

## **MIKOLO Annual Progress Report**

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August 1 – September 30, 2013

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# USAID | MIKOLO

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## USAID|MIKOLO\* Annual Progress Report Period: 1 August to 30 September 2013



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**\*N.B.:** the Malagasy project name was approved by USAID on Nov. 21, 2013 and the report was rebranded at the request of USAID in order to ensure branding consistency with future reports.

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## Acronyms

<b>AC</b>	<i>Agent Communautaire (CHV)</i>
<b>ACT</b>	Artemisinin-based combination therapy
<b>ADB</b>	African Development Bank
<b>ADS</b>	Automated Directives System
<b>ANC</b>	Antenatal Care
<b>ARI</b>	Acute Respiratory Infection
<b>ASOS</b>	<i>Action Socio-sanitaire Organisation Secours</i>
<b>BCC</b>	Behavior change communication
<b>CA</b>	Cooperating Agency
<b>CBO</b>	Community-Based Organization
<b>CCDS</b>	<i>Commission Communale de Developpement Social</i>
<b>CCM</b>	Country Coordinating Mechanism
<b>CDCS</b>	Country Development Cooperation Strategy
<b>CHV</b>	Community Health Volunteer
<b>CLTS</b>	Community Led Total Sanitation
<b>CO</b>	Contracting Officer
<b>COR</b>	Contracting Officer's Representative
<b>COSAN</b>	<i>Comité de Sante (CHV Association)</i>
<b>CPR</b>	Contraceptive Prevalence Rate
<b>CSB</b>	<i>Centre de Santé de Base (Health Center)</i>
<b>CSLF</b>	<i>COSAN Savings and Loans Fund</i>
<b>DDS</b>	<i>Direction des Districts Sanitaires</i>
<b>DHS</b>	Demographic Health Survey
<b>DMPA</b>	Depo-Provera
<b>DSMER</b>	<i>Direction de Santé de la Mère, de l'Enfant et de la Reproduction</i>
<b>EA</b>	Environmental Assessment
<b>ETL</b>	Education through Listening
<b>EU</b>	European Union
<b>FP</b>	Family Planning
<b>GAVI</b>	Global Alliance for Vaccines and Immunization
<b>GDP</b>	Gross Domestic Product
<b>GFATM</b>	Global Fund for AIDS, Tuberculosis and Malaria
<b>GOM</b>	Government of Madagascar
<b>GMP</b>	Growth Monitoring Promotion
<b>GIZ</b>	<i>Gesellschaft für Internationale Zusammenarbeit</i> (German International Cooperation)
<b>HPN</b>	Health, Population, and Nutrition Office
<b>IEC</b>	Information, Education, and Communication
<b>IEE</b>	Initial Environmental Examination
<b>c-IMCI</b>	Community-Integrated Management of Childhood Illnesses
<b>IPTp</b>	Intermittent Preventive Treatment in Pregnant Women
<b>IRS</b>	Indoor Residual Spraying
<b>ISP</b>	Integrated Strategic Plan

<b>ITEM</b>	<i>Institut Technologique de l'Education et du Management</i>
<b>IUD</b>	Intra-uterine Device
<b>LAPM</b>	Long-Acting and Permanent Methods
<b>LCD</b>	Local Capacity Development0330767978
<b>LLIN</b>	Long-Lasting Insecticide-treated Nets
<b>MFI</b>	Microfinance Institution
<b>MIS</b>	Management Information System
<b>MSH</b>	Management Sciences for Health
<b>MNCH</b>	Maternal, Newborn, and Child Health
<b>MOPH</b>	Ministry of Public Health
<b>MOST</b>	Management and Organizational Sustainability Tool
<b>MSI</b>	Marie Stopes International
<b>MUAC</b>	Middle Upper Arm Circumference
<b>NGO</b>	Non-Governmental Organization
<b>NMCP</b>	National Malaria Control Program
<b>NSA</b>	National Strategic Application
<b>OD</b>	Organizational Development
<b>ORS</b>	Oral Rehydration Solution
<b>OSC</b>	Overseas Strategic Consulting
<b>PCV</b>	Peace Corps Volunteer
<b>USAID/MIKOLO PROJECT</b>	Primary Health Care
<b>PMI</b>	President's Malaria Initiative
<b>PNLP</b>	<i>Programme National de Lutte contre le Paludisme</i>
<b>PPH</b>	Post-Partum Hemorrhage
<b>PSI</b>	Population Services International
<b>RBM</b>	Roll Back Malaria
<b>RDT</b>	Rapid Diagnostic Test
<b>RH</b>	Reproductive Health
<b>SIFPO</b>	Support to International Family Planning Organizations
<b>SILC</b>	Saving and Internal Lending Community
<b>SP</b>	Sub-Purpose
<b>TA</b>	Technical Assistant
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>USG</b>	United States Government
<b>VSLA</b>	Village Savings and Loans Association
<b>WASH</b>	Water, Sanitation, and Hygiene
<b>WB</b>	World Bank
<b>WHO</b>	World Health Organization
<b>YPE</b>	Youth Peer Educators

## Executive Summary

The USAID/MIKOLO Project is a five-year Project (2013-2018) that aims to “increase community based primary health care service uptake and the adoption of healthy behaviors.”

The Project has four sub-purposes to achieve these results:

- 1) to sustainably develop systems, capacity, and ownership of local partners;
- 2) to increase the availability and access to primary health care services in Project target communes;
- 3) to improve the quality of community-level primary health care services; and
- 4) to increase the adoption of health behaviors and practices

The Project will focus on 6 regions of Madagascar – Antsinanana, Vatovavy-Fitovinany, Amoron’I Mania, Haute Matsiatra, Ihorombe, and Atsimo-Andrefana. It builds on past and current successes in integrated community-based service delivery to promote optimal health behaviors and quality services, in order to improve the health status of the Malagasy people and contribute toward achieving the maternal and child MDGs. The Project also embraces USAID Forward procurement reforms by enhancing local ownership through capacity building. Madagascar USAID/MIKOLO PROJECT is implemented by Management Sciences for Health (MSH), with international partners, Catholic Relief Services (CRS) and Overseas Strategic Consulting (OSC), and Malagasy partners *Action Socio-sanitaire Organisation Secours* (ASOS), and *Institut Technologique de l’Education et du Management* (ITEM).

This annual report covers the period August 1 – September 30, 2013. During this period, the USAID/MIKOLO PROJECT Project was engaged in rapid start-up and focused primarily on administrative and operational activities. These include:

- Developing Project policies and procedures
- Recruiting, hiring, and orienting new staff
- Finalizing agreements with subcontractors and engaging their staff
- Meeting with implementing partners and stakeholders
- Establishing a home base and visibility for the Project
- Preparing for official Project Launch.

The Project received short-term technical, administrative and operational assistance from various MSH headquarters staff for these activities, assisting the in-country team in ensuring a smooth and successful start-up.

In addition to administrative and operational activities, the Project has begun preparing for implementation of technical activities, focusing these first two months on:

- Developing and submitting, on time, all required Project deliverables (the Project is awaiting feedback from USAID as of the end of September, 2013):
  - Annual Workplan Narrative
  - Annual Workplan Timeline
  - Workplan Budget
  - Environmental Mitigation and Monitoring Plan
  - Monitoring and Evaluation Plan
  - Project Logframe
  - Project Indicator Table
  - Grants Manual with Attachments

- Reviewing baseline data and updating indicator targets
- Developing criteria to assess functionality of existing *Comité de Sante* (COSANs) and *Commission Communale de Developpement Social* (CCDSs) and identify PY1 intervention areas
- Conducting inventory of training tools and updating curriculum
- Developing or adapting data collection and assessment tools
- Establishing selection criteria for transition grants.

A great deal has been achieved during these first two months to get the USAID/MIKOLO Project up and running in a very short amount of time, and the USAID/MIKOLO Project team is well positioned to expand into the next phase of the Project rollout, based on the plans crafted during this inception period.

## **Introduction**

The USAID/MIKOLO Project's goal is to reduce maternal, child, and infant morbidity and mortality in six of Madagascar's 22 regions. In order to contribute to that goal, the USAID/MIKOLO Project's purpose is to increase community-based primary health care service uptake and the adoption of healthy behaviors among women of reproductive age, children under age five, and infants. In addition, the USAID/MIKOLO Project seeks to strengthen the institutional capacity of local nongovernmental organizations to sustainably provide quality services to communities and so that they will become eligible to receive direct recipients of funding support from USAID. These two goals represent a special challenge for the USAID/MIKOLO Project and will be the principal focus of Project efforts throughout the Project life cycle.

The Project also has four sub-purposes: 1) to sustainably develop systems, capacity and ownership of local partners; 2) to increase the availability of and access to primary health care services in Project target communes; 3) to improve the quality of commune level primary health care services; and 4) to increase adoption of healthy behaviors and practices. These sub-purposes are outlined in the attached Results Framework. Four important cross-cutting themes underpin each of the four sub-purposes and will be central themes throughout the life of Project: 1) a sound monitoring and evaluation system; 2) essential activities emphasizing youth and attention to gender; 3) a sustainability strategy guiding overall implementation; and 4) an environmental mitigation and monitoring plan.

The Project uses a community-driven, gender-centered, and sustainable approach to improve the lives of the poorest and most vulnerable women, youth, children, and infants. By empowering the Malagasy people to adopt healthier behaviors and access integrated FP, RH, MNCH, and malaria services, and through active participation of civil society, the USAID/MIKOLO Project will contribute to regaining and advancing Madagascar's progress in health and development. The Project focuses on engaging and developing Malagasy NGOs, community-based organizations, and a cadre of community health volunteers (CHVs) to serve as quality service providers, agents of change, and a sustainable network for long-term development. This approach works with and through community structures to strengthen local systems and institutions (sub-purpose 1), increase the number of CHVs, fortify linkages with providers of long-acting and permanent methods (LAPMs) of FP, and improve commodity security (sub-purpose 2). Together, we will implement a quality improvement system (sub-purpose 3) and BCC interventions (sub-purpose 4), so that more Malagasies can readily adopt healthy behaviors and access health services of standardized quality.

This report covers activities undertaken during the first two months of the Project, from August 1 – September 30, 2013. As the focus of this period was on rapid Project start-up, this report focuses primarily on operational, administrative, and management activities conducted to establish a capable team and effective operations, and to plan and prepare for technical implementation.

## **Activities conducted and results achieved**

The following activities were conducted or completed during the reporting period of August to September 2013.

## Technical Activities:

### Sub-purpose 1: Sustainably develop systems, capacity, and ownership of local partners

As part of strengthening the local system, a few activities were initiated in August and September 2013:

- *Establish and re-establish COSANs and CCDSs:*  
The Project established a set of criteria to identify functional COSANs and CCDSs and to determine the total number within the 375 intervention communes previously under the SantéNet2 Project. The criteria will be discussed and validated at the next NGOs meeting in October 2013. Among other things, the criteria will serve to assess the situation and thus select the PY1 intervention communes.
- *Develop local NGOs' technical and institutional capacity:*  
The first step in this activity consists in developing curricula for training the NGOs' technical assistants and for strengthening NGO institutional capacity to prepare them for "graduation." To this end, organizations having training curricula in the context of community-based Projects (USAID, SantéNet2, MAHEFA) were inventoried, along with curricula available for possible adaptation for the USAID/MIKOLO Project.

### Sub-purpose 2: Increase availability and access to primary health care services in all communes in the Project's six intervention regions

Under Sub-purpose 2, four activities started in August and September 2013:

- *Adapt the CHV (community health volunteers) Framework Document:*  
Five sets of sample CHV Framework document, which outline the roles and responsibilities of CHVs including their overall parameters and training requirements, were collected from various stakeholders and partners working in community-based primary health care in Madagascar, including the Ministry of Public Health (MOPH), MAHEFA, FHI 360 and SantéNet2. These documents will serve as a basis for adaptation and development of a reference document to guide CHVs in the performance of their duties.
- *Develop, revise, and validate CHV training curricula*  
The purpose of this activity is to collect all existing CHV training curricula and to use this as a basis for adapting curricula that meet the needs of the Project's CHVs. Documents were collected from the MOPH, MAHEFA, FHI 360 and SantéNet2 and pertain to the following topics: RH/FP; community-based Depo Provera; c-IMCI, including malaria; maternal and child health; nutrition; and water and sanitation.
- *Map out functioning CCDSs, COSANs, and CHVs*  
The first step of this activity consisted in developing a standard questionnaire for inventorying functional CHVs. The questionnaire is now available and will be pre-tested in the field prior to its submission at a preliminary NGO meeting, in preparation for its finalization and validation in October 2013. The information gathered through the questionnaires will allow us to identify CHVs, assess the training they received, and their current level of functionality. This information will feed into a database and

will be among the criteria taken into account for selecting the Project's PY1 intervention communes, as in this first period, the Project plans to work primarily with CHVs who have already been trained, and therefore only require refresher sessions to be operational in the field.

### **Sub-purpose 3: Improve quality of community-level primary health care services**

Activities under Sub-purpose 3 during the reporting period focused on several activities:

- *Develop (revise/update/adapt) tools and job aids for CHVs*  
As a prerequisite to this activity, the package of services to be provided by "full-service" CHVs must be defined to guide the revision and development of tools for monitoring and assessing CHV performance. A first draft of the "full-service CHV" job aid was developed and is now available for use. The document will be presented at the preliminary meeting of NGOs in October 2013.
- *Update, adapt and develop tools based on international standards, ensuring integration of services*  
The first step under this sub-activity was to collect documents on international norms and standards for family planning and IMCI from WHO, UNICEF and the Ministry of Public Health. These documents will be used to design and develop job aids and other tools compliant with norms and standards, as well as to prepare guidelines for using the tools.
- *Set up a CHV performance supervision and monitoring system*  
The result expected from this activity reads as follows: "250 supervisory visits conducted by CCDSs and local partners" and pertains to the entire Project year. The sub-activities reported herein form part of the process to achieve this result.
- *Review, update and develop the CHV supervision package*  
As a first step, information on the CHV supervision strategy was collected, obtaining documents from MAHEFA, SantéNet2 and MSH. These documents will be used to develop the job aid on CHV supervision, which will serve as a basis for discussions at the workshop with partners to develop, finalize and validate the CHV supervision strategy.
- *Develop assessment tests for CHVs based on competency standards*  
The standards for quality of CHV services were developed, establishing criteria for assessing CHV performance. The next steps in the first quarter of PY1 will be to establish CHV performance scores and to integrate this into TA tools. Ultimately, these tools will be used to assess CHV performance and facilitate CHV certification.

### **Sub-purpose 4: Increase adoption of healthy behaviors and practices**

One of the major features of the USAID/MIKOLO PROJECT Project is the progressive implementation of the *Ankohonana Mendrika Salama*, or "Champion Healthy Household," approach that consists of extending the *Kaominina Mendrika Salama*, or "Champion Healthy Commune," approach to the household level. It should be noted that this new approach will coincide with the revitalization of Champion Communes by the Project.

Only one activity was planned for this period in order to successfully initiate this approach in a gradual way.

- *Conduct an inventory and revitalize Champion Communes by building the capacities of community actors*  
The development of the questionnaires mentioned above to assess the functioning of Champion Communes will help give the Project an idea of what is required to revitalize these community actors.

## **Cross-cutting Activities**

### **5.1: Monitoring and Evaluation:**

- *Recruitment of M&E Director*  
A candidate has been selected and submitted to USAID for approval as key personnel.
- *Monitoring and Evaluation Plan*  
The M&E Plan, indicator table, and logical framework were submitted to USAID on September 13, 2013 and are pending approval. The Project's baseline, targets, and indicators are being finalized.
- *Data collection tools*  
To better support CHVs, an inventory of materials and tools used for data collection was carried out at MSH headquarters, as well as among Project partners in the field. Harmonizing tools will make it easier for CHVs to collect quality data. The next step will be to set up the data quality assurance system.

### **Indicator Table**

As the Project M&E Plan has not yet been finalized and technical implementation has not yet led to measurable results, there is no progress to report currently on Project indicators. An indicator table comparing progress against targets will be included in the next report.

### **5.2: Gender and Youth**

During the reporting period, we conducted an inventory of existing training curricula on youth and gender approaches (MAHEFA, PSI, UNICEF, UNFPA, Youth House, SANTÉNET2) and updated them, as part of preparing for awareness-raising in Quarter 2. Gender was considered in Project recruitment and staffing, and as of the end of the reporting period, full parity had been achieved, with nine women and nine men currently on staff.

### **5.3: Sustainability**

There were no specific sustainability activities conducted during the reporting period. However, as was previously noted, two local implementing partners (ASOS and ITEM) were actively involved in the development and finalizing of Project deliverables.

### **5.4: Environmental Compliance**

During the reporting period, the Environmental Mitigation and Monitoring Plan was developed and submitted to USAID. During the orientation and work planning workshop, the

EMMP was shared with all participants to orient them to environmental compliance requirements and the importance of training others. The Project is awaiting feedback on the EMMP from USAID. Once approved, the Project will disseminate it to staff and partners for implementation. During the current reporting period, no activities contained in the plan were undertaken.

### **Start-up and Management:**

Various steps for rapid start-up of the USAID/MIKOLO PROJECT Project:

To ensure rapid start-up of activity implementation, the Project conducted the following activities:

- Engaged key staff: COP, Deputy COP, Senior Technical Advisor, Integrated Community Service Delivery & QI Specialist, and QA Specialist.
- Secured temporary office and began scouting locations for the permanent office.
- Initiated the local registration process for MSH and opened a local bank account.
- Initiated staff recruitment, salary approvals, and signed contracts with 14 staff; job announcements were published in local newspapers and on MSH's website.
- Developed a Grants Manual to guide fair and effective administration of Project grants including transition grants to ensure minimal disruption to community-based primary health care service delivery by community health volunteers.

The recruitment status, along with a list of positions filled to date, is shown in the attached organizational chart (Annex II). It is also noteworthy that all Key Personnel proposed in the Project Proposal were in place and in-country, and 30% of all staff were on board by the 30<sup>th</sup> of September, 2013

#### **Personnel Changes**

- In mid-September, the Director of Finance and Operations left the Project. USAID received notification and the rationale for her departure on September 17, 2013. Recruitment for a replacement is well underway and a new LTTA is expected to be hired in Q1 of FY14.
- During this start-up phase, one of OSC's staff members was identified as not appropriate for the responsibilities of the post. Recruitment and replacement efforts began immediately, USAID was informed, and candidates were selected and scheduled to begin in early October.

Contract orientation and finalization of subcontracts with implementing partners:

- MSH Contract Officers came to Madagascar to orient and train local staff and subcontractors' staff on the contract terms and conditions, USAID regulations, and allowable versus non-allowable Project expenditures.
- Subcontracts with implementing partners (CRS, ASOS, ITEM, and OSC) were finalized by MSH and then submitted to the partners for signature. Final signatures are expected in early October, 2013.

Development and finalization of deliverables due to USAID:

- The USAID/MIKOLO Project team held a workshop facilitated by ITEM to finalize the first year Work Plan and budget, M&E Plan, Environmental Mitigation and Monitoring Plan, and Grants Manual, with active involvement of implementing

partners. The deliverables were submitted to USAID according to schedule on September 13, 2013.

Post-award meeting with USAID and bridge funding:

- A post-award meeting was held with USAID on August 13, 2013 to orient the Project and MSH headquarters staff, review the Project's main focus and objectives, address logistics and procurement issues, discuss contract terms and conditions, USAID regulations, and restrictions on collaboration with the Ministry of Health and its decentralized structures, and agree on next steps.
- The Project also explored with USAID the possibility of setting up transition grants to allow for the continuation of activities in communes where actors such as COSANs, CCDSs, and CHVs are still active. The Project initiated the process of identifying such communes and developed selection criteria. A meeting with the NGOs was scheduled for mid-October to assess the functionality of these actors. This activity is scheduled to start with approval of the Grants Manual.

Meetings with USG beneficiaries and other partners working in the same field as USAID/MIKOLO PROJECT:

During this period, the Project initiated meetings with technical partners and potential partners to discuss and formalize areas of collaboration. Meetings were held with:

- PSI / ISM on health product supply and on the current functioning of supply points in six Project areas. We agreed to hold further discussions involving program and technical staff and to develop a framework document for collaboration, to be completed during the next quarter.
- MSI / SIFPO on their intervention zones in the Project's six regions. We discussed conducting a mapping exercise, which will be finalized by program technical staff. The USAID/MIKOLO Project is particularly interested in the possibility of referring FP clients to mobile clinics and to MS Ladies (MSI-trained women in communities who can provide short and long-acting methods of family planning). We agreed to jointly develop a framework document for collaboration to be completed during the next quarter.
- MAHEFA: As this Project is similar to ours, but operates in different regions, we thought it important to meet with its managers to learn from their experience and share the specifics of the USAID/MIKOLO Project. We also wanted to see how we might collaborate through sharing materials and tools and ensure good coordination. Our technical teams are working together to develop a framework document, to be completed during the next quarter.
- Peace Corps: Peace Corps Health Volunteers (PCVs) have been dispatched to the USAID/MIKOLO Project's intervention zones; we met with PC leaders to discuss ways to combine our efforts to better reach the target communities. To this end, we identified possible areas of collaboration, and technical officers will work to facilitate the joint activities during the next quarter.

Project launch and Project name:

The local office, MSH home office, and USAID discussed a tentative date for the Project launch, December 4, 2013. A committee led by the DCOP was established to organize this event and several sub-committees were established with their respective heads appointed.

They started holding preparatory meetings, and weekly meetings are scheduled to monitor progress.

- In the technical proposal, MSH suggested choosing a Malagasy name for the Project and planned to decide on a name as a team. Accordingly, names were put forward during the orientation workshop in early September and a committee was established to pre-test and propose one or two names to USAID. The official Project name will be introduced at the Project launch.

## **Family Planning Compliance Activities**

No family planning compliance activities were conducted during the reporting period.

## **Participant Training Information**

No trainings were conducted during the reporting period.

## **Challenges, constraints, and planned mitigation measures**

### **Challenge: Registration and governmental insecurity**

MSH is in the process of registering with the Malagasy government. However, due to the upcoming elections and the lack of key personnel in government offices (e.g. no mayor of Antananarivo to receive our documents), delays are anticipated.

#### *Plans to overcome:*

With the upcoming elections, the Project will try to carefully navigate the transition to a new government. This will take time and may continue to delay the registration process.

## **Success Stories**

As the Project has been focused on start-up, there are no technical success stories to report at this time. However, the USAID/MIKOLO PROJECT Project plans to submit success stories on a regular basis to USAID as part of its ongoing reporting.

## **Annexes:**

Annex I: Project Year 1 Budget

Annex II: Updated Organizational Charts

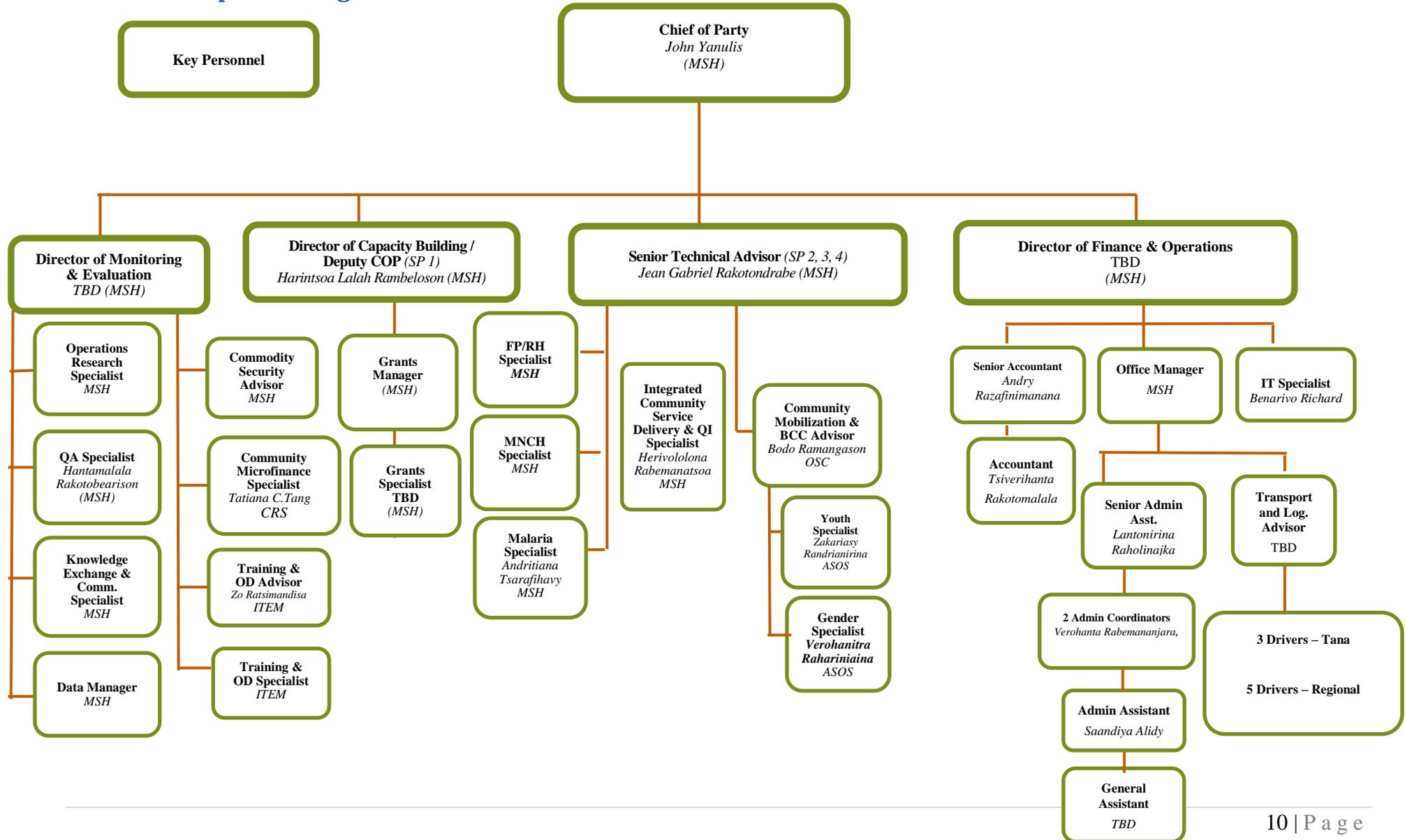
Annex III: Results Framework

Annex IV: Subcontractor Descriptions

Annex V: Technical Assistance, Travel, & Visits Table

Annex VI: Trip Reports (Attachment)

## ANNEX II – Updated Organizational Chart



## ANNEX III – Results Framework

<b>Goal:</b> Reduce maternal, infant, and child mortality and morbidity			
<b>Project Purpose:</b> Increase community based primary health care service uptake and the adoption of healthy behaviors			
<p><b>Sub-Purpose 1: To sustainably develop systems, capacity, and ownership of local partners</b></p> <p><b>Expected results:</b></p> <p>1.1 Number of local NGOs with transparent internal control systems institutionalized (international standard).</p> <p>1.2 Improved governance and organizational structures within local partner NGOs.</p> <p>1.3 Local NGOs eligibility for direct awards from USAID and/or other donors increased.</p> <p>1.4 Women’s participation and leadership in COSANs, CCDSS, and local NGOs improved.</p> <p>1.5 Functional Social Development and Health Committees expanded (COSANs and CCDSS).</p> <p>1.6 COSAN savings and loans established.</p> <p>1.7 Increased interventions in health through access to COSAN Savings and Loans Associations.</p>	<p><b>Sub-Purpose 2: To increase availability of and access to primary health care services in project target communes</b></p> <p><b>Expected results:</b></p> <p>2.1 Increased awareness of LAPM service availability among CHVs.</p> <p>2.2 Decreased stock-outs of essential health consumables and commodities.</p> <p>2.3 Increased proportion of the population participating in GMP sessions.</p> <p>2.4 CHVs ability to provide integrated select health services improved.</p> <p>2.5 Increased proportion of the population accessing selected FP, MNCH, and malaria services through CHVs.</p> <p>2.6 Increased proportion of the population referred and seeking care with the nearest health provider for ANC, neonatal and obstetric emergencies, LAPMs and severe illness episodes.</p> <p>2.7 Regular supervision of CHVs conducted by CCDSS, local NGOs, and implementing partner(s) improved.</p> <p>2.8 Increased availability of selected health commodities and CHV services.</p> <p>2.9 Improved referral and transport for facility services (severe illness, ANC, long-acting and permanent FP methods).</p> <p>2.10 Timely, complete, and accurate monthly CHV reporting improved.</p>	<p><b>Sub-Purpose 3: To improve the quality of community-level primary health care services</b></p> <p><b>Expected results:</b></p> <p>3.1 Increased proportion of CHVs achieving the minimum quality score for community case management and FP counseling.</p> <p>3.2 Increased number of certified and competent CHVs.</p> <p>3.3 Increased proportion of CHVs able to identify (knowledge) illness.</p> <p>3.4 Increased community case management for pneumonia, diarrhea, and malaria correctly treated or referred to health facility.</p> <p>3.5 Improved assessments of patient symptoms by CHVs.</p> <p>3.6 Engagement of local technical experts increased.</p>	<p><b>Sub-Purpose 4: To increase adoption of healthy behaviors and practices</b></p> <p><b>Expected results:</b></p> <p>4.1 Improved community-based FP provider attitudes towards youth.</p> <p>4.2 Locally tailored and evidence based BCC strategies and materials developed and distributed through existing networks and new partnerships.</p> <p>4.3 Communities and change agents actively engaged in the promotion of healthy behaviors and care seeking practices.</p> <p>4.4 Strengthened collaboration and referral linkages between CHVs and youth leaders.</p> <p>4.5 Sustainable advocacy platforms developed for local community actors and target groups.</p>

## ANNEX IV – Subcontractor Descriptions

**Catholic Relief Services (CRS)** – will provide important contributions to the achievement of each of the four USAID/MIKOLO PROJECT sub-purposes. **CRS** will particularly contribute to sub-purpose 1 and also contribute towards the cross-cutting issues of youth and gender. **CRS** will not be asked to provide service delivery related to family planning and reproductive health. Specifically, it is expected that **CRS** will lead all activities related to microfinance. Drawing from international and Madagascar specific experiences, **CRS** will facilitate the establishment of commune-level COSAN Savings and Loans Funds (CSLF)/Village Saving and Loans Associations (VSLAs). **CRS** will establish partnerships with Microfinance Institutions and determine the demand for client centered loan products available through COSANs. **CRS** will play a lead role in the implementation of innovative approaches at the community level such as Mobile Banking and use of mHealth, for example, where appropriate.

**Overseas Strategic Consulting (OSC)** – will provide important contributions to the achievement of each of the four USAID/MIKOLO PROJECT sub-purposes, and will significantly contribute towards the achievement of sub-purpose four. **OSC** will also contribute towards the cross-cutting issues of youth and gender. **OSC** will lead all operations research and mass media activities related to the USAID/MIKOLO PROJECT Project, including but not limited to:

- Operations research to inform the USAID/MIKOLO PROJECT’s BCC strategy and its interventions.
- Operations research to investigate CHV barriers, attitudes, and practices related to the provision and referral for FP services for youth. The research will guide a strategy and inform the adaption of existing curricula to train CHVs in youth friendly approaches.
- Operations research related to micro-finance, community loans and insurance schemes, etc.

**OSC** will work closely with ASOS to strengthen the capacity of this local organization to:

- Use advocacy and Behavior Change Communication with an increased focus on adolescent reproductive health and other Project health focus areas.
- Use mass communication (e.g. radio) and other appropriate media such as youth hotlines or traditional approaches.
- Strengthen CHVs’ health messaging, counseling, and sensitization to improve quality and effectiveness.

**Action Socio-Sanitaire Organisation Secours (ASOS)** – will provide important contributions to the achievement of each of the four USAID/MIKOLO PROJECT sub-purposes, and will contribute significantly towards the achievement of sub-purpose four. **ASOS** will also contribute towards the cross-cutting issues of youth and gender.

Working closely with the Project partner Overseas Strategic Consulting (OSC), **ASOS** will lead activities related to Behavior Change Communication and Increased focus on adolescent reproductive health. Working closely with OSC, **ASOS** will also contribute in the areas of:

- Gender and youth.

- Strengthening linkages between communities and private sector health care providers, including on-going training and coaching support to community health volunteers.
- Strategic partnerships with private sector and other stakeholders to enhance leveraging and sustainability of Project activities.

**Institute Technologique de l'Education et du Management (ITEM)** – will provide significant contributions to the achievement of each of the four USAID/MIKOLO PROJECT sub-purposes by implementing under MSH guidance and supervision training activities apart from trainings conducted directly by MSH's Technical Experts. Using MSH approaches, and other proven approaches that respond to the Madagascar context, **ITEM** will serve as the main training body for the USAID/MIKOLO PROJECT Project. Under MSH guidance and supervision ITEM will implement the following types of training activities:

- Leadership and management training of NGOs and monitor the training of COSANs and CCDSs conducted by NGOs to improve their functionality and governance.
- Training of local NGOs to build their management systems and improve their performance with the aim of graduating them to direct recipients of USAID funding.
- Technical training of NGO service providers and CHVs in the areas of Family Planning, Reproductive Health, Maternal and Child Health, Malaria, BCC, Youth and Adolescent Health.
- Training Of Trainers (TOT) on health thematic training of the pool of trainers in the first time and in the second time the pool of trainers train private sector health service providers in Family Planning, Reproductive Health, Maternal and Child Health, Malaria, BCC, Youth and Adolescent Health.

## ANNEX V – Technical Assistance, Travel, and Visits

During this reporting period, eight technical assistance visits from MSH headquarters staff were approved by USAID to support local staff in Project start-up. Trip reports are attached in Annex VI.

<b>Name and title of traveler</b>	<b>Period</b>	<b>Summary</b>
Elke Konings, Project Director Supervisor	August 3–8, 2013	Provide assistance and coordination of technical Project start-up and finalizing initial technical deliverables for submission to USAID.
Ashley Marks, Project Officer	August 3–15, 2013	Assisted the Project team in coordinating rapid Project start-up, developing and finalizing initial technical deliverables for submission to USAID.
Amber Jamanka, Operations Officer	August 7–24, 2013	Assisted the Project team in coordinating rapid Project operations start-up.
Véronique Mestdagh, HR Partner	August 19–30, 2013	Coordinated rapid Project start-up in terms of the recruitment of staff.
Elke Konings, Project Director Supervisor	September 1– 12, 2013	Provided technical support to Project start-up activities including development of Project Deliverables.
Yen Lim, Senior Contract Officer	September 9– 18, 2013	Train staff and local subcontractors partners in contractual requirements & compliance)
Mahamadou Thiam, Contract Officer	September 13– 28, 2013	Conduct contract reading, training and orientation on procurement integrity and conduct sub contractors' orientation
Kevin Fitzcharles, Team Leader for Country Operations	September 24– October 1, 2013	Provide immediate assistance to support the COP to conduct functions attributable to the Director of Finance and Operations: