THE ACCESS PROGRAM
STRENGTHENING THE HEALTH SYSTEM

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

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. Consequently, 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.

HEALTH SYSTEM STRENGTHENING APPROACH

ACCESS works with the MOPH to sustainably strengthen the country’s health system at all levels and ensure that it:

- Is made up of a competent, motivated, and proactive staff and leaders
- Has an effective governance, accountability, and oversight system
- Has quality data routinely and systematically available and that is used regularly to make decisions
- Has a well-managed supply chain that ensures essential medicines and commodities are reliably available at health centers and community sites
- Implements an operational and reliable epidemiological surveillance system
**Management, Supervision, Monitoring, and Motivation**

At the national, regional, and district levels, ACCESS strengthens the leadership, management, and governance skills of MOPH staff through the implementation of the Leadership Development Program (LDP+) which focuses on health planning; use of information and evidence for coordination, advocacy, and policy development; and improved human resources performance.

At the national level, ACCESS participates in the implementation of the National Community Health Policy; the clarification of the roles and responsibilities of health governance structures, including regional and district management teams (EMAR, EMAD), district hospitals, communal health development commissions (CCDS) and health committees (COSAN); and the development of training manuals and management tools.

At the regional and district level, ACCESS applies MSH’s *Program for Organizational Growth, Resilience, and Sustainability (PROGRES)* approach - which was adapted in collaboration with the central-level MOPH to the context of Madagascar, an innovative tool to sustainably improve the organizational capacity and performance of EMARs and EMADs through self-assessment and planning of organizational improvement mechanisms.

At the basic health center (CSB) level, MSH’s *Fully Functional Service Delivery Point* approach is being adapted in collaboration with the MOPH and implemented to allow for the EMAD and health center staff to conduct self-monitoring of compliance with agreed quality standards and performance objectives for the quality of clinical and non-clinical service delivery.

**Ensuring Data Quality and Availability**

ACCESS supports the MOPH to prioritize the harmonization of health data reporting across all partners at the community level, as well as the systematic integration of data into the monthly activity reports of the basic health centers.

ACCESS’s approaches enable a culture of quality data usage within each district by improving internal controls for data reporting, minimizing redundancies, and facilitating data collection and data entry. ACCESS will work with the MOPH to strengthen community surveillance of diseases (including malaria, measles, and the plague, among others). Surveillance systems will be integrated into the national DHIS-2 to facilitate harmonization of timely data and rapid response mechanisms.

**Building a Reliable Supply Chain for CSB and CHVs**

ACCESS strengthens the health commodity supply chain by coordinating with the USAID IMPACT project, the Pharmaceutical Directorate, and other stakeholders and implementing partners. In particular, the program works with the MOPH to build the capacities of CSB chiefs and community-managed pharmacy (PhaGeCom) providers in stock management and in improved quantification and forecasting through the commodity supply chain by ensuring that community health volunteers’ (CHV) stock needs are integrated into their orders.

ACCESS also works with the MOPH to ensure continuous availability of health commodities at health facility and CHV levels by supporting the implementation of the “Last Mile Distribution Policy,” collaborating with IMPACT and *Unité de Coordination des Projets Fonds Mondial* to support the transport costs of health commodities purchased by USAID (family planning and maternal and newborn health-related commodities) and the World Bank (malaria, tuberculosis, and AIDS-related commodities), respectively, that are stored at district pharmacies.

**KEY INDICATORS**

- Percent of clients satisfied with health services
- Percent of reports completed on time
- Percent of CSBs and districts using health information data for decision-making
- Percent of districts that perform data quality checks and analyses
- Average stock out rate of tracer essential drugs and contraceptive commodities