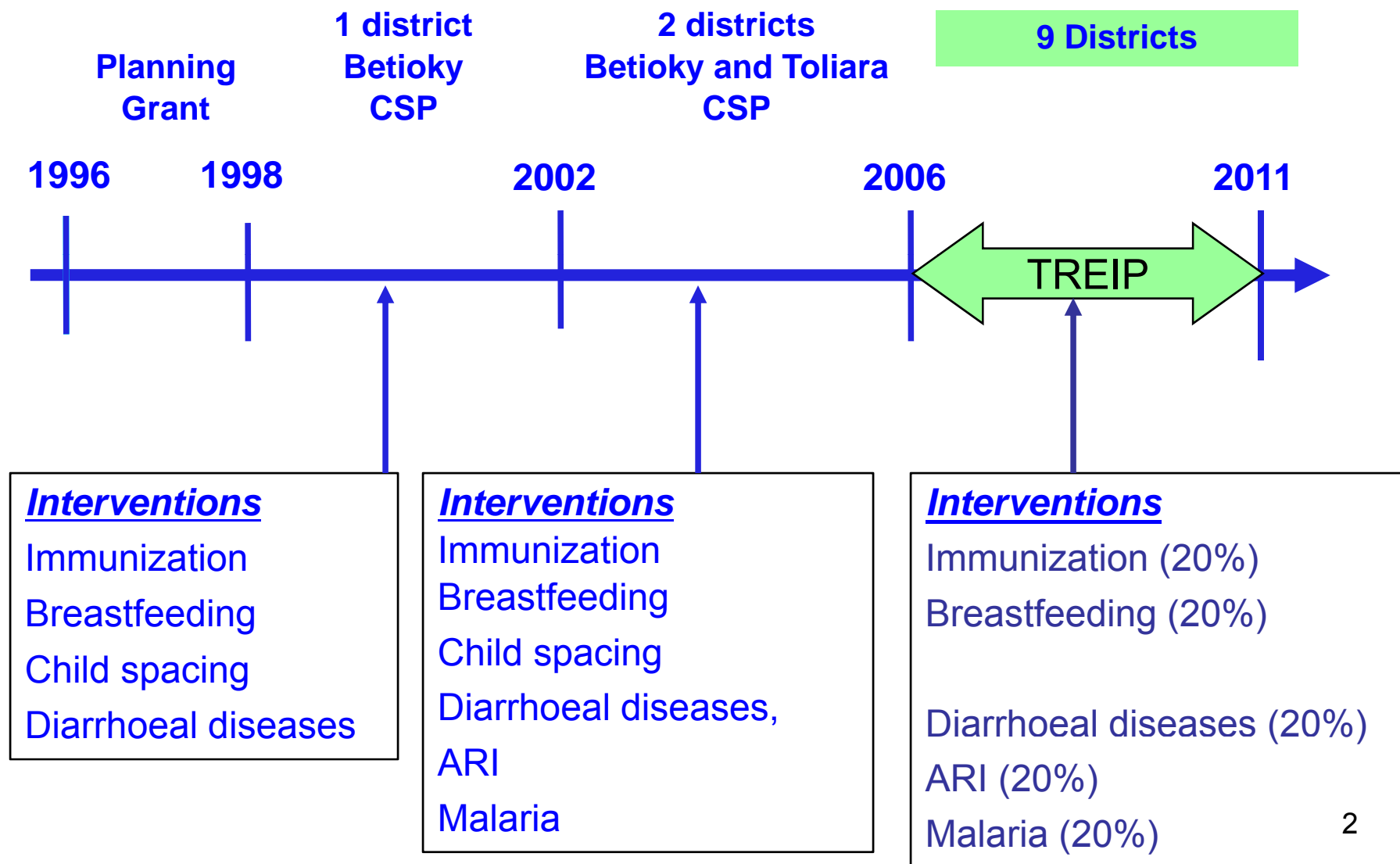
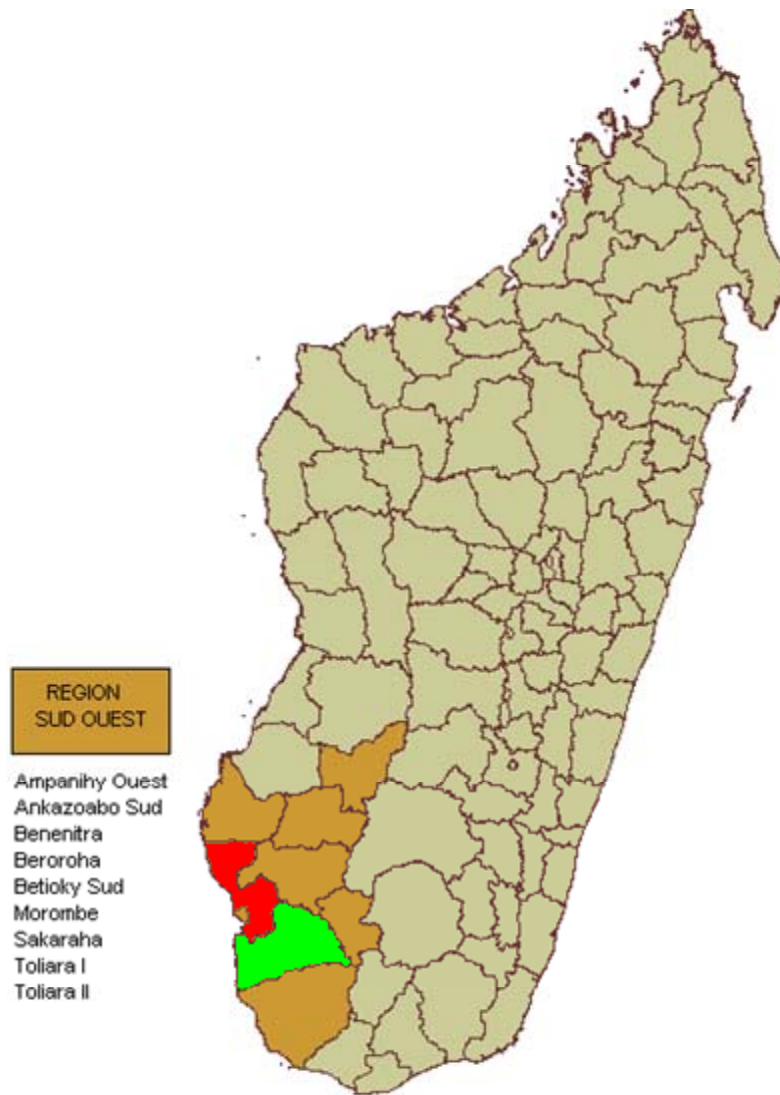


**Toliara Region Expanded
Impact Project
(TREIP)**

Evolution of MCDI CS programs in Madagascar 1996-2011



Project Area : Region Atsimo Andrefana



- 1,073,000 population
- 9 Districts
- 1645 Villages
- 105 Communes
- 163 Health Facilities (148 functional)
- 44% of HF staffed by a Physician
- HF at 65 km from DHO on average
- 63% villages at >5 km from a HF

RESULTS FRAMEWORK

General Objective: Decrease morbidity and mortality of children under 5 and improve health status of women of reproductive age.

Strategic objective :

Increase the use of quality services and of prevention and case management practices in the areas of Malaria, ARI, Diarrhea, Breastfeeding and Immunization

IR 1:

Improved **knowledge and interest** in key family health practices

IR 2:

Improved **quality of care**

IR 3:

Improved **access** to health services and **availability** of health products

IR 4:

Improved **social and policy environment**

Strategic objective :

Increase the use of quality services
and of prevention and case management practices
in the areas of **Malaria**, ARI, Diarrhea, Breastfeeding and Immunization

Indicator	BL	Obj
Children sleeping under ITN	26%	60%
Mothers who took anti-malarials during pregnancy	30%	60%
Children with fever treated with anti-malarial within 48 hours	17%	55%

Strategic objective :

Increase the use of quality services
and of prevention and case management practices
in the areas of Malaria, **ARI**, Diarrhea, Breastfeeding and Immunization

Indicator	BL	Obj
Children with fast/difficult breathing taken to health facility or treated with antibiotics from other source	28%	60%

Strategic objective :

Increase the use of quality services
and of prevention and case management practices
in the areas of Malaria, ARI, **Diarrhea**, Breastfeeding and Immunization

Indicators	BL	Obj
Children with diarrhea who are given more fluids	26%	60%
Children with diarrhea who are given same amount or more food	36%	65%
Children with diarrhea brought to health center within 24 hours of first danger sign	33%	60%

Strategic objective :

Increase the use of quality services
and of prevention and case management practices
in the areas of Malaria, ARI, Diarrhea, **Breastfeeding** and Immunization

Indicators	BL	Obj
Exclusive breastfeeding	24%	40%
Early initiation of breastfeeding (<1hour)	27%	50%

Strategic objective :

Increase the use of quality services
and of prevention and case management practices
in the areas of Malaria, ARI, Diarrhea, Breastfeeding and **Immunization**

Indicators	BL	Obj
Children 12-23 months completely immunized (card confirmed)	33%	60%
Mothers who received two doses of Tetanus Toxoid during last pregnancy	29%	60%

RESULTS FRAMEWORK

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IR 1:

Improved **knowledge and interest** in key family health practices

IR 2:

Improved **quality of care**

IR 3:

Improved **access** to health services and **availability** of health products

IR 4:

Improved **social and policy environment**

IR 1 : Improved **knowledge and interest** in key family health practices

Indicator	BL	Obj
Mothers who know at least two signs of childhood illness	43%	60%

Strategies:

- Participation of villages and partners in BCC activities
- Establishment of radio listeners' groups in villages
- Implementation of « VISA » approach
- Implementation of «Commune Champion » approach

IR 2 : Improved **quality of care**

Indicator	BL	Obj
Clinical encounters with HW in which treatment is appropriate to diagnosis	36%	60%
Clinical encounters with CHW in which treatment is appropriate to diagnosis	0%	60%
Immunization drop out rates (DPT1-DPT3)	19%	10%

IR 2 : Improved **quality of care**

Strategies:

- Implementation of Quality Assurance System in health centers
- Training health workers in Quality Assurance and IMCI
- Supervision of health centers twice a year
- Use of client satisfaction surveys in health centers
- Availability of five first line essential drugs in health centers
- Availability of management tools in health centers

IR 3 : Improved **access** to health services and **availability** of health products

Strategies:

- Ensure that all Health Centers offer:
 - IMCI
 - Counselling on Infant and Young Child Feeding
 - Growth monitoring
 - Regular immunizations services
- Ensure that all villages offer community IMCI services

IR 4 : Improved **social** and **policy** **environment**

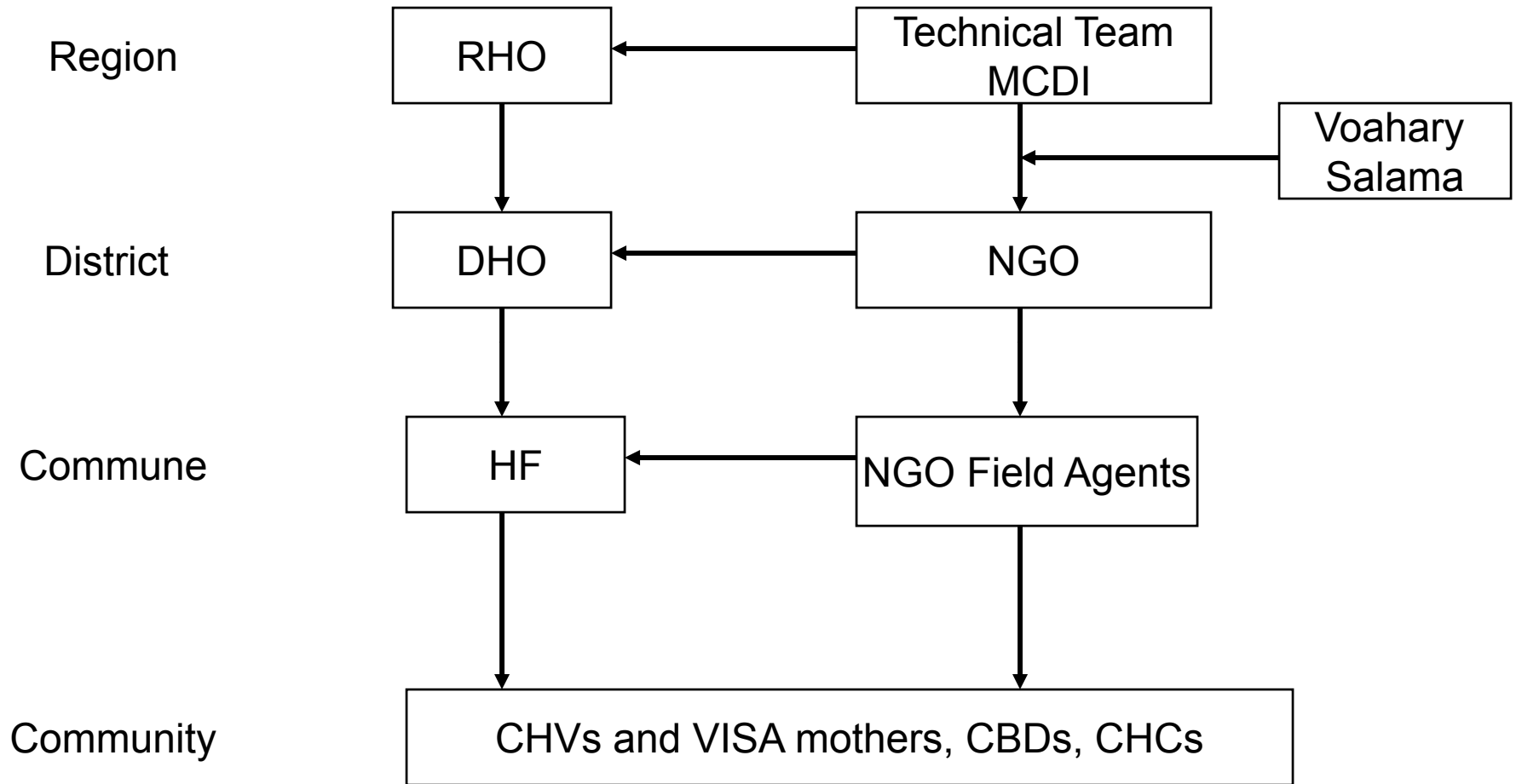
Strategies:

- Development and implementation of a Regional BCC Strategy including community based approaches (VISA, CBD, CCM, KM etc.)
- Implementation of national child survival policies and standards in all health centers
- Support of community health activities of District Health Offices by local NGOs

TREIP Scale-up Strategy

1. Selection of successful interventions to scale up:
 - VISA approach; Communes Champion; CBDs; QAS
2. Anchoring activities at the regional level (RHO)
3. Partnership with local NGOs to support community health activities of HFs and DHOs
4. Progressive extension from commune to commune
5. Establishment of two Showcase Districts as learning/training sites for community health
6. Establishment of Regional Steering Committee
7. Participation in national and regional committees

Project implementation levels



Key Partners

1. MOH : RHO, 9 DHOs

2. Local NGOs

3. PSI :

Provision of health products (ITN, Sur'Eau, condoms, etc.)
Technical assistance for the CBD approach

4. SantéNet (USAID funded project implemented by a consortium led by Chemonics International)

Cofinancing for the implementation of Commune Champion
Support of the implementation of Quality Assurance System

5. Voahary Salama :

Connection and support to local NGOs

6. UNICEF :

Support Health Facilities (equipment, vaccines)

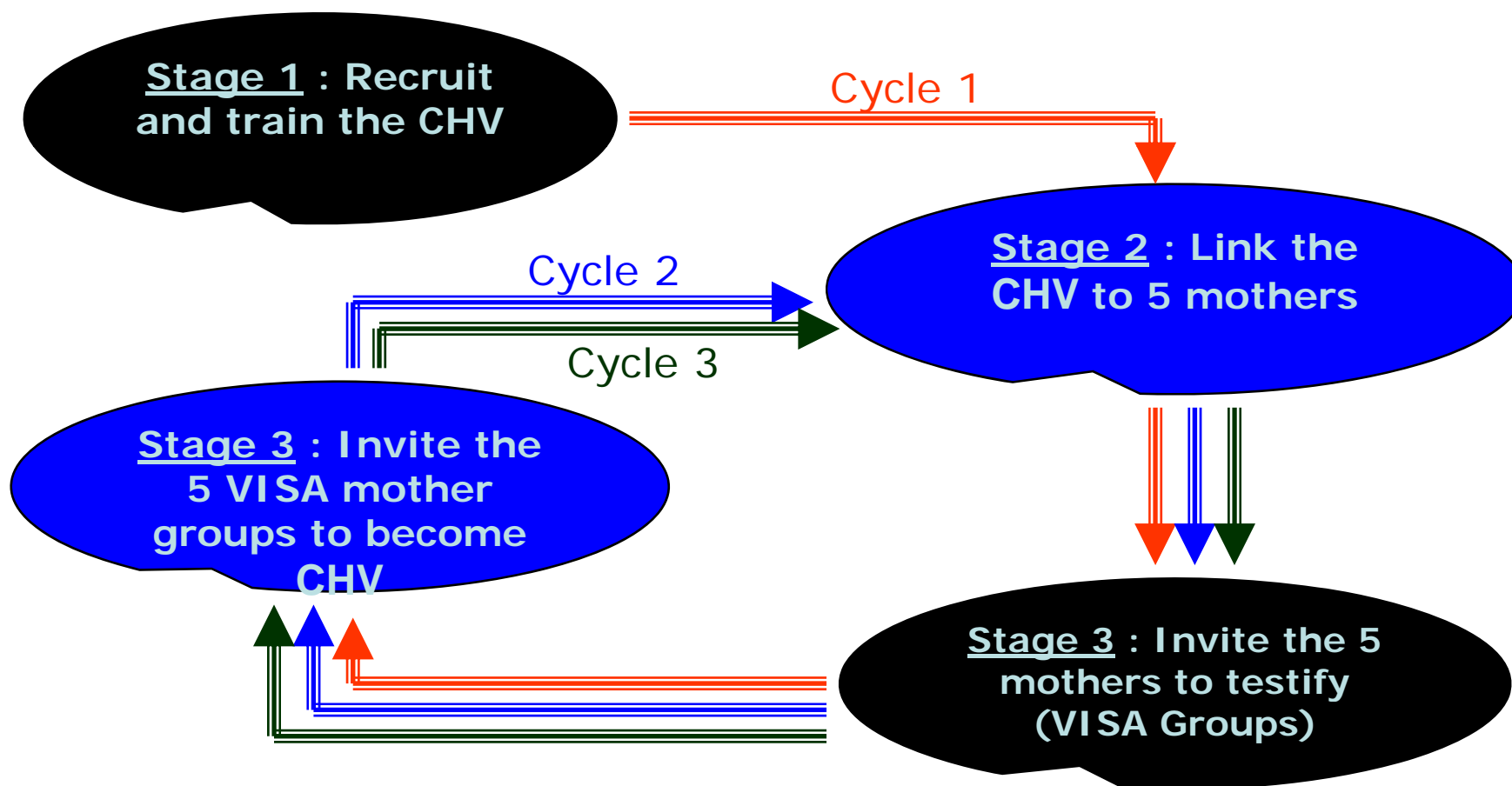
Activities since Launch of Project in October 2006

- **Support to national “Maternal and Child Health Week”**
- **Participation in national-level introduction of zinc, low-osmolarity ORS, and Community Case Management:**
 - **development of implementation guidelines and training modules**
 - **Implementation of these interventions in one pilot district (Betioky)**
- **Setting up of Regional TREIP Steering Committee**
- **Baseline surveys: KPC, R-HSPA, FGDs, BEHAVE**
- **Development of proposal for co-financing of “Commune Champion” by SanteNet (approved in May 2007)**
- **Preparation of the DIP with RHO, 9 DHOs and local NGOs.**

RESPONSE TO REVIEWER'S COMMENTS:

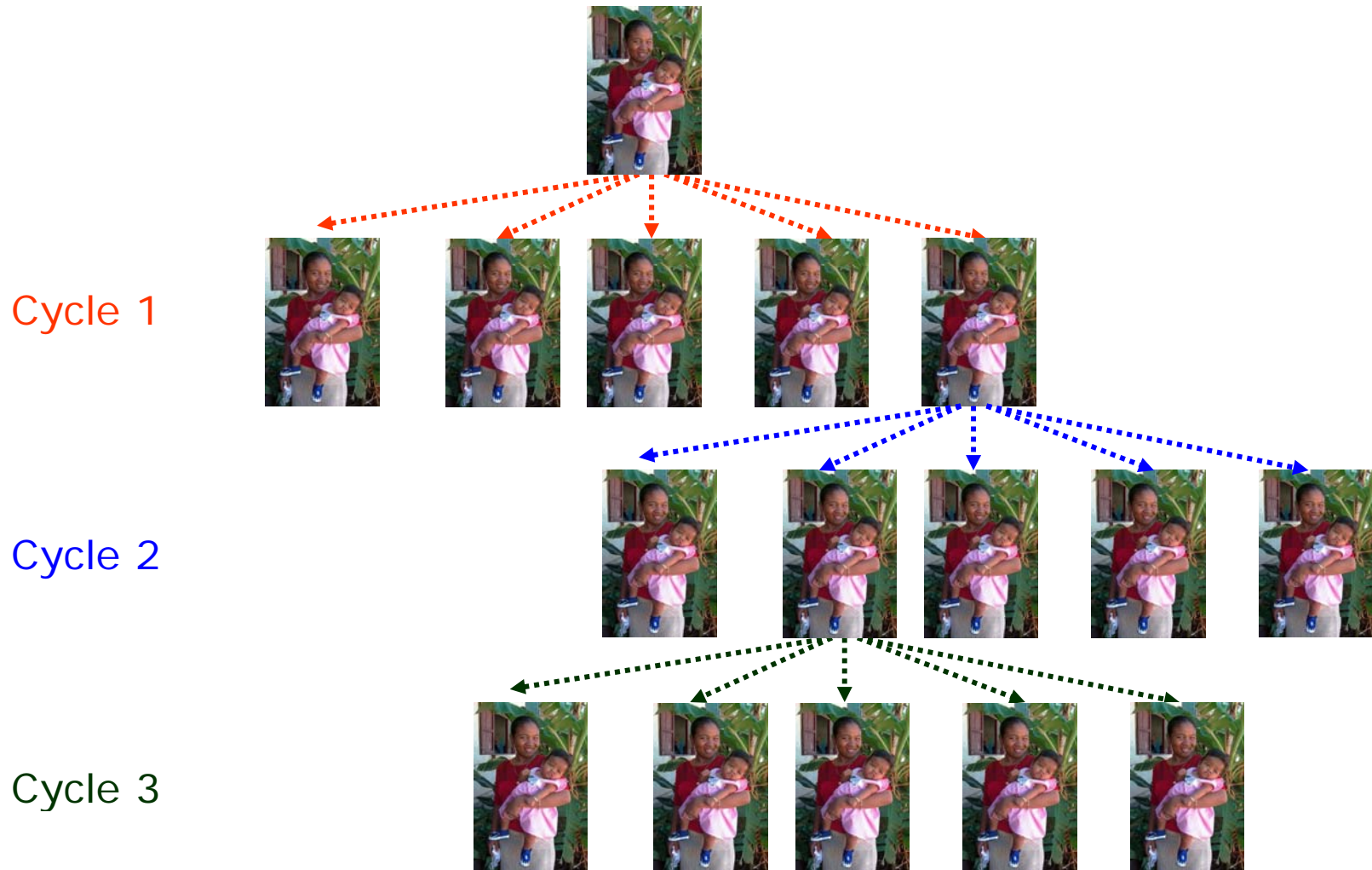
1. Incentive and Retention of CHVs

The VISA approach: 1 CHVs per village \approx 1 CHV per 1000 people



RESPONSE TO REVIEWER'S COMMENTS:

1. Incentive and Retention of CHVs



RESPONSE TO REVIEWER'S COMMENTS

2. Integrated tool for supervision of CHVs by health workers

- This tool was developed by MCDI during the previous CSP in Betioky and Toliara II
- It is based on group and individual interviews conducted every quarter or during other activities such as outreach immunization sessions
- There are standardized interview guidelines and reports for use by the supervisors (field agents, health workers, NGOs)

RESPONSE TO REVIEWER'S COMMENTS

3. Strengthening supply of consumables

- TREIP will provide technical and management support to Health Facilities, DHOs and the RHO in the area of supply of essential drugs and other health products
- TREIP will not finance drugs or any other health products

RESPONSE TO REVIEWER'S COMMENTS

4. Partnership with local NGOs

- MCDI will train local NGOs
- Trained local NGOs will then train and supervise CHVs
- Voahary Salama is an umbrella NGO and will supervise local NGOs
- Voahary Salama and local NGOs will be sub recipients of grants from MCDI

RESPONSE TO REVIEWER'S COMMENTS

5. Sustainability

- The VISA approach is sustainable (See above)
- All project activities are planned and implemented with the RHO and DHO, who will then be able to continue TREIP activities at the end of the project
- MCDI will continue work at the national level through various technical committees. This will ensure the adoption of TREIP's community health experiences into national policies and programs