The USAID-funded Madagascar Community-Based Integrated Health Project (CBIHP), known locally as MAHEFA, is a five-year health program that is providing basic, quality health care in six north and northwestern regions of Madagascar (Boeny, DIANA, Melaky, Menabe, SAVA, and Sofia). The program’s overarching goal is to increase the use of proven, community-based interventions and essential products among underserved populations.

MAHEFA made large strides in its third year of implementation (PY3). MAHEFA’s team focused on the core activities of training, equipping and supporting CHWs to provide service delivery in the areas of family planning (FP), maternal, newborn, and child health (MNCH), nutrition and water, sanitation and hygiene (WASH), and prevention, diagnosis, and treatment of malaria. In addition to increasing availability of services, MAHEFA’s demand-generating behavior change (BC) activities and quality improvement (QI) activities have evolved to strengthen the work of the CHWs and other community health actors. The core services are complemented not only by the BC and QI services, but also by transport, community health insurance, and community engagement activities to promote a comprehensive approach that supports people to work together to address a variety of challenges and achieve better health.

By the close of MAHEFA’s PY3:

Nearly \( \frac{1}{2} \) of MAHEFA’s fokontany had family planning services available, including Depocom.

MAHEFA works in 6 regions, targeting 3.4 Million people with a total five-year project budget of $35 Million in close partnership with 19 local partner NGOs.

MAHEFA recorded 24,571 regular family planning users.

Nearly 118,000 children had been diagnosed, treated, or referred for diarrhea, acute respiratory infections, or fever.

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MAHEFA’s interventions focus on the community health worker (CHW). The project operates within the Madagascar Ministry of Health CHW Framework.

Key Highlights from PY3:

**5,983 CHWs**
were trained, equipped, and supervised to provide health services at the community level.

MAHEFA’s CHWs are trained to provide basic health services, generate demand, and when needed, refer clients to the health center.

CHWs supported by ____

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**TECHNICAL SUPPORT AND TRAINING**

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**CHWs Trained by MAHEFA up to FY13***

<table>
<thead>
<tr>
<th>Service Area</th>
<th>FY12</th>
<th>FY13</th>
</tr>
</thead>
<tbody>
<tr>
<td>FP/RH + MNCH</td>
<td>1,969</td>
<td>4,014</td>
</tr>
<tr>
<td>DEPOCOM + WASH 1</td>
<td>2,816</td>
<td>2,504</td>
</tr>
<tr>
<td>Nutrition + WASH 2</td>
<td>2,199</td>
<td></td>
</tr>
</tbody>
</table>

*5,377 CHWs trained in c-IMCI by the Ministry of Health and MAHEFA with follow-up support from MAHEFA.

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**Child Health Services Provision Levels Reported by CHWs FY13**

<table>
<thead>
<tr>
<th>Condition</th>
<th>FY13 Treated</th>
<th>FY13 Referred</th>
</tr>
</thead>
<tbody>
<tr>
<td>CU 5 diagnosed Pneumonia</td>
<td>17,228</td>
<td>5,054</td>
</tr>
<tr>
<td>CU 5 diagnosed diarrhea</td>
<td>35,100</td>
<td>8,601</td>
</tr>
<tr>
<td>CU 5 diagnosed with fever</td>
<td>49,967</td>
<td>2,020</td>
</tr>
</tbody>
</table>

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*FY13 Treated
FY13 Referred*
2,787 CHWs trained in behavior change empowerment activities and in the behavior change engagement follow-up tool

SUPPLIES, SERVICES, & INFRASTRUCTURE

Supplies points (97% of target) trained by partner Population Services International (PSI) are now operational.

281

13,000 tubes of 7.1% chlorhexidine (CHX) digluconate were brought into Madagascar. Madagascar became one of the first countries in Africa to use CHX.

313 bicycles distributed, 349 CHWs trained in maintenance and repairs. Repair kits and instructions made available.

210 local masons trained in producing washable latrine slabs.

337 improved latrines recorded.

47 infrastructures rehabilitated: 22 wells, 15 fountains, 10 gravity water supplies.

COMMUNITY ENGAGEMENT

76 sites self-declared open-defecation free (ODF), 3 sites officially declared.

3,012 latrines constructed through the community-led total sanitation (CLTS) process.
communes achieved champion commune status through the KMSm process whereby communities define and achieve self-defined targets for improving health. The KMSm approach has been launched in 99% of all MAHEFA communes.

fokontany completed the community score card (CSC) process that measures client and community satisfaction, leading to service quality improvement.

members enrolled in a community health insurance program in 3 districts. 84 committee members trained in community health insurance management.

For more information, please contact:
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