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IMPROVING CHILD HEALTH IN MADAGASCAR

BASICS III

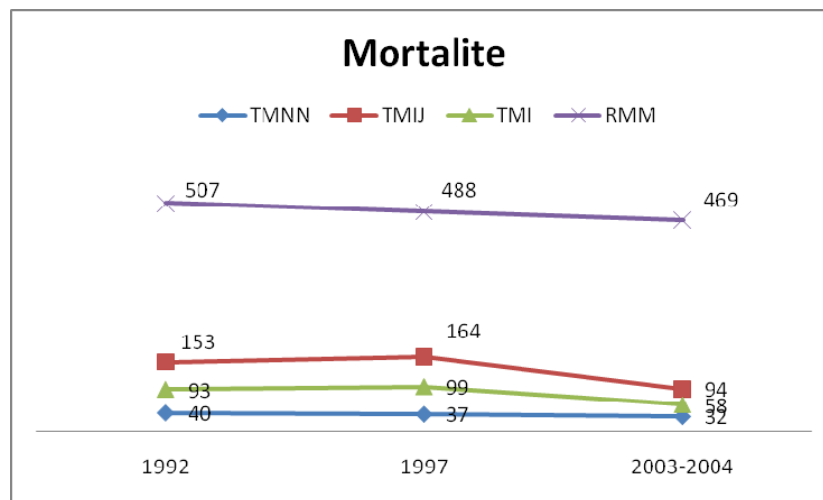
Introduction

Madagascar is an island nation in Southern Africa, a geographically large country with a population of around 20 million. About 50% of the population lives below the poverty line. For the 70% of the population that live in rural areas, access to health and other services is a serious challenge. Belief in superstitions and traditional healers is very strong.

The last DHS III survey in 2003-2004 showed a remarkable reduction in child mortality since 1997—from 164 to 94 per 1000 live births, a reduction of 43% (Figure 1). Infant mortality also decreased significantly, from 99 to 58 per 1000 live births between 1997 and 2003. Despite these accomplishments, there are still too many children dying from preventable diseases. The three leading causes of mortality, namely ARI, malaria and diarrhea, accounted for 68% of deaths among children under 5 years old in 2001, 54% in 2002 and 51% in 2003-2004, all in the context of widespread chronic malnutrition (40% in children under 3 years old in 2003).

According to DHS 2003-2004, nationally, 10% of children under five had one or more episodes of diarrhea in the two weeks preceding the survey. Nearly 43% of children with diarrhea were treated with Oral Rehydration Solution (ORS) solution or a similar home made version, and 58% were treated using ORS or increased fluid intake.

Figure 1
Madagascar Trends in Infant, Child and Maternal Mortality, 1992 to 2004



TMNN: Neonatal Mortality Rate

TMIJ: Child Mortality Rate

TMI: Infant Mortality Rate

RMM: Maternal Mortality Ratio

USAID invited BASICS to begin working in Madagascar in 2005 to support the introduction of zinc for management of diarrhea. These efforts provided an entry point for improving the integrated community case management of pneumonia, diarrhea, and malaria. Nutrition activities were added in 2007, and newborn health and PMI activities began in 2008.

Community Case Management of ARI, Diarrhea and Malaria

Scope and Scale of Activities

BASICS' goal in CCM was to introduce integrated management of diseases of children under 5 years at community level, to facilitate the ability of the Ministry of Health and partners in the implementation of the intervention and help to scaling, as resources permit. The objective was to cover 12 districts in Year 1 and 56 in Year 2, with coverage for at least 50% of the health centers and 3 village sites per health center.

The strategic decision to work closely with the MOH at every step developed the capacity of the Ministry and partners for implementation.

The CCM program began in April 2007 with two districts, Betioky and Mahajanga. Based on the successful results from these two districts, the MOH decided in March 2008 to proceed with expansion of the program.

Expansion required much preparation work, including advocacy at various levels and departments of the MOH. Implementation sites, health facilities and key staff were all carefully selected.

A series of training courses took place. First, orientation and informational trainings for health workers and the heads of health centers who had already been trained in IMCI were conducted to familiarize them with the new program. Then regional pools of trainers were trained, followed by the training of the Agents Communautaire (ACs) themselves.

Other activities included preparation of sites, including materials for the ACs and medicines, and a social mobilization campaign with communities.

Several performance and program monitoring processes were built into the program. Monthly supervision visits of the ACs were conducted by the head of the health center and group supervisions were also conducted. An Access database was developed to track data collected on forms by the ACs. Finally, a review of the program was conducted in August 2007 to collect recommendations to reorient and reinforce the program to facilitate going to scale.

Products and Methodologies

Several documents were produced to guide the design and implementation of the CCM program. The principle document was the CCM Implementation Guide which defines the program. Training manuals and job aids for ACs, as well as program monitoring tools, were all developed.

Training was conducted as a cascade from district trainers, and supervision followed a quarterly schedule.

Data was collected individually by the ACs on a form, which was then entered at the district level into a computer program. In this manner, community level data was handed up level by level to provide national level data on the program.

Results

941 community health workers were trained to conduct CCM at 478 village sites. Twenty-three districts in 10 regions are now covered. 233 health centers were improved and staff trained to support the CCM program.

Program monitoring and supervision was conducted at three sites in 2007 and 18 in 2008. The monitoring included assessment of site and supply maintenance and data management, and the supervision visits evaluated community workers' skills and provided mentoring to improve performance. Site data was compiled and processed, and helped to highlight gaps for improvement. For example, 87% of community workers knew at least two of the four signs of danger at the first supervision, and increased to 100% at the fifth supervision. The recognition of four danger signs increased to 86% at the third supervision visit.

In August 2008, 120 participants from twenty-four countries and 80 national participants attended a review of Madagascar's CCM program and inter-country technical exchange on CCM implementation. Participants had the opportunity to visit intervention sites. The evaluation highlighted several findings and recommendations:

- There was weak involvement of regional officials, and of the health committee at the community level. Strong advocacy is needed at all levels.
- Regional officials want effective decentralization of the program for more direct control over budget, planning, training, monitoring, and data management. They want full ownership of the program.
- More rigorous program management should be enforced for supply chain logistics and replenishment of materials at sites.
- An effective referral system and a support system for referrals in the community are critical.
- The recruitment of community workers, and dealing with problem solving and motivation must be done with local authorities.

Lessons Learned and Recommendations

- The success of a program depends on the involvement and commitment of all stakeholders at the planning stage, and in the implementation, monitoring and evaluation.
- Generating accurate, community level data is essential to assess the success of a program. A permanent and reliable data system for up community sites brings the important issues up to the levels of decision making.
- Resources (financial, human, logistic) must be available from the beginning of the program. They should not become an obstacle later as the program is expanding.
- An evaluation after the introductory phase is essential before expansion or scaling up.

Click [here](#) to download *Guide De Mise En Œuvre Pour L'introduction De La Prise En Charge Communautaire Des Infections Respiratoires Aigues, De La Diarrhee Et Du Paludisme Chez Les Enfants De Moins De 5 Ans A Madagascar* (Implementation Guide to the Introduction of Community Case Management of ARI, Diarrhea, and Malaria in Children under Five Years of Age in Madagascar). French only.

Click [here](#) to download *CCM Job Aids for Community Workers*. French and Malagasy.

Click [here](#) to download *Guide de Facilitateur* (Trainer's Guide for Training Community Workers). French only.

Click [here](#) to download *Plan de Session: Formation des Agents Communautaire* (Session Guide for Training Community Workers). French only.

Click [here](#) to download *Plan de Session: Formation des Formateurs des Agents Communautaire* (Session Guide for Training of Trainers for Community Workers). French only.

Malaria

Scope and Scale of Activities

BASICS received funds from the President's Malaria Initiative (PMI) to assist the MOH to initiate community based treatment of malaria with ACTs with NGOs and other partners, particularly the Global Fund.

The first activity was to conduct a situation analysis of all partners working on malaria, including a mapping of districts and an inventory of their IEC tools. This information was then used to harmonize IEC messages and tools across partners, and ensure good coordination among partners to roll out the community based treatment of malaria.

BASICS primary responsibility was to conduct the initial training of trainers to begin the cascade training to all the former Santenet intervention sites. The initial training of the team of national trainers included staff from Santenet II, several NGOs and some private practice physicians. At the regional level, seven regions were trained in community case management of malaria with ACTs and group facilitation skills (Atsinanana, Alaotra Mangoro, Vatovavy Fito Vinanany, Atsimo Atsinanana, Anosy, Atsimo Andrefana, and Matsiatra ambony). Training of trainers in fourteen districts were conducted (Vatomandry, Toamasina II, Brickaville, Ambatondrazaka, Moramanga, Anosibe an'ala, Manajary, Midongy Atsimo, Fort Dauphin, Amboasary atsimo, Toliara II, Ampanihy Andrefana, Fianarantsoa II, and Ambohimahasoa). Agents communautaire in 119 communes received training from these trainers. BASICS also helped conduct trainings for agents communautaire and assisted in the supervision of trainers and agents communautaire.

Initially, part of BASICS mandate was the management of a malaria grants program for NGOs, but this was later removed from the activities and put under the responsibilities of the new bilateral project, Santenet II.

Products and Methodologies

Several processes and tools were used to help the MOH with planning for the new community based approach for treatment with ACTs. First, a situation analysis, including a mapping of NGO sites and inventory of IEC tools, was conducted among all malaria partners working in Madagascar. A business plan, clarifying which partners would participate and how, and what steps the MOH would take and when, was developed with the MOH.

Several technical meetings were held with the MOH and partners to develop the Policy Guide for Community Case Management of Malaria. Once that operational guide was completed, the Training of Agents Communautaire manuals and tools were developed, including job aids for the Agents Communautaire. To address data management, a tool for record review of ACs treatment of malaria was developed.

A Grants Manual for malaria grantees was developed based on a similar program BASICS used in Malawi, however the grants program was subsequently dropped from the BASICS mandate and the manual was not used.

Results

The situation analysis demonstrated the feasibility of scaling up community based treatment of malaria by mapping where various partners were already working. Various IEC tools used by the partners were harmonized to create unified messages.

For the pool of regional trainers, BASICS trained 22 regional malaria focal points, 10 NGO partner representatives (CARE, CROIX ROUGE, ASOS, MCDI, RTM, VOA HARY SALAMA) and 10 representatives from the MOH's Malaria Control Program. For the pool of district trainers, BASICS trained 97 people from 14 districts in seven training sessions.

After the restriction on working with the MOH was put in place, BASICS trained 21 trainers from Santenet II, NGOs and private physicians so that cascade training could continue at the community level and with the private sector.

Lessons Learned and Recommendations

- Pursuing an open and effective collaboration between all partners involved contributes to more rapid progress.
- Training of trainers should be followed immediately by the training of agents communautaire to give the new trainers an immediate opportunity to apply their new skills.

Click [here](#) to download *Redaction du Guide de Mise en Oeuvre de la Prise en Charge du Paludisme au Niveau Communautaire* (Policy Guide for Community Case Management of Malaria). French only.

Click [here](#) to download *Etude sur L'Etat des Lieux de la Prise en Charge Communautaire du Paludisme a Madagascar* (Situation Analysis of Community Case Management of Malaria in Madagascar). French only.

Click below to download the *Training Package for Community Workers in Malaria*. French and Malagasy.

[Trainer's Guide \(French\)](#)

[Reference Manual for Participants \(French and Malagasy\)](#)

[Curriculum for the Training of Trainers and Community Agents \(French\)](#)

Diarrhea

Scope and Scale of Activities

In 2005, BASICS, in collaboration with RPM Plus, A2Z, and HKI, led an assessment to assess the issues to be addressed in Madagascar to introduce zinc in treatment of diarrhea. From this assessment, a national plan was developed to integrate zinc into treatment protocols and practice. Two approaches to improving health worker capacity were developed, to help training roll out more quickly: one training model for those already trained in IMCI, and one model for those who had not been trained in IMCI. BASICS assisted the MOH and partners to conduct the TOTs and the trainings of ACs, as well as supporting supervision activities and follow up at the C-IMCI sites.

BASICS also incorporated zinc and reformulated ORS into the national norms and protocols regarding treatment of diarrhea, with an emphasis on continuing to feed the sick child, and mobilized health partners to support the operationalization of the national plan.

BASICS also worked closely with the MOH and partners to ensure that appropriate amounts of zinc were procured, stocked and distributed in country. The non-availability of zinc in country was a constraint to rolling out the new treatment, but was finally made available.

Products and Methodologies

The Training Manual for Health Workers Not Trained in IMCI was created to train facility level health workers NOT trained in IMCI on how to use zinc and reformulated ORS to treat diarrhea.

Results

Case management of diarrhea protocols for health facilities were updated with zinc and new ORS guidance.

1363 Agents communautaires were trained at C-IMCI sites to treat diarrhea with zinc and reformulated ORS, serving 56 districts in 16 regions, and a population area of 2,793,425.

Lessons Learned and Recommendations

- Scaling up can be facilitated at the central level, but to be effective, each district should be responsible for using their resources and training pools to implement the national plan.
- Conducting trainings without the actual product (zinc) available makes it difficult for the trainees to apply what they have learned.

- Procurement of zinc is a lengthy process and should be started immediately in the process up updating diarrhea policies and standards.

Click [here](#) to download *Assessment for the Introduction of Zinc in the Treatment of Diarrhea in Madagascar*.

Click [here](#) to download *Manuel Des Agents De Sante Non-Formes En PCIME Pour L'introduction Du Zinc Et Du Sel De Rehydratation Orale A Basse Osmolarite Pour La Revitalisation De La Prise En Charge De La Diarrhee* (Training Manual for Health Workers Not Trained in IMCI for Introduction of Zinc and Reformulated ORS for Case Management of Diarrhea). French only.

Click [here](#) to download *Manuel Des Agents De Sante Formes En PCIME Pour L'introduction Du Zinc Et Du Sel De Rehydratation Orale A Basse Osmolarite Pour La Revitalisation De La Prise En Charge De La Diarrhee* (Training Manual for Health Workers Trained in IMCI for Introduction of Zinc and Reformulated ORS for Case Management of Diarrhea). French only.

Newborn Health

Scope and Scale of Activities

After a study visit to India to see the SEARCH program's model of essential newborn care at the community level, the MOH in Madagascar planned to launch a similar program as a pilot in Vondrozo district. However, no activity had actually been started for two years. BASICS began discussing the feasibility of supporting such a program with the MOH, suggesting that the pilot could take place in several remote districts simultaneously. BASICS suggested a modified version of the SEARCH model, focusing on essential preventive care, identification of danger signs and capacity building at referral centers. An advocacy document was drafted with several partners, and the MOH decided that four districts would be included in the pilot phase : Betioky, Vondrozo, Mahajanga 2 et Vohémar.

To initiate action for newborn care, BASICS hired a technical expert in newborn care in the field office to support the MOH, and invited three technical staff from the MOH, with UNICEF funding, and the new BASICS newborn technical officer, to attend a training on essential newborn care in Mali in March 2008.

To maintain the momentum and enthusiasm garnered from the training in Mali, BASICS immediately began work adapting its generic global level ENC tools for use in Madagascar. In June 2008 BASICS supported the MOH to conduct trainings at the national level to develop

pools of trainers for each of the four districts. A baseline survey was conducted in 3 regions to better understand knowledge and practices related to essential newborn care and adapt tools as necessary. To ensure that the field implementation of the pilot took place, BASICS also supported one of the districts, Betioky, in their cascade training (health workers and agents communautaires), baseline evaluation, supervision and program monitoring.

Products and Methodologies

Package of Training and Supervision tools for ENC

BASICS had developed a set of generic global tools for essential newborn care, which were adapted for the Madagascar context and adopted by the MOH. The thorough package of tools (listed in full at the end of this report) produced in French and Malagasy include tools for training, counseling and supervision for both health facility staff and agents communautaires.

Baseline Evaluation for ENC

BASICS also supported the MOH to conduct the baseline evaluation, which was based on a Knowledge, Attitude and Practice survey model. The baseline assessed birth preparation, prenatal counseling, essential newborn care, postnatal and post-partum counseling and visits, and knowledge of danger signs for mother and baby. The evaluation was conducted in 28 health facilities in 3 regions.

Results

BASICS assisted in training both central level pools of trainers and the trainers and participants in Betioky district. For the national pool of trainers, 30 trainers were trained to train health workers, and 22 trained to train community workers. In Betioky, BASICS trained community workers in several waves: 20 in the first wave, 89 in the second wave and 84 in the third wave.

The training was based on hands-on learning and testing of basic competencies. All the participants scored at least 80% on the post-test evaluation.

BASICS also supported the training of 37 health workers in Emergency Obstetric Care and Essential Newborn Care for the Districts of Mahajanga and Vondrozo 2.

The baseline survey, which interviewed 82 mothers on knowledge, attitudes and practices surrounding childbirth and newborn care, had several interesting findings :

- Births taking place within facilities is still low (39,%) and only 41% are assisted by skilled birth attendants
- Only 37% of newborns were wrapped in clean linens, including the head, after drying, and 49% were put in skin to skin contact with the mother. There are still 37% of newborns bathed immediately following birth, which is very challenging for thermal control. It has been noted that traditionally in home deliveries and in births at facilities, babies were bathed soon after birth only if the baby was soiled with blood, meconium or stools.

- Although it is recommended that the umbilical cord stump is left dry, 40% of women put some type of substance on the cord stump.
- Only 30% of newborns received post-natal checkups. (The percentage is higher than postnatal visits recorded at facility level below as some of the postnatal visits reported in the interview of mothers included visits by traditional birth attendants).
- Only 20% of women received post-partum counseling.
- Upon observing danger signs in the newborn, 30% of women bring them to a health facility.
- Careseeking at the health facility is the first choice for only 18% of women.

Baseline data was also collected at the facility level.

- Stillborn babies represented 3% of all births
- Neonatal deaths (0 to 28 days) registered at the health facility represented .3% of all live births.
- The number of asphyxiated newborns with an Apgar score of at least 7 who were resuscitated represented 3% of all births.
- The number of asphyxiated newborns with an Apgar score of at least 7 who died represented .4% of all births.
- Only 16% of newborns received a post-natal visit within the first 3 days of life. (This percentage is lower than that noted in the results of the interview with the mother, probably because mothers would have also included postnatal visits by community health workers such as traditional birth attendants.)
- 12% of babies were brought for a checkup at six weeks. This period corresponds to the first round of vaccinations.
- Among children under 5 years of age who were brought for problems/sickness only 4 % were below the age of one month. Among these, most (70.3%) were brought for fever.

Supervision and follow up of agents communautaire was a challenge. When the first supervision took place three months after the training (for 5 health agents and 13 agents communautaire) their scores had dropped severely. More frequent supervision visits resulted in higher levels of competency. At the third supervision (for 13 health agents and 60 agents communautaire) everyone passed with scores of 85%.

Unfortunately there was not enough time during BASICS implementation, due to the political events that forced an early ending to activities, to evaluate performance of CHWs and practices around care-seeking for newborns after the intervention. Follow-up evaluation was planned to be continued by the implementing partners such as MCDI, but with the ongoing crisis, may not take place.

Lessons Learned and Recommendations

- Interventions need to be adapted to the local context, beginning with what is feasible and adding in more interventions over time that have long term investment and impact. While prevention is important to address immediately, addressing treatment of problems such as sepsis will help to have a greater impact on mortality.
- Addressing the entire continuum of care is important for sustainability of services and efficiency of interventions. The mother and her newborn are an indivisible pair, and interventions need to benefit both to be efficient. There need to be improved connections between the community level and facility health services, which in part is addressed by regular supervision from facility staff to agents communautaire.
- Training should be skill-based; during trainings, emphasis should be placed on practice time with models and on real cases, where feasible. For example, it has been observed that it is difficult to get adequate numbers of cases of birth asphyxia for both practice and evaluation. Hence having adequate numbers of mannequins for resuscitation is essential. Similar challenges exist for getting adequate numbers of newborns with sepsis to treat, which is more difficult to address. The skills checklists used during training can also be used to verify competencies during supervision. While checklists are primarily for evaluation of skills and competence, because neonatal sepsis is an important issue, it will be beneficial to have checklists in this technical area, although it will be primarily covering issues related to knowledge.
- Group supervision is an effective strategy to improve skills: participants are engaged and share problems they've encountered and their solutions. The frequency of supervisions should be adapted to the context. To compensate for the lack of live cases of asphyxia to treat, it is important to have mannequins for providers to practice resuscitation skills.
- Despite the difficulties, it is essential to implement some form of home-based care of the newborn in areas with low access to health services, particularly for treatment of problems such as sepsis. If necessary, start small in a pilot site/district and provide careful evaluation that will demonstrate the feasibility for scaling up.
- For the long term, Madagascar may want to consider an investment in pre-service medical training that addresses these important issues. The training curriculum for medical doctors as well as midwives and nurses should include skills-based training for essential newborn care.

Click [here](#) to download *Essential Newborn Care Training Package for Agents Communautaire*. French only.

Click below to download *Essential Newborn Care Training Package for Facility Health Workers*.

[Trainer's Guide](#)

[Participant's Manual](#)

Click below to download *Essential Newborn Care Job Aids for Agents Communautaire*.

[French version](#)

[Malagasy version](#)

Click [here](#) to download *Essential Newborn Care Job Aids for Facility Health Workers*. French only.

Click [here](#) to download *Essential Newborn Care Data Collection Tools for Health Facilities*. French only

Click below to download *KAP Survey Tools for Maternal and Newborn Health*.

[French version](#)

[Malagasy version](#)

Click below to download the presentation *Training and Supervision: Key Components of an Essential Newborn Care Program*. French and English.

[French version](#)

[English version](#)

Nutrition

Scope and Scale of Activities

Nutrition activities under the BASICS III project in Madagascar were initiated in the third year of the project and continued until the end of calendar year 2008 when the political situation prohibited provision of additional technical support. Over approximately a 2-year period, the nutrition component of the USAID/BASICS project in Madagascar focused on three areas:

- i) developing effective responses to severe acute malnutrition (SAM);
- ii) strengthening the approach to implementing the Essential Nutrition Actions (ENAs); and
- iii) helping to build the capacity of the National Nutrition Office (ONN) to more effectively carry out its role to coordinate and guide all policies and programs related to nutrition.

BASICS' primary activity to improve the response to SAM entailed developing, implementing and disseminating the results of a BASICS-led evaluation of the pilot community management of acute malnutrition (CMAM) program initiated by the Nutrition Service (SNUT) of the Ministry of Health (MOH) and UNICEF. Support for strengthening the ENA approach included: conducting a "mapping" of on-going ENA programming nationwide; and carrying out a review of the status of ENA activities within efforts to provide case management of childhood illness at the community level, and as part of the activities of other community-based workers. Activities to strengthen the ONN's institutional capacity included, in addition to the CMAM and the ENAs activities, playing a lead role in developing a nutrition monitoring and evaluation (M&E) framework and system, and conducting regional level M&E training.

Products and Methodologies

To effectively carry out these activities, the project developed and employed several tools and methodologies specific to the Madagascar context but also relevant to application in other countries.

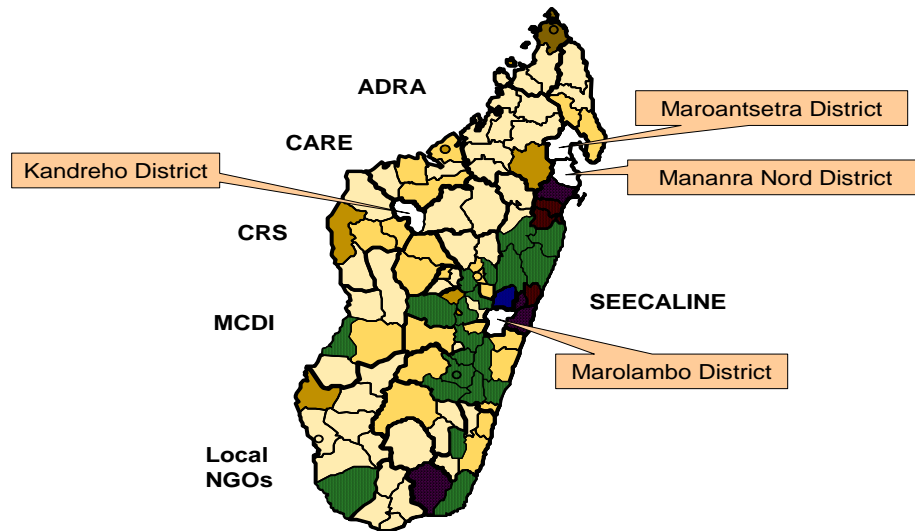
CMAM Evaluation Protocol, Tools and Final Report

Community Management of Acute Malnutrition is a relatively recent intervention approach in the development (non-emergency) context. While the effectiveness of the use of ready-to-use-therapeutic-foods (RUTF) is well-known, the efficacy of a CMAM approach under varying country contexts is uncertain. The BASICS' evaluation of the pilot CMAM project in Madagascar defined an assessment protocol relevant to most CMAM programs, and provided a framework for quantitative and qualitative data collection. The final evaluation report documented the uptake and perceived value of the CMAM program as well as lessons learned and challenges facing the future extension of the program.

ENA Mapping Software/Tool and Presentation

To aid in efforts to foster collaboration and coordination of partners, BASICS utilized mapping software to conduct and present a "gap analysis" of program resources in the nutrition field. Data and information were collected from all of the major partners and compiled into a "map" that provided a picture of where and what is being supported in the area of nutrition by major donors throughout Madagascar (Figure 2).

Figure 2
National Nutrition Presence



ENA Rapid Review Protocol

Drawing on the BASICS II “Program Review of Essential Nutrition Actions: Checklist for District Health Services,” a Rapid Review Protocol was developed, and a sub-contract awarded to a local NGO, Linkajisy, to implement the Review. The protocol was designed to assess the personnel involved and materials used in promoting and supporting the ENAs at the community and Health Center levels and to collect additional information (qualitative and quantitative) that would identify potential opportunities and gaps in the ENAs.

Results

The major results of BASICS’ activities in nutrition were in the areas of policy development and capacity building, although, due to the sudden termination of technical support to the project, some of the expected achievements in this area were not realized.

The results of the CMAM evaluation provided insight into both how well the CMAM model was being applied according to expectations established in the national protocol, and how well the model fit within the context of the government’s other programs addressing malnutrition. The primary conclusions and recommendations of the evaluation had significant policy implications related to the need to integrate CMAM--treatment of severe malnutrition--with the effective, on-going approach to the prevention of malnutrition in Madagascar.

BASICS’s support for the inter-institutional work on the “gap” analysis helped to re-establish a collaborative nutrition group under the auspices of the ONN. BASICS’ direct technical support to the ONN was a driving force in the development and rollout to the regional level of a

national monitoring and evaluation system for nutrition. BASICS' technicians played the major role in both the identification and selection of a framework and appropriate indicators, as well as in the development and implementation of training to begin to build regional capacity in M&E.

Lessons Learned and Recommendations

As indicated, the BASICS-supported CMAM evaluation results provide detailed recommendations for changes needed to integrate a preventive and treatment approach to undernutrition in the community.

- The specific approach for achieving integration of prevention and treatment will require testing under different community scenarios however, the evaluation results provide many insights into the issues that need to be addressed and opportunities to build on to increase the efficacy of the CMAM program and have a greater overall impact on malnutrition in the community.
- A need for greater attention to, and support for all aspects of capacity building in nutrition was consistently recognized throughout the implementation of all nutrition activities under the BASICS III project. The sub-contract of the ENA activity did not produce a quality product in large part because of the weak institutional capacity in nutrition available in the country. Despite long-term support for nutrition through BASICS and an array of other donors and the government, qualified human resources for nutrition are insufficient at all levels, and both local and international non-profit organizational and governmental institutional capacity in nutrition remains weak. For future work in nutrition to be effective and learning to be sustained at the close of project activities, more emphasis should be put on creating ways to build, transfer, and maintain nutrition technical and operational capacity at individual and institutional levels.

Click below to download *Gap Analysis for Nutrition Coverage in Madagascar*.

[French version](#)

[English version](#)

Click below to download *Evaluation of Community Based Management of Acute Malnutrition*.

[French version](#)

[English version \(highlights\)](#)

Conclusion

Lessons Learned

There were several challenges that were met in the course of carrying out BASICS work. Centralization of MOH staff, and an insufficient number of staff, slowed implementation of some activities, specifically C-IMCI. The lack of available drugs and supplies, such as zinc for revitalization of treatment for diarrhea and materials for resuscitation of newborns, hindered implementation. Another disappointing setback was when products received from contracted services with local NGOs, particularly in nutrition and malaria, did not meet BASICS standards.

Ultimately, BASICS greatest accomplishment in Madagascar was to serve as a catalyst for improved child health programming in the MOH. C-IMCI was introduced and is now in the expansion phase. The effort to revitalize treatment of diarrhea with zinc now covers 16 regions and 56 districts in only two years. A data management system for community level activities was adopted by the MOH and other partners. Twenty-three countries came to Madagascar to participate in a review of the CCM program and exchange their experiences in introduction and scaling up of CCM programs. Tools designed by BASICS have been adopted by the MOH in every technical area.

Although BASICS' mandate has expired, partners are now working with the MOH under an improved leadership for child health. MOH programs that have worked with BASICS are now expanding their impact.

BASICS has also shown that where programs can't all begin at the same time, one program can lead the way for the consequent introduction of others; for example, where community-based malaria activities smoothed the way for introduction of community case management for diarrhea and ARI as well. Integrated training and implementation is always the goal, where possible, in the management of child illness.

BASICS has demonstrated the importance of data management in community based activities, through use of a specially-designed computer program, to monitoring program implementation.

The Future of Child Health in Madagascar

Madagascar has signed on to the Millennium Development Goals of the UN including pledges to reduce child mortality. Several other national policy and strategy documents outline the goal of improving child health in Madagascar. Many of the interventions that BASICS has supported promote reduction of child mortality, but they will require sustained and expanded efforts to meet the goals. With limited resources, the MOH should focus on the interventions that lie along the continuum of care for mothers and children. Efforts in preventive care (nutrition, malaria) as well as curative (CCM, essential newborn care) must be addressed. Support for community-based treatment in areas of low access, and their links back to quality care at facilities are a priority to reduce child and newborn mortality rates.

MADAGASCAR: Key documents and other resources (click on titles to download)

Document by Type	Technical Focus Area(s)	Description
Assessment and Data Collection Tools		
KAP Survey for Maternal and Newborn Health	Newborn	Survey tool adapted by BASICS to assess practices surrounding birth and care of the newborn in Betioky District, site of the BASICS intervention (in French). Conducted with 82 women with children less than 6 months of age.
Data Collection Tool for Health Facilities _____ _____	Newborn	Registers for ENC - Delivery Register - Sick Baby Register - Post Natal Visit Register Medical Records File Monthly Report Form
Implementation Guides and Manuals		
Implementation Guide to the Introduction of Community Case Management of ARI, Diarrhea and Malaria in Children Under Five Years of Age in Madagascar	CCM	National guidelines for the implementation of community case management of ARI, diarrhea and malaria. The guide was based on the guide BASICS developed in DR Congo and was adapted for Madagascar, then revised following the Multi-Country CCM Review in August 2008. (French)
Policy Guide for Community Case Management of Malaria	Malaria	The MOH's guide to operationalizing community-based treatment of malaria – in Draft version, not yet finalized by the MOH. (French)

Document by Type	Technical Focus Area(s)	Description
Job Aids		
Job Aids for Facility Workers in NBH	Newborn	Set of tools to be produced as wall posters (in facilities) that cover elements of Essential Newborn Care (in French): <ul style="list-style-type: none"> - Major Infections - Minor Infections - Resuscitation Materials - Resuscitation Technique - Thermal Protection - Care at Birth - Care upon Discharge - Post Natal Visit
Job Aids for Agents Communautaire in NBH <u>French Version</u> <u>Malagasy Version</u>	Newborn	Tools and job aids given to the AC to carry in their bag to counseling sessions (mainly in Malagasy): <ul style="list-style-type: none"> - Birth Plan form for each pregnant woman - Instructions for use of counseling cards - Counseling Cards (also available in French) - Chart for Calculation of Due Date - Table to Track Pregnant Women in the Community - Monthly Report Template
Job Aids for Agents Communautaire for CCM of ARI, Diarrhea and Malaria	CCM	A packet of tools provided to the ACs, available in French and Malagasy: <ul style="list-style-type: none"> - Patient Intake Form - Technical reference sheets to check treatment and counseling guidelines - Referral Form - Monthly report template - Register for recording cases by the AC in their community - Register of drugs dispensed (daily and monthly) Supervision checklist (French only) Supervision tool to assess AC performance (French only)

Document by Type	Technical Focus Area(s)	Description
Major Presentations		
Training and Supervision: Key Components of an Essential Newborn Care Program <u>French Version</u> <u>English Version</u>	Newborn	Presentation given to the BASICS conference, Newborn Health: From Advocacy to Scale, in Dakar, Senegal, June 2009 which shares lessons learned in Madagascar in the introduction of ENC, focusing on training and supervision for newborn health. (French and English)
Reports and Assessments		
Assessment for the Introduction of Zinc and the Revitalization of Diarrhea Case Management in Madagascar	Diarrhea	This assessment was carried out in collaboration with RPM Plus, A2Z, and HKI assess the issues needing to be addressed in Madagascar to introduce zinc in treatment of diarrhea.
Situation Analysis of Community Case Management of Malaria in Madagascar _____	Malaria	A report, including mapping, of existing programs treating malaria at community level and an inventory of their BCC tools (French)
Evaluation of Community-Based Management of Acute Malnutrition	Nutrition	Report produced by BASICS and UNICEF to evaluate the UNICEF plan to scale up universal CMAM.
Training and Supervisory Guides and Manuals		
Training for Agents Communautaire	Newborn	Trainer's Guide (French) Powerpoint presentations for training sessions (French and Malagasy) A set of counselling cards (French and Malagasy)
Training for Facility Health Workers <u>Reference Manual</u> <u>Participants' Manual</u>	Newborn	Reference Manual for ENC at the Facility Level Trainer's Guide Participants' Manual

Document by Type	Technical Focus Area(s)	Description
Training of Agents Communautaire <u>Trainer's Guide</u> <u>Reference Manual</u> <u>Curriculum</u>	Malaria	Trainer's Guide (French) Reference Manual for participants (in French and Malagasy) Curriculum for Training of Trainers and Training of ACs (French)
Training Manual for Health Workers Trained in IMCI for Introduction of Zinc and Reformulated ORS for Case Management of Diarrhea	Diarrhea	This guide was created to train facility level health workers who have already been trained in IMCI on how to use zinc and reformulated ORS to treat diarrhea. (French)
Training Manual for Health Workers Not Trained in IMCI for Introduction of Zinc and Reformulated ORS for Case Management of Diarrhea	Diarrhea	This guide was created to train facility level health workers NOT trained in IMCI on how to use zinc and reformulated ORS to treat diarrhea. (French)
Trainer's Guide to Community Case Management of ARI, Malaria and Diarrhea	CCM	Trainer's guide for training community workers in CCM
Session Guide for Training Agents Communautaire on the Introduction of CCM for ARI, Malaria and Diarrhea	CCM	Session guide to the training program for community workers in CCM (French)
Session Guide for the Training of Trainers in the Introduction of CCM for ARI, Malaria and Diarrhea	CCM	Session guide to the training of trainers who will be training community workers in CCM (French)
Other		
Gap Analysis of Nutrition Coverage in Madagascar (powerpoint presentation) <u>French Version</u> <u>English Version</u>	Nutrition	Conducted at USAID's request with IYCN