



THE ACCESS PROGRAM IMPROVING HEALTH SERVICE QUALITY

PROJECT OVERVIEW

The Accessible Continuum of Care and Essential Services Sustained (ACCESS) program is a five-year (2018-2023) integrated health project funded by the United States Agency for International Development (USAID) and led by Management Sciences for Health (MSH). By working in close collaboration with the Ministry of Public Health (MOPH), the goal of the program is to accelerate sustainable health impacts for the Malagasy population through three primary objectives:

- Quality health services are sustainably available and accessible to all Malagasy communities in the program's target regions
- Health systems function effectively to support quality service delivery
- The Malagasy people sustainably adopt healthy behaviors and social norms

As there is great variation between and within the ACCESS target regions in terms of geography and infrastructure, epidemiology, demography, economic and socio-cultural factors, health sector performance, and level of organizational capacity within the MOPH and in communities, the program's strategic approach requires tailored and decentralized implementation, building on what exists and responding to the needs and opportunities specific to each region and district.

QUALITY IMPROVEMENT APPROACH

ACCESS works with the MOPH to strengthen the quality of health service delivery along an integrated continuum of care -- from the community to referral hospitals -- particularly focusing on maternal, newborn, child, and adolescent health.

Overall, ACCESS's clinical capacity building strategy is based on three elements:

- 1 more precise targeting of training, based on needs and data
- 2 investments in on-the-job coaching and supportive supervision, and
- 3 innovation in training delivery.

ACCESS also aims to strengthen non-clinical quality of care aspects, for example by improving the sanitation of health facilities (renovating latrines and handwashing stations) and by providing potable water infrastructure and materials to health facilities.



STRENGTHENING COMMUNITY HEALTH

ACCESS supports the MOPH's management teams at the regional and district levels in training, equipping, and assisting community health volunteers (CHVs) to provide integrated management of childhood diseases, short-acting family planning (FP) methods, and maternal and child nutrition services; to promote antenatal care, delivery at health facilities, postnatal consultations and immunizations; and to refer clients to health facilities for more advanced care.

Malaria prevention, diagnosis, and treatment of simple cases in children under five and pre-referral treatment for severe malaria cases are also part of the key activities supported by ACCESS at the community level, in collaboration with the National Malaria Control Program.

Alongside the MOPH, ACCESS conducts systematic training follow-ups, supportive supervision, and coaching through the *accompagneurs en santé communautaire* to ensure clinical skills and competencies are being maintained.



SUPPORTING CSBs AND DISTRICT HOSPITALS

ACCESS supports the Ministry's national health policy and essential service packages, and prioritizes the increased uptake of high-impact interventions in reproductive, maternal, newborn, child, and adolescent health. Key activities include:



- Material support as needed, and clinical capacity building of health care providers to optimally deliver prioritized essential health services in each district
- Essential health advice, including nutrition education and the promotion of exclusive breastfeeding and infant feeding practices
- Implementing a malaria control strategy during pregnancy, including provision of insecticide-treated mosquito nets at the first antenatal consultation and promotion of their use
- Strategies for increasing routine immunizations
- Support for the provision of short-acting and long-acting FP methods and reproductive health services
- Mobile clinics providing FP, antenatal care, and immunization services to remote communities

BUILDING A FUNCTIONAL CONTINUUM OF CARE

ACCESS assists health district management teams (EMAD) to define referral patterns; identify district-specific bottlenecks and barriers that interfere with referrals/counter-referrals; and develop transport, communication, and data improvement interventions that strengthen the referral system. ACCESS supports the EMAD and the Communal Health Development Commissions (CCDS) to identify issues or challenges that may impede the functionality of the continuum of care from the ground up, and improve communication between and across communities, CSBs, and CHRDs.



KEY INDICATORS

- Percent of children under five testing positive for malaria who are treated with ACT
- Percent of children under five with diarrhea correctly treated
- Percent of children under five with pneumonia receiving antibiotics
- Number of children under five reached with nutrition-specific interventions
- Number of regular and new contraceptive users
- Number of people gaining access to basic drinking water
- Percent of pregnant women attending at least four antenatal care visits with a skilled provider
- Percent of deliveries with a skilled birth attendant
- Percent of newborns receiving essential newborn care
- Percent of children between 12 and 23 months who received their third dose of Penta by 12 months