of covering all the SDSPs of the eight regions. Also, ACCESS has noticed an increase in the death rate in the SDSPs of Marovoay and Ambatomainty over the last four quarters (April 2020-March 2021). Thus, for the remaining regions (other than Vatovavy Fitovinany, DIANA, and Analanjirofo where all the SDSPs were oriented in Q1 and Q2), the target districts were the three SDSPs (Beroroha, Betioky, and Ankazoabo) for Atsimo Andrefana (already oriented at the end of Q2) and the remaining (planned in Q3 but carried over to Q4) would be the three SDSPs (Ambatomainty, Besalampy, and Morafenobe) for Melaky, the two SDSPs (Antalaha, Sambava) for SAVA, the two SDSPs (Miandrivazo, Morondava) for Menabe, and two SDSPs (Marovoay, Ambato Boeny) for Boeny. This brings the number of SDSPs implementing this approach to 29 by the end of FY21 (20 already oriented and nine to be oriented in Q4 FY21). As the regions of Atsinanana and Atsimo Andrefana are UNFPA zones, ACCESS has already negotiated that the orientations of the EMARs and EMADs of the remaining SDSPs of these two regions will be supported by UNFPA, and ACCESS field team will monitor implementation. This will bring the total number of SDSPs implemented SDMPR to 42 in the 10 ACCESS regions.
- All the 20 SDSPs (100%) of the four regions (Vatovavy Fiovinany, Analanjirofo, DIANA, and Atismo Andrefana) oriented so far have set up their SDMPR Districts Committees, and more than half of maternal deaths in their districts were reviewed in Q3. The results are discussed in the IR1 results section above.

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

- In Q3 FY21, six EMADs from the Ambatomainty and Morafenobe districts of the Melaky region were oriented on the TTM methodology. Members of the EMAR and the ACCESS regional and district staff  facilitated the orientation.

- 86 health facilities, including four CHRD and 82  CSB2s, were evaluated during Q3. 58 health facilities (54 CSB2 and four CHRD) conducted the baseline assessment in 22 districts of the 10 regions, and 28 CSB2 (38% of CSB2) carried out the second assessment (six months after the baseline). Vatovavy Fitovinany is the most advanced, with 19 CSB2 from five districts in the second assessment phase.
- In June 2021, meetings to share the results of the TTM evaluations since FY20 were held. All the results of the 10 regions were presented to the ACCESS central staff so that each department could use the results to develop strategies and identify activities to be implemented at the regional and district level in order to improve these quality standards.

  Meetings were also organized with each region and district. The purpose of these meetings was to jointly identify the implementation challenges and actions to be taken to improve the results of the second evaluation. The challenges frequently cited include the non-availability of EMADs because of their workload; the COVID-19 context in Madagascar that did not permit field trips by EMAR, EMAD, and ACCESS staff; and the neglect of monitoring activities for the implementation of action plans of health facilities during integrated supervision, quarterly reviews, or coordination meetings. At the end of the meeting, each region/district rescheduled the activities for Q4 FY21 in order to achieve the goals set for FY21, as well as to set the goals for FY22.

*Table 12. Number of HFs evaluated with TTM during Q3*

| Region | Number of districts that carried out the TTM evaluations (1st and 2nd evaluation) | TTM Steps in Q3 | | |
|---|---|---|---|---|
| | | Number of HFs - 1st evaluation (Baseline) | Number of HFs - 2nd evaluation (6 months after baseline) | Total number of health facilities evaluated during Q3 FY21 |
| **ANALANJIROFO** | 1 | 1 | 0 | 1 |
| **ATSIMO ANDREFANA** | 3 | 12 | 0 | 12 |
| **ATSINANANA** | 5 | 5 | 9 | 14 |
| **BOENY** | 1 | 10 | 0 | 10 |
| **DIANA** | 2 | 2 | 0 | 2 |
| **MELAKY** | 2 | 11 | 0 | 11 |
| **MENABE** | 1 | 1 | 0 | 1 |
| **SAVA** | 3 | 12 | 0 | 12 |
| **SOFIA** | 1 | 2 | 0 | 2 |
| **VATOVAVY FITOVINANY** | 3 | 2 | 19 | 21 |
| **TOTAL** | **22** | **58** | **28** | **86** |

*Table 13. TTM achievements since TTM introduction in Q4 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** | 49 | 10 | 20% | |
| **ATSIMO ANDREFANA** | 128 | 85 | 66% | 2 |
| **ATSINANANA** | 101 | 91 | 90% | 9 |
| **BOENY** | 38 | 32 | 84% | |
| **DIANA** | 21 | 8 | 38% | |
| **MELAKY** | 39 | 11 | 28% | |
| **MENABE** | 36 | 15 | 42% | |
| **SAVA** | 65 | 31 | 48% | |
| **SOFIA** | 50 | 36 | 72% | |
| **VATOVAVY FITOVINANY** | 145 | 145 | 100% | 110 |
| **TOTAL** | **672** | **463** | **69%** | **121** |

*Table 14. Scores achieved by health facilities, per TTM domain in Q3 FY21*

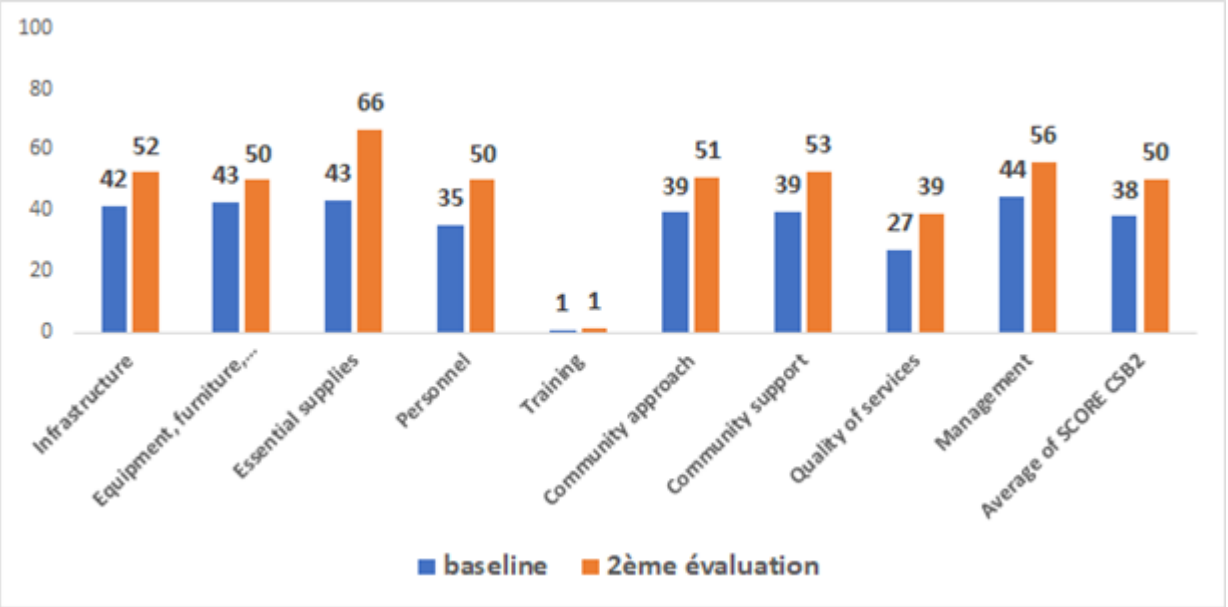
| Domains | Average scores for CHRDs | | Average scores for CSB2 | |
|---|---|---|---|---|
| | Baseline (4 CHRD) | | Baseline (54 CSB2) | 2nd evaluation (28 CSB2) |
| **Domain 1 : Infrastructure** | 43 | | 34 | 52 |
| **Domain 2 : Equipment, furniture, management tools** | 39 | | 28 | 52 |
| **Domain 3 : Essential supplies (commodity management)** | 69 | | 42 | 66 |
| **Domain 4 : Personnel** | 42 | | 26 | 50 |
| **Domain 5: Training** | 0 | | 0 | 3 |
| **Domain 6: Community approach** | NA | | 33 | 51 |
| **Domain 7 : Community support** | NA | | 32 | 53 |
| **Domain 8 : Quality of services** | 24 | | 20 | 39 |
| **Domain 9 : Management** | 35 | | 39 | 56 |
| **Average score for the 9 Domains** | 31 | | 30 | 50 |

*Table 15. CSB2s' scores by TTM domain and score category in Q3 FY21*

| Domain | # of CSB2 with score <50% | | # of CSB2 with scores 51% - 69% | | # of CSB2 with score = or > 70% | |
|---|---|---|---|---|---|---|
| | Baseline (54 CSB2) | 2nd evaluation (28 CSB2) | Baseline (54 CSB2) | 2nd evaluation (28 CSB2) | Baseline (54CSB2) | 2nd evaluation (28CSB2) |
| **Infrastructure** | 41 | 14 | 12 | 8 | 1 | 6 |
| **Equipment, furniture, management tools** | 46 | 14 | 7 | 10 | 1 | 4 |
| **Essential supplies** | 36 | 8 | 7 | 5 | 11 | 15 |
| **Personnel** | 49 | 16 | 1 | 4 | 4 | 8 |
| **Training** | 54 | 28 | 0 | 0 | 0 | 0 |
| **Community approach** | 44 | 13 | 5 | 6 | 5 | 9 |
| **Community support** | 47 | 14 | 3 | 5 | 4 | 9 |
| **Quality of services** | 50 | 19 | 2 | 9 | 2 | 0 |
| **Management** | 38 | 7 | 13 | 13 | 3 | 8 |

The average percentage of scores between TTM baseline and the second TTM evaluation for 28 CSB2 has improved from 38% to 50% over a six-month period. Analysis of the data during Q3 FY21 shows that three of the 28 CSB2s achieved a score of 70% and above for all nine TTM domains.

***Figure 14. Evolution of TTM scores of 28 CSB2 between the baseline and the second assessment***




**Coordination with PARN**

- ACCESS participated in a coordination meeting of ACCESS and PARN activities in the Vatovavy Fitovinany region. The meeting focused on the activities that each partner should implement in accordance with the established MOU. Highlights of the meeting include: maintenance of the revolving system in the Vatovavy Fitovinany region, support for training in integrated management of childhood illnesses (in particular, the 203 CHVs remaining in the 320 PARN sites), the provision of management tools other than nutrition for health workers and CHVs by ACCESS, training in PECMA and provision of SPC registers by PARN, coordination of the entry of community data on tablets by the ASCs and the Animators (PARN also works with Dimagi), and continuation of coordination of the implementation of PBF in the two SDSPs concerned (Vohipeno and Ikongo).
- ACCESS and PARN coordinate through monthly CHV review meetings in the highland regions. The projects are discussing how to better integrate FP data into the RMA as it currently only captures MCH and nutrition data.

## 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

- Conducted internal monitoring of the effectiveness of the implementation of the MOU between the MOPH/DEPSI and the PTFs on the provision of internet connectivity with the offices of the DRSP and SDSP. ACCESS contributes directly to the offices of six DRSPs: SAVA, Analanjirofo, Atsinanana, Vatovavy Fitovinany, Menabe, and Sofia, as well as their 35 SDSP offices.
- Held coordination meetings with the DEPSI within the framework of strengthening of the HIS. ACCESS relaunched the request to the DEPSI so that the ASCs have access to directly enter the community RMAs into the MOPH DHIS2.
- Supported the updating of the Community RMA and CSB RMA user guide. Changes of several department heads at DEPSI, including the person in charge of the health and demographic statistics department, has resulted in a delay in the validation of updated versions of these tools.
- Participated in coordination meetings on epidemiological surveillance. ACCESS resumed the process of setting up the electronic-based integrated epidemiological surveillance in the Districts, in the context of the COVID-19 health emergency.

## Objective 2.3: Health commodities continuously available at CSBs and CHVs

- Developed CHV and CSB supervision grids to be used by ADCs and ASCs in the context of commodity management. Elements include the coordination of community activities, integrated management of health commodities at Pha-Ge-Com and community levels (management tool use, planning and supply, warehousing, storage), and program and tracer drug availability (stock analysis).
- Participated in the validation meeting of the roadmap to increase availability of malaria commodities through the total market approach (TMA) The specific objectives of the TMA roadmap are to:
    - Revitalize the regulatory framework for health commodities
    - Improve the coordination, support, dispensation, and reporting capacity of stakeholders at all levels
    - Perform commodity quantification exercises by integrating all market sectors
    - Strengthen communication for SBC towards proper use of malaria commodities
    - Strengthen the supply chain for malaria commodities and integrate local structures
    - Set up an integrated logistics management and reporting system
- Dispatched start-up batches of FP products in FP granted by Population Services International (PSI) to 1,887 CHVs in the regions of Amoron'i Mania, Atsimo Andrefana, Boeny, Haute Matsiatra, Vakinankaratra, and Vatovavy Fitovinany.
- Participated in the working meeting on commodity mapping in LMIS CHANNEL and DHIS2. The DEPSI team, in collaboration with the DPLMT and PMI Measure Malaria,

organized a working session to complete the list of indicators and data elements of the logistics components by program to be included in the final version of the application. The objective of the meeting was to make the indicators relating to logistics data for the management of CHANNEL health commodities available on DHIS2 for decision-making.

- Participated in the FP logistics subcommittee meeting. This included updating the online table of the stock situation of current arrivals of FP products by the DSFa and PSI; presentation of the DSFa stock status (DMPA SC shortage, COC overstock, upcoming expiration of Microlut and three batches of Zinnia, etc.); and presentation of the PSI stock status (under stock in DMPA IM, COC; overstock in IUD, male condoms) Recommendations taken as a result of this meeting included:
    - Held meetings between UNFPA and their supplier for the acceleration of deliveries
    - Redeployed 5,000 IUD units and 320,00 doses of DMPA SC to DSFa by PSI
    - PSI provided 25,000 DMPA SC doses to MSM
    - Closely monitored the distribution of Zinnia to *Pharmacie de Gros du District* (PhaGDis) to avoid their expiration.
    - Shared the COC stock situation in the districts supported by IMPACT.
- Shared the distribution plan and information on the arrival of Misoprostol and CHX to the ACCESS field team. 95% of CSBs and 48% of CHVs were supplied with misoprostol in Q3, and 47% of CSBs and 39% of CHVs were supplied with CHX in Q3.
- Supported the training of 320 health workers on commodity management in 13 districts in Atsimo Andrefana (9), Amoron'i Mania (1), Melaky (2), and SAVA (1).
- Provided technical assistance to 66 *Gestion d'Approvisionnement de Stock* (GAS) Committee meetings in 42 districts of Amoron'i Mania, Vatovavy Fitovinany, Analanjirofo, Atsimo Andrefana, Atsinanana, Boeny, DIANA, Melaky, Menabe, and Sofia.
- Distributed Starter Packs (COC, DMPA, Condom, Collier du cycle, CHX, and misoprostol) for the 3,781 CHVs in 19 districts of Atsimo Andrefana, Atsinanana, Boeny, Melaky, Sofia, and Vakinankaratra.
- Conducted 19 inter-district redeployments of FP, MNH, malaria, and COVID-19 commodities in Analanjirofo, Atsimo Andrefana, DIANA, Melaky, Menabe, and Sofia; in collaboration with the IMPACT team.
- Completed 182 inter-CSB routings and redeployments in 14 districts in Melaky, Atsimo Andrefana, DIANA, and Vakinankaratra.

# FY21 Q3 Key Data/Results

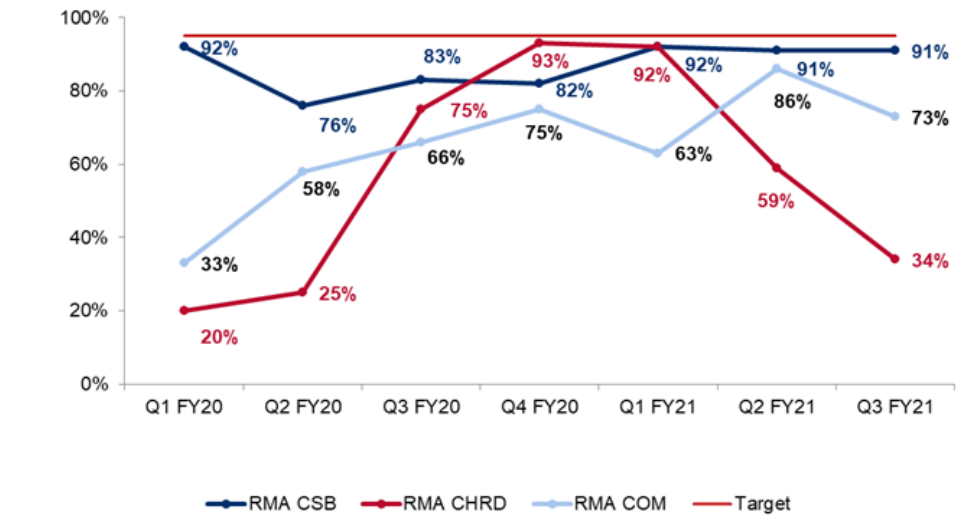
## Data Quality

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

| Indicator | FY21 Target | Q1 FY21 | Q2 FY21 | Q3 FY21 | % of FY21 target achieved |
|---|---|---|---|---|---|
| **2.2.1a % USG supported CSB that submit complete reports to the district on time** | 95% | 92% | 91% | 91% | 96% |
| **2.2.1b % USG supported CHD that submit complete reports to the district on time** | 95% | 92% | 59% | 34% | 62% |
| **2.2.2 % USG supported CHVs that submit complete reports to the CSB on time** | 95% | 63% | 86% | 73% | 74% |
| **2.2.3a % of surveillance reports submitted on time by CHVs** | 70% | 80% | 77% | 78% | 112% |

The timeliness rate of RMA Communautaire slightly decreased this quarter as seen in Figure 15 below.

***Figure 15. Percent of RMAs reported on time***




**Community RMAs submitted on time**

73% of community RMAs submitted in the ten ACCESS-supported full package regions this reporting period were submitted on time. This achievement, averaged with the Q1 rate (63%) and Q2 rate (86%), represents a 74% achievement toward the annual target of 95%.

The decrease of this indicator performance is partially due to progressive transition of the seven northern regions paired with progressive recruitment of ASC, who are expected to be fully functional starting in Q4 after the orientation on their roles and responsibilities.

**CSB RMAs submitted on time**

95% of expected CSB RMAs were submitted across the 13 ACCESS-supported regions during this period. The timeliness of the RMA CSB reporting during Q3 FY21 was 91%, which is unchanged from Q2 FY21. This indicator is almost on track to meet its FY21 goal of 95%.

**CHRD RMAs submitted on time**

99% of expected CHRD RMAs were submitted in Q3 FY21. The average timeliness reporting rate of RMA CHRDs was 34% in this period. The FY21 target of 95% for this indicator is not on track to being met this year. The resurgence of the second wave of COVID-19 in the country called for prioritization of essential services. This situation resulted in the MOPH asking SIG staff to support COVID-19 response efforts in their respective districts. This is one of the factors that negatively affected the timely submission of RMAs. The CHRD level was most impacted, with a decrease from 92% in Q1 to 59% and 34% in Q2 and Q3 respectively.

Additionally, one of factors contributing to the low rate of RMA CHRD timeliness is the difference between the setting of the national DHIS2 instance that evaluates the deadline of data entry as of 15th of the month following the month being reported, and the actual deadline (27th) communicated and observed by the SID (data entry staff at districts).

To mitigate this situation, already known by DEPSI, ACCESS will continue to advocate for the harmonization of the settings in the DHIS2 and the real practice of data entry at all levels.

ACCESS initiated the process of updating the user guide for filling of the new version of RMAs (hard copies), which will subsequently be used to orient staff involved in RMAs compilation as well as follow up of the data flow across all levels.

**eSurveillance reports submitted on time by CHVs**

eSurveillance reports show a 78% on-time reporting rate, which makes this indicator on track to achieve its annual target of 75%.

## Supply Chain

In Q2, many challenges were encountered with reporting inventory data. In Q3, the ACCESS team had various meetings and communications with DEPSI and were able to resolve the identified stock data issues encountered in Q2.

Notably, the new version of RMA CHRD captures more types of stock data than the previous version, including some additional tracer medicines as seen in the tracer medicines stock out section below and newly reporting on FP commodities (see Annex D).

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

| Indicator | FY21 Target | Q1 FY21 | Q2 FY21 | Q3 FY21 | % of FY21 target achieved |
|---|---|---|---|---|---|
| **2.3.1 Average stockout rate of tracer essential drugs during the reporting period at SDPs** | 6% | 12.5% | 10.6% | 10.4% | 95% |
| **2.3.2 Average stockout rate of contraceptive commodities at FP service delivery points** | 20% | 3.6% | 6.5% | 6.1% | 118% |
| **2.1.5 Average percentage of CSBs with 2-4 months of stock in the report.** | 25% | 10% | 17% | 14% | 55% |

### Tracer medicines stock outs

In this reporting period, the average stock out rate of tracer medicines across all delivery levels and regions was 10.4%. Of the three types of service delivery points, CHRDs were the only level that reported an increase in the average stock out of tracer medicines (2.2% to 3.1%) but this is still a relatively low rate of stock outs, and the change is most likely due to more complete data in the RMA CHRD stock table in Q3 compared to Q2.

Differences in variations are observed from one commodity to another. For instance, six of the commodities showed improved stock out rates in Q3 compared to Q2, one stayed the same, and four worsened (gentamicin, misoprostol, amoxicillin, and RDT). As amoxicillin and gentamicin are paid drugs (FANOME), the stock outs are in part from the non-issuance of orders by the CSBs (low revenue during the pandemic), in addition to non-availability at the level of the PhaGDis (only 29 PhaGDis have Gentamicin in May and June, and only 41 in April 2021). Delivery of these products follows *Centrale d'Achats De Médicaments Essentiels Et De Matériel Médical De Madagascar* (SALAMA) rolling calendar and there are no technical partners that finance this product, which further explain the stock-outs. For RDTs, although an

improvement was observed between Q2 and Q3 for CSBs and CHVs, the stock out rate remains high because of rationing at the central level (secondary to the limited availability since the start of this pandemic).

The commodities with the most improved stock out rates in FY21 (Q1 to Q3) are FAF (18% to 11.4%), oxytocin (23.8% to 12.2%), CHX (15% to 8.9%), and ACTs (15.8% to 11.6%). Reasons for FAF stock out rate improvements could be the frequent reminders sent to ACCESS field staff that the FAF is an integral commodity to track at the CSB level, reinforcing the importance of encouraging CSBs to order it. For CHX, ACCESS developed a CHX availability monitoring table that was shared with the field team to encourage them to take action. ACCESS also conducted sensitizations with CSBs on completing Table 18 of the RMA and systematically ordering MNH commodities, including CHX. For ACTs, ACCESS provided support for EMADs and EMARs to ration commodities received by SALAMA, according to the assumptions calculated by the central GAS committee. ACCESS also shared stock and arrival updates by district with staff so that they can better anticipate needs. ACCESS also ensured coordination with the IMPACT team for the holding of periodic meetings of the GAS committees.

CSB Level

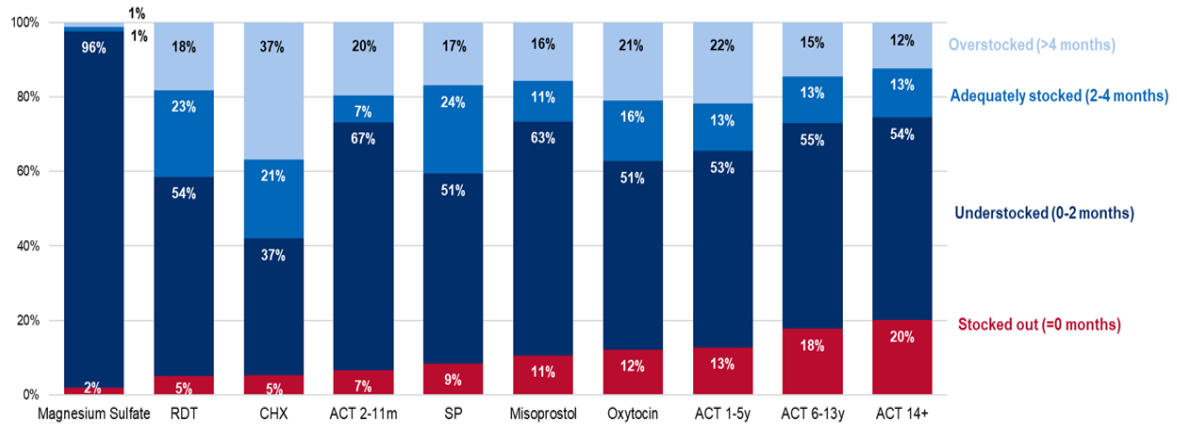
At the CSB level, the average stock out rate for tracer drugs was 9% in Q3 FY21, which is the lowest stock out rate reported in the last year. The stock out rate by commodities at the CSB level can be found in Annex D of the report. Notably all but three of the tracer medicines (misoprostol, oxytocin, and gentamicin) stock out rates at the CSB level improved or stayed the same from Q2. Despite the efforts made in the execution of the misoprostol distribution plan since March 2021, the resupply and the follow-up of the order of the CSBs and Pha-G-Dis are not yet strengthened since the CMMs are not yet reliable due to lack of logistic data reporting. According to the report in DHIS2 in May 2021, only 26% of CSBs in the 10 regions supported by ACCESS have cold chains (necessary for oxytocin). Additionally, the current stock out rate calculation is based on the number of functional CSBs, and ACCESS will adjust the denominator based on the functionality data of CSB in DHIS2 for the following periods.

*Adequate stock levels at CSBs*

Across the ten tracer medicines included in this indicator (same as stock outs reported above at CSB level without gentamicin or ORS), 14% of CSBs had two to four months of stock available each month during the period, 58% had zero to two months of stock, 18% were overstocked (had more than four months of stock), and 10% were stocked out (exactly zero months of stock). When compared to Q2, Q3 data show a slightly lower percentage of CSBs with adequate stock, a much higher rate of CSBs understocked, lower rate of overstocked, and much lower rate of stock outs. Overall, the majority of facilities report having 0-4 months of stock available on average in Q3. In Q1 and Q2, ACCESS reported that CSBs who do not have clients in certain pathologies (PPH, eclampsia, and malaria in CU5) do not stock corresponding commodities out of fear of seeing them expire in their center. Since the beginning of Q3, ACCESS field teams have been encouraged to sensitize the CSB Chiefs to have a small emergency or safety stock. This contributed to the increase in the number of

CSBs that have a stock level between 0-2 months and the decrease of CSBs that are out of stock. The objective is to have more CSBs who will have an adequate level of stock, in particular for products available in large quantities at the central level.

***Figure 16: Stock levels at CSBs by commodity, Q3 FY21***




CHRD Level

At the CHRD level, the stock outs rates for tracer drugs was 3.1% in Q3 FY21, which is slightly higher than the stock out rate reported in Q2 (2.2%), but these rates remain under 6% (the total FY21 target). 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. The CHRD level has only consistently reported stock out data for ACTs, RDTs, and sulfadoxine-pyrimethamine (SP) for the past three quarters. Even though the ACT stock out rate in Q3 (6.1%) at the CHRD level is higher than last quarter (5.2%), it is still much lower than stock out rates reported in the previous four quarters. However, 13.8% of CHRDs reported being stocked out of SP in Q3 compared to 0% in Q2 and 6.2% in Q1. Further investigation into this will be carried out to determine whether this is a data issue, an ordering issue or a supply issue, or some combination of the above.

Due in part to the proximity of the CHRDs to the PhaGDis, the tendency is to focus much more on monitoring the availability of commodities at the CSB level, to the detriment of monitoring at the CHRD level. ACCESS also notes that the CHRDs are not notified of the arrival of commodities, which contributes to the false perception of the persistence of commodity stock-outs at their level because even if the commodity is available at the PhaGDis level, the CHRDs are not informed, do not inquire, and do not stock up. ACCESS district teams are making extensive effort at this level and weekly monitoring of the availability of commodities at CHRD level.

CHV Level

The average percent of CHVs stocked out of tracer medicines was reported to be 11.6% in Q3 FY21, an improvement from Q2 (14.1%). The only increase in reported stock out rates from Q2 to Q3 was seen in misoprostol (11.1% to 12.9%). The restriction of COVID-19 in Q3 limited the grouping of CHVs, which meant that few CHVs were able to be oriented on misoprostol

(guidelines is that CHVs should receive refresher orientations before being given their two doses of misoprostol).

Overall, all stock out rates at the CHV level have increased since Q1. This could be partially due to the expansion into more regions each quarter at the community level. The transfer of the Mahefa Miaraka zones to ACCESS was well planned, but the ASCs who will work in these communes have just been recruited and will be oriented in Q4 on the supervision of the CHVs. This has led to a decrease in the monitoring of community activities, and in particular the monitoring of the supply of misoprostol to the CHVs from the CSBs.

**FP commodities stock outs**

This period's rate of FP commodity stock outs includes CHRD level data for the first time due to new data tables in the RMA CHRD 2021. The average stock out rate of FP commodities in Q3 FY21 was 6.1%. This is an improvement on the Q2 reported FP stock out rate of 6.5%. This indicator is on track to achieve its FY21 target of 20% as it is already surpassing that rate.

CSB Level

The average stock out rate of FP commodities at the CSB level in Q3 FY21 was 4.3%. Please refer to Annex D of this report for further data by FP commodities. 8.7% of CSBs reported stock outs of implants in Q3 which was the commodity with the highest stock out rate at that level and has steadily increased since Q1. The country has experienced implant stock challenges since the end of Q1: the stock outs have increased from quarter to quarter. With the decrease in UNFPA funding, this is expected to continue this year.

In Q2, the team noted the large increase in CSBs reporting stock outs of oral contraceptives (4.9% in Q2) compared to Q1 (2.4%), but that has come back down to 4% in Q3. IUDs and cycle beads remain under 2% stock out rates which is consistent with previous quarter's rates, while injectables remain under 5% in Q3 (same as Q2) which is a substantial improvement from FY20, which averaged 20% stock out rates for injectables.

CHRD Level

The average stock out rate of FP commodities at the CHRD level in Q3 FY21 was 6%. Please refer to Annex D of this report for further data by FP commodities, but note that this is the first quarter of reported FP commodity stock data. Therefore, there are no trends to take note of yet. Zero hospitals reported stock outs for cycle beads and injectables. Stock out rates of implants, IUDs, and oral contraceptives were relatively high ranging from 9.1% to 11% across the three commodities (see table 3 in Annex D for details). For IUDs and implants, the increased stock out was a result of low availability of these commodities at the central level in Q3. IMPACT made a redeployment of 5,000 IUD units to the DSFa on June 21, and has also planned to redeploy 320,000 DMPA SC units to the DSFa. These stock outs are due to the lack of orders sent by the CSBs, in particular for those who have more injectable clients and the CHRDs who use more LARCs (injectables, IUDs, and implants). As the oral contraceptive Microlut expires in December 2021, the FP logistics sub-committee decided to no longer send them to remote districts.

CHV Level

In Q3, CHV level stock data are reported for the ten regions implementing the full ACCESS package. In FY21 Q2 we had seven full package regions against four in Q1 FY21.

The average stockout rate of FP commodities at the community level in Q3 FY21 (all ten regions) was 8.3% compared to 10.4% reported in Q2 for the seven regions. The Q2 stock out rate has changed since the Q2 report submitted in April 2021 due to the vast amount of RMA COMs that were submitted late and consequently unable to be included in the Q2 report. The ACCESS team now has more complete data for Q2 (100% completion rate) and that data is reflected in this report and updated in Annexes D and E, as well.

# *Activities Planned for Q4 FY21*

## OBJ 2.1 KEY ACTIVITIES PLANNED FOR Q4

**CCDS/COSAN**

- Revitalize and strengthen the use of MNCH data by the CoSan CCDSs in the seven northern regions.
- Provide the CCDS CoSan with technical sheets and management tools for monitoring and assessing their involvement in the implementation of community activities (CCDS and CoSaN functional framework, updated dashboard, and usage monitoring framework SMNE data by CCDS and CoSaN).

**LDP+**

- Hold 17 LDP+ #1 workshops in 17 SDSPs in DIANA (2), SAVA (2), Boeny (4), Sofia (2), Melaky (2), Analanjirofo (2), and Atsimo Andrefana (3).
- Hold 18 LDP+ #2 workshops in 18 SDSPs in Atsimo Andrefana (2), Atsinanana (6), Menabe (5), and Vatovavy Fitovinany (5)
- Hold seven LDP+ #3 workshops in seven SDSPs in Atsimo Andrefana (3), Atsinanana (2), Boeny (2), and Vatovavy Fitovinany (1)..
- Hold one LDP+ #4 workshop in Toliara II of the Atsimo Andrefana region.

**PROGRES**

- Hold 28 cycle 1 workshops in PROGRES in 28 SDSPs in Analanjirofo (2), Atsimo Andrefana (5), Boeny (6), DIANA (2), Menabe (3), Melaky (2), SAVA (2), Sofia (2), and Vatovavy Fitovinany (4).
- Hold 11 workshops of cycle 2 in PROGRES in 11 SDSPs in Atsimo Andrefana (2), Atsinanana (7), and Vatovavy Fitovinany (2).

**TTM**

- Continue conducting baseline assessments for the remaining health facilities in Analanjirofo, Boeny, Menabe, Melaky, SAVA, DIANA, Sofia, Atsinanana, and Atsimo Andrefana.
- Continue to discuss results and discuss any required corrective actions during the EMAR and EMAD meetings as well as on a quarterly basis at the central level with relevant stakeholders.
- Continue to conduct the second evaluation of health facilities who received the baseline assessment six months ago.
- Establish data validation criteria for each TTM standard in mada.simr-dhis2.org
- Develop the TTM dashboard in mada.simr-dhis2.org, and monitor of the quality of the data entered in this database.

**MPDSR**

- Orient the EMARs and EMADs on SDMPR in three SDSPs (Ambatomainty, Besalampy, and Morafenobe) in Melaky, three SDSPs (Morondava, Besalampy, and Miandrivazo) in Menabe Region, two SDSPs (Sambava and Antalaha) in SAVA, and two SDSPs (Marovoay and Ambato Boeny) in Boeny.
- Conduct joint supervision of the SDMPR Committees of Atsimo Andrefana, DIANA, Vatovavy Fitovinany, and Analanjirofo with the SMSR and the *Direction de Veille Sanitaire, Surveillance Épidémiologique, et Ripost* (DVSSER) team.

**PBF**

- Conduct joint supervision of the six health facilities of the SDSPs of Vohipeno and Ikongo with the CCTN PBF team.

## OBJ 2.2 KEY ACTIVITIES PLANNED FOR Q4

- Support the DEPSI in the validation of updated versions of the Community RMA and RMA CSB filling guides.
- Support the DEPSI in holding the workshop to update the guide for filling out CHRD management tools.
- Support the DEPSI in the strategy of integrating ASCs to enter Community RMA data in the MOPH DHIS2.
- Support the DEPSI in the process of testing and piloting the entry of the RMA CSB in the MOPH DHIS2 with the CSBs using tablets.
- Support the DEPSI in the development and validation of the standard operating procedures manual for the administration and management of the DHIS2-based information system.
- Support the DVSSER in the development of weekly situation reports for electronic surveillance. These reports provide the status of diseases under surveillance.
- Continue to participate in the activities of the development of the monthly epidemiological bulletin under the direction of the DVSSER.
- Support the DEPSI in integrating community GESIS data into the MOPH DHIS2 platform.

## OBJ 2.3 KEY ACTIVITIES PLANNED FOR Q4

- Hold the monthly coordination meeting of the ACCESS and IMPACT projects at the central, regional. and district levels. At the regional level, ACCESS will encourage the involvement of the ATR of UCP/FM.
- Participate in the online coordination meetings of the ACCESS and IMPACT regional teams.
- Participate in the malaria program quantification workshop.
- Plan and hold a periodic meeting with the MSR and DPLMT team.
- Participate in GAS Committee meetings (malaria, FP, and MNH).

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

## *Key Activities Q3 FY21*

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

- Under the framework of expanding community activities in the northern zone (former Mahefa Miaraka regions), ACCESS conducted a second wave of technical orientation sessions on SBC during Q3; notably in the Analanjarifo, DIANA, Menabe, and Sofia regions. Due to COVID-19, the orientation sessions were held virtually through video conferences at the district level. ACCESS held the training sessions for two days in each region, with a total of 256 participants (EMAR, EMAD, CCDS, COSAN, SBC Officers, CD, MERL, DFO, SR CCD, ASOS Coordinator, ASCs, and central level training team). The sessions were as follows:
    - Orientation and technical training on SBC for each community actor and stakeholder
    - Training on the use of management tools and application of SBC approaches
    - Online practical application through video presentations, surveys, and quizzes

  ACCESS will continue capacity strengthening efforts in the southern zone during the ASC and ADC trainings scheduled for July and August 2021. This upcoming training and the continuation of the Model Menage and Menage Parrain approaches will permit the project to promote best practices from Mahefa Miaraka.

- In addition to the orientation and implementation sessions conducted at the central level, the SBC Officers, in their respective districts of implementation, organized additional orientation sessions to reach each commune. In addition to the SBC orientations, the participants received a technical orientation on the gender approach. During Q3 FY21, 5,666 participants attended these sessions (see Table 18 below).

***Table 18: Technical orientations on the gender approach conducted in Q3 FY21***

| REGION | V7V | AA | ATS | BOENY | SAVA | MELAKY | ANLJR | DIANA | SOFIA | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|
| **SBC Orientation (EMAR, EMAD)** | 0 | 0 | 0 | 0 | 7 | 3 | 20 | 0 | 20 | 50 |
| **CCDS SBC Orientation** | 0 | 127 | 0 | 81 | 108 | 66 | 0 | 4 | 2 | 388 |
| **COSAN SBC Orientation** | 0 | 100 | 0 | 57 | 147 | 27 | 139 | 4 | 4 | 478 |
| **Gender Orientation (EMAR, EMAD)** | 0 | 0 | 0 | 0 | 7 | 3 | 3 | 0 | 1 | 14 |
| **Gender Orientation (CCDS, COSAN)** | 0 | 205 | 0 | 83 | 160 | 90 | 139 | 4 | 0 | 681 |
| **Orientation of SAHA ou CAC committee** | 15 | 218 | 0 | 77 | 146 | 3 | 11 | 0 | 4 | 474 |
| **SBC AC Orientation** | 0 | 411 | 0 | 32 | 346 | 52 | 0 | 0 | 20 | 861 |
| **Sub-total Orientation Sessions** | 15 | 1071 | 101 | 497 | 2757 | 223 | 484 | 12 | 506 | 5 666 |

- ACCESS continued to develop and distribute SBC job aids and communication materials in the ten regions to ensure smooth implementation of activities. 11,395 articles were sent and received by the 10 regions (see Table 19 below). Moving forward, ACCESS will follow up with end-users and targets on the dispatch of items and share the user guide to promote complete and accurate utilization of each tool.

***Table 19. SBC job aids and communication materials distributed in the ten regions in Q3 FY21***

| REGION | AA | ATS | BOENY | SAVA | MELAKY | ANLJR | DIANA | SOFIA | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| **BAIC 2.0 (Job Aid)** | 149 | 13 | 454 | 110 | 84 | 60 | 30 | 67 | 967 |
| **Mendrika Salama Coupon** | 233 | 1 875 | 309 | 477 | 749 | 84 | 0 | 40 | 3 767 |
| **Mendrika Salama Registry** | 201 | 1 030 | 1 315 | 798 | 0 | 0 | 0 | 0 | 3 344 |
| **Attestation Mendrika Salama** | 204 | 0 | 38 | 0 | 0 | 0 | 0 | 0 | 242 |
| **SAHA Registry** | 107 | 180 | 38 | 3 | 18 | 12 | 0 | 0 | 358 |
| **Plan SAHA Géant** | 4 | 0 | 0 | 3 | 17 | 0 | 2 | 0 | 26 |
| **Emergency Transport Registry** | 52 | 0 | 13 | 3 | 23 | 24 | 0 | 6 | 121 |
| **AC's Blouse** | 142 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 142 |
| **Others : 10 Commitment Posters** | 66 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 66 |
| **BE M'RAY Posters** | 211 | 1 000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 211 |
| **Others** | 500 | 24 | 212 | 360 | 0 | 0 | 10 | 45 | 1 151 |
| **Sub-total TOOLS** | 1869 | 4122 | 2379 | 1754 | 891 | 180 | 42 | 158 | 11 395 |

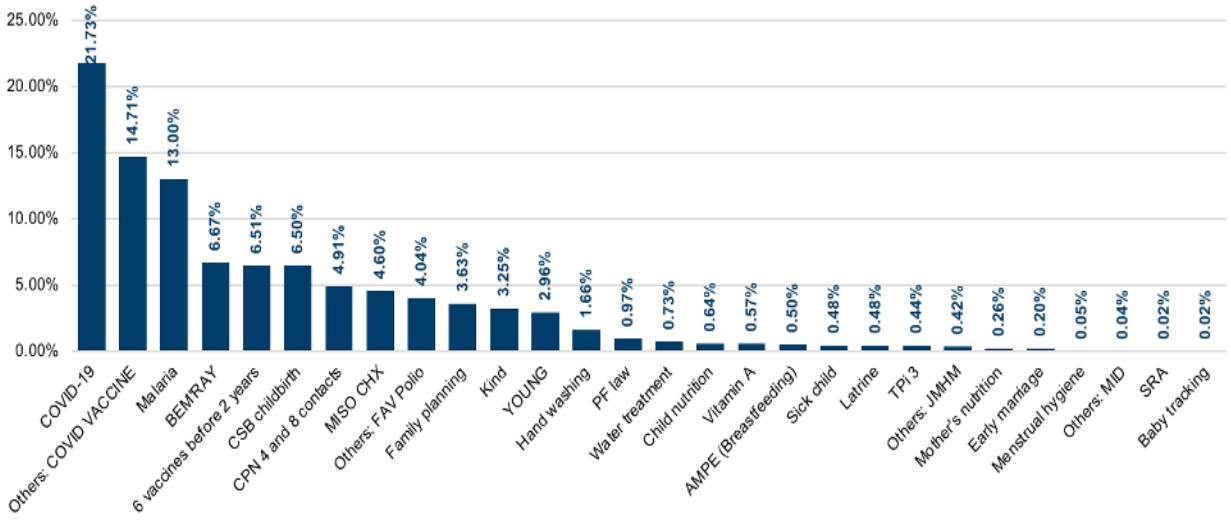
- Across the 10 implementation regions, ACCESS broadcast 22,481 radio spots in addition to 392 specialized radio programs during Q3 FY21 (see Table 20 below). The ACCESS team set a media target of four radio spots per day per district per SBC Officer at the local level. These broadcasts also included other media actions related to World Day celebrations and other priority campaigns, such as World Health Day, World Malaria Day, World Hand Hygiene Day, International Women's Health Action Day, the COVID-19 Phase I Vaccination Campaign, and the Phase I FAV Polio Vaccination Campaign.

***Table 20. Radio spots and radio broadcasts in 10 regions***

| REGION | V7V | AA | ATS | BOENY | SAVA | MELAKY | ANLJR | DIANA | MENABE | SOFIA | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of Broadcast Radio spots | 3565 | 4 200 | 2 934 | 3 475 | 969 | 2 692 | 2 130 | 270 | 944 | 1 302 | 22 481 |
| Number of Broadcast TV spots | 0 | 0 | 0 | 6 | 0 | 0 | 2 | 0 | 0 | 52 | 60 |
| Number of radio shows | 87 | 46 | 32 | 65 | 31 | 56 | 24 | 0 | 14 | 37 | 392 |
| Number of TV shows | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 4 | 5 |
| Sub-total MEDIA | 3652 | 4246 | 2966 | 3540 | 1000 | 2748 | 2154 | 270 | 958 | 1339 | 22 873 |

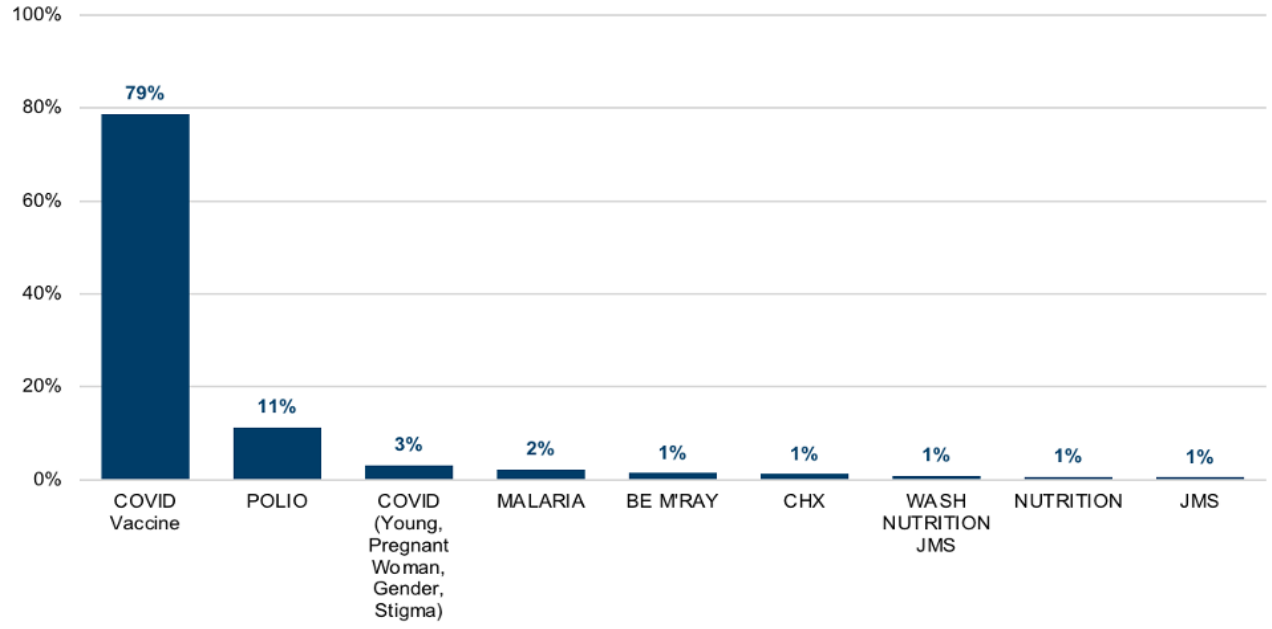
- The broadcast themes were tailored to meet the local health issues, based on local data. During Q3, 37% of broadcasts focused on COVID-19 and the COVID-19 vaccination campaign, followed by malaria prevention messages (13%) (see Figure 17 below).

***Figure 17. Q3 FY21 SBC broadcast themes***




- Promotional activities for the 20 national priority behaviors promoted by the Be M'Ray campaign and the other campaigns, such as the COVID-19 vaccine promotion campaign, continue to air in the national media. During the last three months, 1,096 spots and clips were broadcast, including 682 TV spots and 414 radio spots, and is distributed as follows.

***Figure 18. Q3 FY21 TV and radio spot distribution***




- In collaboration with the DPS team, ACCESS raises awareness about the 20 Priority Behaviors and COVID-19 (prevention and vaccination) on the Be M'Ray Facebook page. The number of unique individuals who engaged the page; such as commenting,

liking, sharing, or clicking on a particular post; numbered 21,700 (Facebook Page statistics source) during the past quarter. The 49 posts in Q3 were in the form of photos and videos showing:
    - Influencers (artists, comedians, religious leaders, and political leaders) receiving vaccinations
    - Live events, such as the visit of the MOPH to the Vaccinodrome
    - Discussions and testimonies from influencers on FP and children's education.
- Participated in a coordination meeting with IMPACT on June 7, 2021 to continue the harmonization of activities, including financing of the Ministry of Decentralization campaign (ACCESS), Champion Approach campaign via SMS broadcasting (IMPACT), sharing of the Youth Image Box for the Young Peer Educators trained by PSI (ACCESS), CHX campaign with the production of the Image Box by ACCESS and the sending of SMS by IMPACT, and sharing of information and sales arguments following the price increase of FP products to the CHVs (IMPACT).
- Supported the MOPH during the Celebration of World Health Day on April 7, by supporting the production of Awareness Spots World Health Day 2021 for TV and radio, and broadcasts at local and national levels.
- Participated in the celebration of the World Malaria Day in DIANA and supported the Regional World Malaria Day organized in the Ambilobe District.

**Youth**

- In Q3, ACCESS continued to post on the TAFA Facebook page informational and educational content for youth. ACCESS launched the TAFA mobile application on June 28, 2021. The app is an extension of the TAFA Facebook page content and offers more detailed educational material and personalizable tools, including a period tracker and supportive hotline phone numbers. The app helps improve SRH information access to youth across Madagascar and allows the youth to test their knowledge on their sexual reproductive health and increase their knowledge on the topic.
- The various promotional activities, such as the Facebook Live, contests, and boost of the promotional video on the page resulted in a significant increase in interaction on the page and download of the app. The Facebook Live event on June 30 was a concert with Mirado, Nate Tex, Yrinaf, and Sayda. This event by itself generated 42,449 organic reach in one day, 300 comments, and 24 shares. The TAFA Facebook page gained 440 followers in June alone and more than 340 new followers, specifically on June 29. The promotional video was posted on the Be M'Ray Facebook page and ACCESS partners (PSI Madagascar, UNFPA, NGO Youth First, MEN, IYFT Madagascar, Men engage, Karakory TV, *Tanora Garan'Teen, Tanora iray, Jeune Actif pour le Developpement* (JADE), DSFA, Real Men Madagascar, Orange, Advocacy For Youth Madagascar, Ministry of National Education, and Ministry of Youth and Sports) posted the video on their pages, helping us spread awareness of the app. The national television broadcast the promotional video for seven days. From June 28-30, 400 users downloaded the app, with 380 of them based in Madagascar.
- In Q4, ACCESS plans to partner with the public and private sector to support vulnerable youth populations without internet and mobile access. With our partnership with Orange, Youth Centers will receive mobile phones that youth can use to access

the TAFA app. The targeted audience will access the TAFA Facebook content, which ranges from modern contraceptive methods, gender-based violence, sexually transmitted infection prevention, menstrual hygiene how-tos, quizzes, and interactive challenges.

- In ACCESS communities, 2,185 Young Champions or TMS (*Tanora Mendrika Salama*) met the criteria and changed their behavior after the sensitization of the Community Agents (see Table 22). This was a slight increase compared to the result of Q2 (2,101), despite the COVID-19 context. In terms of behavior change, these young TMS fulfilled the following four criteria: no unwanted pregnancy, no drinking or smoking, volunteering for awareness activities, and playing an important role as a leader among young people.

**Gender**

- The ACCESS program participated in the monthly meetings of the "Gender Group" initiated by the MPPSPF. The purpose of these meetings is to report to the MPPSPF on the stakeholders actions working for gender equality in Madagascar in pursuit of better synergy of activities among technical partners.
- Participated in the satellite event "Generation Equality Forum" held in Antananarivo on June 17-18, 2021 under the leadership of the MPPSPF and the French Embassy in Madagascar. The aim was to discuss the progress made in gender issues in Madagascar and neighboring African countries.
- Following the Generation Equality Forum, the program joined the "Sexual and Reproductive Health Coalition" in Madagascar, a coalition formed after the debates during the satellite event "Generation Equality" under the leadership of the MPPSPF. GIZ and the French Embassy in Madagascar will finance this coalition that will bring together members of civil society who work to promote sexual health and the participation of young people and other issues related to women's health.
- Participated in the positioning meeting for the MPPSPF's annual workplan for the upcoming fiscal year on April 23, 2021. During this meeting, led by USAID, ACCESS confirmed its support for the promotion of the MPPSPF's strategic priorities, such as the campaign for the prevention of Gender-Based Violence, the collaboration with the women's association "Vehivavy Mavitrika", the "Responsible Father" campaign, and the empowerment of women.
- Across ACCESS implementation regions, 2,993 Couple Champions or Mpifankatia Mendrika Salama have met the criteria and have changed their behavior after the sensitization of the Community Agents (see Table 22). These couples have fulfilled the following criteria: no violence based on gender, schooling of children, and the woman works and the man participates actively in health activities (e.g: accompanies his wife and children to the health center and participates in achievement of healthy behaviors such as the construction of latrines).
- To promote and support the strategic priorities on gender implemented by MPPSPF, ACCESS oriented 695 community actors, including 14 EMAR/EMAD and 681 CCDS/COSAN. The priorities of the MOPH revolve around the five strategic axes: fight against violence based on gender, empowerment of women (including schooling of children), responsible father, equality, and gender equity.

**COVID-19 vaccination campaign**

- Organized the official launch of the COVID-19 Vaccination Campaign in Antananarivo on May 10, 2021 with the presence of the Minister of Public Health and the Ambassador of the United States as well as other TPFs (WHO and UNICEF).
- Supported local awareness of the campaign through Vaccinomobiles in eight districts of the Analamanga region: high visibility of the vehicles, animation through 140 megaphones, and production of awareness and visibility supports adapted to this mobile outreach approach (such as the consulting card, poster, flyers).
- Designed and produced audiovisual communication media (Vaccinomobiles, testimonies, audio timetables, and personalized spots adapted to local dialects in the regions).
- Broadcasted 982 spots, including 346 TV spots and 636 radio spots on stations and channels with wide coverage at the national level.
- Broadcasted 1,890 radio spots at the local level, in the 10 regions supported by ACCESS.
- Facilitated awareness raising on TV and radio stations with interviews, direct interventions on national TV and radio stations, as well as local stations. A total of 102 programs on local radio stations in 10 regions supported by ACCESS.
- Conducted an SMS Broadcast campaign: 18,131 doctors, midwives, and nurses with five SMS messages per person for one week to raise awareness among these health personnel to get vaccinated. A total of 90,655 SMS were sent.
- Trained the 910 hotline team on the details of the vaccination campaign.
- Supported trainings of CHVs in the 10 ACCESS-supported regions to provide local outreach support through home visits.
- Conducted outreach during the last five days of Phase 1a of the campaign.
- Realized one-page insertions (twice) in the four most read newspapers in Madagascar (Midi Madagascar, Express de Madagascar, Gazetiko, and Ao Raha) to strengthen awareness of the COVID-19 Vaccine (advantages, location, contact utils, vaccinodrome and vaccinomobile mode of operation, and testimonials from influencers).
- Publication of advertorials on the most popular Facebook pages (24.24 Mada, Be M'Ray Facebook page) with the creation of a Facebook photo frame of those vaccinated.
- Partnered with famous artists and influencers (Fou Hehy, Stephanie, Mage4, Ambondrona, Religious Leader, and Mayor of the Capital)
- In Q4, ACCESS will update the COVID-19 communication plan and communication tools and prepare for and support the implementation of the second phase pre-campaign (beginning of August 2021).

**FAV polio vaccination campaign**

- ACCESS supported the broadcasting of 162 TV and radio spots on stations with wide national coverage, as well as the broadcasting of 1,004 local radio spots in seven regions (Analanjirofo, Atsimo Andrefana, Atsinanana, Boeny, Melaky, Menabe, and Vatovavy Fitovinany).

## OBJECTIVE 3.2: COMMUNITIES AND INSTITUTIONS SUPPORT HEALTHY BEHAVIORS

- Despite the COVID-19 health crisis, 359 Fokontany were able to carry out the CoSaN-SAHA plans (Community Action Cycle) during Q3, with 7,935 community members engaged (see Table 21 below). Themes focused mainly on malaria at 37%, and WASH at 23%.

***Table 21. CoSaN-SAHA plans (Community Action Cycle) implemented in Q3 FY21***

| SAHA Plan | V7V | AA | ATS | BOENY | SAVA | MELAKY | ANLJR | SOFIA | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| **Number of SAHA plan completed** | 52 | 52 | 100 | 14 | 80 | 5 | 39 | 17 | 359 |
| **Number of participants** | 1124 | 1 417 | 1 060 | 639 | 2 996 | 0 | 537 | 162 | 7 935 |
| **Man** | 563 | 1 053 | 886 | 241 | 1 367 | 0 | 732 | 91 | 4 933 |
| **Woman** | 561 | 364 | 669 | 391 | 1 629 | 0 | 694 | 71 | 4 379 |
| **TOTAL** | 52 | 52 | 100 | 14 | 80 | 5 | 39 | 17 | 359 |

- CHVs continued household level promotion of key behaviors, with the recognition of 15,596 new household champions. In addition, CHVs led sensitization efforts to search for Fokontany and communes meeting the champion eligibility criteria. In Vatovavy Fitovinany and Atsinanana, 38 Fokontany became Champion Fokontany. In Q3, 2,993 couple champions, 2,185 youth champions, 595 CHV Champions, 26 CSB champions were recognized (see Table 22 below).

### *22. Champions identified in Q3 FY21*

| REGION | V7V | AA | ATS | BOENY | SAVA | MELAKY | ANLJR | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **AMS** | 3635 | 2 100 | 4 736 | 486 | 60 | 4 | 354 | 11 375 |
| **AMS*** | 1045 | 399 | 607 | 423 | 36 | 8 | 196 | 2 714 |
| **AMS**** | 628 | 325 | 409 | 128 | 9 | 5 | 3 | 1 507 |
| **Total AMS** | 5308 | 2824 | 5752 | 1037 | 105 | 17 | 553 | 15596 |
| **Number of Mpivady Mendrika Salama (MMS)** | 1237 | 446 | 1 033 | 205 | 44 | 7 | 21 | 2 993 |
| **Number of Tanora Mendrika Salama (TMS)** | 976 | 274 | 718 | 154 | 37 | 7 | 19 | 2 185 |
| **Number of AC Mendrika Salama (AC MS)** | 197 | 158 | 240 | 0 | 0 | 0 | 0 | 595 |
| **Number of CSB Mendrika Salama (CSB MS)** | 26 | 0 | 0 | 0 | 0 | 0 | 0 | 26 |
| **Number of Fokontany Mendrika Salama (FMS)** | 30 | 0 | 8 | 0 | 0 | 0 | 0 | 38 |
| **Number of Kaominina Mendrika Salama (KMS)** | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| **TOTAL** | 7777 | 3702 | 7751 | 1396 | 186 | 31 | 593 | 21 436 |

- SBC Officers mobilized 67 new partnerships with CSOs and NGOs in Q3. These CSOs and NGOs made a quarterly action plan to promote the priority behaviors within the local context.

***Table 23. CSO and NGO partnerships***

| REGION | V7V | ATS | BOENY | SAVA | MELAKY | ANLJR | MENABE | SOFIA | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| Meeting OSC, ONG | 12 | 24 | 5 | 10 | 1 | 1 | 11 | 3 | 67 |

**Community-Led Total Sanitation**

- 53 communities were verified as ODF in Q3 FY21, which is an increase from 20 in Q2 FY21. Since Q1, 143 communities have been verified as ODF, which is a 95% achievement of the annual target (115).
- In the three southern regions, ACCESS established and trained 45 Fokontany WASH Committees, while a further 31 are planned. As of Q3 FY21, 98% of Fokontany WASH Committees are functional.
- Community mobilizers began implementing the community-led total sanitation (CLTS) approach for the seven full-package regions. Subsequently, pre-triggering and activation activities have been initiated. ACCESS will consider and integrate the achievements and feedback of Mahefa Miaraka to ensure the quality of the approach.
- A "Tanàna Madio" or Clean Village contest was organized by the DREAH Vatovavy Fitovinany, which has significantly re-energized the members of the WASH Committees towards achieving ODF status.
- A high-level institutional triggering session occurred in Sambava, Sambava district, SAVA region. It was organized in order to (i) develop a common vision "SAVA Region ODF", (ii) mobilize all conventional and non-conventional actors, (iii) have the strong commitment of institutional actors, and (iv) create a movement to fight against open defecation in SAVA. The institutional trigger has enabled the effective involvement of regional decision makers including: the SAVA region staff, the Prefect of Sambava, mayors, members of EMAR and EMAD, security officials, religious leaders, and traditional authorities. Thus, the appropriation of the vision by institutional decision-makers was materialized by the signing of the commitment to give the SAVA region ODF status.
- The rate of community triggering in the three southern regions was 71.8%, with 51 community triggers out of the 71 planned. The difference can be explained on the one hand by the restriction measures of travel and large gatherings due to the COVID-19 epidemic and on the other hand by the non-availability of community mobilizers in the Atsimo Andrefana region who are still being recruited.
- Good performance in terms of follow-up and support through Follow Up Mandona (FUM) made it possible to have more self-proclaimed villages than expected. The completion rate of FUM is 213.50%, with 156 out of the 73 FUMs planned for this period. This can be explained by a large number of smaller groups that could come together more easily during the lockdown restrictions. As fewer groups (but with more people) were initially expected, the percentage is far above what was expected. Further, the Tanàna Madio campaign helped further mobilize communities to take

action and organize. The number of self-proclaimed ODF villages is 53 out of the 36 planned in the 3 southern regions.

- To overcome the constraints caused by the COVID-19 pandemic, the Antsinanana and Vatovavy Fitovinany regions have adopted the household approach, which has enabled them to have 96 more households with latrines than the set objective. On the other hand, 68% of the target was reached in Atsimo Andrefana because of customs and traditions that prohibit the collection of feces.
- ACCESS supported the DREAH in DIANA during the celebration of the World Menstrual Hygiene Day in financing the broadcasting of radio/TV spots for awareness.
- Identified 10 local masons out of the 21 planned in the Atsinanana and DIANA Regions. Difficulty in accessing certain villages has influenced reaching the target objective. This activity was not planned for the other regions.
- Identified 48 local promoters out of the 147 planned in the Atsinanana, Vatovavy Fitovinany, Atsimo Andrefana, and DIANA regions. The training curriculum is being finalized. The identification of local promoters for the other regions and their training will be planned for Q4FY21

***Table 24: Progress to target for key WASH and nutrition indicators in FY20***

| Indicator | Objective FY21 | Realization Q3FY21 | Cumul achievements | Completion rate |
|---|---|---|---|---|
| **3.2.1 Number of communities verified as ODF** | 115 | 53 | 143 | 124% |
| **3.2.6 Percentage of Fokontany WASH committees that are functional** | 60% | 98% | 55% | 92% |
| **1.0.11 Number of people with access to basic sanitation through U.S. government assistance** | 5,519 | 2,588 | 6,067 | 110% |
| **3.2.4 Number of communities trained in ICN implementation** | 115 | 37 | 102 | 89% |
| **3.2.5 Percentage of communities certified under the ICN** | 60% | 0 | 0 | 0%* |

*For the ICN process, the follow-ups of the triggered villages are well under way, and the certification according to CRS will be made after the 12th month follow-up. ACCESS will also focus support on monitoring the cultivation of vegetables, culinary demonstrations, and food diversification during Q4.

*Table 25: Q3 FY21 achievements in the various CTLS stages*

| CLTS Stage | Q2 FY21 Achievement | Q3 FY21 Achievement |
|---|---|---|
| **1- CLTS triggering** | 39 villages | 51 Villages |
| **2- Follow up Mandona (monitoring of the triggered villages)** | 167 Villages | 156 Villages |
| **3- ODF self-proclamation of villages** | 39 Villages | 53 Villages |
| **4- Villages ODF-verified** | 20 Villages | 53 Villages |
| **5- New latrines constructed** | 402 Latrines | 553 |
| **6- Improved latrine (not shared)** | 293 Latrines | 335 |
| **7- New improved latrine users** | 1,320 people | 4,272 (Estimate based on unshared latrine users where the average users per latrine is 7.7 individuals (552 latrines X 7.7 people)) |
| **8- Selection of local promoters** | 44 people | 48 people |

**Intensive Community Nutrition (ICN)**

ICN aims to improve nutrition at the community level through SBC and involves all community members to help identify indicators of change known as the "Community Scorecard" approach. There are five phases of implementation: preparation, pre-triggering, triggering, monitoring, and certification. The training of trainers was conducted in Tamatave in August 2020 for the three southern regions. In the seven northern regions, the training of trainers is scheduled for Q4.

In Q3, nine triggers out of the 27 planned occurred in Atsinanana, and 28 triggers occurred in Vatovavy Fitovinany for a total of 37 communities trained in ICN implementation due to travel and large scale gatherings restrictions caused by COVID-19 lockdown measures. The remaining triggers are postponed to Q4FY21. These restrictions have had the greatest impact on this activity in the Atsimo Andrefana region.

## OBJECTIVE 3.3. BARRIERS TO HEALTHY AND HEALTH-SEEKING BEHAVIORS FOR THE POOR AND UNDERSERVED ARE REDUCED

- Provided support to SAVA, Sofia, and Analanjirofo in the preparation of field interventions: investigations with existing SILC groups on their dispositions towards the adoption of the third fund and the choice of the model that suits them best.
- Supported initial trainings of the teams of the three northern regions on SILC and financial protection.
- Conducted advocacy and negotiation meetings with other partners, mainly the Aga Khan Foundation and CRS, for the promotion of the health fund.
- Provided materials for private service providers (PSPs) in the Boeny region.
- In Q3 FY21, 75 SILC groups were formed out of the 90 planned (see Table 26 below). Since Q1 FY21, 245 SILC groups have been formed, which is 58% of the FY21 target (420).

***Table 26: Summary of SILC activities in Q3 FY21***

| Region | Atsimo Andrefana | Atsinanana | VV7V | Boeny | TOTAL |
|---|---|---|---|---|---|
| **Objective of the period** | 30 | 30 | 30 | 0 | 90 |
| **Achievement (Number of groups)** | 23 | 23 | 29 including 3 revitalized USAID Mikolo groups | During the unconfined period of Q3: the Boeny team proceeded with the recruitment and initial training of PSPs. First results on indicators are expected during Q4. | 75 |
| **Percentage of achievement (number of groups)** | 76% | 76% | 96% | | 83% |
| **Number of members** | 466 | 433 | 685 | | 1584 |
| **Number of women members** | 282 | 378 | 507 | | 1167 |
| **Percentage of women** | 60% | 87% | 74% | | 73% |
| **Number of groups practicing health savings (PFS)** | 30 | 12 | 14 | | 56 |
| **Number of members practicing PFS** | 652 | 127 | 266 | | 1045 |
| **Number of women practicing PFS** | 404 | 93 | 189 | | 686 |

| | | | | | |
|---|---|---|---|---|---|
| **Percentage of women** | 62% | 73% | 71% | | 65 |
| **Number of people covered by PFS** | 2114 | 585 | 1634 | | 4333 |

***Table 27: Illustrative PSP results to-date***

| Region | Atsimo Andrefana | Atsinanana | Vatovavy Fitovinany | Total |
|---|---|---|---|---|
| **Cumulative groups since the beginning of the interventions** | 167 | 159 | 197 | 523 |
| **Amount of savings** | 139,073,700 MGA | 194,877,900 MGA | 24,304,400 MGA | 578,256,000 MGA |
| **Amount of credits in progress** | 90,256,500 MGA | 94,186,500 MGA | 210,273,700 MGA | 394,716,700 MGA |
| **Number of loans in progress** | 1,158 | 747 | 2,770 | 4,675 |
| **Amount of savings in health constituted** | 2,448,100 MGA | 1,690,500 MGA | 1,121,800 MGA | 5,260,400 MGA |

# *Activities Planned for Q4 FY21*

## OBJ 3.1 KEY ACTIVITIES PLANNED FOR Q4

**SBC**

- Implementation of the new strategy for capitalizing on Mahefa Miaraka's good practices in the north zone (training, tools, etc.)
- Holding of monitoring campaigns (media, digital communication etc.)
- Installation of new 4x3 panels in the north zone
- Be M'Ray campaign: Finalization of  Be M'Ray clip in different audio-visual spots by theme, production and installation of Be M'Ray posters, and production of the Be M'Ray guide
- Realization of the event for the dissemination of the National SBC Strategy and the re-launch of Be M'Ray with the partners
- Launch of the SMS Broadcast campaign
- Promotion Champion Approach: production of audiovisual spots, broadcasting, and production of printed materials Mendrika Salama
- Finalization and implementation of the new SBC digital reporting system
- Implementation of a new strategy to reach the objectives in terms of partnership with NGOs and CSOs
- SBC orientation of CHVs and ASCs in intervention areas
- Strengthening collaboration with other RIs and regions through periodic internal meetings
- Conduct human-centered design research in the northern area in the regions of Boeny and DIANA in order to establish one or more prototypes making it possible to overcome the barriers for the use of care, especially for pregnant women.

**Youth**

- Campaign on the TAFA Facebook page
- Launch and promotion of the Mobile Application and TAFA Facebook page.
- Send SMS broadcasting for young people aged 15 to 24
- Set up a TAFA Youth Corner at the district level in collaboration with MENTEP: Toamasina, Toliara, and Manakara.

**Gender**

- Set up an online platform containing the didactic elements of gender for new employees’s orientation.
- Produce a user guide for the didactic film.
- Disseminate gender tools and campaigns (radio, TV, and social networks) on several themes: women's empowerment, promotion of positive masculinity, and fight against GBV, etc.
- Integrate gender into the emergency response plans, i.e., integrate "vaccine justice" into the SBC tools to fight against GBV.

## OBJ 3.2 KEY ACTIVITIES PLANNED FOR Q4

**CLTS**

- Training of local promoters
- Community triggering in CLTS, FUM of triggered villages
- Self-proclamation of villages
- Verification of self-proclaimed villages
- Follow-up of village ODF maintenance
- Certification of ODF villages
- Identification of strategic villages in CLTS
- Setting up and training WASH Fokontany committees
- Identification and training of local masons in the intervention communes
- Conducting WUF sessions in the identified villages

**ICN**

- Training of trainers for the seven Mahefa Miaraka regions
- Start of the implementation of ICN in the seven Mahefa Miaraka regions
- Community triggering in ICN
- Three-month and six-month follow-up in target communities
- Six-month evaluation of the community having implemented ICN

## OBJ 3.3 KEY ACTIVITIES PLANNED FOR Q4

- Continued negotiations and advocacy with CRS and the Aga Khan Foundation for the promotion of the health fund, with a view to continuing the models deployed by Mahefa Miaraka if the opportunity for a participatory review arises (DSSP and EMAD, beneficiaries, ODRM Aga Khan Foundation, CA-CSU, and USAID ACCESS).
- Conduct financial education for the three southern regions to build household resilience to shocks.
- Advocacy for CA-CSU

# HEALTH TECHNOLOGY

## *FY21 Q3 Key Activities*

- Continued training of trainers (ToT) on CommCare and trainings for central trainers: The ToT conducted this quarter mainly focused on EMAR and EMAD. It was originally scheduled for FY20, but was postponed due to COVID-19. Thus, two EMAR representatives and 16 EMADs in the regions of Atsimo Andrefana and Atsinanana completed the training (trainings in Vatovavy Fitovinany will be conducted in FY21 Q4). Additionally, 13 new independent trainers were also trained. The trainings served as refresher trainings for 13 technicians of the central MOPH, representing the four directorates leading the scaling up of CommCare (DVSSER, DEPSI, DSFa, and DSSB), as well as 17 former trainers. The pool of operational trainers were made up of a mix of central, local MOPH (EMAR and EMAD), and independent trainers are to lead the next waves of user trainings, which will be completed in FY21Q4.
- Conducted monitoring of user performance. Results show:
    - The rate of active CHVs this quarter is 77.10% (compared to 82.65% in FY21Q2); the completeness of the RMA Com is 77.40% (against 80% in FY21Q2), and the timeliness is 72.92% (against 89.56% in FY21Q2).
    - A slight decrease in the performance of CHVs in routine reporting was noted. This is the result of an attempt to reduce remote assistance to users by temporary service providers given the excellent performance recorded in FY21Q2 (only one use of service providers was carried out at the end of FY21Q3). User monitoring will be readjusted in FY21Q4 (i.e. more adequate timing for the use of service providers and support from project field agents), as this will also be the quarter when the initiative will be scaled up significantly.

    - The rate of active CHVs using community surveillance increased this quarter to 95.84% (compared to 89.98% in Q2).
    - More alerts were issued by the CHVs: 867 alerts were issued through 578 report cards. ACCESS notes a strengthening of the same persistent trends over three consecutive quarters, namely a majority of cases of malaria with positive RDT in CU5 (332 alerts against 262 in Q2 and 163 alerts in Q1), the lack of drugs/equipment (75 alerts), and cases of acute watery diarrhea (102 alerts against 79 in Q2). 88.54% of alerts were sent via SMS. These increases are recorded without the number of functional users on CommCare having increased.
    - The weekly monitoring report (RSH) completeness rate dropped significantly by 13 points - 64.32% (compared to 77.84% in Q2). For these reports, the RSH promptness rate remains stable at 77.87% (against 77.29% in Q2), and the target of 75% has been reached. In FY21Q4, a follow-up of users will be provided to include the identification of possible reasons for the drop in weekly reporting. A joint meeting with the DVSSER on the feedback and use of community surveillance data is also planned for FY21Q4.
- During the reporting period, 61 additional e-learning users were created, bringing the cumulative total of e-learning users to 170 health workers spread over the 146 CSBs trained. Of these 170 users created, 97 (57.06%) started at least one course, 88 completed the injectable artesunate module, 17 completed the TTM module, and 29 completed the CSB dashboard module. ACCESS will continue to encourage users to start available courses.
- E-learning under CommCare: 45 videos and animations have been developed to include in the additional courses to be integrated into e-learning. These courses include: Integrated Commodity Management, Data Quality Assurance, FP, Use of the Partogram, Vaccination, and Infection Prevention and Control. The integration of these multimedia elements under CommCare and the finalization of these new courses will be completed in FY21 Q4.
- Adjustment of existing applications under CommCare: The ToT noted minor feedback from the MOPH trainers such as spelling, formatting, and visualizations; which continue to be integrated into application updates.
- Application for ASCs and ADCs under CommCare: Brainstorming sessions were conducted to optimize interventions through the digitization of a few tools. The first prototype application for ASCs was developed including modules for consulting data and reports issued by CHVs; guides for on-site supervision of CHVs; and e-learning on non-clinical topics such as TTM CSB dashboard, data quality assurance, and commodity management. The testing and development of the application for ADCs are planned for Q4.
- CommCare-DHIS2 data integration: The integration between CommCare and DHIS2 has been completed. In total, 800 indicators corresponding to RMA Com data are mapped and sent monthly to the DHIS2 national body. The series of integration tests

were carried out with the DEPSI (sending 3 RMA Com tables for 1 AC, then sending all the RMA Com tables for 6 ACs).

- SMS Gateway: This allows users with limited internet access to send indicators directly to the DHIS2 instance of DEPSI. The CommCare application allows the indicators to be formatted correctly before sending them to a corresponding phone number to the SMS gateway. The application was developed and installed on the ACCESS server which now allows the reception, parsing, and transmission of SMS to the national DHIS2. In Q4, user settings will be the step to be completed to initiate this activity.
- The connectivity study in the northern regions has been postponed to Q4 taking into account the pace of effective operationalization of community activities in these regions.

## *Activities planned for Q4 FY21*

- User training in the three southern regions: 64 user training waves for 932 users are scheduled to be completed between mid-July and mid-September. This will also be an opportunity to update applications at the level of functional users and integrate the latest changes made.
- Completion of additional e-learning courses (Integrated Commodity Management, Data Quality Assurance, FP, Partogramme, Vaccination, PCI).
- Connectivity study in the northern regions.
- Testing the application for ASCs and ADCs.
- Sending historical RMA Com data from CommCare to the DHIS2 national authority of the MOPH and initiate automatic data collection at the beginning of each month.
- Initiate user set up for SMS Gateway.

# Monitoring, Evaluation, Research, and Learning

## *FY21 Q3 Key Activities*

**Finalization of the revision of PMP and PIRS**

- Efforts of revising and updating performance management plan (PMP) continued throughout Q3, as well as matching PMP and performance indicator reference sheet (PIRS) in areas of indicators calculations, frequency of reporting, and reliable data sources.

**Midline survey**

- Discussions continued between ACCESS, Mahefa Miaraka, and USAID with the aim of determining the best approach and mechanisms to conduct a joint household survey for the ten ACCESS full-package regions. Considering the Demographic and Health Survey (DHS) that was conducted countrywide with support from USAID, the decision was made to drop the household survey for both ACCESS and Mahefa Miaraka and instead use DHS to inform the midline evaluation needs for ACCESS and endline for Mahefa Miarka. On the other hand, the preparations of the health facility survey component of the midline continued. The protocol and terms of reference for the recruitment of the consultancy firm to execute the survey were completed. Request for Proposal (RFP) to guide the bidding process for the potential consulting firm was released. The selection of the final bidder and kick-off of survey execution are slated to start during Q4.

**Data use and DQA**

- The tool for data verification and validation (O2VR) that was developed for implementation at community and CSB levels continued to be used to cross check the validity and accuracy of data values to be transcripted from registers to respective RMAs. The tool is used by ADCs at CSB and ASCs at community levels to ensure that data elements reported on RMAs are accurately calculated from their respective registers. The plan is to transfer these tools to the MOPH.
- A video was recorded to serve as a tutorial and user guide to health services providers in the data analysis and use towards the improvement of their performance and quality of services they provide to the clients and patients.
- In order to measure other dimensions of data quality, the strategy and tools to implement the Routine Data Quality Assurance (RDQA) interventions were developed. The pilot testing and implementation of these tools are slated during Q4 going forward, whereby RDQA will be implemented on a quarterly basis while wider data quality audits will be annually conducted by the central team. During full scale implementation of these tools designed to address data quality bottlenecks, ACCESS will always strive to involve the MOPH; collect their inputs for enhancements; and ultimately transfer the ownership, management, and implementation of the same tools at the full scale of the whole country tools developed to address data quality.
- Data cleaning efforts continued to be undertaken regularly. Emphasis was made to detect and fix errors that resulted from data entry in the national DHIS2. Discrepancies

and data values outside of acceptable limits were detected and corrections were made after verification and comparison with respective hard copy RMAs, which serve as sources of the routine HMIS. Regular feedback was given to Managers of Information Systems at the district level, and they remained responsible for data corrections. This exercise greatly contributed to the improvement of the validity and accuracy of various data elements used to monitor the program implementation and interventions planning. Examples of such data include, but are not limited to, neonatal and maternal deaths and stock out rates that could otherwise raise false alarms.

- During the process of developing the workplan for FY22, the MERL team continued to provide support across technical teams to ensure that the process and final workplan is data driven. Past performance results, targets, and interventions are prioritized based on evidence across thematic areas and regions.

**Active learning**

ACCESS is fully engaged in the use of evidence for adaptive management and active learning. In this regard, an adapted strategy was developed to make optimal use of this approach. The strategy clearly defines processes, tools, and stakeholders of the approach.

- Performance review: A quarterly performance review was organized, coordinated, and executed by the MERL team in collaboration with technical and regional teams. Unlike previous quarters, Q2 FY21 performance review (conducted at early Q3) followed a new format based on performance of selected key indicators.
- The review tackled indicators with outstanding results against targets and those with poor performance. At the end of the review, recommendations and action plans to mitigate challenges were developed, and best practices and lessons learned were shared across regions.

**Enhancement of DREAM@MSH**

- The team continued to enhance the performance and functions of DREAM@MSH. ACCESS undertook the harmonization of organization units, especially for the community component with assigning fokontanies to the right communes and districts according to the actual hierarchy in the country health system. More users, especially newly recruited ASCs, were granted access to the system according to defined user permissions and access rights.

**Capacity building of new staff**

- With the transition of the northern regions to ACCESS, 41 new staff for the MERL portfolio were hired and took their positions in their respective regions and districts. They were oriented and trained in various areas of MERL and continue to benefit from mentorship and support from the central MERL team.

**Independent mid-term review**

- The MSH home office organized and implemented an independent mid-term review. The purpose of the review was to obtain practical recommendations that can be implemented in practice and effectively. ACCESS MERL staff facilitated the required data collection and participated through informing the reviewer about the MERL system including but not limited to processes and tools. More specifically, MSH wanted to know at the midpoint of the project:

- What are the strengths and weaknesses of ACCESS with respect to its mid-term objectives (including its main targets), for its three intermediate results?
- What are the stated perceptions (strengths and weaknesses) regarding ACCESS from key informants? (In particular, what are the benefits of ACCESS for the MOPH?)

The review was concluded at the end of July 2021 and its outcome will be shared with USAID in August 2021.

# *Activities Planned for Q4 FY21*

***Strengthening of National M&EL and HIS***

- Provide technical support to update the user guide to fill new version of RMAs (Com, CSB, and CHRD)
- Finalize the process to migrate data entry of RMACom to national DHIS2 by ASC.
- Start the process of migrating historical community data (Mikolo and ACCESS datasets) to the national DHIS2 instance
- Provide technical to the MSP/DEPSI to:
    - Troubleshoot existing issues and enhance functionalities of national instance of DHIS2:
        - Troubleshoot and fix bugs in RMACSB (Settings of “0” and “Null” data variables,
        - Harmonize data entry timeliness calculation in DHIS2 and real practice on the field,
        - Automation of validation rules for data elements
    - Pilote test and implementation of electronic RMACSB
    - Improvement of data quality for the *Programme Elargi de Vaccination*

***Routine M&E of ACCESS***

- Continue to implement the routine monitoring of ACCESS program activities,
- Active participation and contribution to the orientation of newly recruited ASC, ADCs, and other new staff,
- Continue the capacity building efforts (training, mentorships, and supervisions) on MERL system implementation to field MERL staff in districts and regions, with particular interest in northern regions,
- Finalization and implementation of the “Complementary RMA”. This tool was developed to support the collection and management of non-routine datasets generated by ACCESS interventions. The optimal aim is to digitize this tool and monitor use to regularly monitor the implementation of related interventions,
- Follow up on the approval process of PMP and PIRS by USAID, and update these documents according to subsequent requirements and queries,
- Leverage of the approved PMP and disaggregate targets modified targets by various levels, mainly regions and other required disaggregation requirements,
- Continue to support the inventory of data management tools and ensure their availability at the service delivery points in ACCESS supported regions.

***Data Quality Assurance***

- Continue to conduct Data Quality Assurance interventions,
    - Scale up of the use of O2VR in 10 full package regions
    - Pilot test the RDQA tool in SAVA and Atsinanana regions.
    - Scale up the implementation of RDQA tool in the full package regions,
    - Test the full spectrum Data Quality Audit tool

***Active Learning: Data use for evidence - based decision making***

- Continue the implementation of active learning process, including initiation of monthly data review and quarterly technical performance reviews at both regional and central levels,
- Finalize the recrutement of the consultancy firm for midline survey.
- Conduct midline facility survey,

***Digital health Information Systems***

- Contribute and participate in the development and enhancement of information system to support the monitoring and reporting of COVID-19 vaccination,
- Actively participate and provide technical support to the data analysis of the Vaccination Coverage Survey (2021)
- Contribute to the development and implementation of the digital system and tools to support the monitoring of ASC and ADC activities,
- Finalize the enhancements configuration and deployment of Training Tracker:
    - Integrate new features suggested by the technical team,
    - Creation and configuration of indicators,
    - Design and development of dashboards,
    - Training of new end users
- Finalization of the development of SBC application

# COMMUNICATIONS

## *FY21 Q3 Key Activities*

- Conducted 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)
- Published and promoted the COVID-19 photo essay and video with USAID across multiple online platforms
- Publish and promote the USAID Exposure story on malaria and commcare with PMI Washington
- Organized a high visibility event for the Project C.U.R.E donation in the Atsimo Andrefana region, in close collaboration with the MOHP at the central and regional level
- Organized a press visit in Atsimo Andrefana to document the FFSDP/TTM approach at the CSB2 Mangily
- Broadcasted documentaries on the TTM approach on two national TV channels: Dream'in TV and Kolo TV
- Supported the implementation and documentation of the ACCESS-supported vaccinodromes and the vaccinomobiles during the first phase of the COVID-19 vaccination campaign


## *Activities Planned for Q4 FY21*

- Produce three photo essays on vaccination, mobile clinics, and clinical capacity building approaches
- Produce a video on mobile clinics
- Increase ACCESS's visibility and brand awareness by publishing COVID-19 materials on mainstream media
- Conduct a field visit in Atsinanana to document the implementation of the CommCare and the SILC approach in the field
- Organize a high visibility event with the MOPH and USAID for the Project C.U.R.E. donation in Boeny and Sofia

- Draft and implement an online SBC campaign on COVID-19 vaccination (Facebook)