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FROM THE AMERICAN PEOPLE



SANTÉNET ANNUAL WORKPLAN

October 2006 to September 2007

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EXECUTIVE SUMMARY

Santénet is pleased to present its activity work plan for 2006-2007, the third year of project activities. This work plan was designed through a consultative process with Santénet partners, including USAID, the Ministry of Health and Family Planning (MOHFP), Santénet Fund subcontractors and grantees, and local communities. Our regular interaction with the departments and units of the MOHFP allowed us to develop interventions with full participation and buy-in from our Government of Madagascar counterparts. April's *Kaominina Mendrika* (KM) mid-term workshop provided additional feedback from our KM partners which allowed us to further refine the KM approach; this is reflected in the work plan. The results from the recent lot quality-assurance sampling (LQAS) survey conducted by AED-FANTA were presented on the 28th of September; therefore this version of the work plan does not fully reflect the recommendations put forward. Santénet will update this work plan to reflect all relevant recommendations, as well as to incorporate any feedback from USAID/Madagascar.

Santénet's Year 3 work plan is designed to:

1. Streamline and expand the project's successful community-based approaches, namely *Kaominina Mendrika* (KM), Performance Quality Improvement (PQI), *Ankoay*, Santénet's youth-targeted HIV/AIDS prevention approach and *mutuelles* (mutual health insurance schemes);
2. Rationalize resources to maximize impact and efficiency. Our proposed District Approach, *Distrika Mendrika*, aims to demonstrate the impact of implementing the above activities as a comprehensive "package" in a delimited geographic area;
3. Improve coverage. The roll-out of KM and associated activities to an additional 220 communes will expand our geographic and population coverage by four-fold;
4. Strengthen partnerships, collaboration and strategic and programmatic links with other USAID-funded projects, as well as activities receiving other bilateral and multilateral support.

This document first presents activities by technical focus areas and then by Intermediate Results (IRs), demonstrating that Santénet's activities respond to national policies, strategies, and goals; and contribute to the objectives of USAID/Madagascar's Strategic Objective 5: "Use of Selected Health Services and Products Increased, and Practices Improved". The second section details the strategies and resources that we will employ to implement the activities. We then present the activities planned for managing the Santénet Fund, as well as the project's administrative and management activities that will ensure Santénet's effective and efficient management. This is followed by Santénet's organizational chart, a Gantt chart which details the timing of the described activities, and maps that present the proposed communes for the next cycle of *Kaominina Mendrika* as of September 30, 2006.

Strategic Interventions

Santénet's technical focus areas are family planning/reproductive health (FP/RH), child health, malaria, and HIV/AIDS/STIs.

In the area of **FP/RH**, Santénet will continue providing assistance to the MOHFP at the central level, providing additional support to implement the FP national communication strategy, the expansion of the contraceptive method mix through the scale-up of the standard days method (SDM) and the introduction of community-based distribution of Depo-Provera. Santénet will also help improve the quality of FP services through support to the roll-out of the MOH Quality Assurance System (QAS).

In the area of **child health**, Santénet will continue its support to EPI management, assist the MOH/FP in the launch of Mother and Child Health Weeks and introduce community-based case management in its areas of intervention. Additional innovative interventions for this year will include the use of zinc for the treatment of diarrhea and the promotion of orange-fleshed sweet potatoes.

Santénet will strengthen its contribution to the **malaria** control program, mainly through its support to and participation in the Roll Back Malaria partnership. Support to insecticide-treated net distribution will continue; particular support will be provided to assist Madagascar transition to artemisinin-based combination therapy (ACT) for treatment, and increase efforts to prevent malaria during pregnancy.

Santénet's support to the National AIDS Control Committee in the fight against **STI/HIV/AIDS** will mainly continue to target youth through the expansion of the Ankoay Scout, College and Sport approaches, the scaling up of the Red Card campaign and continued support to the religious leader's platform.

Intermediate Results

Activities presented for each technical area are directly linked to the four Intermediate Results of USAID's Strategic Objective 5 (SO5).

Santénet will introduce the KM approach in a total of 300 communes, scale up Ankoay for scouts, sports and colleges in its *Districts Mendrika*, increase private provider involvement in FP and STI/AIDS programs, and support the national FP communication strategy — thereby **Increasing Demand for Selected Health Products and Services (IR1)**,

Increasing Availability of Selected Health Products and Services (IR2) will be supported by the continuation of efforts to strengthen the public logistics systems, social marketing strategies, and the rollout of *mutuelles*, or community-based health insurance schemes. Priority will be given to improve access to health care services for vulnerable and remote populations.

Santénet will contribute to help the MOHFP in **Improving Quality of Selected Health Services (IR3)** by supporting the finalization and dissemination of national norms and procedures and by implementing the QAS approach in intervention districts. Infection prevention will be the initial focus for QAS at the community-based health center level; other technical components — child health, family planning, and malaria — will be phased in over time.

Improving Institutional Capacities to Implement and Evaluate Health Programs (IR4) will continue by strengthening the Health Information System (HIS), by institutionalizing the exchange of health information among stakeholders and by building capacity for the local use of data for decision making at the peripheral level. Specific activities will also bolster the religious leaders' platform and NGO management capacity.

SANTÉNET STRATEGIC INTERVENTIONS

■ FAMILY PLANNING AND REPRODUCTIVE HEALTH

Santénet's activities in the areas of family planning (FP) and reproductive health (RH) are informed by international and national frameworks, namely: (i) the Millennium Development Goals which work to improve maternal health under MDG 5, (ii) the Madagascar Action Plan which aims to decrease the total fertility rate to 3.1 and increase access to quality FP services, (iii) the Government's General Policy which has objectives of 95 percent of health districts being supplied with contraceptives and a 19 percent contraceptive prevalence rate, (iv) the National Health Policy which considers a central pillar to improve health status, (v) the National Family Planning Program, (vi) the new National FP Strategy, and (viii) the Roadmap for Safer Motherhood.

The Government of Madagascar considers FP an integral part of economic, social, and health development. This has led to the development of a new FP strategy for 2005 -2009 under which existing activities are strengthened and new activities are initiated. The new National FP Strategy aims to increase CPR from 18 percent to 28 percent by 2009 and has three main sub-strategies:

- Increasing demand for FP services and products
- Improving access to and quality of FP products and services
- Improving the policy and institutional framework for FP

As in past years, Santénet's technical and financial support will be framed by the new strategy and its implementation.

NATIONAL STRATEGY: INCREASING DEMAND FOR FP SERVICES AND PRODUCTS

SANTÉNET STRATEGIC INTERVENTION I: IMPLEMENTING THE FP COMMUNICATION STRATEGY

In order to reach the objective for 2009, Santénet will help the MOHFP implement the new multisectoral FP communication strategy which better considers local context in operationalization. IRI will provide assistance in organizing a national FP campaign and adapting messages and IEC materials.

SANTÉNET STRATEGIC INTERVENTION 2: INVOLVING PRIVATE PHYSICIANS' IN THE PROMOTION OF FP

A significant number of women consult a private physician for FP. Unfortunately, not many are adequately informed about MOHFP efforts to reposition FP and about the new national FP strategy. In order to increase demand for FP, the MOHFP will better engage private physicians by strengthening public-private partnerships. **IR1 and IR2** will support the strategy by developing advocacy materials and organizing events with MOHFP to encourage private physicians to promote FP in general, as well as new FP contraceptive methods.

NATIONAL STRATEGY: IMPROVING ACCESS TO AND QUALITY OF FP PRODUCTS AND SERVICES

SANTÉNET STRATEGIC INTERVENTION 3: EXPANDING THE RANGE OF CONTRACEPTIVE METHODS

Santénet will help the MOH/FP expand contraceptive methods mix (SDM, IUD, Implanon®). The project will also assist in innovations in FP service provision to increase coverage through the assessment and piloting of community-based Depo-Provera provision. **IR2 and IR3** will support the strategy through needs assessment, logistical support, development of guides and training materials, and support to activities in Santénet's intervention sites.

SANTÉNET STRATEGIC INTERVENTION 4: ESTABLISHING A MANAGEMENT AND MONITORING SYSTEM

Santénet will continue its support to the MOHFP to make sure contraceptive products are available at national level, focusing on its intervention zones. **IR2** will support the strategy through the development of management and monitoring systems to ensure contraceptive commodity security and availability of reliable data by helping to increase the planning pipeline from 21 to 25 months.

SANTÉNET STRATEGIC INTERVENTION 5: IMPROVING THE QUALITY OF FP SERVICE PROVISION AT THE HEALTH CENTER

The Quality Assurance System (QAS), which will now integrate Santénet's Performance and Quality Improvement (PQI) approach, will include FP services and will be implemented in health facilities in Santénet intervention zones. **IR3** will support the strategy by implementing national standards and procedures to ensure the availability of quality services in all health facilities at all levels by supporting the MOHFP in scaling up QAS.

NATIONAL STRATEGY: IMPROVING THE POLICY AND INSTITUTIONAL FRAMEWORK FOR FP

SANTÉNET STRATEGIC INTERVENTION 6: DEVELOPING AN ADVOCACY PLAN

The contraceptive security strategy adopted by the MOHFP includes the development of an advocacy plan to secure continual donor funding and assistance to support the FP program. **IR2 and IR4** will help MOHFP staff develop the advocacy plan to support the FP program and to mobilize human as well as financial resources

SANTÉNET STRATEGIC INTERVENTION 7: STRENGTHENING THE COORDINATION MECHANISM

Santénet will support strengthening of the FP program coordination and creating sustainability mechanisms for contraceptive procurement. **IR2** will identify a sustainable funding system for the procurement of contraceptives. **IR4** will operationalize FP program coordination by ensuring inter-department and intersectoral collaboration through effective use of the Monthly Activity Reports' data.

■ CHILD HEALTH

The MOHFP National Child Health Policy (NCHP) identifies the following priorities in its 2005-2010 strategic plan:

- Building institutional capacity
- Improving case management
- Developing national communication strategy
- Developing an efficient partnership and coordination
- Strengthening operational research

Santénet supports the NCHP, working with other partners such as the BASICS project, WHO, and UNICEF, to reinforce the national immunization program and to improve case management at health facility and community levels. The project will also actively contribute to the launch of the biannual Maternal and Child Health Weeks in Madagascar.

In addition to the National Child Health Policy, Madagascar has developed the National Community Nutrition Program (NCNP) which operationalizes the GOM National Nutrition Plan (NNP). Among the program's fourteen strategic foci, promotion and consumption of micronutrients-rich food production needs the greatest amount of partner support. Santénet's will support the establishment of a community model that integrates the NCNP into the KM approach and introduces the orange-fleshed sweet potato to Madagascar.

NATIONAL STRATEGY: BUILDING INSTITUTIONAL CAPACITY

SANTÉNET STRATEGIC INTERVENTION 1: STRENGTHENING EPI MANAGEMENT

As part of its support to the national immunization program, Santénet will focus on one hand on reinforcing management capacities at all levels by updating the national EPI policy, by providing training for EPI mid-level management and by monitoring data quality. On the other hand, the project will provide operational support in its intervention zones by reinforcing the logistics system and the cold chain management and by backing the implementation of the Reach Each District (RED) approach as a way to strengthen routine EPI.

In this area, the most obvious need that has sprung up with decentralization is developing the EPI management skills of managers and players at the regional and district levels, including strengthening the data management system for improved decision-making. By backing the MOHFP in its operations, Santénet will contribute to producing impacts on coverage.

IR2 will reinforce the logistics system and the cold chain management, and the implementation of the RED approach. **IR2 and IR3** will support the immunization unit in updating the National EPI Policy. **IR4** will strengthen the data quality monitoring system and development management skills at the regional and district levels, reinforcing the data management systems and epidemiological surveillance in the project's intervention zones

NATIONAL STRATEGY: IMPROVING CASE MANAGEMENT

SANTÉNET STRATEGIC INTERVENTION 2: IMPROVING QUALITY OF CHILD HEALTH SERVICES AT THE HEALTH CENTERS

As part of its support to improving quality of care at health facilities, Santénet will include child management in its quality assurance system (QAS) with the aim of improving the integration of IMCI (integrated management of childhood illnesses) in the care system. In addition, the project will continue backing the MOHFP in introducing new initiatives such as zinc in diarrhea management.

IR2 will provide logistics support and **IR3** will ensure the integration of the child management component in the QAS process at the CBHC level.

SANTÉNET STRATEGIC INTERVENTION 3: INTRODUCING COMMUNITY-BASED MANAGEMENT

At the community level, the project will provide ongoing support to the implementation of community-based management of childhood illnesses, including treatment of acute respiratory infections (ARI) with Cotrimoxazole. In addition, streamlined community-based initiatives in the areas of neonatal health, postpartum visit promotion, and referral will be piloted in the project's intervention zones.

IR1 will develop and implement strategies to support community workers in the areas of communication and management (continuum in training and follow up). IR3 will adapt and develop innovative tools for case management for community health workers.

NATIONAL STRATEGY: DEVELOPING NATIONAL COMMUNICATION STRATEGY

SANTÉNET STRATEGIC INTERVENTION 4: LAUNCHING THE MATERNAL AND CHILD HEALTH WEEKS (MCHW)

At the national level, Santénet will continue to providing support to the MOHFP in conducting the MCHWs in April and October.

IR1 will support the design, the development and the production of communication tools for the Maternal and Child Health Weeks and contribute to all social and community mobilization efforts. IR2 will help the MOH identify intervention package to be provided during the MCHWs, design integrated management tools for the different programs, and support the logistics.

NATIONAL STRATEGY: STRENGTHENING OPERATIONAL RESEARCH

SANTÉNET STRATEGIC INTERVENTION 5: INTEGRATING THE NATIONAL COMMUNITY NUTRITION PROGRAM INTO KAOMININA MENDRIKA APPROACH

Santénet was on of the most active partners in the development of the National Nutrition Policy and the resulting National Nutrition Action Plan. The National Nutrition Office is currently implementing the national program in 22 pilot communes in the country in behalf of the Government. As part of this pilot action, Santénet will develop a community-based intervention model that integrates the NCNP's key interventions into the *Kaominina Mendrika* (KM), approach. IR1 will identify programmatic links, and providing technical support in developing communication tools and revising integrated training curricula.

SANTÉNET STRATEGIC INTERVENTION 6: PROMOTING THE PRODUCTION AND CONSUMPTION OF VITAMIN A RICH FOODS

One of the MOHFP's key strategies to combat Vitamin A deficiency is to encourage households to consume Vitamin A-rich foods. To date, focus has been on routine supplementation campaigns. Santénet has identified a variety of orange-fleshed sweet potato that is rich in Vitamin A. Cultivation and consumption of this variety will be promoted in the project's communes. In addition, these activities will create programmatic links between the health sector and the environment and rural development sectors. IR2 will help establish demonstration plots, develop training tools, and follow up farmers in production.

■ MALARIA

The overall objective of the National Malaria Control Policy (NMCP) is to decrease malaria-related mortality, morbidity, and transmission in the central and southern highlands, which experience periodic malaria outbreaks, and in the coastal regions where malaria is endemic. In 2005 the National Malaria Control Policy was updated and approved. The National Malaria Control Unit has since developed a five-year national strategic plan that was approved in April 2006, when partners also committed themselves to support different activities to implement the plan. The National Malaria Control Policy will work along the following four main strategies for the next five years:

- Strengthening preventive actions, including prevention among pregnant women
- Improving the management of diagnosed malaria cases
- Strengthening the support and management systems
- Strengthening national coordination and partnership and promoting the sustainability of a malaria control-favorable policy framework

2006 will provide an additional funding opportunity through the Global Fund's Sixth Round.

NATIONAL STRATEGY: STRENGTHENING PREVENTIVE ACTIONS

SANTÉNET STRATEGIC INTERVENTION 1: SUPPORTING THE PROMOTION AND DISTRIBUTION OF INSECTICIDE-TREATED NETS (ITN)

Distribution of ITNs is an important intervention for malaria control. Santénet will use its network of partners and community-based distribution agents to support this activity. **IR1** will ensure that communities are involved as key actors in awareness-raising and malaria prevention. Collaboration between health facilities and communities is key to the success of the malaria control program. **IR1** continue promoting the large scale use of ITNs to prevent further infections. **IR2** will help in forecasting and strengthening the logistics system to ensure regular availability of ITNs in public and private networks. **IR2** will also continue supporting the scaling up of ITN and antimalarial drugs distribution in the KM communes in collaboration with Population Services International (PSI). **IR4** will support capacity building for the communes and the CBHCs in improving the collection and use of malaria-related data.

SANTÉNET STRATEGIC INTERVENTION 2: VECTOR CONTROL, AND INTERMITTENT PRESUMPTIVE TREATMENT (IPT) FOR PREGNANT WOMEN

Vector control and IPT with Sulfadoxine-Pyrimethamin for pregnant women are part of the NMCP. Santénet will continue to support the MOHFP in its effort to scale up malaria management among pregnant women in the KM sites in nine selected districts. Santénet, through its IR teams, will be involved in the following activities that are part of implementing the national strategic plan. **IR1** will emphasize maternal and neonatal health and malaria control among pregnant women and children in all malaria awareness-raising activities. In addition, **IR1** will coordinate with USAID to provide technical support to home aspersion campaigns and to expanding tributary zones. This will include awareness-raising among the population in its intervention zones. **IR2** will help in ensuring availability of drugs for prevention (for example, SP), **IR3** will update service providers on Focalized Prenatal Care and IPT (FPC/MIP), on the use of rapid diagnosis tests, and on the use of assessment tools to measure quality of services and provider performance. **IR4** will support capacity building for the communes and the CBHCs in improving the collection and use of malaria-related data

NATIONAL STRATEGY: IMPROVING THE MANAGEMENT OF DIAGNOSED MALARIA CASES

SANTÉNET STRATEGIC INTERVENTION 3: SUPPORTING THE TRANSITION TO ACT-BASED THERAPY

Based on the plan developed under the technical leadership of the Roll Back Malaria (RBM), Santénet will provide specific technical assistance to the MOHFP to ensure an efficient transition from Chloroquine to artemisinin-based combination therapy (ACT). **IR1** will ensure that communities are informed of this new ACT-based therapy in order to avoid any rumors and rejection by the population of the new treatment. **IR2** will provide technical support to the Malaria Control Unit in the transition to ACT-based treatment. Sound planning and decision-making are required to ensure accurate forecasting for supplies to ensure regular access to drugs.

SANTÉNET STRATEGIC INTERVENTION 4: INTRODUCING THE QAS APPROACH IN MALARIA ENDEMIC ZONES

The QAS approach will be applied to malaria in endemic zones covered by Santénet in collaboration with the malaria control unit to strengthen provider skills and knowledge in the area of FPC/IPT and monitoring of quality of service provision.

IR2 will provide logistics support to ensure the availability of rapid tests and drugs. **IR3** will integrate the child management component in the QAS process at the CBHC level.

NATIONAL STRATEGY: STRENGTHENING THE SUPPORT AND MANAGEMENT SYSTEMS

SANTÉNET STRATEGIC INTERVENTION 5: TRAINING SUPERVISORS IN FACILITATIVE SUPERVISION

In 2006, the Malaria Control Unit started training supervisors in facilitative supervision to strengthen the relationship between service providers and supervisors. The activities will continue in 2007 with Santénet's support in its intervention zones. **IR3** will develop and approve the training materials; identify participants and training activities.

SANTÉNET STRATEGIC INTERVENTION 6: IMPROVING THE MONITORING AND EVALUATION SYSTEM

Monitoring and evaluation of malaria service provision system can be improved. Therefore, Santénet will work with MOHFP and other partners to improve the M&E system. **IR4** will provide support in mapping activities and carrying out operations research (e.g. impact assessments). It will take part in strengthening the control system for epidemic cases and statistical data collection and analysis. In addition, it will contribute to revamping data analysis and collection in basic health centers to promote rapid decision-making at the local level.

NATIONAL STRATEGY: STRENGTHENING NATIONAL COORDINATION AND PARTNERSHIP AND PROMOTING THE SUSTAINABILITY OF A MALARIA CONTROL-FAVORABLE POLICY FRAMEWORK

Santénet will strengthen partnership and collaboration through its continued support to the Roll Back Malaria (RBM) partnership and by sharing its experience with other partners. **IR1** will facilitate the publication and dissemination of best practices in malaria control.

IR2 will continue to providing technical support to the RBM secretariat and in disseminating the committee's activities and meeting minutes.

■ SEXUALLY TRANSMITTED INFECTIONS AND HIV/AIDS

Current HIV prevalence in Madagascar is estimated to be about one percent, meaning the country is on the verge of a general epidemic. The Madagascar Action Plan has prioritized STI/HIV/AIDS control and recommends two key strategies: reinforcing preventive actions in the general population with a special focus on high-risk groups, and ensuring appropriate STI case management.

In line with the MAP, the 2007-2012 National Strategic Plan for HIV/AIDS control which is in the approval process has three main goals:

- Reverse the current trends in HIV/AIDS prevalence
- Reduce by half the current STI prevalence
- Ensure quality of life for People Living with HIV/AIDS (PLHA).

The National Strategic Plan also defines four overarching strategies:

- Promoting a multisectoral framework for collaboration in combating STI/AIDS
- Improving access to information and primary prevention methods
- Ensuring quality services for individuals, families, communities, and institutions
- Ensuring the establishment and operationalization of an M&E system that assists in planning, impact assessment, and resources mobilization.

Santénet will focus on developing and expanding promising and innovative approaches as part of its support to the NSP. Given that strategic focuses 3 and 4 already benefit from significant technical and financial support from organizations such as FIFAFI, HIV Alliance and Sisal, and the National AIDS Control Executive Secretariat respectively, Santénet will address the first two strategic focuses.

NATIONAL STRATEGY: PROMOTING A FRAMEWORK THAT IS FAVORABLE TO EFFICIENT MULTISECTORAL COLLABORATION IN COMBATING STI/AIDS

SANTÉNET STRATEGIC INTERVENTION 1: HIV/AIDS PREVENTION IN THE PROFESSIONAL SETTING

Santénet has worked in the informal sector using a peer educator approach to reach specific target groups (sex workers, truck drivers, low-income families). Santénet will expand and support its project targeting hairdressers, moving from poorer neighborhoods in Antananarivo to the provinces, and expanding activities to include trainees in hairdressers' school. **IR1** will develop all the appropriate IEC tools and provide a short training to those hairdressers on IEC/BCC. **IR3** will adapt infection prevention tools and training for the informal and non-medical context.

SANTÉNET STRATEGIC ORIENTATION 2: BUILD INSTITUTIONAL CAPACITIES OF THE RELIGIOUS LEADERS AND FAITH-BASED ORGANIZATIONS' PLATFORM (PLEROC)

Technical support to the PLEROC will continue to increase and improve its autonomy, efficiency, and operations by supporting the platform to secure funding and implement its annual work plans. **IR1** will provide technical assistance on IEC and M&E activities. **IR4** will build management and leadership capacities and expand PLEROC's funding base.

NATIONAL STRATEGY: IMPROVING ACCESS TO INFORMATION AND PRIMARY PREVENTION METHODS

SANTÉNET STRATEGIC INTERVENTION 3: STRENGTHENING STI CONTROL

While it is still difficult to influence the population's perception of AIDS risks because of the low HIV prevalence rate, high STI prevalence in Madagascar is a matter of concern. Santénet will provide technical assistance to the MOHFP to link HIV and STI prevention strategies and to effectively apply the syndromic approach to STI treatment in health facilities. **IR1** will support the adaptation of communication tools to better link STIs and HIV/AIDS. **IR2** will provide technical support to ensure the availability of STI treatment kits through public and private distribution networks. Technical assistance from **IR3** will support the development of the national strategic plan for STI control, adapting QAS/PQI training modules to link STI and HIV/AIDS and apply the syndromic approach to STI treatment in the CBHCs of the KMs.

SANTÉNET STRATEGIC INTERVENTION 4: REINFORCING HIV/AIDS PREVENTION AMONG YOUTH

Continued support to scaling up and expanding Ankoay activities will be another important contribution improving access to information and primary prevention. Santénet will support existing Ankoay activities among rural youth in the seven DMs in at least two communes per district. **IR1** will identify intervention districts and communes and develop and disseminate IEC materials. Additional technical assistance will also be provided through Santénet's continued collaboration with HCP.

INTERMEDIATE RESULT I (IR I)

INCREASING DEMAND FOR SELECTED HEALTH SERVICES AND PRODUCTS

SUMMARY

IRI strives to *increase the demand* for health products and services so as to promote family planning, improve child health, combat malaria, and prevent sexually transmitted infections (STIs), including HIV/AIDS. To this purpose, IRI's activities are intended to reinforce community mobilization and information, education, and communication/behavior change communication (IEC/BCC) (IR 1.1), involve the private sector in health promotion (IR 1.2), and target priority biodiversity conservation areas (IR 1.3).

MAJOR ACHIEVEMENTS IN 2005 – 2006

From October 2005 to September 2006, the IRI team has completed several activities and achieved important results. The major activities and achievements are described in this report, with more detail provided in the forthcoming 2005-2006 Annual Report.

As of September 30, 2006, the Ministry of Health and Family Planning (MOHFP) and Santénet have awarded the *Kôminina Mendrika* (KM), or *Champion Commune*, name to 27 of the 81 communes, or counties, engaged in the first cycle of this initiative. These communes have demonstrated that when given a clear methodology, appropriate tools, and technical assistance, they are capable of making notable progress to improve key health indicators in a short time period (12-15 months). Indicators include the immunization rates, increase of regular/new family planning (FP) users, and number prenatal consultations. As a result, communities are now more aware and informed about the local health situation, and are more empowered to make improvements. These communes stand ready to tackle new challenges in the KM second cycle.

Moreover, District Health and Family Planning Services (DHFPS) that were greatly involved in the assessment and certification phases are now willing to be even more involved in implementing the approach in the second cycle and in supporting the communes to achieve their new health objectives. The positive results and the effective social mobilization brought by the *Kôminina Mendrika* approach has sparked interest at the Ministry of Decentralization and Land Development which views the approach as a potential tool for commune-level development. As a first step, Santénet and the Ministry agreed that the name *Kaominina Mendrika* will be used from now on to conform to the official Malagasy spelling.

Santénet also established a pool of national KM experts to build the capacity of nongovernmental organizations (NGOs) to implement the KM approach, comprised of individuals who master the KM approach and tools and are skilled in training. During this reporting period, Santénet and its technical partner, Training Resources Group (TRG), have trained 25 people in adult learning and training while strengthening their knowledge of the KM approach and

tools. Out of the 25 individuals, 9 qualified as KM trainers of trainers, and 12 as KM trainers. They represent an important tool for scale up and sustainability.

As a result of field experience, field visits and regular dialogue between Santénet and partner NGOs, the project refined the KM approach for Cycle 2, taking the slightly different models used by partner NGOs and creating a streamlined methodology that better accounts for commune structures and working environment, and more effectively involves the MOHFP's decentralized structures. In addition, all tools were revised to make them easier to understand and handle.

In the area of family planning, Santénet provided technical and financial support to the Reproductive Health and Safe Motherhood Unit (RH/SMU) in developing the national FP communication strategy. The communication strategy will support the MOHFP's goal to increase the contraceptive prevalence rate from 18% in 2004 to 28% by 2009. Meanwhile, in collaboration with the RH/SMU, Santénet piloted a new approach for recruiting new FP users in six communes over a six-week period. The approach mobilizes local authorities and regular FP users to convince their close relatives, friends, or relations of the benefits of FP through word-of-mouth and peer education. The mid-term evaluations have demonstrated striking results: after only three weeks, the number of women and couples who have come to the health centers to either adopt a contraceptive method or get information on FP has significantly increased. In the commune of Bejofo in the Vakinankaratra Region, for example, more than 120 women and couples came to get information on FP, and more than 20 new FP users were recorded. The final evaluation will occur in October 2006.

In the area of child health, Santénet's advocacy at the MOHFP and among donors has resulted in the adoption of Child Health Week, and is expanding the concept to Maternal and Child Health Week in order to integrate services targeting women of reproductive age and pregnant women. During this reporting period, Santénet participated in the preparation of the first Maternal and Child Health Week scheduled for the week of October 23, 2006.

In the area of HIV/AIDS, as a result of the Health Communication Partnership (HCP) and Santénet's efforts, the *Ankoay* approach has become the National AIDS Control Committee's main strategy for involving youth in HIV/AIDS prevention. Between October 2005 and September 2006, 80 of the 165 scout troops completed all activities and graduated as *Ankoay Scout Troops*. Through these activities, the 80 scout troops, which represent approximately 2,400 boy and girl scouts, were able to reach 24,000 non-scout teenagers, as each scout was asked to reach out to 10 non-scout teenagers. In addition, 229 young people were tested for HIV/AIDS during the festivals. HCP and Santénet adapted the approach for implementation in junior high schools (*Ankoay Schools*) and sports clubs (*Ankoay Sports*) in order to reach a larger number of young people. The *Ankoay Schools* approach has been initiated in 188 junior high schools, and approximately 5,500 students are directly involved. The *Ankoay Sports* approach has been initiated in 18 KM communes, and 144 soccer teams, representing about 3,100 players, are directly involved. The National AIDS Control Committee presented the approach at the International AIDS Conference in Toronto, Canada, in August 2006.

DIFFICULTIES ENCOUNTERED IN 2005 – 2006

With no major difficulties encountered, the team did face some challenges during this reporting period.

During the first few months of KM, many communes faced stock outs in iron/folic acid, compromising the ability to reach their objectives related to iron/folic acid distribution. The high demand for iron/folic acid that resulted from KM implementation, took health centers by surprise. To immediately resolve the problem, some communes went directly to the DHFPS to buy the necessary pills, while certain DHFPS dispatched urgent stocks to the health centers.

Differing views on the methodology for implementing and monitoring the activities and certifying the communes made implementation the integrated health-environment KM approach in the 11 selected KM communes particularly challenging. Through discussion and negotiation, however, Santénet and USAID's environmental project, Eco-Regional Initiative (ERI), were able to establish a common ground, and the 11 communes should be certified in October 2006.

ACTIVITIES PLANNED FOR 2006 – 2007

During the first two years, the IRI team developed approaches and supported structures to promote behavioral change. In the project's third year (2006-2007), the team will build on these experiences to scale up and fine tune community mobilization approaches while strengthening the MOHFP's IEC/BCC and social mobilization activities.

For 2006-2007, the IRI team plans several activities to help the MOHFP strengthen its IEC/BCC and social mobilization components, supporting its demonstrated commitment to IEC/BCC activities within the Ministry's programs.

Specifically, Santénet will support the Health Promotion Division in developing the National Health Promotion Policy (**Activity 1.1.3**) to articulate the MOHFP's vision for health promotion and a framework for the partners' strategies and interventions. Santénet will also continue to support the MOHFP's IEC and Social Mobilization Unit (IECSMU) in its leadership role in IEC and social mobilization, positioning the unit to be fully operational when the National Health Promotion Policy is finalized (**Activity 1.1.4**). In addition, Santénet will support the different units within the MOHFP in developing their communication strategies and implementing IEC/BCC and social mobilization activities (**Activities 1.1.6 and 1.1.7**). The project will support the RH/SMU in implementing the National FP Communication Strategy which supports the new National FP Strategy (**Activity 1.1.5 and 1.2.1**).

At the community level, Santénet will scale up or strengthen those community mobilization activities that promote individual and collective behavioral changes. Specifically, the project will close out the first cycle of *Kaominina Mendrika* in the first 81 communes (**Activity 1.1.1**) paving the way for the launch of the second cycle in those communes and in 180 additional communes (**Activity 1.1.2**). To maximize results, the commune selection will concentrate around the nine health districts where other community mobilization approaches and complementary IEC/BCC activities are being scaled up. For instance, Santénet will scale up the *Ankoay* approach with the scouts, junior high schools and sports clubs in health districts which have KM communes (**Activities 1.1.9, 1.1.10 to 1.1.11**). Santénet will also scale up HIV/AIDS awareness-raising activities to reach specific target groups (sex workers, truck drivers, low-income families) using hairdressers as community educators (**Activity 1.2.2**). In terms of nutrition, through the KM approach, Santénet will work with the National Nutrition Office (NNO) to implement the National Community-based Nutrition Program (NCNP) in a number of NNOs pilot communes (**Activity 1.1.8**). Finally, Santénet will undertake more intensive efforts to promote family planning in the KM communes located in or around the forest corridor (**Activity 1.3.1**).

The section that follows presents in detail the above technical activities and a Gantt chart in the Annexes provides a calendar of the activities.

TECHNICAL ACTIVITIES FOR 2006 – 2007

IMPROVING COMMUNITY MOBILIZATION AND IEC/BCC FOR SELECTED HEALTH PRODUCTS AND SERVICES (IR 1.1)

Activity 1.1.1. Assist partner NGOs in closing out Cycle 1 Kaominina Mendrika

Objective: Ensure ownership of the *Kaominina Mendrika* approach by the NGO partners

In October 2006, Santénet will support several partner NGOs in certifying the last of the Cycle 1 KM communes. While most of the 81 communes completed the first cycle and were evaluated and certified in September 2006, a few communes will complete the cycle in October 2006. Once all communes have completed Cycle 1, Santénet will produce a final report to document results and best practices. The report will be disseminated to USAID, partner NGOs and the MOHFP no later than December 2006. NGOs and MOHFP will be encouraged to apply lessons learned and best practices when implementing Cycle 2.

Completion indicator(s):

- All the communes involved in the KM approach are assessed and, and the assessment is conclusive, are certified

Mean(s) of verification:

- Each commune's report validated by the DHFPS
- Final KM Cycle 1 report

Result indicator(s) (performance monitoring plan - PMP):

- Indicator 6: Number of communes that achieve Champion Commune (*Kaominina Mendrika*) status for achievement of health targets

Technical assistance: –

Activity 1.1.2. Assist the MOHFP and partner NGOs in implementing Cycle 2 Kaominina Mendrika

Objective: Ensure scaling up and ownership of the KM approach

To scale up and make the KM approach sustainable, Santénet will launch a second cycle in the communes involved in Cycle 1 and in an additional 180 communes. Santénet will continue to collaborate with NGOs that took part in Cycle 1 (MCDI, CARE, ADRA, CRS, ASOS, SALFA, SAF-FJKM, MATEZA, AINGA, MICET, NY TANINTSIKA) and collaborate with new NGOs such as PENSER, LINKAJISY, ZETRA, SAGE. The project will also start implementing the approach directly with the MOHFP. Unlike Cycle 1 where communes all began at the same time, implementation of Cycle 2 is staggered: some communes have already begun in August 2006 while most will begin between October 2006 and February 2007.

To ensure that the approach will be effectively implemented, Santénet, in consultation with partner NGOs and the MOHFP, selected the new communes to ensure proximity to existing ones to provide support, geographic concentration to demonstrate maximum results and impact and to ensure the involvement and the support of DHFPS in implementing the approach.

Among the health districts involved in the approach, nine will become *Distrika Mendrika* (DM), or Champion Districts, in which all communes will implement the KM approach, with technical support from an NGO or the MOHFP. The selected districts are: Fianarantsoa II (Fianarantsoa province), Taolagnaro (Toliary province), Amboasary (Toliary province), Ilosy (Fianarantsoa province), Iakora (Fianarantsoa province), Ivohibe (Fianarantsoa province), Benenitra (Toliary province), Betioky Atsimo (Toliary province), and Antsirabe II (Antananarivo province).

Santénet will provide partner NGOs and the MOHFP with the revised guides and IEC materials by end of October 2006. Santénet will also provide ongoing technical support for monitoring activities. Additional technical support will be provided to the Regional Health and Family Planning Directorates (RHFPD) and the DHFPS that are directly

implementing the approach in DM districts. Santénet will continue to expand the pool of national KM experts and will aim at having the maximum number possible of KM coaches, trainers of trainers, and trainers by March 2007.

Finally, to help the communes reach their health targets, Santénet will also tap into the network of KM community-based outreach workers to provide information to the local population about national campaigns (Child and Mother Health Weeks, home aspersions campaigns and others) and mobilize all the actors in the commune.

Completion indicator(s):

- Health objectives set and KM contracts signed by all communes
- At least one person per NGO certified as a KM trainer of trainers
- One team per DM trained and implementing the KM approach
- At least 30 communes certified as Champion Communes

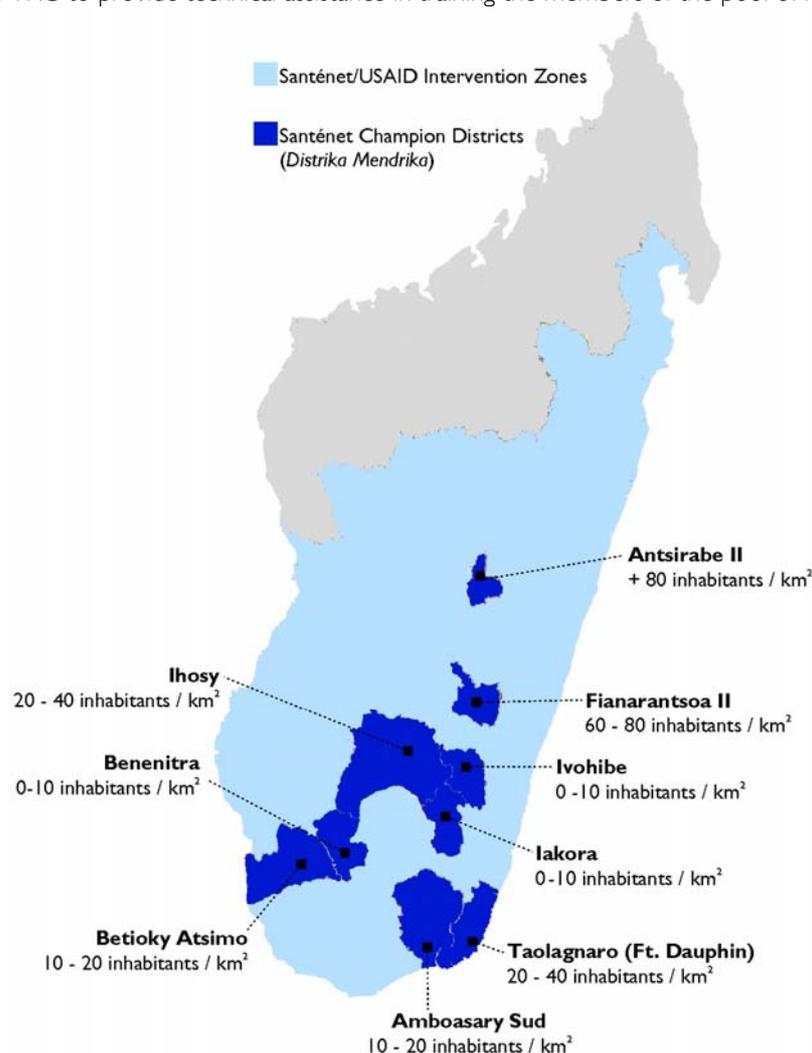
Mean(s) of verification:

- KM Contracts
- Training reports
- NGO and DHFPS' activity reports
- Assessment reports validated by DHFPS

Results indicator(s) (PMP):

- Indicator 6: Number of communes that achieve Champion Commune (*Kaominina Mendrika*) status for achievement of health targets

Technical assistance: TRG to provide technical assistance in training the members of the pool of national KM experts



Activity 1.1.3. Support the MOHFP in developing the National Health Promotion Policy

Objective: Establish a well-defined framework for MOHFP priorities for health promotion and for the different interveners' roles

Santénet will closely support the Health Promotion Division in developing the National Health Promotion and a framework to define the MOHFP's priorities in health promotion.

Santénet will focus on the component that pertains to community outreach workers. To reach and raise awareness among the local population, the different actors in the health sector, including the MOHFP, depend on different categories of community workers, most of whom are volunteers. The most common types of community workers are the community outreach workers, the community-based health workers (for FP), and the community-based distribution agents. New categories of community workers with new roles and new levels of skills will need to be established with the introduction of new community-based initiatives, such as the distribution of Depo-Provera® or the community-based management of acute respiratory infections. Therefore, it will be beneficial to reinforce the network of community outreach workers by improving its organization and eventually by institutionalizing it. To better understand the requirements of these options, Santénet will support MCDI in implementing a pilot project in Betsioky Atsimo in collaboration with UNICEF starting in Q1.

Completion indicator(s):

- Timeframe for developing the National Health Promotion Policy developed and related activities launched
- Memorandum of Understanding (MOU) with UNICEF signed
- Field activities launched in Betsioky

Mean(s) of verification:

- Workshop reports
- Memorandum of Understanding and contracts with MCDI
- MCDI's activity report

Result indicator(s) (PMP):

- Indicator 1: Contraceptive prevalence rate
- Indicator 2: DTCHepB3 coverage
- Indicator 3: Vitamin A supplementation rate
- Indicator 4: Condom use at last sexual rapport with a paying partner
- Indicator 5: Exclusive breastfeeding rate for infants under 6 months

Technical assistance: --

Activity 1.1.4. Support the IEC and Social Mobilization Unit (IECSMU) in reinforcing the IEC/BCC component and activities within the MOHFP

Objective: Reprioritize communication (IEC/BCC) within the MOHFP and the health programs

In the last years, the MOHFP has taken action to reprioritize communication in the Ministry as well as in health programs as a key strategy to promote positive health behaviors. During the MOHFP's restructuring, an IEC and Social Mobilization Unit (IECSMU) was set up. To date, the Unit's achievements include training IEC managers of the different health programs at the central level and setting up the technical Health Communication and Mobilization Committee (HCMC). Several health programs are in the process of developing their communication strategies or intend to do so. The MOHFP's decision to develop the National Health Promotion Policy is a confirmation of its willingness to reprioritizing communication.

Santénet will continue to support the IECSMU in strengthening the IEC/BCC and social mobilization component and activities at all the levels of the MOHFP by finalizing and disseminating the Messages Guide as the primary reference document for the Ministry's IEC managers. Santénet will provide trainers to train newly appointed regional IEC managers on IEC/BCC, social mobilization, and the use of the Messages Guide. Santénet will also help the IECSMU draw up a list of all existing IEC materials to be included in the minimum IEC package. The project will ensure that the package is available in all health centers in the KM communes. Finally, the project will support the IECSMU in formalizing the HCMC and in establishing regional committees.

Completion indicator(s):

- Message Guide finalized, multiplied and disseminated to the 16 RHFPD and the 84 DHFPS in Santénet's interventions zones
- Twenty-two regional IEC managers trained in IEC/BCC, social mobilization and the use of the Message Guide
- The essential IEC package available in all health centers in the communes involved in the KM approach
- Regional HCMC set up and operational

Mean(s) of verification:

- Message Guide
- Report on the training of the regional IEC managers
- List of IEC materials bundled into the essential IEC package
- Ministerial decree on the central and regional CCSM

Result indicator(s) (PMP):

- Indicator 7: Availability of IEC/BCC minimum package at community-based health center (CBHC) level

Technical assistance: –

Activity 1.1.5. Support the implementation of the National FP Communication Strategy

Objective: Contribute to achieving the objectives set in the national FP strategy through communication

In December 2004, the MOHFP launched the new National FP Strategy, aimed at increasing demand for FP, ensuring better access to and quality of FP products and services, and establishing a favorable environment. To increase demand, Santénet has supported the RH/SMU in developing a National FP Communication Strategy and this year the project will contribute to implementing this strategy.

To increase demand for FP in general, Santénet has been supporting the RH/SMU in designing a new approach to recruit new FP users. The approach mobilizes local authorities and regular FP users to convince their close relatives, friends or relations of the benefits of FP through word-of-mouth and peer education. Santénet and the other FP partners will provide significant support to the MOHFP to scale up the approach nationally during the first quarter of 2007 by launching a national campaign. Santénet and the other FP partners will provide technical assistance to develop IEC material, define a community outreach and media strategy, supervise and then evaluate the results of the campaign. Needless to say, Santénet will strongly support the campaign in the KM communes.

To increase demand for specific FP methods, especially natural methods (Standard Days Method or SDM) and long-term methods (Implanon and intra-uterine devices (IUD)), Santénet will support the MOHFP in developing IEC materials and carry out information campaigns to promote these methods during Q3 and Q4.

Santénet will also provide technical support to the RH/SMU to involve private doctors in implementing the National FP Strategy and the National FP Communication Strategy by working with the National Medical Association, the Private Physicians Association and other associations such as *Top Réseau* (refer to 1.2.1).

Finally, Santénet will also provide assistance to the Religious Platform which is funded through USAID's Flexible Fund for FP activities. Specifically, Santénet will help the platform develop its FP communication strategy and activities so they contribute to the National FP Communication Strategy.

Completion indicators:

- National campaign launched to recruit new FP users
- SDM IEC material developed and national SDM campaign launched
- Implanon and IUD material developed
- Information and advocacy days organized with the Regional Medical Associations targeting private doctors
- Flex Fund Religious Platform's FP communication strategy developed

Mean(s) of verification:

- Report on the national campaign to recruit new FP users
- SDM, Implanon and IUD IEC material
- Reports on the information and advocacy days targeting private doctors

- FP communications strategy documents from the religious groups funded by the Flexible Fund.

Result indicator(s) (PMP):

- Indicator 1: Contraceptive prevalence rate

Technical assistance: Health Communication Partnership will continue to fund a national consultant to work with Santénet on FP communication activities. Georgetown Institute for Reproductive Health will collaborate closely with Santénet for the SDM national campaign.

Activity 1.1.6. Support the other programs of the MOHFP in developing or revising and implementing their communication strategies and activities

Objective: Contribute to achieving the MOHFP's health programs' objectives through enhanced communication

Several other units at the MOHFP are developing or planning to develop their communication strategy. Specifically, Santénet will support the Immunization Unit and the Malaria Control Unit.

The project will also support the MOHFP's STI Control Program, mainly in revising and adapting the related IEC materials used at the national level. The goal is to improve the level of information as well as to promote safer behaviors, especially among high-risk groups. The resulting tools will be made available to the health facilities in the KM communes.

Completion indicator(s):

- Communication strategy developed and implemented for the Expanded Program on Immunization (EPI) program
- Communication strategy developed and implemented for the Malaria Control Program
- IEC materials on STI control revised and available in the communes involved in the KM approach

Mean(s) of verification:

- IEC strategy document for the EPI program
- IEC strategy document for the malaria control program
- Copies of revised IEC materials present in health centers

Result indicator(s) (PMP):

- Indicator 2: DTCHepB3 coverage
- Indicator 4: Condom use at last sexual rapport with a paying partner
- Indicator 7: Availability of IEC/BCC minimum package at CBHC level

Technical assistance: --

Activity 1.1.7. Contribute to the organization of the Mother and Child Health Weeks (October 2006 and April 2007)

Objective: Institutionalize Mother and Child Health Week among Malagasy households and at all tiers of the health system.

As one of the champions of the Mother and Child Health Week (MCHW) in Madagascar, Santénet will provide significant technical and financial support in preparation and implementation of the first two MCHWs in Madagascar (October 2006 and April 2007). Specifically, the IRI team will continue to be active in the MCHW's Social Mobilization Committee. In the communes involved in the KM approach, Santénet will carry out intensive efforts to raise awareness, mobilize the population, and support health facilities.

Completion indicator(s):

- First MCHW held in October 2006
- MCHW held in April 2007

Mean(s) of verification:

- MCHW promotional documents

- MCHW Social Mobilization Guide
- MCHW assessment reports

Result indicator(s) (PMP):

- Indicator 1: Contraceptive prevalence rate
- Indicator 2: DTCHepB3 coverage
- Indicator 3: Vitamin A supplementation rate
- Indicator 5: Exclusive breastfeeding rate for infants under 6 months
- Indicator 14 : DTCHepB3 coverage rate in remote populations in Santénet's Champion Communes (*Kaominina Mendrika*)

Technical assistance: --

Activity 1.1.8. Implement the National Community-based Nutrition Program in the National Nutrition Office's pilot sites through the Kaominina Mendrika approach

Objective: Contribute to implementing the National Community-based Nutrition Program

Santénet will support the National Nutrition Office (NNO) and the NGO Linkajisy in implementing the KM approach in some of the 22 communes selected by the NNO to be the pilot sites for the National Community-based Nutrition Program (NCNP). The program includes community-based nutrition interventions. As the KM approach and activities are very similar to planned by the NCNP, this collaboration will expand KM activities to include the minimal community nutrition activity package recommended by the NCNP.

Completion indicator(s):

- Health goals and community-based nutrition objectives set under the KM approach and agreement signed by the communes

Mean(s) of verification:

- KM contract which incorporates NCNP activities

Result indicator(s) (PMP):

- Indicator 3: Vitamin A supplementation rate
- Indicator 5: Rate of exclusive breastfeeding for infants under 6 months
- Indicator 6: Number of communes that achieve Champion Commune (*Kaominina Mendrika*) status for achievement of health targets

Technical assistance: --

Activity 1.1.9. Ensure the scaling up of the Ankoay Scout approach with the scout groups in the Distrika Mendrika

Objective: Reinforce prevention of STIs and HIV/AIDS among youth

The scale up of *Ankoay Scout* benefits from the support of the Executive Secretariat of the National AIDS Control Committee (ESNACC). The scout groups that have submitted proposals to the PMPS II project will implement the approach Santénet and Health Communication Partnership (HCP) will continue to provide technical support to scale up the *Ankoay Scout* approach in the *Distrika Mendrika*, incorporating HIV/AIDS sensitization activities carried out by the scouts into KM objectives.

Completion indicator(s):

- Number of scout troops trained and certified under the *Ankoay* approach

Mean(s) of verification:

- Training reports and reports on the certification festivals

Result indicator(s) (PMP):

- Indicator 6: Number of communes that achieve Champion Commune (*Kaominina Mendrika*) status for achievement of health targets

Technical assistance: HCP and ES/NACC (technical support), UNICEF (monitoring and evaluation), PSI (media)

Activity 1.1.10. Ensure the scaling up of the Ankoay Sports approach in collaboration with the National Sports Academy in the Distrika Mendrika

Objective: Reinforce STI and HIV/AIDS prevention among youth

Eighteen communes involved in the KM approach in nine districts (Moramanga, Toamasina II, Brickaville, Fianarantsoa II, Mananjary, Toliara II, Betioky Atsimo, and Taolagnaro) have already started implementing the *Ankoay Sport* model in 2006. Santénet and HCP will work with the National Sports Academy to carry out the following activities this year:

- Training supervisors in Toamasina, Fianarantsoa, and Toliara
- Advocacy sessions targeting local authorities
- Training on activities and competitions in two communes per district in the nine districts and in two new districts (Ihosy and Antsirabe II)
- Training of two ambassador teams (AJESAIA and EPNFC) in the Analamanga region
- Promoting the Ankoay Sport approach with the two ambassador teams.

Completion indicator(s):

- Number of commune-level teams trained and certified under the *Ankoay* approach

Mean(s) of verification:

- Training reports and reports on certification festivals

Result indicator(s) (PMP):

- Indicator 4: Condom use at last sexual rapport with a paying partner
- Indicator 6: Number of communes that achieve Champion Commune (*Kaominina Mendrika*) status for achievement of health targets

Technical assistance: HCP (technical support), National Sports Academy,

Activity 1.1.11. Ensure the scaling up of the Ankoay School approach in collaboration with the Ministry of Education in the Distrika Mendrika

Objective: Reinforce STI and HIV/AIDS prevention among youth

In partnership with the Ministry of Education and the ESNACC, the *Ankoay School* model has already been initiated in 2006 in 188 schools. It will be implemented in the *Distrika Mendrika* this year.

Completion indicator(s):

- Number of schools trained, participating, and certified under the Ankoay Approach

Mean(s) of verification:

- Training reports and reports on certification festivals

Result indicator(s) (PMP):

- Indicator 4: Condom use at last sexual rapport with a paying partner
- Indicator 6: Number of communes that achieve Champion Commune (*Kaominina Mendrika*) status for achievement of health targets

Technical assistance: HCP, Ministry of Education, Ambassador's Girls' Scholarship Program, UNICEF

INCREASING PRIVATE SECTOR INVOLVEMENT IN PROMOTING HEALTH SERVICES AND PRODUCTS (IR 1.2)

Activity 1.2.1. Involve private doctors in FP promotion

Objective: Involve the private sector in achieving the objectives set in the National FP Strategy

As part of its advocacy efforts for an enabling environment for FP, Santénet will support the RH/SMU to involve private doctors in the National FP Strategy and the National FP Communication Strategy by working with the National Medical Association, the Private Physicians Association and other associations such as *Top Réseau*. Santénet will provide financial and technical assistance to the MOHFP and the regional medical associations in organizing information and advocacy days on FP for private doctors. The sessions will aim to reinforce collaboration between the private and the public sectors in FP, which is especially important given that a significant proportion of women in urban areas go to private medical offices for family planning. Specifically, the objectives are to inform private doctors on the new national FP strategy and recent developments in FP products and services, and to obtain their active commitment to promote FP and recruit new FP users.

Completion indicator(s):

- Information and advocacy days on FP targeting private doctors held in Santénet's intervention zones
- Number of private doctors who take part in the national campaign to recruit new FP users

Mean(s) of verification:

- Reports on the information and advocacy days targeting private doctors
- Report on the national campaign to recruit new FP users

Result indicator(s) (PMP):

- Indicator 1: Contraceptive prevalence rate

Technical assistance: --

Activity 1.2.2. Scale-up HIV/AIDS awareness-raising activities in the informal sector

Objective: Strengthen HIV/AIDS awareness-raising activities in the informal sector

Santénet will also scale up HIV/AIDS awareness-raising activities to reach specific target groups (sex workers, truck drivers, low-income families) through informal sector workers.

Santénet will collaborate with PSI and the health centers of Isotry and Tsaralàna to regularly follow up on the hairdressers who were trained in infection and HIV prevention. These hairdressers can be used to reach and raise awareness among specific target groups (sex workers, truck drivers, low-income families) about HIV/AIDS. To facilitate awareness-raising activities among their clients, Santénet will provide IEC tools and will scale up the approach by incorporating those components in beauty schools' training program.

Completion indicator(s):

- Beauty schools are capable of using the training modules on infection and HIV prevention.
- Number of hairdressers trained

Mean(s) of verification:

- Training module on infection and HIV prevention integrated in the beauty schools' curricula.
- Training reports

Result indicator(s) (PMP):

- Indicator 4: Condom use at last sexual rapport with a paying partner

Technical assistance: PSI

INCREASING DEMAND FOR FP AND HEALTH SERVICES AND PRODUCTS IN PRIORITY CONSERVATION AREAS (IR 1.3)

Activity 1.3.1. Reinforce FP awareness-raising activities in the Kaominina Mendrika communes located in or next to the forest corridor

Objective: Promote family planning in order to reduce human pressure on biodiversity

Several communes taking part in Cycle 2 of the KM approach are located next or in the forest corridor. Santénet will reinforce FP awareness-raising activities in those communes. When the national FP campaign is launched, Santénet will specifically put emphasis on those communes. In addition, Santénet will also provide a short training to ERI 's community-based environmental outreach workers and outreach farmers (paysans vulgarisateurs) to give them the health basics, especially on the topic of Family Planning.

Completion indicator(s):

- Health objectives set and agreement signed by the communes

Mean(s) of verification:

- KM contracts

Result indicator(s) (PMP):

- Indicator 8: Number of communes in priority biodiversity conservation areas that achieve Champion Commune (*Kaominina Mendrika*) status for achievement of health targets

Technical assistance: --

INTERMEDIATE RESULT 2 (IR 2)

INCREASING AVAILABILITY OF SELECTED HEALTH SERVICES AND PRODUCTS

SUMMARY

Where IRI's focus is to increase demand for services and select health products, the activities of IR2 strive to increase access to these services and products. Santénet continues to provide technical support to the MOHFP and to its partners to ensure increased availability and access to the health services and products to promote family planning, improve child health, combat malaria, and prevent STIs, including HIV/AIDS. Specifically, the activities of IR2 will improve the logistics systems in the public sector (IR2.1), support the development of a private sector distribution network for socially marketed products (IR2.2), increase access to priority services for remote populations (IR2.3), improve the nutritional value of agricultural products (IR2.4), and improve water management for agriculture and households (IR2.5).

MAJOR ACHIEVEMENTS IN 2005 – 2006

From October 2005 to September 2006, the IR2 team completed several activities and achieved important results that are summarized below. More detailed description of all IR2 achievements will be available in the forthcoming 2005-2006 Annual Report.

In the area of FP and RH, Santénet provided support to the MOHFP in

- applying the Rapid Results Initiative to RH/FP in five regions
- revitalizing the use of long-term contraceptive methods, which included updating the IUD reference manual, trainer's guide, and practicum notebook in accordance with WHO's new guidelines
- introducing community-based injectible contraceptive methods
- conducting quarterly monitoring of contraceptive supply chain
- renewing the MOU between the MOHFP, partners, and the central purchasing department SALAMA for integrated distribution of contraceptive products
- conducting a second survey on FP logistics
- assessing contraceptive needs and determining multi-year contraceptive procurement plan
- writing monthly reports on the contraceptive commodities supply based on the MOHFP's input
- facilitating annual coordination meetings, regular quarterly meetings, and additional meetings to monitor national family planning program performance
- FP partners committee established and functional
- Expanding FP service provision to all primary health care facilities
- supporting FHI in introducing best practices such as a facility-level checklist for pregnancy and for integrated services at all health facilities

- producing three issues of the technical bulletin EZAKA

In the area of child health and nutrition, Santénet's activities and support to the MOHFP consisted of:

- holding regular meetings of the technical committee and the senior Inter Agencies Coordination Committee for strategic and operational decision-making;
- providing training to regional and district-level managers to improve their capacity in middle-level management (MLM), using self-evaluation tools for EPI data quality control, in computerized management of EPI vaccines and cold chain in fifteen (15) Regional Health Directorates with a total of 75 Health Districts. These trainings contributed to the good results noted during the external assessment of the data quality control (DQC): Madagascar was approved by the Global Alliance for Vaccines and Immunizations (GAVI) with a score of 1.02. Meeting the minimum threshold of 0.80 is necessary condition to be eligible for second phase of GAVI funding. Madagascar score surpassed the threshold level, guaranteeing funding for vaccines and EPI management until 2012.
- equipping the 111 DHFPSs with standard EPI management tools (tally sheets, maternal and child health cards, immunization diplomas)
- implementing the 2005 Vaccines Management Assessment (VMA)
- developing a reference manual on EPI logistics and job aids for health workers at the BHC level based on the VMA assessment results
- carrying out the National Polio campaign for 2005, the Vitamin A supplement campaign and the neonatal tetanus elimination campaigns for 2005 and 2006
- developing the national waste management and injection safety policy
- implementing the RED approach in the regions of Antsiranana and Haute-Matsiatra
- carrying out the external review of the EPI 2006
- approval of the master agreement with GAVI. The agreement describes terms of references of bridge funding (2006-2007) and the second phase funding (2007-2012): both fundings are granted to Madagascar.
- defining strategic focuses for child health and initiating activities related to zinc introduction,
- updating the PROFILES data

In 2005-2006, Santénet took part in and supported the activities of the RBM committee as well as the Malaria Control Unit. Santénet supported the workshop to finalize the National Malaria Control Policy and dissemination of the policy document, the commemoration of Africa Malaria Day, the team-building retreat for RBM partners, and the selection of civil society representatives in the GFATM Country Coordination Mechanism (CCM).

Since the beginning of the Santénet project, 1,820 community-based distribution agents (CBDA) have been supplied to provide health products. From September 2005 to August 2006, CBDA in 81 KMs distributed 100,500 insecticide-treated nets (ITNs), 142,000 blisters of malaria treatment Palustop, 36,000 bottles of point-of-use water purification solution, 18,000 OC tablets, and 142,000 condoms.

To support the Government of Madagascar's (GOM) strategy to provide primary health care services, Santénet assisted in implementing the Equity Fund at the Basic Health Center level, finalizing the essential services package for each level of the health system, in developing an Equity Fund policy mechanism for regional and district. These activities resulted in:

- launching the establishment of the medical coverage system
- involving communities in managing health issues
- identifying 95,000 poor people eligible for the fund, of whom 14 percent are already benefiting from the fund

In addition, the project developed a *mutuelle* guide and management tools, and trained trainers at regional and district levels. These activities resulted in the establishment of 90 *mutuelles* in Fianarantsoa province, increasing outpatient consultations during the "lean season" and improving basic health indicators (immunization coverage, contraceptive coverage, and prenatal consultations) in the community-based health centers which use *mutuelles*.

ACTIVITIES PLANNED FOR 2006 – 2007

In the next year, the IR2 team will support the implementation of the FP strategy (**Activity 2.1.1**), support FP services at the community level (**Activity 2.1.2**), support the public sector contraceptive commodities logistics system (**Activity 2.1.3**), provide technical assistance in forecasting contraceptive commodity needs (**Activity 2.1.4**), contribute to the coordination of the FP program (**Activity 2.1.5**), and contribute to improving FP service provision (**Activity 2.1.6**).

In the area of child health, the IR2 team will participate in the EPI technical and senior IACC committees (**Activity 2.1.7**), build health worker management skills for EPI (**Activity 2.1.8**), ensure the effective EPI logistics (**Activity 2.1.9**), strengthen M&E for the EPI program and improve quality of data management through IT (**Activity 2.1.10**), participate in the MCHW specifically surveillance for the Maternal and Neonatal Tetanus (MNT), measles, and polio vaccination campaigns (**Activity 2.1.11**). In the area of malaria, Santénet will provide technical assistance to malaria control program (**Activity 2.1.12**). In the area of STI, Santénet will support public sector logistics to distribute STI kits (**Activity 2.1.13**). With regards to social marketing, we will continue to support the expansion of the private and NGO distribution networks to ensure product availability (**Activity 2.2.1**).

To increase service availability for populations in remote areas, the IR2 team will work to expand the private and NGO distribution channels for social marketing products (**Activity 2.3.1**), support the implementation of the basic medical coverage by supporting the establishment of the Equity Fund at the hospital level (**Activity 2.3.2**), expand and follow up health mutual insurance schemes (*mutuelles de santé*) (**Activity 2.3.3**).

To improve the nutritional value of agricultural commodities, Santénet will focus on establishing demonstration gardens and promoting orange-fleshed sweet potato cultivation (**Activity 2.4.1**).

Finally, Santénet will continue to work with other programs to improve water management for agricultural and home use (**Activity 2.5.1**).

TECHNICAL ACTIVITIES FOR 2006 – 2007

IMPROVING THE LOGISTICS SYSTEM FOR THE PUBLIC SECTOR (IR 2.1)

Activity 2.1.1. Support the implementation of the FP strategy

Objective: Contribute to achieving the objectives set in the new FP strategy

The new national FP strategy was published by the MOHFP in December 2004. The policy takes into account national realities and strives to involve all FP stakeholders. The strategy focuses on three main areas: (1) increasing demand for FP, (2) ensuring better access to and quality of FP products and services, (3) establishing an enabling environment. To improve access to health services and the availability of products, our activities to support the MOHFP will reinforce the overall system, strengthening and expanding the range of available FP methods. While the new strategy has been implemented for more than a year and half, it seems that the roles and responsibilities of FP program managers are not yet well understood. Santénet will therefore support the MOHFP in organizing provincial workshops on FP program management. The workshops will also serve to assess the regional FP programs implementing the Rapid Result Initiative.

Among the range of FP methods, LTPMs use remains comparatively low. A pilot study in 80 FP sites explored the viability of introducing Implanon in the national FP program. Santénet will support the MOHFP to carry evaluation of the introduction of Implanon in pilot sites. In addition, the project will continue to provide technical assistance in renewing interest in the use of IUDs.

Sub-activities include:

- Support the organization of provincial workshops to exchange experiences and lessons learned on the management of the FP program and the application of the Rapid Results Initiative to FP/SM
- Support the MOHFP in carrying out a workshop to assess at mid-term the implementation of the national FP strategy
- Provide technical support to the assessment of Implanon's acceptability to service providers and users

Completion indicator(s):

- Number of provincial workshops held
- Assessment of the national FP strategy implementation completed
- Implanon's acceptability assessment completed

Mean(s) of verification:

- Training reports from regional workshops
- Report on the assessment of the national FP strategy implementation
- Report on the assessment of Implanon's acceptability

Result indicator(s) (performance monitoring plan - PMP):

- Indicator 1: Contraceptive prevalence rate
- Indicator 9: Reduction in the number of stockouts of injectable contraceptives at the CBHC level

Technical assistance and/or resources: MOHFP

Activity 2.1.2. Support the establishment of community-based FP services

Objective: Develop proximity service to expand access to FP services

The community-based FP service (CBS) component in the public sector did not develop as well as expected. In 2004, the MOHFP opened 900 sites with CBS workers (CBSW) to provide contraceptive methods to women who live far from health centers. Upon the request of national FP program, and to increase the national contraceptive prevalence, the project will participate in reinforcing community based activities by revitalizing the CBSWs' activities.

Santénet will support the MOHFP in carrying out a SWOT analysis to revise CBS guidelines. In addition, it should be noted that the FP program is currently piloting community-based injectible contraceptive methods (Depo-Provera) in the Anosy region. Santénet will continue to support the expansion and implementation of this activity.

Sub-activities include:

- Study Community-based FP activities
 - o Census of CBSWs
 - o Developing a tool to assess CBSWs
 - o Conducting a study of the CBSWs
- Support SantéNet will participate in steering and technical committees in charge of the community-based distribution of Depo-Provera

Completion indicator(s):

- Study on the performance of the community-based FP activities completed
- Study on the Depo-Provera community-based distribution completed

Mean(s) of verification:

- Study report on the performance of the community-based FP activities
- Study report on the Depo-Provera community-based distribution sites and workers

Result indicator(s) (PMP):

- Indicator 1: Contraceptive prevalence rate

Activity 2.1.3. Support the contraceptive logistics system in the public sector

Objective: Ensure availability of contraceptive commodities in FP service delivery sites

Contraceptive commodities were effectively integrated in the essential drug supply chain in 2004. While the MOHFP is monitoring the supply of contraceptive commodities, the public sector's logistics remain fragile and require continual monitoring to maintain the improved performance observed in the last 18 months.

This year, Santénet will provide advocacy tools and documents to national family programs in order to help MOHFP renew the expired agreement between the Ministry, partners and the Central Purchasing Department SALAMA in order to maintain the integrated distribution system.

Quarterly district-level contraceptive procurement monitoring through purchase orders will continue. A fifth criterion level of available monthly contraceptive stocks was added to refine program reactivity. Indeed, Santénet and the national FP program work on the principle of zero tolerance to stockouts.

Santénet's support will also be directed at the central level. The project will support the MOHFP in developing a job aid (visual tool reminding users of procedures and/or essential steps) for FP service providers to facilitate continuous reminder of procedures and essential steps of a particular action or service that service providers will need to carry out. Job aids help keep provider performance high.

In addition, Santénet will assist the MOHFP in the technical preparation and the implementation of the third FP logistics survey.

Sub-activities include:

- Support the MOHFP in renewing the agreement with SALAMA
- Conduct quarterly monitoring visits to districts that show lowest 10 performance in contraceptive commodities management
- Conduct the third FP logistics survey
- Disseminate the job aid on contraceptive commodities management at the peripheral level.

Completion indicator(s):

- Agreement signed
- Quarterly monitoring completed
- Third FP logistics survey completed
- Job aid on contraceptive commodities management disseminated

Mean(s) of verification:

- Signed agreement
- Quarterly monitoring reports
- Report on the third FP logistics survey
- Job aid copies
- Report on the dissemination of the job aid

Result indicator(s) (PMP):

- Indicator 1: Contraceptive prevalence rate
- Indicator 9: Reduction in the number of stockouts of injectable contraceptives at the CBHC level.

Technical assistance: --

Activity 2.1.4. Reinforce the contraceptive supply system by planning procurements

Objective: Have adequate stocks at all levels of the supply chain to meet the country's needs

With Santénet's technical assistance, the MOHFP has published new standards and guidelines on the maximum stock levels for districts and FP sites. Santénet will continue to support biannual meetings of the MOHFP logistics committee to accurately forecast national contraceptive needs for and ensure adequate supplies through procurement planning. Santénet will continue to provide technical assistance to produce monthly reports on the contraceptive supply chain. The Government of Madagascar has started financing contraceptives procurement to meet the national FP program since 2006. SALAMA will ensure procurements on the international market, Santénet will collaborate with the MOHFP to assist SALAMA build capacity for contraceptive procurement.

Sub-activities include:

- Monitor the adjustment of stock levels at all levels
- Participate in forecasting workshop
- Contribute to supply chain monthly reports

Completion indicator(s):

- Quarterly contraceptive supply monitoring visits completed
- Adjustment of contraceptive commodities stock levels completed
- Workshop held
- Monthly report disseminated to partners

Mean(s) of verification:

- Contraceptive commodities stock levels conforming to standards
- Quarterly contraceptive supply monitoring reports
- Workshop report
- Availability of monthly report

Result indicator(s) (PMP):

- Indicator 1: Contraceptive prevalence rate
- Indicator 9: Reduction in the number of stockouts of injectable contraceptives at the CBHC level

Technical assistance: --

Activity 2.1.5. Contribute to the coordination of the FP program

Objective: Ensure efficient coordination of the FP program

Since 2003, the MOHFP has organized an annual technical coordination meeting with the support of its partners. The meetings allow for information exchange and open dialogue between the various actors. The resulting action plans and recommendations from meetings will be an important reference document for the MOHFP and Santénet. Santénet will assist technically and financially to organize this meetings.

In addition, FP partners' committee established in 2005 continues to meet quarterly. Santénet provide technical assistance to help MOHFP harmonize partners' interventions and the FP program objectives, strategy and activities (according to the principles of Paris Declaration).

Sub-activities include:

- Coordination meeting
- FP committee's meetings

Completion indicator(s):

- Number of national coordination meetings held
- Recommendation document/action plan finalized and disseminated
- Number of quarterly meetings of the FP partners' committee held

Mean(s) of verification:

- Report on the coordination meeting
- Minutes of the FP partners' committee

Result indicator(s) (PMP):

- Indicator I: Contraceptive prevalence rate

Technical assistance: --

Activity 2.1.6. Contribute to improving FP service provision

Objectives: (i) Integrate best practices in the pilot FP sites, (ii) establish an efficient information system to improve services

In 2006, the MOHFP continued to expand FP services to all public health facilities. While expanded access is important, quality assurance in service provision is also critical. Recommendations from a recent evaluation of FP service provision included the use of checklists for prenatal consultation and integration of services at health centers.

In line with the recommendation, Santénet will support the MOHFP and FHI to initiate best practices in all FP sites, including assistance for a feasibility study, training workshops and monitoring and evaluation of the introduction phase. The MOHFP and Santénet will carry out a study on the effective use and acceptability of EZAKA bulletins by FP program managers and service providers.

Technical information will be disseminated through the quarterly bulletin EZAKA, which has been edited by the MOHFP with Santénet's support since 2005. The project will continue to provide technical and financial assistance the next four issues of EZAKA. The topics will be selected by the FP partners' committee.

Sub-activities include:

- Provide technical assistance through participation in the design and monitoring of the implementation of the study on the integration of good practices (pregnancy and integrated service checklist)
- Publish four issues of EZAKA
- Carry out a study on the efficiency and acceptability of feedback on the bulletin EZAKA

Completion indicator(s):

- Study on best practices integration completed
- Four issues of the bulletin EZAKA published
- Study on the effective use and acceptability of EZAKA bulletin completed

Mean(s) of verification:

- Report on the study on good practices integration
- Copies of the bulletin EZAKA
- Document of the results of the study on the efficiency of feedback

Result indicator(s) (PMP):

- Indicator 1: Contraceptive prevalence rate
- Indicator 20 : CBHCs in in Santénét's Champion Communes (*Kaominina Mendrika*) produce quality monthly activity reports
- Indicator 21 : Use of routine data at the CBHC level in Santénét's Champion Communes (*Kaominina Mendrika*)

Technical assistance: --

Activity 2.1.7. Continue active participation in the EPI technical and senior IACC

Objective: Participate in EPI system development

The EPI technical committee and senior IACC brings together key players in immunization. Through its participation in the strategic and technical meetings of the committee, Santénét will provide technical expertise in EPI management. The project will also provide technical support the technical IACC in updating the National EPI Policy.

Completion indicator(s):

- Regular meetings of the IACC held
- National EPI Policy updated

Mean(s) of verification:

- IACC meetings' minutes
- National EPI Policy

Result indicator(s) (PMP):

- Indicator 2 : DPT3 coverage
- Indicator 10 : Functional cold chain at CBHC level
- Indicator 14 : DTCHepB3 coverage rate in remote populations in Santénét's Champion Communes (*Kaominina Mendrika*)

Technical assistance: --

Activity 2.1.8. Capacity building in EPI management

Objective: Improve the quality of peripheral EPI interventions

Santénét will support capacity building training on decentralized EPI management (i.e., WHO's Mid Level Management curriculum) for regional and district managers and other key players in Atsimo-Atsinanana and Vatovavy-Fitovinany regions, where KM and *mutuelles* are also being implemented.

Completion indicator(s):

- Middle-level management training completed
- Introduction of the RED approach done

Mean(s) of verification:

- Training report
- Report on the RED approach

Result indicator(s) (PMP):

- Indicator 2: DPT3 coverage
- Indicator 10: Functional cold chain at CBHC level

Technical assistance: --

Activity 2.1.9. Ensure the functioning of the EPI program logistics system

Objective: Strengthen the National Immunization Program's logistics and cold chain management

The IACC has developed a reference manual for EPI logistics in Madagascar and job aids for health workers at the primary health care (PHC level, under the leadership of the MOHFP and with support from Santénet.

Santénet will emphasize continual monitoring and evaluation to objectively assess how progress in implementing the recommendations from the two preceding vaccine management assessments (VMA). The evaluation requires that data be collected from staff at all levels, including the PHC level, on the existence and the functioning of their cold chain. Santénet will provide technical and partial financial assistance in carrying out the 2007 VMA.

Lack of spare parts is one major obstacle to a functional cold chain. To address this issue, Santénet will provide technical support to the MOHFP in integrating spare parts in SALAMA's distribution network.

Completion indicator(s):

- VMA conducted and results disseminated
- Job aid disseminated
- Refrigerators spare parts integrated in SALAMA's distribution channel

Mean(s) of verification:

- VMA report
- Job aid dissemination report
- List of SALAMA's commodities including spare parts

Result indicator(s) (PMP):

- Indicator 2: DPT3 coverage
- Indicator 10 : Functional cold chain at CBHC level
- Indicator 14 : DTCHepB3 coverage rate in remote populations in Santénet's Champion Communes (Kaominina Mendrika)

Technical assistance: National STTA

Activity 2.1.10. Continue the strengthening of the monitoring system and the quality of EPI data through the use of computerized tools

Objective: Collaborate to strengthen Management Information System MIS for improved decision-making and epidemiological surveillance.

Santénet will continue to support the training of managers on the use of computerized tools to enhance performance and capacity to analyze progress on indicators and use data for decision-making. The final goal is to create a culture of information for local action in the areas of service provision and logistics (cold chain, vaccines and waste management, immunization coverage).

The MOHFP plans to improve data quality, timeliness, accuracy, efficiency of data collection and effective use at the local level. Santénet will provide technical and financial assistance to build capacity among EPI managers for data quality self-evaluation through quality system monitoring and improved data accuracy.

Completion indicator(s):

- Health Districts capable of using the program management computer application
- Coverage of the DHFPS planned in the MOHFP Immunization Unit's annual work plan, use of the computer-driven tool
- Complete, accurate, and timely reports

Mean(s) of verification:

- Program management computer application used in the DHFPS
- Monthly data monitoring reports from the DHFPS

Result indicator(s):

- Indicator 2: DPTH3 coverage

Technical assistance: –

Activity 2.1.1.1. Participate in national campaigns: Maternal and Child Health Weeks (MCHWs), epidemiological surveillance for Maternal and Neonatal Tetanus elimination, measles and polio campaigns

Objective: Strengthen integrated epidemiological surveillance of EPI target diseases

The prevalence of Acute Respiratory Infections (ARI) is very high among children under-five in Madagascar, with *hemophilus influenza(Hib)* one of the major causes. Santénet will be participate the the feasibility assessment for Hib immunization.

Completion indicator(s):

- MCHWs held
- Hib feasibility study completed

Mean(s) of verification:

- Report on the MCHWs
- Report on the study of Hib immunization feasibility

Result indicator(s) (PMP):

- Indicator 1: Contraceptive prevalence rate
- Indicator 2: DTCHepB3 coverage
- Indicator 3: Vitamin A supplementation rate
- Indicator 5: Exclusive breastfeeding rate for infants under 6 months
- Indicator 14 : DTCHepB3 coverage rate in remote populations in Santénet's Champion Communes (Kaominina Mendrika)

Technical assistance: –

Activity 2.1.1.2. Take part in strengthening malaria control

Objective: Improve policy environment that promotes effective partnership among stakeholders.

The RBM committee was set up and works in close collaboration with the Global Fund Country Coordinating Mechanims (CCM) in malaria control. The need to have a national malaria control policy was felt by national actors and international donors In 2005-2006, Santénet participated in and supported the activities of the RBM committee and the MOH Malaria Control Unit. Santénet supported a workshop to finalize the National Malaria Control Policy and dissemination of the final policy document, the commemoration of Africa and National Malaria Days, the team-building retreat for RBM partners, and the selection of civil society representatives in the CCM. These activities operationalized the RBM partnership, brought the CCM for Madagascar into compliance with Global Fund's standards, and disseminated the National Malaria Control Policy.

To pursue the malaria control efforts, Santénet's support will continue to be directed at:

- Disseminating the National Malaria Control Policy
- Participating in the RBM committee
- Implementing a monitoring and evaluation system
- Implementing the National Malaria Control Policy
- Integrating the team into national and/or international events

Completion indicator(s):

- National policy disseminated
- Participation in the RBM committee
- Monitoring and evaluation system established
- Participation in national and/or international events

Mean(s) of verification:

- Report on the dissemination of the National Malaria Control Policy
- Minutes of the RBM committee's meetings
- Report on the establishment of the monitoring and evaluation system
- Report on the participation in national and/or international events

Result indicator(s) (PMP):

- Indicator 16: Policies, standards and protocols (PNP) in Santénet technical areas are updated

Technical assistance: –

Activity 2.1.13. Support the STI kits logistics system in the public sector

Objective: Ensure availability of STI kits (Génicure and Cura 7) in district and commune level health facilities

Although STI treatment kits are subsidized by the World Bank and included in the list of essential drugs, they are not yet universally available in commune and district-level health facilities. Santénet will work with the STI control program to improve the STI kit distribution system to promote safer behaviors among high-risk groups. The project will also work to improve DHFPSs supply chain management.

Completion indicator(s):

- STI kit distribution system operational

Mean(s) of verification:

- STI kits available in the DHFPSs

Result indicator(s) (PMP):

- Indicator 15: Availability of social marketing STI treatment kits at CBHC level

Technical assistance: –

EXPANDING THE WHOLESALE AND RETAIL NETWORK FOR SOCIALLY MARKETED PRODUCTS (IR 2.2)

Activity 2.2.1. Expand the private and NGO distribution channels to ensure availability of social marketing products

Objective: Expand the CBDA network for social marketing products

Since the beginning of the Santénet project, 1,820 community-based distribution agents (CBDA) have been supplied to provide health products. From September 2005 to August 2006 June 2006, CBDA in 81 KMs distributed 100,500 insecticide-treated nets (ITNs), 142,000 blisters of malaria treatment Palustop, 36,000 bottles of point-of-use water purification solution, 18,000 OC tablets, and 142,000 condoms.

This year, Santénet will work in close collaboration with PSI and partner NGOs to train approximately 4,400 CBSW in 221 new KMs to further expand the distribution network of social marketing products and facilitate home management of certain diseases. The project will organize training of trainers and will bear the costs related to the training of trainers.

Completion indicator(s):

- Training of trainers completed
- Training of CBSW completed
- Number of CBDA trained
- Number of CBDA equipped with a starter kit

Mean(s) of verification:

- Report on the training of trainers

- CBDA training reports
- Starter kits distributed
- PSI monthly sales reports

Result indicator(s) (PMP):

- Indicator 11: Santénet Champion Communes (*Kaominina Mendrika*) have an established distribution system for social marketing products
- Indicator 12: Number of social marketing products sold in Santénet's Champion Communes (*Kaominina Mendrika*)

Technical assistance: PSI

INCREASING ACCESS TO PRIORITY HEALTH SERVICES FOR REMOTE POPULATIONS (IR 2.3)

Activity 2.3.1. Expand the private and NGO distribution channels to ensure availability of social marketing products to remote populations

Objective: Expand the CBSW network and make available social marketing products to population living in remote areas

To reach remote areas, community-based management of diseases is one of the most appropriate approaches in developing countries. Therefore, Santénet considers collaboration with PSI and partner NGOs involved in the KM approach to train CBSW the most appropriate approach to expand the distribution network of social marketing products, to facilitate home management of certain diseases, and to make available health products to remote populations.

Completion indicator(s):

- Number of outlets in remote KMs

Mean(s) of verification:

- CBSW in remote KMs

Result indicator(s) (PMP):

- Indicator 11: Santénet Champion Communes (*Kaominina Mendrika*) have an established distribution system for social marketing products
- Indicator 12: Number of social marketing products sold in Santénet's Champion Communes (*Kaominina Mendrika*).

Technical assistance: PSI

Activity 2.3.2. Support the implementation of the health care services access strategy: the Equity Funds in hospitals

Objective: Improve access to health services for the poorest of the poor

In 2004, FANOME was established as a cost recovery mechanism to increase household contribution to the health system. The poor and the seasonally vulnerable (most of the rural population during the lean period) were marginalized under the system, creating significant economic barriers to accessing healthcare. To address this issue, Santénet assisted the MOHFP in creating an Equity Fund for the BHC level, defining the essential services package for each level of the health system, and developing the Equity Fund for regional and district hospitals. The process helps policy makers to make informed decisions and develop a viable plan to implement this system at the hospital level.

With regards to the Equity Fund at hospitals, Santénet will support the Directorate of Regional and Referral Hospitals in implementing the system: this will consist in carrying out advocacy and implementing the model in three sites in three regions.

Completion indicator(s):

- Advocacy for the Equity Fund at hospitals completed
- The Equity Fund model implemented at hospitals in three regions

Mean(s) of verification:

- Advocacy material and report
- Number of hospitals implementing the Equity Fund
- Number of outpatient and inpatient cares provided through the equity fund system.

Result indicator(s) (PMP):

- Indicator 1: Contraceptive prevalence rate

Technical assistance: --

Activity 2.3.3. Support the implementation of the basic medical coverage strategy: expand and monitor mutual health insurance schemes

Objective: Improve the population's access to health services

Because part of the population goes through seasonal poverty, managers at the Regional Directorate of Health in the Haute-Matsiatra Region requested Santénet's help to revitalize mutual health insurance schemes. Several activities were carried out as part of efforts to improve access to care, including:

- participatory situation analysis
- preparation and pretest of guides for the establishment of mutual insurance schemes
- participation in the development of: (1) the monitoring and evaluation plan, (2) calculation method of the actuarial, (3) finalization of the packages' costs, and (4) sampling frame;
- successful test of the mutual insurance schemes in five communes of the Fianarantsoa DHFSPs;
- scaling up of the mutual insurance schemes in the Haute-Matsiatra and Vatovavy-Fitovinany regions
- establishing pilot schemes in three regions
- training of regional and districts trainers to promote, implement and supervise mutual health insurance schemes.

The activities obtained the following results:

- Establishment of a medical coverage system
- Effective communities involvement to manage health issues,
- Scale up of the 90 mutual health insurance schemes in the Fianarantsoa province
- Increased outpatient consultations during the lean season;
- Improved health indicators (immunization coverage, contraceptive coverage, and prenatal consultations) in the Primary Health Care Centers supported by a mutual insurance scheme.

As the MOHFP's main partner on this activity, Santénet will continue its support by:

- Disseminating the guide for establishing the insurance schemes
- Setting up pilot schemes in five other provinces in collaboration with the MOHFP, and training of trainers for 17 regional health directorates
- Expanding the system to the other regions in Fianarantsoa province
- Supporting the monitoring and supervision of the schemes' activities
- Developing a monitoring tool
- Supporting the schemes in the Haute-Matsiatra region in setting up a reinsurance system at the regional level and in including hospital care in the schemes' service package
- Conducting an assessment at the beneficiaries and health facilities level, as well as a mid-term workshop

Completion indicator(s):

- Number of mutual health insurance schemes set up
- Guide for establishing insurance schemes disseminated
- Evaluation results
- Reinsurance structure set up

Mean(s) of verification:

- Reports from functioning mutual health insurance schemes

- Report on the dissemination of the guides
- Evaluation report
- Federative structure for the schemes

Result indicator(s) (PMP):

- Indicator 1: Contraceptive prevalence rate
- Indicator 2: DTCHepB3 coverage
- Indicator 3: Vitamin A supplementation rate
- Indicator 13: Proportion of curative consultations provided by CHBC in Santénet Champion Communes (Kaominina Mendrika)

Technical assistance: –

INCREASING THE NUTRITIONAL VALUE OF AGRICULTURAL PRODUCTS (IR 2.4)

Activity 2.4.1. Create demonstration plots to promote cultivation of the orange-fleshed sweet potato

Objective: Disseminate best practices among the general population to improve vitamin A intake.

Vitamin A supplementation campaigns have been carried out each year as part of the efforts to improve the population's health. The campaigns can be complemented by promoting and increasing the variety of crops that are rich in Vitamin A, and thus ensuring a balanced diet. One such crop is the orange-fleshed sweet potato. In collaboration with partners experts in agricultural production and trials, Santénet will provide support to set up orange-fleshed sweet potato demonstration plots in about twenty KM communes. The project will work with the KM partner NGOs and will receive technical support from FIFAMANOR (Antsirabe) and AGTECH (Moramanga). Technical support will be needed to train technicians, to ensure technical guidance and supervision, to set up the demonstration plots, and to produce the plants that will serve to scale up the orange-fleshed sweet potato farming.

Completion indicator(s):

- Number of KMs having developed and introduced the orange-fleshed sweet potato in their communities using funding from Santénet

Mean(s) of verification:

-

Result indicator(s) (PMP):

- Indicator 3 : Vitamin A supplementation

Technical assistance: FIFAMANOR, AGTECH

IMPROVING WATER MANAGEMENT FOR AGRICULTURE AND HOUSEHOLDS (IR 2.5)

Activity 2.5.1. Improve the environmental hygiene and sanitation component (including promotion of the Sur'Eau) through an integrated plan of action

Objective: Improve water quality in the intervention areas

Santénet will work together with the HIP project to develop integrated plans of action and share tasks by prioritizing preservation areas. Santénet will support initiatives to improve the environmental hygiene and sanitation component in all communes of its intervention areas.

Completion indicator(s):

- Plan of action established and coverage assessment report

Mean(s) of verification:

- Number of KMs with a distribution chain for social marketing products

- Number of community health workers delivering HIP messages in the KM.

Result indicator(s) (PMP):

- Indicator 12: Number of social marketing products sold in Santénet's Champion Communes (*Kaominina Mendrika*)

Technical assistance: HIP/WASH

INTERMEDIATE RESULT 3 (IR3)

IMPROVING THE QUALITY OF SELECTED HEALTH SERVICES

SUMMARY

While IR1 and IR2 are intended to increase the demand for and availability of priority health products and services, IR3 is working to *improve the quality* of health services. Better services will encourage family planning, improve child health, control malaria, and prevent sexually transmitted infections (STI) and HIV/AIDS. In order to improve the quality of such services, IR3 activities are designed to strengthen and improve Policies, Standards and Protocols (PSPs) for health services in the public and private sectors (IR3.1), improve service providers' ability to provide high-quality health services (IR3.2), and introduce operational models for quality assurance (IR3.3).

MAJOR ACHIEVEMENTS IN 2005 – 2006

From October 2005 to September 2006, the IR3 team has completed several activities and achieved important results. The major activities and achievements are described hereafter, with more detailed description provided in the forthcoming 2005-2006 Annual Report.

Santénet's specific objectives for fiscal year 2005-2006 were to:

- Contribute to revising standards and procedures for reproductive health (RH)
- Develop the performance standards for child health
- Strengthen/Support in-service and pre-service training to develop service providers and faculty's clinical skills
- Scale up the Performance and Quality Improvement (PQI) in rural health facilities and facilitate the approach's institutionalization in Madagascar.
- Provide support in monitoring and evaluating the Standard Days Method (SDM) pilot in Madagascar.

During the past year, Santénet worked with several MOHFP departments and programs and other groups in planning and implementing their activities, including the Family Health Department, the Health District Development Department, the National STI Control Program, district managers, and *Kaominina Mendrika* partner NGOs. The project contributed to revising reproductive health (RH) standards and procedures documents, desired performance standards for child health, supervisory protocols and algorithms for Integrated Management of Childhood Illnesses (IMCI), and the integrated FP training module, all of which are being approved or have been finalized. Santénet will continue providing financial support for material preparation, production and dissemination.

In the area of human capacity development (service providers, national and regional trainers, medical school faculty, and paramedical school instructors), Santénet trained a pool of 49 clinical trainers and 28 advanced clinical trainers, and honed the teaching techniques of 23 medical school faculty and 23 paramedical school instructors.

Santénet provided additional on-site monitoring for the 23 health agents, now coaches, trained in 2005. They undertook innovative activities in infection prevention (IP) including on-the-job training on IP for 441 providers and training 70 hairdressers in IP in low-income neighborhoods. Santénet provided financial support for the training, adopting the hairdressers' project as its entry point into the informal sector. As a result of these health agents' activities, there has been an increase in adherence to service standards in the practicum sites: the level of performance in IP, FP, and STI increased from 25 to 61 percent on average.

Furthermore, the certification of clinical trainers continued in 2006: 51 clinical trainers qualified in FP, STI and IP and eight trainees qualified as master trainers. Santénet additionally equipped all 10 practicum sites with teaching materials (books and anatomic models) to facilitate teaching in medical schools.

In the area of quality assurance, notable improvements were achieved at the 10 practicum sites in FP, STI, IP, and focused prenatal care/intermittent presumptive treatment (FPC/IPT) services; performance standards reached a level of 79 percent for FP, 61 percent for STI, and 72 percent for IP. After presenting these impressive results to the MOHFP, the Minister appointed a quality coordinator to establish a Quality Assurance System (QAS) in Madagascar, building on Santénet's experience with the PQI approach. The newly appointed coordinator wishes to collaborate with the project and is willing to integrate the PQI approach and tools in the QAS as means to assess quality. For this reason, PQI will from now on be referred to as QAS, but will still be referred as PQI for past activities. The project organized a study tour in Malawi, allowing the coordinator to observe this country's high-performance IP program, demonstrating the MOHFP's interest and commitment to quality improvement and paving the way for sustainability.

Scale-up of PQI reached 46 community-based health centers (CBHC), and 43 performance improvement action plans were developed. Twelve assessment teams were trained, including community leaders.

The pilot SDM was completed in 2005. The 27 pilot sites (instead of the 25 originally planned) recruited 517 users. The SDM assessment demonstrated good outcomes, and resulted in the MOHFP approved its national scale up and its integration into the mix of modern natural FP methods.

DIFFICULTIES ENCOUNTERED IN 2005 – 2006

The revision of the National Reproductive Health Policy should have preceded the revision of RH standards and procedures. However, delay in policy revision prompted the MOHFP to update the standards and procedures in absence of an overarching policy.

During the revision of the RH standards and procedures, several innovations to be included in the revised documents raised controversy among participants, including emergency contraception, the introduction of community-based injectables, and provision of post-abortion care by paramedics. The Reproductive Health and Safe Motherhood Unit (RH/SMU)'s technical review of the revised RH standards document was delayed due to workload and restructuring within the unit.

In the same way, the technical review and the validation of the revised integrated FP training modules were delayed. However, Santénet had the opportunity to test the module during the refresher trainings for CBHCs service providers in the KM communes.

Santénet also noted that the action plans developed by faculty and instructors trained in effective teaching techniques were not applied. It was difficult for the trained participants to replicate the training on-the-job, as they did not receive formal authorization from their supervisors. Santénet will follow up this new commitment made by the Faculty Mother and Child Department to implement its action plan and will meet the Medical School Dean again to encourage him to pursue the collaboration initiated with the other departments within the school.

ACTIVITIES PLANNED FOR 2006 – 2007

With the IR3 team, Santénet will continue to work to achieve the intermediate results aiming at improving service quality in accordance with evidence-based standards and guidelines. In project Year 3, the project will reinforce achievements of the first two years through regular monitoring of progress and will pursue its effort to improve quality at the national, district, and community levels.

The project will support the MOHFP to finalize the updated RH policy (**Activities 3.1.1 and 3.1.2**) and disseminate the RH standards and procedures (**Activity 3.1.3**) at national and regional levels, with participation of other key stakeholders.

To support in-service training (**Activities 3.2.1, 3.2.2, 3.2.3, and 3.2.4**), Santénet will utilize the trainers trained in 2006 to update the CBHC providers in the KM communes in nine districts selected in 2006-2007. In turn, the providers will be able to provide high-quality services in accordance with service standards. Furthermore, Santénet will certify 20 master trainers. The trainers will update the in-service training STI/HIV training module (**Activity 3.2.3**) and the IMCI facilitators' guide (**Activity 3.2.6**). In addition, many clinical trainers (57 trained in 2006) will be certified by training KM CBHCs providers. The project will support design of promotional materials (such as a leaflet with a list and photos of people trained by Santénet) to promote the clinical training services, disseminating their names to institutions working in the health sector in Madagascar. Santénet will also explore ways to incorporate the trainers in the pool of trainers at the Family Health Directorate, the Malaria Control Unit, the STI/AIDS program and the Training Unit at the MOHFP.

For pre-service training, Santénet will monitor the use of teaching materials and the implementation of the action plans developed in 2006 (**Activity 3.2.5**). In 2006-07, the IR3 team will establish linkages between practicum sites and faculty at the medical and paramedical schools. The newly approved IMCI protocol will be used in training and supervising students.

With the establishment of the Quality Coordination Unit by the MOHFP at the Production Unit for Serum (PUS)). Santénet will work with the unit to approve and validate IP, FP, STI, and FPC/IPT standards developed by Santénet to scale up QAS across Madagascar. Santénet will conduct joint monitoring visits in the QAS sites set up in 2005 and 2006 (**Activity 3.3.1**). With the support of the QAS unit, the project will facilitate the first certification of health facilities in IP (**Activity 3.3.2**).

The QAS system will be scaled up in nine *Distrika Mendrika* (DM), or Champion Districts (**Activity 3.3.3**). Each district will have an evaluation team trained to facilitate the baseline performance assessment, gap analysis, and development of action plans to address problems. In the new districts, the technical QAS modules will be applied in phases to facilitate the application of standards by providers. With the districts' support, Santénet will first introduce IP, then assess progress made every three months before moving on to another technical module. The project will provide support in procuring IP kits, including chlorine-generating machines for the district-level hospitals (**Activity 3.3.4**).

Following the successful introduction of SDM in Madagascar, the MOHFP has approved its scaling up at the national level, including SDM in the RH standards and procedures and in the FP training module. Santénet will continue to support the MOHFP to expand the method to nine selected districts (**3.3.5**). An advocacy workshop will be organized for partners (UNFPA, German cooperation, French cooperation, World Bank, and faith-based NGOs) to encourage procurement of cycle beads and support scale up. Monitoring visits will continue in existing SDM sites as well as in new sites (**Activity 3.3.6**).

The section that follows presents in detail the above technical activities and a Gantt chart in the Annexes provides a calendar of the activities.

TECHNICAL ACTIVITIES FOR 2006 – 2007

IMPROVING HEALTH POLICIES, STANDARDS AND PROTOCOLS FOR PUBLIC AND PRIVATE SECTOR HEALTH SERVICES (IR 3.1)

Activity 3.1.1. Support the updating of the National Reproductive Health Policy

Objective: Update the National RH Policy

The MOHFP proposes to organize a workshop to incorporate changes made in the revised RH standards document, including:

- Information on scientific evidence, on WHO recommendations and eligibility criteria
- Introduction of Depo-Provera and zinc for diarrhea prevention at the community level;
- Introduction of emergency contraception, SDM and Implanon and prevention of post partum hemorrhage (PPH)
- Introduction of post-abortion care (management of abortion complications, FP counseling and services and linkages with other RH services), and provision of care by paramedics
- Adding recommendations under the title "How to Use the Material" in harmony with standardized RH performance standards

Completion indicator(s):

- Policy revised and approved

Mean(s) of verification:

- Workshop report

Result indicator(s) (performance monitoring plan - PMP):

- Indicator I6: Policies, standards and protocols (PNP) in Santénet technical areas are updated

Technical assistance: A national consultant will likely be hired to facilitate the revision process and support the national working group

Activity 3.1.2. Support the workshop to endorse the revised Reproductive Health policy document

Objective: Approve the policy document and discuss the dissemination plan

Santénet will provide technical and financial support for the workshop and for dissemination of the policy documents to the project's intervention districts. In addition, the project will contribute to the organization of dissemination workshops in its intervention districts. The costs of printing the policy documents will be shared with the MOHFP and other partners.

Completion indicator(s):

- Policy certified
- Policy disseminated at national level and in Santénet 9 KM districts

Mean(s) of verification:

- Validation workshop report

Result indicator(s) (PMP):

- Indicator I6: Policies, standards and protocols (PNP) in Santénet technical areas are updated

Technical assistance: The workshop will be facilitated by managers at the Family Health Department

Activity 3.1.3. Support the MOHFP in disseminating Reproductive Health Standards and Procedures

Objective: Disseminate the RH standards and procedures document

Santénet will ensure the availability of the RH standards and procedures document in the CBHCs and the districts, assisting the MOHFP to seek external financial support to organize a national dissemination workshop and for document production costs.

Completion indicator(s):

- RH standards and procedures documents disseminated and available in the intervention regions and districts

Mean(s) of verification:

- Workshop report
- Documents available in regions, districts, and CBHCs

Result indicator(s) (PMP):

- Indicator 16: Policies, standards and protocols (PNP) in Santénet technical areas are updated

Technical assistance: JHPIEGO's assistance will be requested to support the national workshop and to orient regional managers who will have to organize workshops at their levels.

IMPROVING SERVICE PROVIDERS' ABILITY TO DELIVER QUALITY HEALTH SERVICES (IR 3.2)

IN-SERVICE EDUCATION

In 2007, the pool of 49 trained trainers will be used to train providers at the CBHCs level in IP, FP, STI, FPC/IPTIPT and in facilitative supervision techniques.

Activity 3.2.1. Train district supervisors in facilitative supervision techniques

It is essential for facility- and district-level supervisors to apply facilitative supervision techniques to address CBHC problems and in supporting the program's intervention and the new assessment approach focusing on improving the performance and the quality of the health system and services. The integration of facilitative supervision into the districts' supervision system is currently being negotiated.

Some of supervisors involved in 2006 will be utilized in 2007 for QAS monitoring and evaluation visits to the CBHCs in the KM communes. In project Year 3, two additional training sessions will be organized in the nine DMs. The trained supervisors will support the districts to monitor QAS activities and other health services.

Completion indicator(s):

- 40-50 internal and external supervisors trained in facilitative supervision techniques
- Number of training sessions held
- Number of supervisors who are qualified in facilitative supervision training

Mean(s) of verification:

- Training reports

Result indicator(s) (PMP):

- Indicator 19: Percentage of CBHC meeting "Quality CBHC" criteria in the Champion Communes (*Kaominina Mendrika*)

Technical assistance: Trainers trained in 2006 will be made available to support Santénet in the training

Activity 3.2.2. Update the STI/HIV training module

Objective: Update the STI training module to meet the revised RH standards and procedures

In 2006, the RH standards and procedures document was revised based on scientific evidence and WHO's recommendations. The STI training module needs to be updated to incorporate the scientific developments included in the standards. Santénet will support the MOHFP in organizing a workshop to update the STI training module and officially authorize the updated version.

Completion indicator(s):

- Revised document available

Mean(s) of verification:

- Workshop report available

Result indicator(s) (PMP):

- Indicator 17: MOHFP training curricula updated in each of Santénet's technical areas

Technical assistance: Santénet and its STI technical working group will work in close collaboration with the MOHFP's STI program, the National AIDS Committee, and the master trainer candidates. Some of the advanced trainers trained in 2006 will be involved in this activity to allow them to qualify.

Activity 3.2.3. Support the organization of a workshop to validate the revised IMCI training module

Objective: Validate the revised IMCI training module

The Child Health Unit at the MOHFP initiated the revision of the IMCI tin-service training module pursuant to reflect newly drafted performance standards. The document's first draft was finalized in 2006. Santénet will help organize a workshop to discuss and validate the document during the upcoming year. Other partners such as UNICEF and WHO are expected to share costs.

Completion indicator(s):

- Training module approved

Mean(s) of verification:

- Workshop report available

Result indicator(s) (PMP):

- Indicator 17: MOHFP training curricula updated in each of Santénet's technical areas

Technical assistance: Santénet will work in collaboration with managers at the Child Health Unit and partners (WHO and UNICEF) in child health.

Activity 3.2.4. Update CBHCs providers in the KM communes in technical areas identified during the evaluation of their performances

Objective: Improve the clinical skills of CBHCs providers in the KM communes

The providers will receive tailored training based on the needs identified during the baseline performance assessment. All level II CBHCs in the nine districts will be involved. Santénet will support the organization of training sessions in each district in FP, STI, IP, and FPC/IPT.

Completion indicator(s):

- Providers in the Champion CBHCs updated and skilled in FP, STI, FPC/IPT and IP

Mean(s) of verification:

- Training reports

Result indicator(s) (PMP):

- Indicator 19: Percentage of CBHC meeting "Quality CBHC" criteria in the Champion Communes (*Kaominina Mendrika*)

Technical assistance: the trainings will be organized in collaboration with the district-level trainer candidates

INITIAL TRAINING

Activity 3.2.5. Monitor teachers and instructors trained in 2006 in effective teaching techniques

Objectives: Ensure that the action plans developed are implemented

During the project's third year, Santénet will conduct follow up visits among the medical and paramedical school faculty trained in effective teaching techniques in 2006. Lectures and instruction sessions will be observed; interviews with faculty and students will be conducted to collect their impressions and recommendations.

Completion indicator(s):

- Action plans implemented
- Application of the teaching methodology by the trained teachers

Mean(s) of verification:

- Follow up visits reports available
- Action plans submitted

Result indicator(s) (PMP):

- Indicator 18: Performance standards achieved by practicum sites in Santénet intervention zones

Technical assistance: The visits will be jointly organized with the management of the paramedical schools and the heads of departments at the medical school.

Activity 3.2.6. Finalize the appendices of the national protocol for IMCI supervision for the paramedical and the medical schools

Objective: Improve the supervision and the training of students in the area of IMCI

In 2006, a national protocol for IMCI and Essential Nutrition Actions (ENA) supervision was developed to standardize supervision of students at medical and paramedical schools. The appendices need to be developed for the paramedical schools and to be finalized for the medical school, including: the student exercise book and the facilitator' guide for the paramedical school and the facilitator's guide model manual for the medical school

A two-day workshop will be organized to approve the medical school facilitator's guide. A five-day workshop will be organized to develop the facilitator's guide for the paramedical schools. Two meetings with the IMCI steering committee will be held to approve the developed documents in the first quarter of 2007.

Completion indicator(s):

- Documents updated, approved, and printed

Mean(s) of verification:

- Reports of the workshops and meetings

Result indicator(s) (PMP):

- Indicator 17: MOHFP training curricula updated in each of Santénet's technical areas

Technical assistance: Santénet will collaborate closely with the technical managers selected by the teaching institutions and the MOHFP.

IMPLEMENT OPERATIONAL MODELS FOR QUALITY ASSURANCE OF SELECTED HEALTH SERVICES (IR 3.3)

Activity 3.3.1. Organize follow up visits in the 10 practicum sites and in the 42 CBHCs in the KM communes

Objective: Support practicum sites and the CBHCs in the KM communes in improving service quality

The Performance and Quality Improvement approach was introduced in 10 practicum sites in 2005 and in 42 CBHCs in the KM communes in 2006. In January 2006, a first performance assessment was done in the practicum sites. A second external assessment visit with the MOHFP certification committee is planned in November or December. Depending on results, sites will receive certificates for IP, based on the certification system that is currently being developed by the QAS unit for IP (see Activity 3.3.2) and other technical areas. The first sites to certify will be the practicum sites.

In KM commune CBHCs where Performance and Quality Improvement Approach was introduced in 2006, the visits will assess the implementation of the action plans and measure any changes to performance standards. The visits will also be an opportunity to compare the performance levels of the sites that conducted self-evaluation with those of sites that received external evaluation.

Completion indicator(s):

- Level of implementation of action plans
- Progress in achieving satisfactory levels for standards

Mean(s) of verification:

- Follow up visit reports

Result indicator(s) (PMP):

- Indicator 18: Performance standards achieved by practicum sites in Santénét intervention zones

Technical assistance: The supervisory visits will be conducted by the district supervisors, the district development directorate at the MOHFP, and/or the QAS coordination.

Activity 3.3.2. Certify practicum sites in infection prevention

Objective: Reward health facilities with high performances in the area of IP

With the QAS program start up in Madagascar, an IP program will be launched in all the country's hospitals. A certification system is being established and the practicum sites that have high IP performance standards will receive a certificate in a public ceremony.

Completion indicator(s):

- Number of sites receiving an IP certificate

Mean(s) of verification:

- Activity report

Result indicator(s) (PMP):

- Indicator 19: Percentage of CBHC meeting "Quality CBHC" criteria in the Champion Communes (*Kaominina Mendrika*)

Technical assistance: Members of the small certification committee

Activity 3.3.3. Introduce QAS in 9 districts

Objective: Contribute to improving service quality in nine new DMs

Scale up of QAS became effective in 2006. Based on negotiations with the MOHFP QAS unit, the approach will be expanded to nine new districts implementing the KM approach covering 9 districts hospitals.

To achieve this the following activities will be implemented:

- Visits to raise awareness and orient on QAS and to plan activities with the DHFPS's teams
- Training of district evaluation teams. The teams will be comprised of regional and district managers. On average, there should be six people per district
- Gradual introduction of the QAS system in nine districts during the first quarter of 2007, starting with IP, then on the other technical areas, i.e. FP, STI, FPC/IPT and child health
- Implementing QAS/IP action plans with financial support from Santénet, the health districts, and local government
- Visits to monitor and assess progress made.

Completion indicator(s):

- Number of sites having introduced QAS for IP
- Number of sites having introduced QAS for FP
- Number of sites having introduced QAS for STI
- Number of sites having introduced QAS for FPC/IPT
- Number of sites having introduced QAS for Child Health

Mean(s) of verification:

- Activity reports from the district supervisors

Result indicator(s) (PMP):

- Indicator I9: Percentage of CBHC meeting "Quality CBHC" criteria in the Champion Communes (*Kaominina Mendrika*)

Technical assistance: Collaboration with trained teams from the districts, the District Development Department, and the QAS coordination.

Activity 3.3.4. Support the CBHCs that have introduced QAS (previously PQI) in their services

Objective: Provided IP kits to the concerned CBHCs

During the first two years, Santénet provided IP kits to the CBHCs that have introduced PQI approach in their facilities. The material support greatly contributed to improving IP practices in those sites. This year, the project plans to procure ten (10) chlorine generation machines. The machines will be located in the 7 district hospitals (CHD) and in the CHRR hospital of Tamatave and Fianarantsoa and the maternity of Befalatanana that in turn will supply the CBHCs in their catchment area.

To assess the impact of the quality improvement measures, regular technical reviews of QAS will be integrated to the monthly coordination meetings of the district management teams. In addition, formative supervision/evaluation visits will be conducted with the districts every six months to assess progress made in the new sites.

Completion indicator(s):

- Monthly reviews completed
- Monitoring visits done every six months in each CBHCs

Mean(s) of verification:

- Reports on the technical reviews and the supervision visits

Result indicator(s) (PMP):

- Indicator I9: Percentage of CBHC meeting "Quality CBHC" criteria in the Champion Communes (*Kaominina Mendrika*)

Technical assistance: SN will rely on the district team to provide reports and the required information

Activity 3.3.5. Expand the use of SDM in Madagascar

Objective: Diversify the range of FP methods available in Madagascar

In 2005, Santénet collaborated with the MOHFP to introduce the SDM using CycleBeads® in 27 private and public health facilities in Madagascar. The study was conducted over an eight-month period, ending with an external evaluation by the National Institute of Public and Community Health (NIPCH). The results proved to be highly satisfactory: and the MOHFP approved SDM scale up. The method was integrated in the RH standards and procedures and in the FP training curriculum.

Santénet will support the MOHFP in scaling up the method in nine districts and will assist in conducting advocacy campaigns targeting partners (UNFPA, German cooperation, French cooperation, World Bank and faith-based NGOs) to procure CycleBeads.

The following activities will be conducted during this year:

- Half-day advocacy meeting for partners
- Development of IEC materials for health facilities and informational spots to be aired on radio and TV
- Integration of SDM data collection into existing MIS
- Training of additional trainers (3 days): one session with 27 people at the rate of three persons per district
- Training of providers on SDM in nine districts. The training will be integrated to FP updating sessions.
- Procurement of 20,000 Cycle Beads by Georgetown University's Institute for Reproductive Health (GUIRH)

Completion indicator(s):

- SDM integrated in at least 30-50 CBHCs in the KM communes and private health facilities (decision is being negotiated with the MOHFP and will depend on the availability of the Cycle Beads)

Mean(s) of verification:

- Activity reports

Result indicator(s) (PMP):

- Indicator I: Contraceptive prevalence rate

Technical assistance: The project will collaborate with the SM unit and other partners interested in the method. To reinforce support to the interventions, GUIRH has already recruited, in consultation with Santénet, a technical manager to follow up activities and reinforce partnership.

Activity 3.3.6. Supervise SDM sites

Objective: Support sites in providing quality services

Supervision visits will be conducted jointly with the trained trainers and district supervisors at the rate of one visit per three months in all sites providing the method. The objective is to follow up the trained providers, to check the system for collecting data on SDM and to identify all problems encountered in providing services.

Completion indicator(s):

- Number of users
- Drop-out rates

Mean(s) of verification:

- Supervision reports

Result indicator(s) (PMP):

- Indicator I: Contraceptive prevalence rate

Technical assistance: GUIRH will conduct two follow-up and technical support visits during the year.

INTERMEDIATE RESULT 4 (IR4)

IMPROVING THE INSTITUTIONAL CAPACITY TO IMPLEMENT AND EVALUATE HEALTH PROGRAMS

SUMMARY

Overall, IR4 activities will reinforce the health system and support civil society and NGOs in implementing health activities to promote family planning, improve children's health, fight malaria and prevent STIs, including HIV/AIDS. *The building of institutional capacities* comes through the improved collection and use of data for decision making (IR4.1), better access to health information (IR4.2), the ability of NGOs to implement health programs (IR4.3), and the capacity of civil society to be an advocate for public health (IR4.4).

MAJOR ACHIEVEMENTS IN 2005 – 2006

From October 2005 to September 2006, the IR4 team completed several activities and achieved important results which are detailed further in the forthcoming refer the 2005-2006 Annual Report.

In 2005-2006, Santénet completed the Management Information System (MIS) Diagnostic. The activity was followed by a series of workshops to update the MIS management tools and to begin to design a national Health Information System (HIS) Policy. To disseminate the updated version of the MIS, Santénet developed Data for Decision-Making (DDM) training. Nine training sessions were conducted in 29 DHFPSs, 10 RHFPDs, reaching 155 heads of CBHCs and MIS managers at the DHFPSs and the RHFPDs, including the 81 KMs.

A protocol for a series of monitoring and evaluation visit was established to assess the training sessions completed targeting the CBHCs participating in the diagnostic. The MIS/DDC training was assessed in 2006.

In order to fully computerize the MIS, several donors are financing trainings for the MIS managers in GESIS, a computer application which automates the creation of Monthly Activity Reports (MAR). The European Union and the French Cooperation have financed the trainings for several DHFPS. For its part, Santénet provided financial support to the MOHFP to conduct four training sessions on GESIS for the MIS managers in 16 remote RHFPDs

and four remote DHFPSs. The application, which facilitates data entry and utilization for the MAR, was installed on the computers of all trainees (RHFPD and DHFPS) so they can produce and send reports electronically.

The development of a National Health Contracting Policy and its Operations Guide will help the health sector build management capacity and provide a framework for negotiation, implementation, and accountability for health-related contracts. The National Contracting Policy has been approved. The Operations Guide has been also developed and approved. The pool of trainers on contracting is operational and five regions have been trained on the contracting process. Santénet will support the application of the contracting policy in the DHFPSs and the District Wholesale Pharmacies (Pha-G-Dis) in the provinces of Fianarantsoa and the districts involved in the KM initiative.

Religious leaders play an important role in health promotion, especially in the area of FP and STI/HIV/AIDS control. Despite diverse religious points of view, interfaith entities have come together around a common objective in FP promotion and HIV/AIDS prevention and control, creating the Religious Leaders' Platform (PLEROC). With technical support from Santénet, the faith-based organizations obtained USAID' Flexible Fund monies to implement FP and HIV/AIDS activities.

DIFFICULTIES ENCOUNTERED IN 2005 – 2006

A lack of leadership from MOHFP was identified during the process of developing the National HIS Policy: the activity was often postponed and responsibilities were not clearly defined. As a result, the activity is now included in 2007's work plan.

Additionally, there were delays in the rollout of the MIS despite multilateral donor support, due to the lack of human resources in the HSU.

ACTIVITIES PLANNED FOR 2006 – 2007

In the next fiscal year, Santénet will contribute to disseminating management tools, mainly the FP register and the outpatient consultation register in its intervention zones (**Activity 4.1.1.**), developing the national HIS strategy (**Activity 4.1.2.**), funding and supporting the MIS/DDM training of regional trainers and training the CSB in the new KM communes (**Activity 4.1.3.**), and supporting the MOHFP to inculcate a culture of information sharing through regular meetings (**Activity 4.2.1.**).

In order to improve NGOs' capacity to implement health programs, Santénet will help the MOHFP in implementing activities related to the National Contracting Policy (**Activity 4.3.1.**). As explained above, this policy has important implications on the way NGOs should operate and collaborate with MOHFP to implement health programs. Santénet will also continue to support the FP partnership so that the FP partners, including NGOs, can better coordinate their interventions and achieve greater impacts (**Activity 4.3.2.**). Finally, to help partner NGOs implementing the *Kaominina Mendrika* approach, especially with the scale up to 300 KM communes, Santénet will work with them to build their institutional capacities0 (**Activity 4.3.3.**).

To strengthen civil society's capacity to advocate for health, Santénet will direct its support to the network of faith-based organizations in implementing their program under the new FP strategy (**Activity 4.4.1.**) and the faith-based organizations' platform PLEROC in carrying out their STI/AIDS control programs (**Activities 4.4.2. and 4.4.3.**).

The section that follows presents in detail the above technical activities and a Gantt chart in the Annexes provides a calendar of the activities.

TECHNICAL ACTIVITIES FOR 2006 – 2007

IMPROVING COLLECTION AND USE OF DATA FOR DECISION MAKING (IR 4.1)

Activity 4.1.1. Support updated MIS tool dissemination

Objective: Improve the quality of MIS data and its use for program management

For the MIS to function at the CBHC level, formative supervisory visits need to be conducted. Santénet will support the HSU to conduct follow up visits, focusing on those DHFPSs that require immediate assistance.

Santénet will provide support in reproducing and disseminating management tools (FP registers and outpatient consultation (OC) registers) in the CBHCs in its intervention communes.

Completion indicator(s):

- Number of CBHCs/DHFPS/RHFDPs requiring formative follow up
- Number of supervisory visits conducted
- Number of CBHCs that received new FP and OC registers

Mean(s) of verification:

- Training reports
- Follow up reports
- Management tools

Result indicator(s) (performance monitoring plan - PMP):

- Indicator 20: Percentage of CBHC meeting "Quality CBHC" criteria in the Champion Communes (*Kaominina Mendrika*)

Technical assistance: MOHFP

Activity 4.1.2. Take part in the development of the National HIS Strategy

Objective: Contribute to the development of a National HIS Strategy

Madagascar does not yet have an HIS national policy. The HIS is comprised of a large number of unlinked subsystems. The National Health Policy does have a HIS component, but a national HIS strategy would integrate all HIS interventions. In collaboration with WHO and UNICEF, Santénet will support the development of the National HIS Strategy, through a series of workshops, a validation meeting and the dissemination of the final policy document.

Completion indicator(s):

- Meetings to develop the strategy held
- National HIS Strategy drafted, approved and disseminated

Mean(s) of verification:

- Meeting reports
- Management tools updated
- National HIS Strategy

Result indicator(s) (PMP):

- Indicator 20: Percentage of CBHC meeting "Quality CBHC" criteria in the Champion Communes (*Kaominina Mendrika*)
- Indicator 21: Use of routine data for decision-making at the CBHC level in Santénet's Champion Communes (*Kaominina Mendrika*)

Technical assistance: MOHFP, WHO, UNICEF

Activity 4.1.3. Support capacity-building on health data use for communes and CBHCs

Objective: Improve the use of data for decision-making at the local level

The MIS Diagnostic noted the lack of training for the CBHC heads. The last MIS training occurred in 1998. In 2005, Santénet assisted in the design of a training curriculum for the CBHCs on how to manage the health center's activities by combining data entry using the MIS tools with MIS data analysis. The project will continue to support the training of CBHCs in the *Distrika Mendrika*. For other CBHCs, Santénet plans a three-day training of trainers for all regional MIS managers, developing their capacity to train all the CBHCs in their respective regions.

Completion indicator(s):

- Training of CBHCs heads in the new KM communes completed
- Training of regional MIS manager trainers completed

Mean(s) of verification:

- Training report
- Monitoring report

Result indicator(s) (PMP):

- Indicator 21: Use of routine data for decision-making at the CBHC level in Santénet's Champion Communes (*Kaominina Mendrika*)

Technical assistance: MOHFP

EXPANDING ACCESS TO HEALTH INFORMATION (IR 4.2)

Activity 4.2.1. Support health information sharing

Objective: Improve the sharing of lessons learned and information by players

The lack of routine information sharing is a weakness in the Malagasy health system. Each year, quantitative and qualitative studies are conducted generating useful data but this information is unfortunately underused. One reason for this sub-optimal use of information is the lack of a regular forum for dialogue.

Santénet will support the MOHFP and partners to improve the use of information. Regional workshops will be organized in all the provincial capitals to share the main results from the HIS. At the DHFPS level, Santénet will support the use of MAR data for the certification of communes by the MOHFP.

Epidemiological surveillance is one of the HIS' components. Santénet plans to support the MOHFP, namely its HSU, and the Epidemiological Surveillance Unit in mapping the large pandemics in Madagascar (malaria, diarrhea-related diseases and STIs among others). Santénet will make use of the Internet to help the HSU to develop its web site and link it to the MOHFP's.

Completion indicator(s):

- Number of regional workshops
- Number of meetings to design the mapping of the large pandemics in Madagascar
- HSU's web page designed and uploaded

Mean(s) of verification:

- Report on dissemination and sharing activities
- Mapping
- Web page

Result indicator(s) (PMP):

- Indicator 20: Percentage of CBHCs in Santénet's Champion Communes (*Kaominina Mendrika*) produce quality monthly activity reports

- Indicator 21: Use of routine data for decision-making at the CBHC level in Santénet's Champion Communes (*Kaominina Mendrika*)

Technical assistance: A national consultant will be hired to set up the web site.

IMPROVING NGO CAPACITY TO IMPLEMENT HEALTH PROGRAMS (IR 4.3)

Activity 4.3.1. Support the MOHFP in implementing activities related to the National Contracting Policy

The development of a National Health Contracting Policy and its Operations Guide will help the health sector build management capacity and provide a framework for the negotiation, implementation and accountability for health-related contracts. The National Health Contracting Policy has been approved by the MOHFP, along with its Operations Guide. A pool of trainers in contracting has also been established. Santénet will support the DHFPSs and the District Wholesale Pharmacies (Pha-G-Dis) in the Fianarantsoa province and the districts involved in the KM initiative to implement the policy effectively.

Objective: Institutionalize the contracting mechanism in the health sector.

Santénet will continue to provide support to the MOHFP in:

- Training all the DHFPSs in the Fianarantsoa region in contracting.
- Encouraging all health sector actors to use appropriate contracting mechanisms. The project will fund three workshops to develop the contracting incentives framework. This framework is necessary to encourage the various actors to comply with the National Health Contracting Policy.
- Updating contracts between the mutual health insurance schemes (*mutuelles de santé*) and health facilities, and between the Pha-G-Dis and the DHFPSs. Santénet will fund regional and district level workshops will develop master contract templates in Fianarantsoa,.
- Conducting workshops in seven intervention districts to help establish contractor relationships between the partner NGOs and the districts.
- Monitoring the establishment of the contracting mechanisms. Santénet will support the MOHFP to design a monitoring tool (dashboard) for contracting activities between the different players in the health sector. Santénet will fund the organization of quarterly workshops to share results.

Completion indicator(s):

- Number of training sessions conducted
- contracting incentives framework developed
- Number of DHFPSs, Pha-G-Dis, and *mutuelles* managers trained
- Number of sharing and monitoring workshops held
- Number of contracts signed between DHFPSs and NGOs

Mean(s) of verification:

- Activity report

Result indicator(s) (PMP)::

- Indicator 6: Number of communes that achieve Champion Commune (*Kaominina Mendrika*) status for achievement of health targets

Technical assistance: --

Activity 4.3.2. Support the FP partnership

Objective: Support the implementation of the new FP strategy

Santénet will continue to provide institutional and organizational support to the FP partnership. In addition, three information sharing workshops will be organized.

Completion indicator(s):

- Number of meetings held

Mean(s) of verification:

- Meeting reports

Result indicator(s) (PMP):

- Indicator 1: Contraceptive prevalence rate

Technical assistance: --

Activity 4.3.3. Support institutional capacity-building for partner NGOs

Objective: Assess the partners' needs and improve their capacities to implement activities in seven districts

To pursue the support given over the last two years, Santénet will assess the partner NGOs' needs (general management, grants management, negotiation etc...) and will provide support based on the needs identified through a series of four workshops.

Completion indicator(s):

- Number of workshops held

Mean(s) of verification:

- Workshop reports

Result indicator(s) (PMP):

- Indicator 6: Number of communes that achieve Champion Commune (*Kaominina Mendrika*) status for achievement of health targets

Technical assistance: --

INCREASING CIVIL SOCIETY'S CAPACITY TO ADVOCATE FOR PUBLIC HEALTH ISSUES (IR 4.4)

Activity 4.4.1. Support the faith-based organizations' network in implementing a program as part of the new FP strategy

Objective: Optimize religious leaders' contribution to achieving the objectives of the new FP strategy.

Santénet will support the annual evaluation of the FP project implemented by faith-based groups and funded by the Flexible Fund and the development of the annual work plans.

Completion indicator(s):

- Annual evaluation of the Flexible Fund completed
- Annual work plan of the Flexible Fund project developed for 2007

Mean(s) of verification:

- Annual evaluation report of the FP project
- Work plan

Result indicator(s) (PMP):

- Indicator 1: Contraceptive prevalence rate

Technical assistance: --

Activity 4.4.2. Support PLEROC in starting up its activities

Objective: Support PLEROC in launching its HIV/AIDS control activities

Santénet will provide support in the official launching of the platform's activities in the area of HIV/AIDS control and in the organization of a national forum grouping 400 young people from the 18 faith-based groups in PLEROC.

Completion indicator(s):

- Official launch held
- National forum held

Mean(s) of verification:

- Report on the official launch and the national forum

Result indicator(s) (PMP):

- Indicator 4: Condom use at last sexual rapport with a paying partner

Technical assistance: --

Activity 4.4.3. Support PLEROC in implementing STI/HIV/AIDS programs

Objective: Support PLEROC in implementing their HIV/AIDS activities

Santénet will provide support in monitoring and evaluating PLEROC's activities in building the managerial and leadership capacities of the executive committee members, and in the development of project proposals meeting donors' requirements.

Completion indicator(s):

- Project annual evaluation completed
- Project's work plan for 2007 developed

Mean(s) of verification:

- Evaluation report
- Activity report

Result indicator(s) (PMP):

- Indicator 4: Condom use at last sexual rapport with a paying partner

Technical assistance: --

THE SANTÉNET FUND

Through the Santénet Fund, Santénet awards grants and subcontracts to Malagasy and international NGOs to implement the *Kaominina Mendrika* approach. For 2006-2007, Santénet will scale up the approach and develop strategies for sustainability, launching a second cycle in the communes involved in the first cycle and introducing the approach in 180 new communes. Santénet will continue to collaborate with NGOs that took part in Cycle I (MCDI, CARE, ADRA, CRS, ASOS, SALFA, SAF-FJKM, MATEZA, AINGA, MICET, NY TANINTSIKA) and initiate collaboration with new NGOs such as PENSER, LINKAJISY, ZETRA or SAGE that have previous experience in implementing community mobilization models and approaches.

Activity 1. Management of Santénet Fund

Objective: To effectively manage and monitor Santénet Fund activities to support project goals

Utilizing the USAID-approved Santénet grants manual, the Santénet grants manager, together with technical staff, will monitor grantees and subcontractor progress, and ensure timely submission of quality deliverables. The grants manager will also review invoices and receipts for grants and guarantee payment of invoices per the terms of the signed agreements.

Santénet will proceed with the administrative and financial close-out of current Cycle I grants and sub-contracts. Starting November 1, 2006, Santénet will also give out new grants for another 12-month period; these new grants and subcontracts will be used to implement the revised *Kaominina Mendrika* approach for a second year in the Cycle I communes, as well as introducing the approach in new communes.

Technical assistance: The grants manager will be responsible for coordination of the Fund program under the supervision of the director of finance and administration. A financial assistant will provide administrative support as the grants and subcontracts grow in number and value.

Outcomes/outputs: Awards monitored and managed effectively, following grants manual procedures. New awards implemented in line with scale-up of the KM approach.

ADMINISTRATION AND OPERATIONS

Santénet has a team of two professional and 24 support staff members who are assigned to provide administrative and logistical support to the project operations. These staff members are integrated into program implementation to ensure that their support functions are executed with an understanding of Santénet's objectives.

Activity 1. Personnel Management

Objective 1: To ensure project staff have the resources and environment for optimal performance and professional development

Personnel management is an ongoing activity that includes assessing the adequacy of staffing levels as well as monitoring staff performance and helping staff develop professionally.

The administration and finance division was reorganized last year, by changing the office manager position into a "logistics and procurement specialist" position, and assigning an administrative assistant to each IR. This reorganization has provided greater dedicated support to each IR and has greatly enhanced the efficiency of Santénet's operations. We do not anticipate the need for further administrative support in the upcoming year.

We plan to offer several opportunities for staff growth in the upcoming year. Santénet will increase the responsibilities of some of Santénet's staff to help them develop and expand their skills. Our grants manager and his assistant will be launching the next round of grants in Q1, and given the level of scaling up of the activities under the Santénet Fund, they shall be faced with additional responsibility and the challenge to diligently manage these grants. Our network manager will take on the development of Santénet's extranet that will allow all local partners to file technical reports directly into a customized data base that will generate automated monitoring reports.

Timing: Ongoing throughout the year. We anticipate the launching of our extranet to take place in Q2.

Technical assistance: The COP and directors will assess the adequacy of the staffing under their areas and identify training needs among the staff. The director of finance and administration will be responsible for finalizing the evaluation system and staff training program parameters.

Outcomes/outputs: Project adequately resourced, performance appraisal system and staff training/professional development in place.

Objective 2: To ensure project staff in Fort Dauphin are integrated into the team and have the resources and environment for optimal performance

We are undergoing a number of organizational changes to our regional office in Fort Dauphin. Our health program manager currently serving in Fort Dauphin will move to Tana in Q1 to serve as SDM program coordinator. Santénet partner IRH will provide Santénet with eight months of core funding to support the SDM program

coordinator (with a possibility for extension). During this period he will be reporting both to Santénet's director of technical and clinical services and IRH.

Consequently, in order to have a continued presence in Fort Dauphin we will hire a community mobilization specialist, a health service quality specialist and a program assistant, to best meet the targeted needs in the region. The Santénet office will relocate to work more closely with the Anosy Regional Health and Family Planning Directorates and the Health District of Amboasary. Santénet will provide office support to the DRS by providing them with three computers and access to high speed internet.

Timing: The move of Santénet Fort Dauphin from the PACT offices to the DRS will occur in Q1 (October 2006). The hiring of the new staff will also take place in Q1.

Technical assistance: The COP and/or his designated staff will make periodic visits to the Fort Dauphin office to ensure activities continue to progress, that our newly hired staff is fully integrated into the Santénet team and that all have adequate resources for optimal performance and growth.

Outcomes/outputs: Fort Dauphin office fully operational and meeting project objectives in the region.

Activity 2. Financial Management

Objective 1: To record and assign costs accurately and monitor the budget

The finance team, which includes the director of finance and administration, the chief accountant and the bookkeeper, handles all field-related financial management activities, including managing cash flow, recording, and reporting expenses to the home office on a monthly basis.

Accounting and budget monitoring is done on a monthly basis in the field for a complex budget consisting of four CLINs and six sources of funding. Expenditures will continue to be tracked and reported to the mission each month by funding source and CLIN. Further, a pipeline analysis will continue to be provided to the mission on a quarterly basis or upon request as needed.

The suggested best practices and recommendations for improvement which were brought to Santénet's attention following the field audit conducted last June, have been put into place and will continue to be adhered to as we move forward.

Timing: As requested by the mission, an annual field audit will take place in Q3 this year. Accounting, budget monitoring, and reporting by source of funding will continue to be performed on a monthly basis.

Technical assistance: The accountant and bookkeeper make payments and account for field office expenditures under the supervision of the director of finance and administration. The administrative assistants in the regional offices manage petty cash accounts and report regional expenses to the Tana-based accountant. The home office project manager reviews and approves local expenditures and final invoices and monitors the budget.

Outcomes/outputs: Accounting system and budget monitor maintained.

Objective 2: To manage project expenditures and control costs

We currently have good controls in place to ensure that we are purchasing goods from the supplier offering the best value. Indeed, although the project is only mandated to seek three purchase requests for purchases above \$5,000 (and encouraged to do so for purchases above \$500), Santénet typically seeks three pro quotes for all of its purchases to ensure cost conscientiousness at all levels. To generate further savings, however, Santénet is going to spearhead a "preferred provider pool" by conducting a retroactive analysis of purchases over the past two years, and identifying the vendors with whom we have conducted significant amounts of business to negotiate volume discounts given the consistent flow of business they obtain from Santénet. We will begin by looking at our suppliers for photocopies, printing, catering and travel.

Timing: Negotiations with providers will take place in Q1 and will continue as appropriate on an ongoing basis.

Technical assistance: The COP and director of finance and administration are committed to this initiative and will make every effort to apply cost-saving measures wherever possible. Project staff will be encouraged to follow suit, most notably, the administrative assistant (responsible for travel), the procurement specialist, and each IR assistant.

Outcomes/outputs: Greater cost conscientiousness will lead Santénet to have more available funding for its project activities.

Activity 3. Procurement and Property Management

Objective: Manage project equipment

For the most part, all equipment and furniture has been purchased. A property management system has been established and continues to be managed by the procurement and logistics specialist.

Information technology network systems maintenance is also included under this category of activities. Our network manager continues to upgrade the computer networking system within the Santénet office and with the regional offices.

Timing: Two inventory reports have already been submitted and will continue to be submitted, per the terms of our contract, on an annual basis in June.

Technical assistance: The Santénet procurement and logistics specialist ensures that procurement rules are respected with oversight provided by the director of finance and administration. The network manager ensures all of our information systems remain fully operational on an ongoing basis.

Outcomes/outputs: Property management system in place and annual report submitted.

Activity 4. Home Office Project Management

Objective: To provide support to field operations and ensure quality implementation of the project

Chemonics' home office will undertake project management and backstopping support activities in accordance with corporate policies and procedures. These include subcontracts management, personnel management of the expatriate staff, recruitment and fielding of short-term consultants, and other quality assurance functions. Chemonics will also provide technical input from home office resources experts in child health, agriculture, natural resource management, water management, etc.

Project Director Leigh Ann Evanson will undertake two supervisory trips to the field during the course of the year (approximately two to three weeks in duration) to confer with the team, USAID, and other stakeholders and participate in key project activities. In addition, Project Manager Kate Killberg and Project Associate Lara Hensley, will each conduct one coordination visit to the field office to liaise with the director of finance and administration and COP on contractual and financial management.

Timing: The project director's supervisory trips to the field may take place in conjunction with a mid-year review of the project (end of Q2) and in preparation for the final year's workplan (Q4). The project associate's coordination visit is planned to take place in Q1 and the project manager's trip is planned to take place in Q3.

Technical assistance: The Chemonics' home-office project management team consists of a director Leigh Ann Evanson, a manager Kate Killberg, and an associate, Lara Hensley. Technical resources are also available in a wide range of sector areas and within Chemonics many support departments.

Outcomes/outputs: Support to field operations; delegation of authority to COP; field supervisory and coordination visits.

ANNEXES

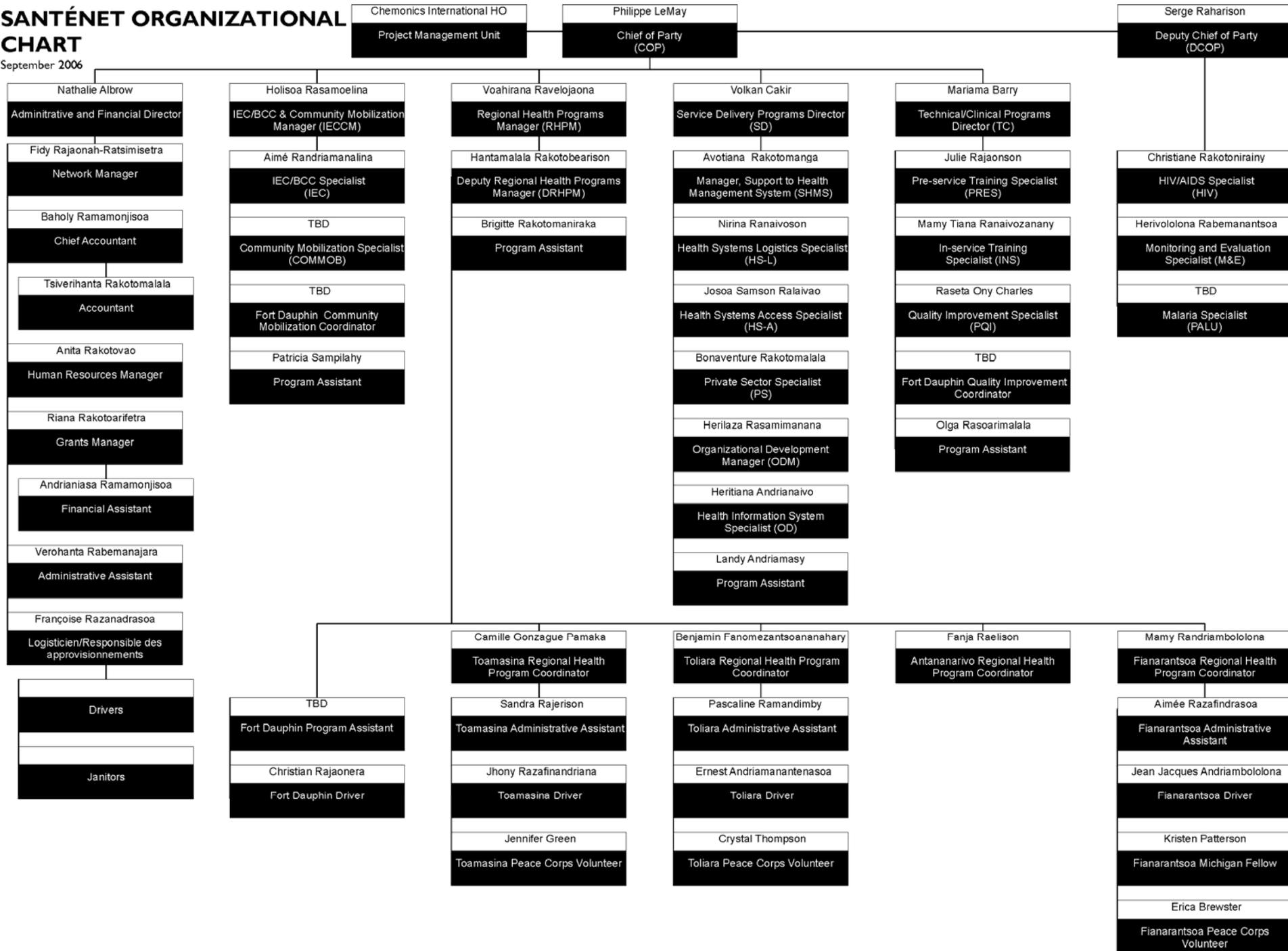
SANTÉNET ORGANIZATIONAL CHART

SANTENET TECHNICAL ACTIVITIES GANTT CHART

LIST AND MAPS OF KM CYCLE 2 COMMUNES

SANTÉNET ORGANIZATIONAL CHART

September 2006



SANTENET TECHNICAL ACTIVITIES GANTT CHART

POINTS FOC AUX SANTENET

COP - Directeur de Projet
 DCOP - Directeur de Projet Adjoint
 COMMOB - Spécialiste Mobilisation Communautaire
 IEC - Spécialiste IEC / CCC
 COMM - Spécialiste Communication
 SD - Directeur des Programmes
 HS-A - Spécialiste Accès aux Prestations de Services de Santé
 HS-L - Spécialiste Système de Gestion en Logistique Santé

PS - Spécialiste Secteur Privé
 SHMS - Spécialiste Renforcement du Système de Gestion pour la Santé
 TC - Directeur des Programmes Technique et Clinique
 PRES - Spécialiste de la Formation Initiale
 INS - Spécialiste de la Formation Continue
 PQI - Spécialiste Amélioration de la Performance et de la Qualité
 OD - Spécialiste Développement Organisationel
 ODM - Manager Développement Organisationel

RHPM - Coordinateur Programmes Régionaux
 M&E - Spécialiste Suivi Evaluation
 HIV - Spécialiste VIH/SIDA

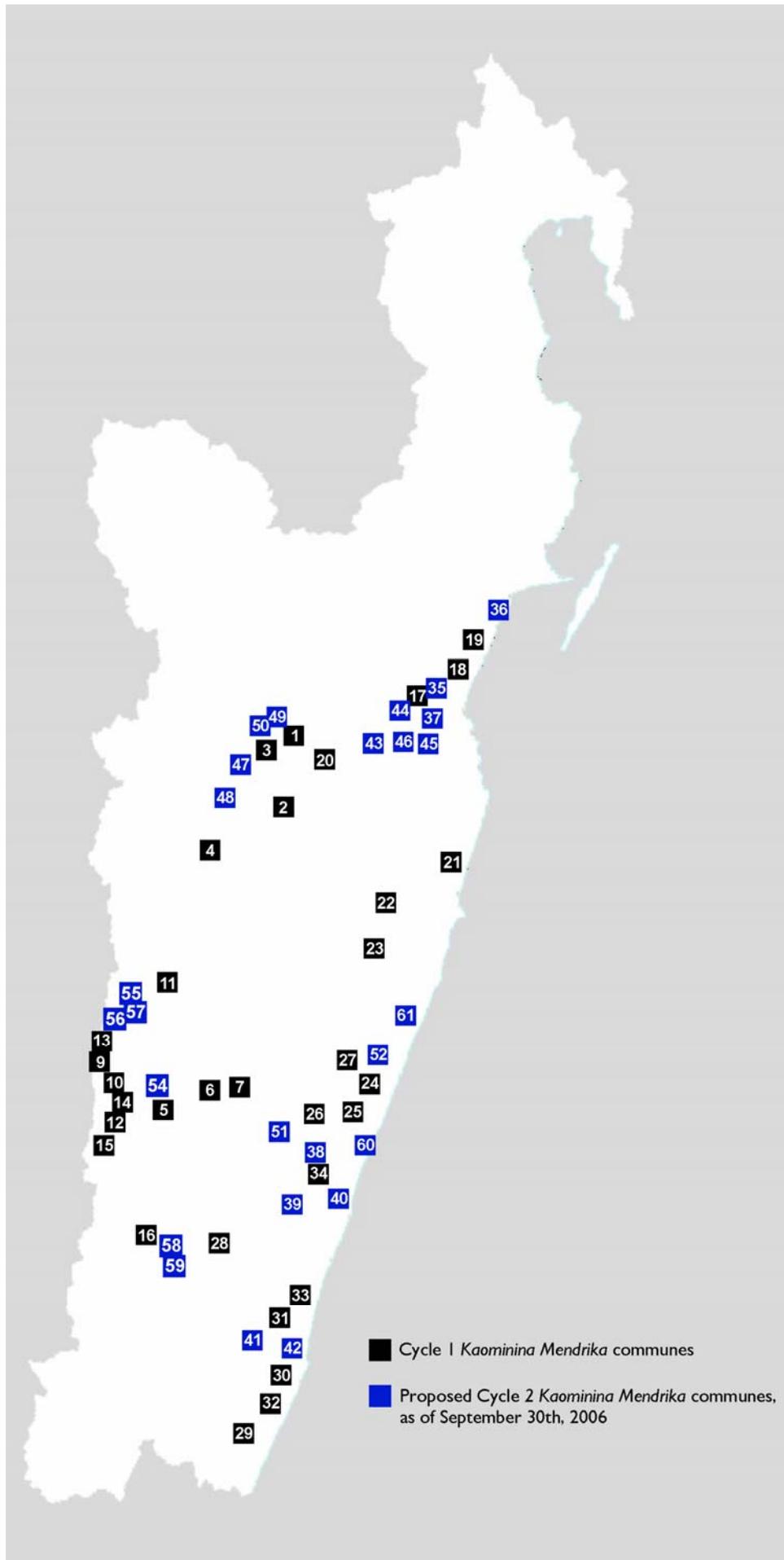
HCP - Health Communication Partnership
 GUIRH - Georgetown University Institute
 for Reproductive Health

Activités	Q1			Q2			Q3			Q4			Point focal Santenet	Partenaire(s) Clé(s)	Indicateur(s) de résultat
	O	N	D	J	F	M	A	M	J	J	A	S			
IR 1 – Augmenter la demande pour les services et produits prioritaires de santé															
IR1.1 Améliorer la mobilisation communautaire et l'IEC / CCC pour les services et produits prioritaires de santé															
1.1.1	Assister les ONG partenaires pour la clôture de Kaominina Mendrika (KM) Cycle 1											COMMOB	ONG partenaires	PMP 6	
1.1.2	Assister le MinSanPF et les ONG partenaires dans la mise en œuvre de Kaominina Mendrika Cycle 2											COMMOB	ONG partenaires ; DRSPF ; SSPFD	PMP 6	
1.1.3	Appuyer le MinSanPF dans le développement de la Politique Nationale de Promotion de la Santé											IEC	MinSanPF-DPS, MCDI	PMP 1 ; PMP 2 ; PMP 3 ; PMP 4 ; PMP 5	
1.1.4	Appuyer le Service IEC et Mobilisation Sociale (SIECMS) pour renforcer le volet et les activités IEC/CCC du MinSanPF											IEC	MinSanPF-SIECMS	PMP 7	
1.1.5	Appuyer la mise en œuvre de la Stratégie de Communication Nationale PF											IEC, HCP	MinSanPF-SSR/MSR	PMP 1	
1.1.6	Appuyer les autres programmes du MinSanPF dans l'élaboration et la mise en œuvre de leurs stratégies IEC/CCC											IEC, VIH	MinSanPF	PMP 2 ; PMP 4 ; PMP 7	
1.1.7	Contribuer aux activités de sensibilisation et de mobilisation des Semaines de la Santé de la Mère et de l'Enfant (octobre 2006 et avril 2007)											COMMOB, IEC	MinSanPF-DSF	PMP 1 ; PMP 2 ; PMP3 ; PMP 5 ; PMP 11	
1.1.8	Mettre en œuvre Kaominina Mendrika dans les sites pilotes de l'Office National de Nutrition (ONN) pour le Programme National de Nutrition Communautaire (PNNC)											COMMOB	Linkajisy ; ONN	PMP3 ; PMP 5 ; PMP6	
1.1.9	Assurer la mise à échelle de l'approche Ankoay Scout avec les filières scouts dans les Distrika Mendrika											COMMOB, HCP	SE/CNLS ; Filières scouts	PMP 6	
1.1.10	Assurer la mise à échelle de l'approche Ankoay Sport avec l'Académie Nationale des Sports dans les Distrika Mendrika											COMMOB, HCP	SE/CNLS ; ANS	PMP 4 ; PMP 6	
1.1.11	Assurer la mise à échelle de l'approche Ankoay Collège avec le Ministère de l'Education Nationale et de la Recherche Scientifique dans les Distrika Mendrika											COMMOB, HCP	SE/CNLS ; MENRS	PMP 4 ; PMP 6	

IR 2.2 Étendre le réseau de grossistes et de détaillants des produits de marketing social												
2.2.1	Élargir le circuit de distribution Privé et ONG pour la disponibilité des produits de marketing social									PS	PSI	PMP 11 ; PMP 12
IR 2.3 Augmenter la disponibilité des services pour les populations éloignées												
2.3.1	Élargir le circuit de distribution Privé et ONG pour la disponibilité des produits de marketing social pour les population éloignées									PS	PSI ; MinSanPF	PMP 11 ; PMP 12
2.3.2	Appuyer la mise en œuvre de la stratégie de couverture médicale de base : Le Fonds d'Équité au niveau des hôpitaux									HS-L	MinSanPF	PMP 1
2.3.3	Appuyer la mise en œuvre de la stratégie de couverture médicale de base : L'extension et le suivi des mutuelles de santé									PS	PSI ; MinSanPF	PMP 1 ; PMP 2 ; PMP 3 ; PMP 13
IR 2.4 Améliorer la valeur nutritionnelle des produits agricoles												
2.4.1	Mettre en place des parcelles de démonstration et produire du matériel végétal de patate douce à chair orangée									PS	ERI, CARE	PMP 3
IR 2.5 Améliorer la gestion de l'eau pour l'agriculture et les ménages												
2.5.1	Improve the environmental hygiene and sanitation component (including promotion of the Sur'Eau) through an integrated plan of action									PS	MinSanPF	PMP 12
IR 3 – Amélioration de la qualité des services prioritaires de santé												
IR 3.1: Améliorer/ Renforcer les Politiques, Normes et Protocoles des services de santé des secteurs public et privé												
3.1.1	Appuyer l'actualisation de la politique nationale de SR									TC	MinSanPF-SSR/MSR	PMP 16
3.1.2	Appuyer l'organisation d'un atelier de validation du document de politique SR révisé									TC	MinSanPF-SSR/MSR	PMP 16
3.1.3	Appuyer le Minsan/ PF pour la dissémination des Normes et Procédures SR									TC	MinSanPF-SSR/MSR	PMP 16
IR 3.2 Renforcer les capacités des prestataires à fournir des services de santé de qualité												
A. Formation Continue												
3.2.1	Former les superviseurs des Districts Mendrika en Technique de Supervision Facilitant									PQI	DRSPF, SSPFD	PMP 19
3.2.2	Actualiser le module de formation en IST/VIH									INS	Programme IST/SIDA	PMP 17

IR 4.3 Améliorer la capacité des ONGs à mettre en oeuvre des programmes de santé														
4.3.1	Appuyer le Min SanPF dans la mise en œuvre des activités relatives à la politique nationale de contractualisation											OD	MinSanPF	PMP 6
4.3.2	Appuyer le partenariat PF											OD	MinSanPF	PMP 1
4.3.3	Appuyer le renforcement de capacité institutionnelle des ONG partenaires											OD	TRG, MinSanPF	PMP 6
IR 4.4 Renforcer la capacité de la société civile de plaider en faveur de la santé publique														
4.4.1	Appuyer le réseau des organisations confessionnelles dans la mise en œuvre d'un programme de soutien à la nouvelle stratégie PF											OD	SE/CNLS	PMP 1
4.4.2	Appuyer le réseau des organisations confessionnelles (PLerOC) dans le démarrage des activités											HIV	PLerOC	PMP 4
4.4.3	Appuyer le réseau des organisations confessionnelles (PLerOC) dans la mise en œuvre des programmes de lutte contre l'IST/SIDA											HIV	PLerOC	PMP 4

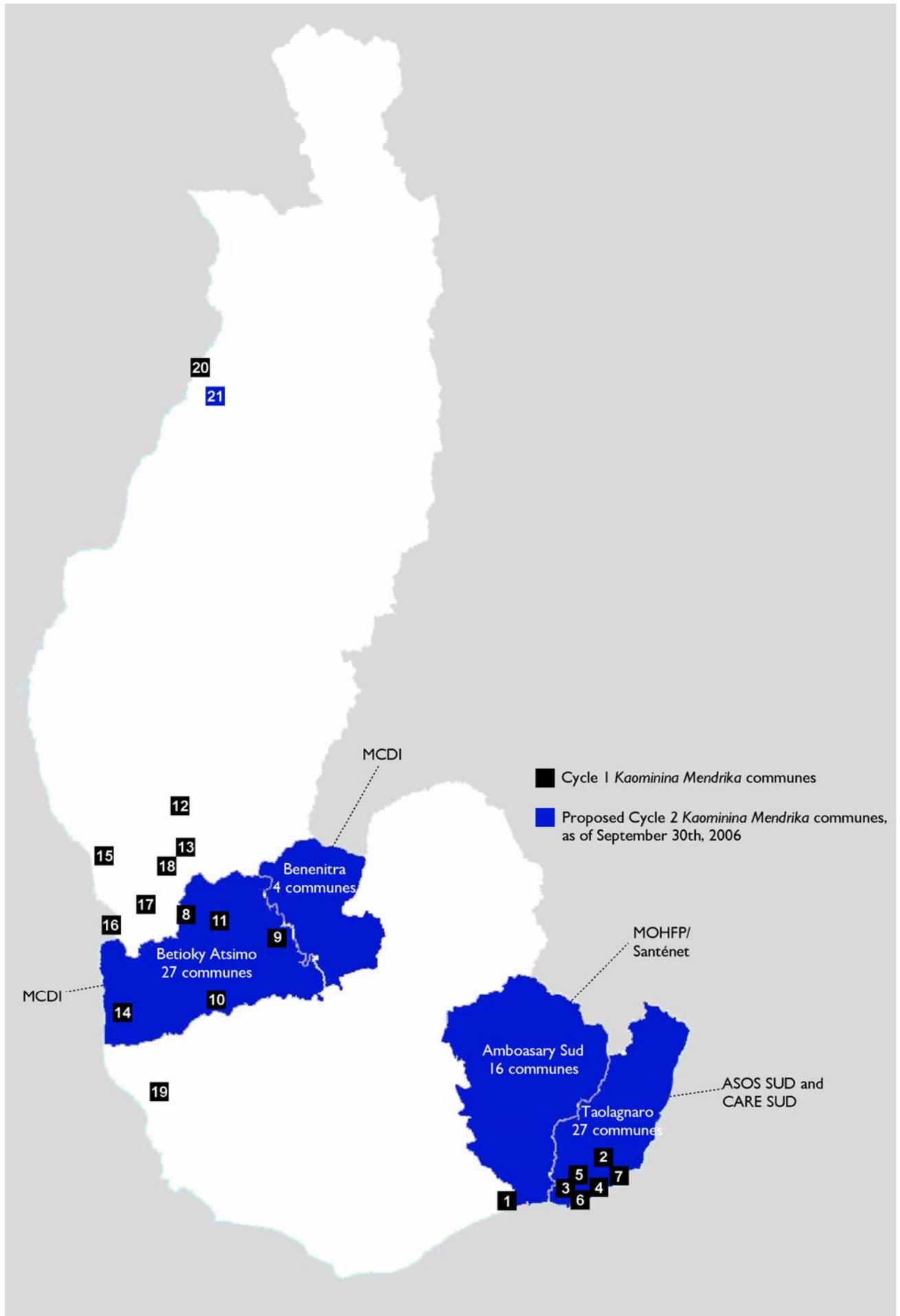
SANTENET KAOMININA MENDRIKA COMMUNES, YEAR-2 IMPLEMENTATION : TOAMASINA PROVINCE



SANTENET KAOMININA MENDRIKA COMMUNES, YEAR-2 IMPLEMENTATION : TOAMASINA PROVINCE

1. Antanandava, MATEZA
2. Manakambahiny Est, MATEZA
3. Amparihintsokatra, MATEZA
4. Ilafy, SAF FJKM
5. Morarano-Gare, ASOS Central
6. Andasibe, SAF FJKM
7. Ambatovola, SAF FJKM
8. Beforona, SAF FJKM
9. Ambohidronono, ADRA
10. Belavabary, ADRA
11. Amboasary, ADRA
12. Vodirina, ADRA
13. Ampasimpotsy Gara, ADRA
14. Anosibe Ifody, ADRA
15. Antanandava, ADRA
16. Anosibe An' Ála, ADRA
17. Vohilengo, CARE Est
18. Ampasina Maningory, CARE Est
19. Ampasimbe Manasatrana, CARE Est
20. Ambodimangavalo, MATEZA
21. Antetezambaro, SAF FJKM
22. Ambodilazana, ASOS Central
23. Andranobolaha, ASOS Central
24. Brickaville, ASOS Central
25. Mahatsara, ASOS Central
26. Ranomafana, ASOS Central
27. Anivorano -Est, ASOS Central
28. Mahela, CARE Est
29. Masomeloka, CARE Est
30. Betsizaraina, CARE Est
31. Tsaravinany, CARE Est
32. Ambodihara, CARE Est
33. Tsivangiana, CARE Est
34. Amboditavolo, CARE Est
35. Ambatoharanana, CARE Est
36. Soanierana Ivongo, CARE Est
37. Ampasimazava, CARE Est
38. Niherenana, CARE Est
39. Tanambao Mahatsara, CARE Est
40. Sahamatevina, CARE Est
41. Manjakandriana, CARE Est
42. Mahanoro, CARE Est
43. Ambohibe, CRS
44. Anjahambe, CRS
45. Maromitety, CRS
46. Vavatenina, CRS
47. Ambatosoratra, MATEZA
48. Ambohitsilaozana, MATEZA
49. Andromba, MATEZA
50. Imerimandroso, MATEZA
51. Ampasimbe, ASOS Central
52. Vohitranivona, ASOS Central
54. Ambohibary, ADRA
55. Antaniditra, ADRA
56. Mandialaza, ADRA
57. Ampasimpotsy Mandialaza, ADRA
58. Anjiro, ADRA
59. Tratramarina, ADRA
60. Andevoranto, ASOS Central
61. Ambenaninony, ASOS Central

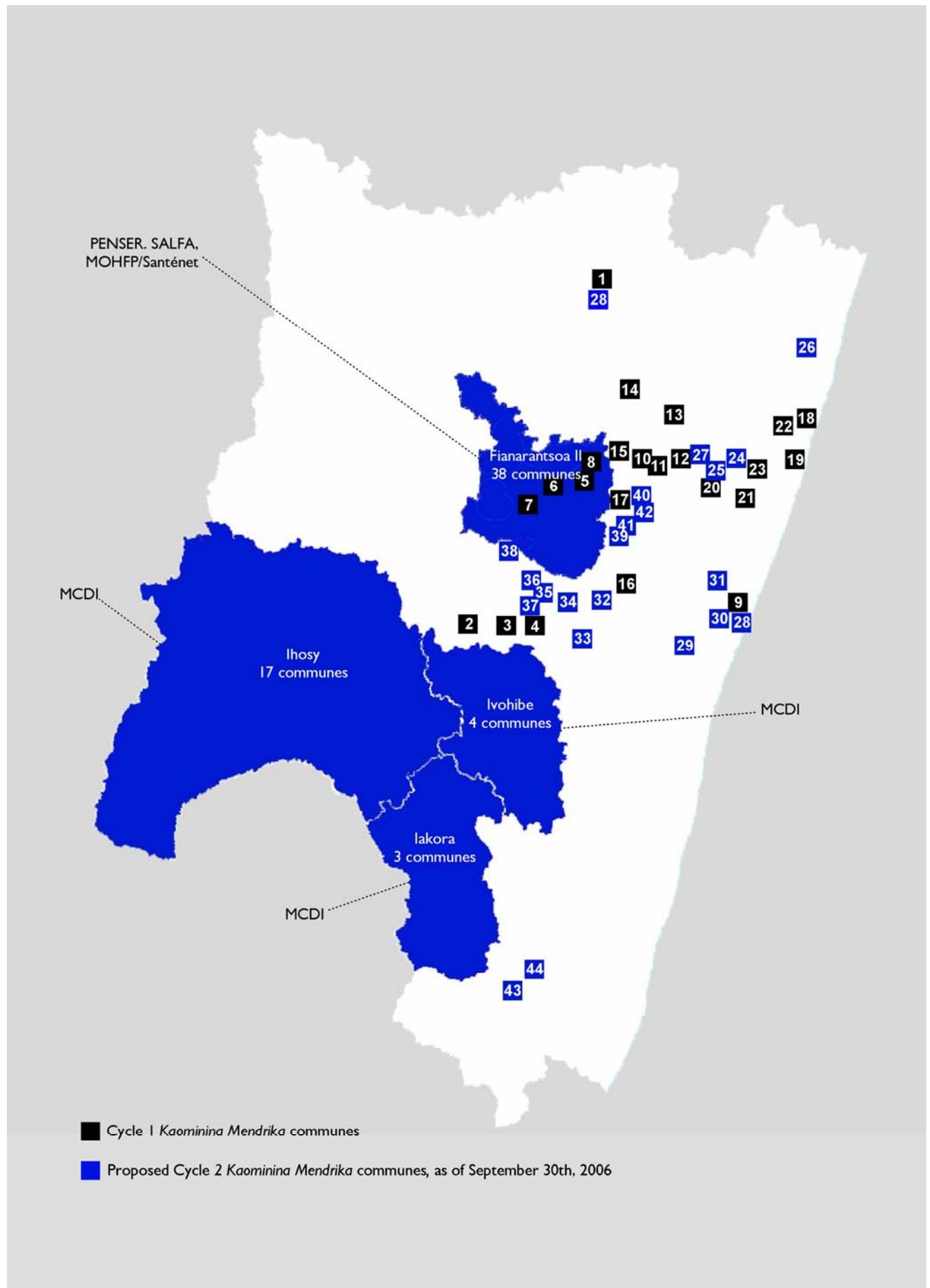
SANTENET KAOMININA MENDRIKA COMMUNES, YEAR-2 IMPLEMENTATION : TOLIARA PROVINCE



SANTENET KAOMININA MENDRIKA COMMUNES, YEAR-2 IMPLEMENTATION : TOLIARA PROVINCE

1. Tanandava, ASOS Sud
2. Ifarantsa, ASOS Sud
3. Ranopiso, ASOS Sud
4. Manambaro, ASOS Sud
5. Ankaramena, ASOS Sud
6. Ankariera, ASOS Sud
7. Fort-Dauphin-ville, CARE Sud
8. Ambatry, MCDI
9. Belamoty, MCDI
10. Amkazomanga, MCDI
11. Bezaha, MCDI
12. Mahaboboka, MCDI
13. Vineta, MCDI
14. Beheloka, ASOS Sud
15. Maromiandra, MCDI
16. St Augustin, MCDI
17. Ambohimahavelona, MCDI
18. Andranovory, MCDI
19. Itampolo, ASOS Sud
20. Bemanonga, ASOS Central
21. Analaiva, ASOS Central

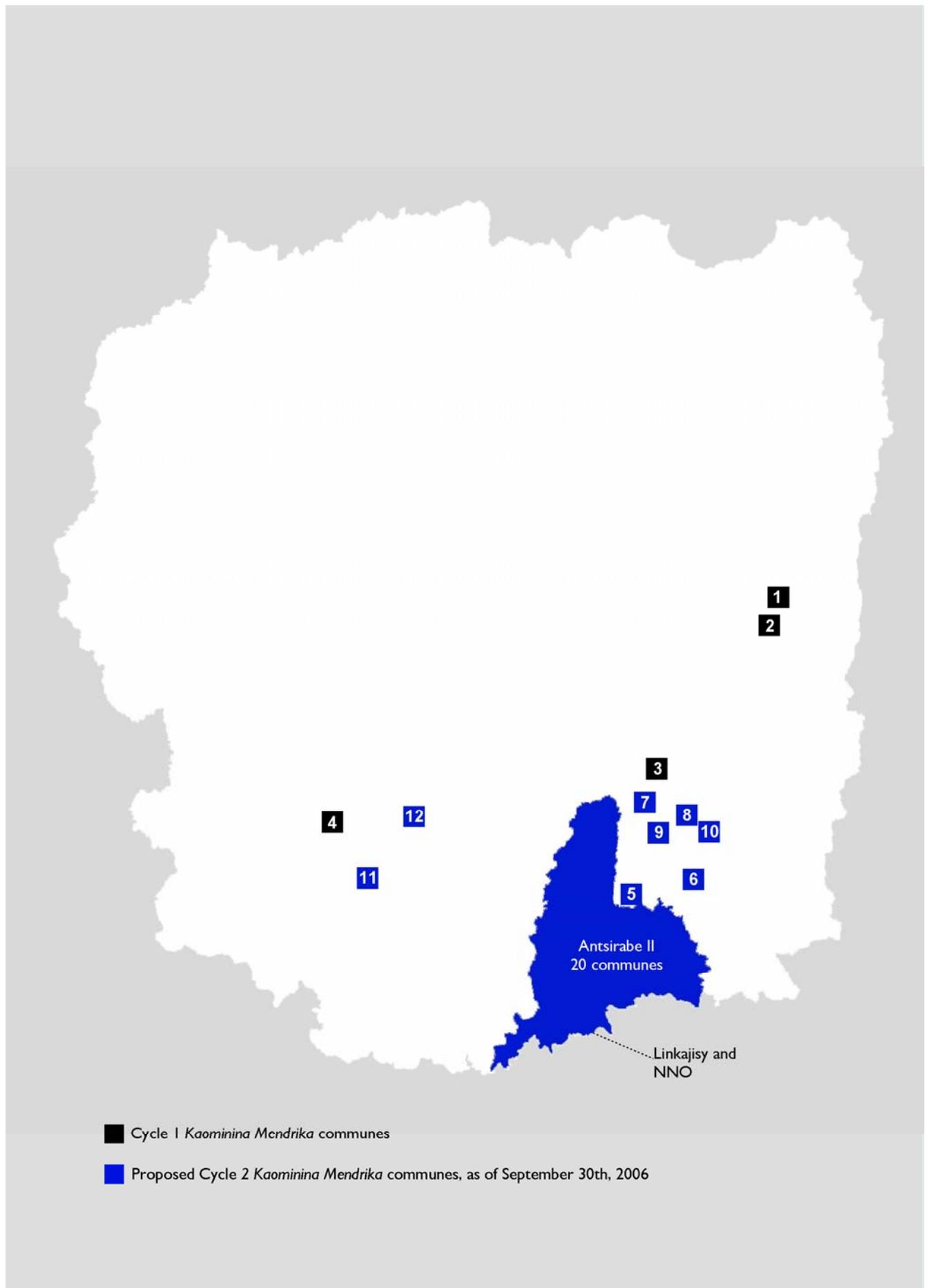
SANTENET KAOMININA MENDRIKA COMMUNES, YEAR-2 IMPLEMENTATION : FIANARANTSOA PROVINCE



SANTENET KAOMININA MENDRIKA COMMUNES, YEAR-2 IMPLEMENTATION : FIANARANTSOA PROVINCE

1. Marosoa, SAF FJKM
2. Vohitsaoka, Ny Tanintsika
3. Sendrisoa, Ny Tanintsika
4. Miarinarivo, Ny Tanintsika
5. Sahambavy, SALFA
6. Ambalakely, SALFA
7. Talata Ampano, SALFA
8. Androy, SALFA
9. Ambila, ASOS Central
10. Kelilalina, CRS
11. Ifanadiana, CRS
12. Antaretra, AINGA
13. Tsaratanana, AINGA
14. Ambohimiera, AINGA
15. Ranomafana, AINGA
16. Ikongo, MICET
17. Tolongoina, MICET
18. Mahatsara-Sud, CRS
19. Tsaravary, CRS
20. Andonabe, CRS
21. Anosimparihy, CRS
22. Tsiatosika, CRS
23. Antsenavolo, CRS
24. Ambohimiarina II, CRS
25. Kianjavato, CRS
26. Mahavoky, CRS
27. Manakana, CRS
28. Anosiala, ASOS Central
29. Lokomby, ASOS Central
30. Marofarihy, ASOS Central
31. Ambahatrazo, ASOS Central
32. Ambolomadinika, Ny Tanintsika
33. Ankarimbelo, Ny Tanintsika
34. Ambohimahamasina, Ny Tanintsika
35. Ambinanindovoka, AINGA
36. Anjoma, AINGA
37. Mahazony, AINGA
38. Manamisoa, AINGA
39. Ambatofotsy, PENSER
40. Ambohimisafy, MICET
41. Maromiandra, MICET
42. Manampatrana, PENSER
43. Ankazovelo, PENSER
44. Midongy, PENSER

SANTENET KAOMININA MENDRIKA COMMUNES, YEAR-2 IMPLEMENTATION : ANTANANARIVO PROVINCE



SANTENET KAOMININA MENDRIKA COMMUNES, YEAR-2 IMPLEMENTATION : ANTANANARIVO PROVINCE

1. Ambanitsena, SAF FJKM
2. Anjeva, SAF FJKM
3. Tsiafajavona, SAF FJKM
4. Mandoto, ASOS Central
5. Ambatolahy, CRS
6. Ambatomiady, CRS
7. Ambatotsipihina, CRS
8. Ambohimandroso Gara, CRS
9. Ampitatafika, CRS
10. Antsahalava, CRS
11. Ankazomiditra, ASOS Central
12. Fidirana, ASOS Central