Quarterly Progress Report :
Period: October 1st to December 31, 2013

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[January 31st 2014]

[USAID|MIKOLO is a five-year project (2013-2018), funded by USAID and implemented by Management Sciences for Health (MSH with Catholic Relief Services (CRS) and Overseas Strategic Consulting (OSC), and local partners. The project will increase community-based primary health care service uptake and the adoption of healthy behaviors among women of reproductive age, young and children and new born under 5 years old]

[Primary health care – USAID – Community health services]

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Quarterly Progress Report

Reporting Period: October 1st to December 31, 2013

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List of Acronyms

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

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

Project Summary

USAID|MIKOLO is a five-year project (2013-2018) with the goal of reducing maternal, child, and infant morbidity and mortality in six of Madagascar's 22 regions. USAID|MIKOLO aims to "increase community based primary health care service uptake and the adoption of healthy behaviors." In addition, the USAID|MIKOLO project seeks to strengthen the institutional capacity of local community structures and systems as well as nongovernmental organizations (NGOs) to provide sustainable, quality health services and to become eligible to receive direct funding support from USAID. 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.

Four cross-cutting themes underpin each of the four sub-purposes and will remain at the heart of the project throughout its duration: 1) a robust monitoring and evaluation system, 2) key activities focusing on youth and gender 3) a sustainability strategy guiding implementation as a whole, and 4) an environmental monitoring and mitigation plan.

The project focuses on six 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 Millennium Development Goals. The project also embraces USAID Forward procurement reforms by enhancing local ownership through capacity building.

USAID|MIKOLO 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).

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 family planning (FP)/ reproductive health (RH), maternal, newborn, and child health (MNCH), and malaria services, and through active civil society participation, 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.

Introduction

This quarterly report covers the period of October 1 to December 31, 2013. During this period, the USAID|MIKOLO initiated technical work towards each of the four sub-purpose (SP) and completed its main administrative and operational start-up activities.

Building on initial meetings with various partners, other implementing partners and stakeholders that took place in the previous quarter, he project began preparing the implementation of technical activities, through an informational meeting for local NGOs on project objectives and an orientation its grants program. During this quarter, project staff also conducted a field visit to assess the current situation in the communes to guide the development of our approaches and strategies for resuming community-level service delivery and other activities following their ending under SN2 in March 2013.

This report has four main sections. The next section describes the project's technical progress on by SP conducted during the quarter, as well as any challenges and plans to overcome those, and the main activities that are planned for the coming quarter.

This second section of this report provides an overview of the progress made in the cross-cutting activities of gender, youth, sustainability and environmental mitigation.

The project's performance indicators and M&E activities are described in the third section.

The report ends with a section on project management, including M&E, administrative and operations aspects.

Technical Progress towards Sub-Purposes

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

The main achievements under Sub-purpose 1 during the reporting period are as follows:

Activity 1-1: *Establish or re-establish COSANs and CCDS:*

To ensure the continuation of program activities in the field, the project defined the criteria for determining the functionality of existing community structures (COSANs, CCDS, and CHVs), with input from NGO leaders and technicians who worked with the previous project.

Working through these NGOs, USAID|MIKOLO organized data collection to establish the current functioning of these actors in intervention communes. The standardized survey assessed the functionality and operations of community actors, and verified such areas as whether an up-to-date commune health action plan and a municipal order creating a COSAN existed, and whether the CCDS and COSAN had held at least one follow-up meeting during the previous 6 months.

Data collection was conducted in November 2013 and will be complemented with a mapping of CCDS and COSAN functionality in the next quarter. Data analysis, processing, and finalization of the report will also be completed early in the next quarter. The findings will be used both as a guide prioritize project interventions and strategy development and as a baseline for monitoring progress over time.

Activity 1-2: *Establish Saving and Internal Lending Communities at the community level:*

During this period, we conducted sessions to brief and train USAID|MIKOLO's staff on the Savings and Internal Lending Communities (SILC) concept so that all staff gain a good understanding of this approach and will thus have the capacity to promote it in the project's targeted communities.

The project also identified possible synergies between SILC and other project activities and developed the strategies for implementing SILC, taking into account the *Kaominina Mendrika Salama* (KMS) approach, as well as the gender and youth approaches. The strategies further take into account the deployment of the SILC approach in the field and the change in geographical coverage, in keeping with the NGOs' supervisory capacities.

Activity 1-3: *Complete local grants and select 6-8 NGOs to implement the project's field activities:*

In order to rapidly resume service delivery following the gap in service support since the end of SanteNet2 in March 2013, USAID|MIKOLO initiated the process to award "transition" grants to pre-qualified NGOs during the first year, and then to switch to multi-year open competition grants for the next four years. Following USAID's approval of this strategy and after approval of the Grants Manual by USAID, the project carefully followed each of the procedures outlined in the Grants Manual.

In order to infuse some competition into the process, which went beyond the minimal requirements set forth in the approved Grants Manual, the project developed call for proposals for a "transition" grant to the top ten performer NGOs in Santénet2's final assessment. The 375 intervention communes were packaged into 10 manageable "lots," with accessibility being the main criterion for packaging the lots. The Grants Manual (developed back in early September 2013) had cited the top 8 NGOs from SanteNet2's evaluation. Upon approval of our manual, we had clarified with the CO that we would not anticipate providing grants to US (international) organizations, but would rather be focusing on national organizations, as stipulated in criteria section of the Manual. In addition, as USAID|MIKOLO has a special emphasis on building local NGO capacity building (in order to graduate local NGOs to be eligible to be direct recipients of USAID funding). Several of the top NGOs in SanteNet2's evaluation were US-based NGOs (CRS and CARE as well as MCDI). International NGOs were thus removed from the transition grants focus and the project issued the RFA to the top 10 local NGOs in order to ensure some level of competition for the transition grants.

The top 10 rated *national* NGOs were deemed "pre-qualified" for consideration based on Santenet2's evaluation of these NGOs capacity and performance for the period January

through March 2013. The evaluation ranked them as Excellent, with scoring of 83% and above on criteria such as quality of service delivery and service supply systems, reporting etc. (all NGOs above 90% included some international NGOs, not eligible for this round).

The project first convened a preliminary meeting in October 2013 with the selected NGOs which offered the NGOs an opportunity to develop ownership of the USAID/MIKOLO project and learn about the grants mechanisms. In mid-December, 2013, a briefing session was held with the 10 prequalified NGOs intending to bid, to provide clarifications and address concerns. The bidding deadline was set to January 15, 2014. A template for the transition grants is included in the Grants Manual and will be used as the basis for the transition grants.

NGOs proposals are to be selected on the basis of four criteria: 1) the technical aspects of their offers to meet the expectations of the early resumption of activities, 2) the budgetary aspect taking into account the total amount allocated to each lot, 3) a balance in terms of representation of selected NGOs and 4) and their performance ratings in the Santenet 2 final assessment. These transition grants are intended to immediately alleviate the needs of the Malagasy communities served by the project to access health services and will be of short duration, issued to local NGOs already working in the regions and able to rapidly resume services.

Activity 1-4: *Develop local NGOs' technical and institutional capacity:*

During the first quarter, meetings were held to adapt the existing training curricula to the needs of the project. The adaptation consisted primarily of integrating the various health topics (MNCH, WASH messages, Malaria, RH/FP) and technical approaches (Management, Leadership, SILC).

A draft of the training curriculum for the NGOs' Support Technicians (STs) was developed. Training topics were selected to ensure that STs can fully play their roles in the implementation of activities in their intervention communes, namely in advocacy, capacity-building, participatory planning with the CCDS, supervision of CHVs, and reporting of activities. The training approach emphasizes leadership capacity and personal development.

The project's technical staff held a session to get familiar with the curriculum, provide feedback, and develop a shared view on the training methodologies to be adopted.

As regards strengthening the institutional capacity of NGOs, the project developed Terms of Reference for MSH's international consultant, which includes leading a self-assessment for the NGOs to define their current situation and their training and capacity-building needs. The ToR also includes a visioning and team building workshop for all project staff and will take place in Quarter 2.

Activities planned for next quarter

- Complete functionality mapping exercise of community structures and actors (COSAN, CCDS, CHVs)

- Conduct first round of trainings for STs, COSANs, CCDS, CHVs, and SILC technicians
- Begin advocacy for Champion Communes
- Orientation, start-up, and coordination of regional teams
- Select, award, and disburse transition grants to 8 NGOs
- Orientation and training of selected NGOs

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

Activities under Sub-purpose 2 during the reporting period focused on the following:

Activity 2.1. *Adapt the CHV (community health volunteers) Framework Document (Q0 - Q1 - Q2)*

An outline of the CHV framework document was drafted following a review of four sets of framework documents defining the roles and responsibilities of CHVs collected from partners, including the Ministry of Health (MOH), MAHEFA, FHI 360 and Santénet2. Their contents were compiled in a document that will serve as a reference guide for CHVs in performing their tasks. Very few changes were made to the draft, consisting mainly in aligning the document with the guide for the implementation of the National Community Health Policy (NCHP).

The pre-final version of this document will be presented to the project's technical staff for discussion in early January 2014 for validation.

Activity 2.2. *Develop, revise, and validate CHV training curricula (pre-service training and thematic training) (Q0 - Q1 - Q2)*

A draft curriculum for integrated refresher training of CHVs, including the management tools, was developed following a review of various CHV curricula collected from the MPH, MAHEFA, FHI 360, and Santénet2 and dealing with the following topics: RH/FP services; community-based Depo-Provera injection; c-IMCI, including malaria case management; maternal and child nutrition, and water and sanitation. Very little improvements were made to the curriculum, the original curriculum's contents or spirit being maintained.

The curriculum will be validated internally by USAID|MIKOLO's technical staff in Quarter 2. The curriculum will be pre-tested in field conditions prior to its large scale use.

The refresher training is planned for 5 days. The following table summarizes the content and themes of the training:

Theme	Content
1. General Themes	
CHV roles and responsibilities	- Health promotion through IEC / BCC - Provision of various services (growth monitoring, ICCM,

	FP 4 methods and FP injection) - References for severe cases and long-acting reversible and permanent FP methods - Community site management - Community program management: planning, training, meetings, supervision, assessment of individual performance - Promotion of activities in the community
IEC/BCC	- Technical Reminders (home visits, group discussions), use of health cards and IEC materials, health topics of the project, identifying unmet needs of the client, hygiene and sanitation, completing awareness registers, etc.
Community site management	- Workplanning - Use of posters, guides and other BCC tools - Storage of tools and health commodities - Environmental site management – management of medical waste - Supply management (for tools, guides) and forecasting and requisition health commodities
2. Reproductive Health / Family Planning and MNCH	
FP Counselling	- Managing a FP counselling session using the GATHER method - Simulation and practice FP consultations with feedback
Client relations	- Use of CHV management tools : individuals forms, maternal registers, timelines, etc. - Reference materials for long-acting and permanent methods of FP, including side effects - Referral points for FP and other emergency needs, and the use of referral forms
Promotion and growth monitoring	- Conducting a growth monitoring meeting - Verifying and completing health cards - Different stages of growth monitoring: weighing, measuring upper arm circumference, transcription steps in the journey - Completing the child register - Indications for referrals - Nutrition Tips
Pregnant women and safe motherhood	- Use of the pregnancy test kit - Use of the pregnany women monitoring tool - Referrals for Antenatal care visits
Neo-natal health	- Key movements for newborns - Set in the newborn and exclusive breastfeeding up to 6 months - Reference for vaccination and post-natal consultation - References for danger signs

3. ICCM	
Management of childhood illness	- Practical Sessions: simulation managing childhood illness using the CCM form in the community or at CSB - Identification and diagnosis of illness - Use and handling of the new form of RDT - The danger signs - Diagnosis and proper treatment of respiratory diseases - Classification and proper treatment of diarrheal diseases - Management and correct treatment of febrile illnesses
Notes : The above list is not exhaustive As the refresher sessions concern only existing/current CHVs, the traning will be focused principally on practice and on the gaps identified during the last evaluation of CHV performance of SanteNet2.	

Activity 2.3. *Map out functioning of CCDSs, COSANs, and CHVs (Q1 - Q2)*

This activity is part of the comprehensive situational analysis conducted by the project. The details are provided in the "Monitoring and Evaluation" section of this report.

Regarding the functionality of CHVs specifically, a standard questionnaire was developed and pre-tested to identify functional CHVs and assess the training they received. The implementation of the field survey was awarded following a competitive process to 14 local NGOs, among which 13 had previously worked with the Santénet2 project and have good knowledge of the field. In terms of methodology, the field surveys were conducted among 360 communes (15 were not reachable or were insecure during the time of the survey). Data collectors were each assigned 3 communes to collect data over a 3 day period. COSANs and CCDS' were interviewed with a questionnaire, while CHVs were administered a questionnaire to complete on the spot. 274 COSANs and CCDS' were interviewed, while 3,858 out of the 4,961 anticipated CHVs attended the meeting and completed the questionnaire.

Surveys were completed and the information collected will be entered in a database and analyzed to inform program planning and to support the project's training approach to be fully responsive to the CHVs' capacity-building needs.

It should be noted that a delay was observed in this survey, due mainly to the time required to complete the contracting procedure with the NGOs entrusted with data collection.

Activity 2.4. *Re-establish the pools of regional trainers (Q1 - Q2):*

As a pre-requisite of this activity, the training strategy and that the project will apply had to be defined. In line with the goal of increasing the partner NGO's level of responsibility in the technical field and strengthening their capacity, the NGOs will from now on be in

charge of identifying the pool of trainers, and monitoring their interventions and performance. Once the CHVs training scenario was established, the number of trainers needed for the first year was estimated at 175, to be distributed as needed between partner NGOs.

The NGOs will be in charge of identifying trainers under the supervision of the project's technical and regional staff. The trainers will be recruited from the pool of trainers who have the training and experience required and who have worked as trainers under the Santénet2 project.

Activities planned for next quarter

- Finalize CHV framework document
- Conduct analysis on CHV capacity from assessment data
- Orient project staff to integrated training curriculum
- Pre-test the training curriculum
- Orient trainers to the curriculum
- Conduct CHV refresher training
- Assess needs for CHV supplies and management tools
- Provision of management tools, equipment and health products for CHVs

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

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

Activity 3.1. *Develop (revise, update or adapt) tools and job aids for CHVs (Q0 - Q1 - Q2):*

As a first step under this activity, USAID|MIKOLO developed the draft job aids of "full service" CHVs, which are now available for use (up to now no full-service job aid exists for CHVs, hence the need to create this). The job aids were designed in reference to documents on international norms and standards relating to family planning and c-IMCI collected from WHO, UNICEF, and the Ministry of Public Health. In addition to the job aids, CHV management tools on MNCH/RH including supplies for growth promotion and monitoring, FP, child survival, maternal & neonatal health; awareness-raising registers and monthly activity reports for CHVs are already available. However, given the multiplicity of texts and documents in the field of community health, USAID | MIKOLO found essential to bring together the various tools in one reference document as a repository for the use of CHV. The second step will consist in producing guidelines for using job aids. An orientation meeting will be held with future grantee NGOs to present the tools. Once finalized, the final version will be annexed to the quarterly report during that period.

Sub-activity 3.1.1. Conduct an assessment of the CHVs' current level of knowledge (Q0)

This activity was conducted jointly with activity 2.3 above as part of the comprehensive situational analysis conducted by the project and described in detail in the "Monitoring and Evaluation" section of this report.

With specific regard to the level of training acquired by the CHVs, the questionnaire includes a section dealing with the training received. The surveys were completed and the results will be entered in a database and analyzed to identify training needed in order for CHVs to become "full service".

Activity 3.2. *Set up a CHV performance supervision and monitoring system (Q2 - Q3 - Q4)*

This activity consists mainly in defining the CHV supervision package and in setting up the CHVs' performance supervision and monitoring system. Preparatory activities were initiated in the first quarter of this fiscal year.

The CHV supervision job aid was developed in reference to information contained in documents on the CHV supervision strategy collected from MAHEFA, Santénet2, and MSH. The job aid addresses the following: CHVs supervision package (activities to be conducted during supervisory visits), the various actors who will perform such supervision (supervisors of CHVs), the frequency of supervision, and supervision techniques (how to conduct supervisory visits). Similarly, the CHV supervision checklist was developed in reference to checklists used by similar projects.

The materials developed will be presented and discussed with grantee NGOs as part of finalizing and validating the supervision strategy.

Activities planned for next quarter

- Continued development of CHV supervision strategy
- Update CHV supervision tools: supervision checklist, supervisor job aids (STs, COSANs), supervision guidelines
- Orient project staff to CHV supervision tools
- Develop CHV performance evaluation strategy

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

Activities under Sub-purpose 4 during the reporting period focused on the following:

Activity 4.1. *Conduct an inventory and revitalize Champion Communes by building the capacities of community actors (CCSD COSAN, TA and CHVs (Q1 - Q2)*

This activity was conducted jointly with activity 2.3 above as part of the comprehensive situational analysis conducted by the project and described in detail in the "Monitoring and Evaluation" section of this report.

As mentioned under SP1, with specific reference to the situation of COSANs and CCDS in the of old *Kaominina Mendrika Salama* of the Santénet2 the project, the questionnaire includes a section on the make-up and functioning of these community structures. The surveys are completed and the filled questionnaires are currently available. The results will be entered in a database and analyzed to determine the revitalization needs of the champion communes.

Activity 4.2. *Define the implementation of the Champion Commune approach during the first year (Q2):*

Although this activity is scheduled for the second quarter of the fiscal year, preparations began during the first quarter.

The various steps for implementation of the *Kaominina Mendrika Salama* approach were defined and the draft job aid has been sent with the ToRs to NGOs applying for a "transition" grant. The job aid will be formatted with the support of OSC before large scale use by partner NGOs.

Activity 4.3. *Conduct formative research on the barriers encountered by young people and communities in adopting healthy behaviors in the areas of RH/FP, malaria prevention, and maternal, newborn and child health (Q1 - Q2 - Q3)*

Under the first phase of this activity, the project collected documents on the methodology and results of recent research on a similar topic, from MAHEFA, PSI, UNICEF, UNFPA, MCHIP, MSH, DHS and the MDG survey.

During the quarter, the project developed a first draft of the formative research protocol and the ToRs for the international and national consultants to be recruited to finalize the protocol and conduct the research in the next quarter.

Activity 4.12. *Inventory, multiply, and ensure the availability of awareness-raising tools and materials among actors (Q1 - Q2)*

An inventory was done on the awareness-raising tools and materials used by Santénet2. Project managers will identify tools and materials used by Santénet2 for replication as well as recommendations for improvement of existing tools and materials. Distribution of the materials will begin once field activities start.

Activity 4.15. *Promote messages on water, hygiene and sanitation (WASH) - (Ongoing Q1 to Q4):*

The project selected three key WASH messages to be promoted and incorporated these into the ST and CHV curricula. The materials to be replicated/used/developed are those used by Santénet2. WASH message promotion will begin once the field activities start.

Activities planned for next quarter

- Begin formative research, ranging from the development, testing and implementation of data collection tools and methods, to training local research teams and seeking the support from local authorities to conduct the research. The results of formative research and the recommendations contained within will serve to inform the development of the project's BCC strategy to be developed during the subsequent quarters - including the development of messages, media and IEC and CCC project strategy for the second year.
- Orient NGOs to Community-Led Total Sanitation (CLTS) activities
- Develop partnerships with local radio stations; produce and test the BCC messages to promote via local radio
- Complete inventory and reproduction of awareness-raising tools for use by community actors

Cross-cutting Activities

Gender Approach

5.2.1. *Sensitize project staff on gender and youth during their work with the project (Q1):*

An information session on the project's gender component was held with technical staff on September 25, 2013. This session also provided an opportunity for sensitizing staff on gender approaches and implementation strategies within the project and with partner NGOs, community partners, and CHVs.

5.2.4. *Train NGOs support technicians (STs) who, in turn, will train CHVs on the gender approach, as mainstreamed into the different areas of health, law, and sexuality, on its importance and its effectiveness in development programs: (Q1 – Q2) :*

Information and considerations for the project's gender component were included in the training curricula for STs and CHVs (Activities 1.4.2. and 2.2. above). The curricula address the situation stemming from the perception of gender within the population, the underlying causes of this situation, the project's vision for gender-focused programming, interventions and services, and the challenges and barriers to achieving this vision. These curricula will be used in the ST training (Activity 1.4.2.) planned for Q2.

Youth Approach

Documents relating to the youth approach were developed and integrated into the ST curriculum (i.e. session guide and reference documents). The curriculum features a description of the youth approach, its different components including adolescent reproductive health (ARH), key actors (such as youth peer educators), and ST identification criteria and roles. The curriculum will be used in the training of NGO support technicians planned for Q2.

As part of our formative research (Activity 4.3. above), the youth component was included in the research protocol and will be considered as an area to be explored when developing questionnaires. Research will specifically be used to assess the current situation regarding

the behaviors and involvement of youth, determine the barriers to adopting healthy attitudes and behaviors, as well as defining their needs and potential solutions.

Activities planned for next quarter

- Based on the results of the formative research, develop strategies for youth and gender components
- Incorporate youth and gender strategies into CCDS/COSAN training curricula
- Incorporate youth and gender strategies into CHV training curriculum Identify youth peer educators
- Orient NGOs to project's youth and gender approaches

Sustainability

Activity 5.3.2: *Assess NGOs' development level*

This activity is planned for the next quarter.

Activities planned for next quarter

- Conduct self-evaluation of NGOs and outline capacity development plans based on needs identified, using MSH's organizational capacity and assessment tool (OCAT).

Environmental compliance

Activity 5.4.1: *Develop an environmental impact mitigation plan:*

The revised Environmental Monitoring and Mitigation Plan were approved by USAID. Activities included in this plan will be implemented starting in Q2, during the training of partner NGO field staff

Activity 5.4.3: *Prepare and submit reports:*

During the reporting period, no activities contained in the EMMP were undertaken or reported.

Activities planned for next quarter

- Continued involvement and reinforcement of staff and community actors in preparation of reports.

Monitoring and Evaluation

A new version of the M&E Plan was submitted following revision according to USAID's feedback. The PIRS indicators and USAID key indicators were developed and submitted in November 2014. The M&E Plan and USAID|MIKOLO project indicators are pending USAID's approval.

To prepare the organizations funded by them, the USAID M&E department team held a working meeting on Data Quality Assurance (DQA) with USAID|MIKOLO staff. Although the project does not yet have any data available for assessment, the meeting focused on explaining the DQA process and setting the date for DQA, currently scheduled for July 2014.

The situational analysis mentioned above was conducted in 360 of the 375 communes from Santenet2 and aimed to assess the current operational status of the CCDS / COSANs and 4,150 CHVs in each commune. Fifteen communes were not included because of accessibility or safety issues. These communes will be assessed by the NGOs selected to work there before implementation of the transition grant. The objective of this assessment is to enable USAID/MIKOLO to develop a strategy and approach for rapidly resuming field activities with these community actors. Data collection was completed in late December 2013 and analysis will start in January 2014.

Activities planned for next quarter

- Complete the recruitment of all M&E staff including the key position of Director of M&E
- Orient the team to the M&E Plan and indicators
- Establish M&E system and database
- Initiate routine data collection and data quality monitoring activities
- Develop communications strategy according to the project's branding and marking plan,

Project Management

Project start-up

Activity 01: *Deploy the team: pursue the recruitment process*

Recruitment activities during the reporting period were as follows:

- 31 employees (including 2 expatriates: COP and DFO) were recruited and operational as of December 31, 2014. Thus, 60% of the total number of planned project staff positions were filled by the end of the quarter
- Recruitment interviews were conducted for the following positions:
    - Monitoring and Evaluation Director (re-launched after the initial applicant withdrew)
    - Human Resources coordinator Director of Finance and Operations (International)
    - 5 Regional Coordinators Communication and Knowledge Exchange Specialist
    - M & E Specialist
    - Operations Research Specialist

- Data Base Manager
- Transport and Logistics Coordinators
- 3 Drivers

We plan to fill the remaining vacant positions no later than the end of January 2014.

- The USAID|MIKOLO Chief of Party, John Yanulis, also visited MSH's headquarters in early November, 2013 for an orientation to MSH policies and procedures as well as to the wealth of technical expertise that will be made available to the project in the coming years.

Activity 02: *Register MSH in Madagascar:*

After obtaining the receipt from the Mayor of Antananarivo, the application was filed with the Ministry of Foreign Affairs and is currently going through various ministries for approvals.

Activity 05: *Launch the call for proposals for the "transition" grant.*

See SP1

Activity 06: *Negotiate memoranda of understanding.*

Developed draft MoUs with PSI, MAHEFA and MSI, and met with Peace Corps to prepare that MoU. These will be finalized and signed during Q2.

Activity 08: *Project official launch:*

USAID|MIKOLO was officially launched on December 4, 2014. The event was chaired by the Director General of USAID Madagascar, and convened leading figures such as the *Chargé d'Affaires* of the U.S. Embassy in Madagascar, the Head of Health Districts from the Ministry of Health, and MSH's founder, who made the trip for the occasion. Community health partners were strongly represented during the event. The media impact was tremendous, with substantial attendance from journalists who ensured coverage of the launch. In all respects, the project launch was highly successful and the organization deeply appreciated the assistance and material support provided by USAID and the American Embassy. USAID|MIKOLO set up pages with various social networks and has established the following Facebook and Twitter accounts: https://www.facebook.com/pages/USAIDMikolo and https://twitter.com/MSHMadagascar.

Activity 09: *Prepare and submit progress reports to USAID:*

The first annual report covering the period of August 1st to September 30, 2013 was submitted to USAID on October 30, 2013.

Other:

- Retrieval of vehicles: 15 vehicles and 26 motorcycles were retrieved from USAID during the reporting period
- Created a project phone tree and appointed a security focal point
- The project identified, selected and secured permanent office premises, purchased the needed infrastructure including office furniture, photocopiers, computers, network

wiring, printers, telephones and other materials, and moved the team to this new office on the 15th of November, 2013.

- The project established financial management systems including accounting procedures, internal control systems, reporting formats, coding systems, and began the adaptation of the Field Operations Manuel, including local policies and procedures for staff operations.

Activities planned for next quarter

- Continue MSH country registration process
- Process and issue grants
- Complete recruitment

Partnerships, collaborations and meetings

- International Family Planning Conference (IFPC) in Addis Ababa, Ethiopia, to learn about state-of-the art approaches in reproductive health and family planning
- USAID M-Health Conference, as part of Madagascar delegation to learn from country experience in scaling-up m-health approaches to community health programs
- The Ministry of Health, for an introduction led by Mr. Robert Kolesar from USAID with the Secretary General, the Director of Maternal, Child and Newborn Health and the Director of Health Districts;
- USAID, to introduce Dr. Ron O'Connor, founder of MSH, to the Contracting Officer Representative;
- Leona Sansinkova, Regional Contracting Officer, during her visit to Madagascar in October 2013;
- UN agencies, UNICEF and UNFPA, to discuss collaboration and for the mapping of interventions with them;
- Subcontractor managers, to share approved deliverables, the first annual report, information on the official launch, and hold a strategic discussion. These meetings are scheduled to take place every quarter.
- MAHEFA and PSI, for coordination of activities to supply the Supply Points;
- The mission of the Global Fund, to coordinate interventions in malaria control;
- The Peace Corps, for the realization of the PC response program;
- SALOHI Project, to introduce USAID|MIKOLO, share experiences, and participation in their annual stakeholders & partners meeting (which they call the 'Conseil des Sages').
- Human Network International (HNI) to explore opportunities for using m-health in promoting project activities and in the use of SMS for monitoring and evaluation efforts

- Cholorohexidine Scale-up meeting, to coordinate with PSI, Mahefa, USAID, UNFPA and Unicef for the planned scale-up of the use of CHX for infection prevention among infants during the next calendar year.

Activities planned for next quarter

- Finalize and execute MoUs with partners (PSI, MSI, Peace Corps, MAHEFA, etc.)

Field visits

- Visit by the COP, DCOP and Sr. Technical Advisor to observe ASOS field activities in Brickaville. Three communes were visited: Ranomafana, Ampasimpotsy, and Anivorano East. Community worker activities and supply continued despite Santénet2's completion in March 2013.
- Scouting of potential premises for the project's regional offices was conducted by technical and administrative staff.

Family Planning Compliance Activities

During this quarter, FP compliance activities focused on assuring the inclusion of FP compliance aspects in all technical activities and strategies that were under development. In the next quarter, FP compliance activities will be implemented as selected NGOs and the CHVs they support will resume service delivery in the project target areas.

Participant Training Information

No trainings were conducted during the reporting period.

Challenges, Constraints, and Planned Mitigation Actions

Registration and governmental insecurity
MSH is in the process of registering with the Malagasy government. However, due to the elections that took place during the quarter and the lack of key personnel in government offices, there have been delays in the registration process. As a result, project staffs continue to serve under consultant agreements rather than local project staff employees. The uncertainty of the election results and aftermath also pose potential security concerns that may affect the mobility and safety of the staff and the project's ability to carry out planned activities.

Mitigation measures:
To mitigate and manage potential post-election situations, a phone tree has been set up to disseminate news and instructions to staff members. This phone tree will also be used to forward information from the field.

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 plans to submit success stories on a regular basis to USAID as part of its ongoing reporting.

Annexes

Annex I: Project Budget and Expenditure Update

Annex II: Updated organizational chart

Annex III: Table of technical and administrative assistance visits

ANNEX I – Project Year One Budget Update

Management Sciences for Health
USAID Primary Health Care Project
Project Budget Update
December 31, 2013

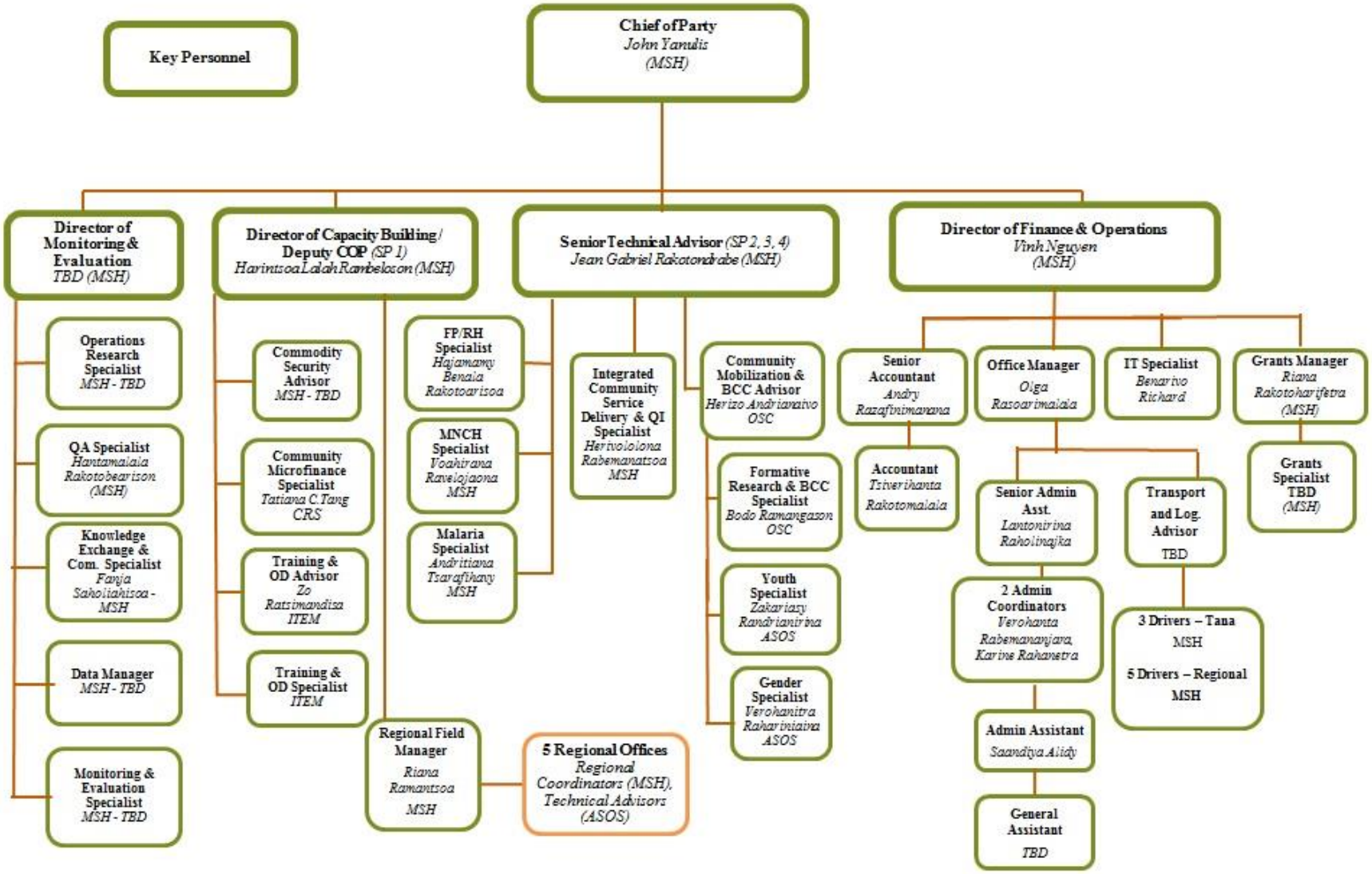
Line item		Year 1 01/08/2013 - 30/09/2014
I.	Salaries	$1,213,585
II.	Consultants	$4,502
III.	Overhead	$557,645
IV.	Travel and Transportation	$314,190
V.	Allowances	$222,087
VI.	Subcontracts	$598,481
VII.	Training	$786,703
VIII.	Equipement	$132,363
IX.	Grants	$680,000
X.	Other Direct Costs	$794,903
Subtotal of I to X		**$5,304,459**
XI.	Fee	$194,681
Grand Total + Fee		**$5,499,140**

Expenditures through 31 Dec 2013	Accruals as of 31 Dec 2013	Anticipated PY1 Expenditures	Total Anticipated Expenditures through PY1	Current Obligation
$1,016,862	$34,977	$4,447,301	$5,499,140	$5,499,140

Notes: The PHC Project has just finished the first five months of implementation and Year 1 reflects updated assumptions projected for the entirety of PY 1 period from Aug 1, 2013 to Sept 30, 2014.

MSH has stayed within the current Obligation

ANNEX II - Updated organizational chart



Annex III

Technical and administrative assistance visits:

STTA/Consultant	Type of STTA	Dates	Terms of Reference
Amber Jamanka (MSH)	Admin	10/5-10/26/2013	Operational start-up and DFO coverage
Natalie Gaul (MSH)	Admin	10/22-11/3/2013	Finance orientation, accounting system set up, and training of accounting staff
John Shin (MSH)	Admin	11/2-12/5/2013	Acting DFO and management of permanent relocation of USAID| MIKOLO Office