

# Quarterly Progress Report :

## Period: January 1 to March 31, 2014

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John Yanulis

[April 30, 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

Period: January 1 to March 31, 2014



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## List of Acronyms

<b>AIM</b>	Association Inter Cooperation Madagascar
<b>ARI</b>	acute respiratory infection
<b>ARH</b>	adolescent reproductive health
<b>ASOS</b>	<i>Action Socio-sanitaire Organisation Secours</i>
<b>BCC</b>	behavior change communication
<b>BHC</b>	basic health center
<b>CCDS</b>	Commune-Level Development and Health Committee
<b>CHV</b>	community health volunteer
<b>C-IMCI</b>	community-based integrated management of childhood illness
<b>CLT</b>	Country Leadership Team
<b>CMO</b>	Community Mobilization Officer
<b>COP</b>	Chief of Party
<b>COR</b>	Contracting Officer Representative
<b>COSAN</b>	Comité de Santé
<b>CRS</b>	Catholic Relief Service
<b>DCOP</b>	Deputy Chief of Party
<b>DHIS</b>	District Health Information System
<b>DQA</b>	data quality assessment
<b>EMMP</b>	Environmental Mitigation and Management Plan
<b>FP</b>	Family Planning
<b>GFATM</b>	Global Fund for AIDS, Tuberculosis, and Malaria
<b>GWG</b>	Gender Working Group
<b>IEC</b>	information, education, and communication
<b>ITEM</b>	<i>Institut de Technologie de l'Education et du Management</i>
<b>MAHEFA</b>	Malagasy Heniky ny Fahasalamana
<b>M&amp;E</b>	monitoring and evaluation
<b>MIS</b>	management information system
<b>MNCH</b>	maternal, newborn, and child health
<b>MOU</b>	memorandum of understanding
<b>MSH</b>	Management Sciences for Health
<b>MSI</b>	Marie Stopes International
<b>NGO</b>	nongovernmental organization
<b>OCA</b>	Organizational capacity assessment
<b>OCAT</b>	Organizational Capacity Assessment Tool
<b>ODDIT</b>	<i>Organe de Développement du Diocèse de Toamasina</i>
<b>PENSER</b>	Population Environment Services
<b>PACO</b>	Processus d'Auto-évaluation des capacités organisationnelles
<b>PIRS</b>	Performance Indicator Reference Sheet
<b>PMI</b>	President's Malaria Initiative
<b>PPHP</b>	Prevention of Post Partum Hemorrhage

<b>PPR</b>	Performance Plan and Reporting
<b>PSI</b>	Population Services International
<b>RH</b>	reproductive health
<b>SAGE</b>	<i>Service d'Appui à la Gestion de l'Environnement</i>
<b>SALFA</b>	<i>Sampan'asa Loterana Momba ny Fahasalamana</i>
<b>SALOHI</b>	Strengthening and Accessing Livelihoods Opportunities for Household Impact
<b>SILC</b>	Savings and Internal Lending Communities
<b>TA</b>	Technical Assistants
<b>ToR</b>	Terms of reference
<b>TWG</b>	Technical working group
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>WASH</b>	Water, sanitation, and hygiene
<b>YPE</b>	Young peer educator

## Project Summary

USAID|MIKOLO 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 following four sub-purposes are designed 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 target communes;
- 3) to improve the quality of community-level primary health care services; and
- 4) to increase the adoption of healthy behaviors and practices.

Four major 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-based, 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 giving them access to integrated services in family planning (FP), reproductive health (RH), maternal, newborn, and child health (MNCH), and malaria services, and through actively engaging civil society, the USAID|MIKOLO project will advance Madagascar's progress in health and development.

The project focuses on strengthening local 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 institutions (sub-purpose 1), increase the number of qualified CHVs, strengthen relationships between providers of long-acting and permanent methods of FP, and improve commodity security (sub-purpose 2). The project will implement a quality improvement system (sub-purpose 3) and behavior change communication (BCC) activities (sub-purpose 4), so that more Malagasy people will adopt healthy behaviors and access health services of standardized quality.

## EXECUTIVE SUMMARY

This quarterly report covers the period from January 1 to March 31, 2014. During this time, the USAID|MIKOLO project initiated interventions that contributed to each of the four sub-purposes and completed administrative and operational start-up activities.

In order to rapidly assess the situation at the community level in terms of the functionality of various community health structures, USAID|MIKOLO conducted a rapid situational analysis. Data were collected during the end of the previous quarter. Efforts were made to try to reach all of the 375 communes of SanteNet2, whose activities came to a close at the end of March, 2013. However, 15 communes were removed from the list at the survey preparation stage because of prevailing insecurity. Access, insecurity issues and the Presidential and legislative elections in other communes limited the number of questionnaires received: 274 CCDS/COSAN questionnaires were received and 3,858 CHV's attended meetings and completed forms versus an expected 4,961.

The assessment enabled USAID|MIKOLO to develop a strategy and approach for rapid resumption of community workers' activities. The information collected during the survey covered the period from April 2013 (one month after Santénet2 withdrew from the field) to November 2013 (one month before data collection in the field). The rapid assessment found the following:

- The current situation is encouraging despite the lack of technical support at the community level (almost a year after Santénet2 withdrew).
- 22 percent of CHVs active during the Santénet2 project in March 2013 did not attend the survey meetings. We cannot assume that they are non-functional because they may be functional but could not attend the meeting.
- CCDS and COSANs continue to organize meetings and have health action plans, through the plans have not been effectively updated.
- According to CCDS, 78% of communes report functioning PSI product provision points
- CHVs continue to provide some services.
- 77% of the CHVs have access to health products.
- More than 95% of basic health center (BHC) 1 and BHC2 are functioning.
- 48% of the 358 communes (i.e., 172 communes) are accessible throughout the year. Over 50% are accessible for 3 to 11 months and 48% of them are accessible for 6 to 11 months.

The report suggests several programmatic implications for USAID|MIKOLO and the implementing partners including the following:

- Despite the availability of community structures and actors such as CCDS, COSANs, and CHVs, the project should strive to revitalize these somewhat dormant local structures at the beginning of implementation of field activities.
- Ensure the availability of health products (medicines, commodities, contraceptives) at supply points and from PSI.
- Ensure the availability of tools and equipment for the CHVs.
- Closely monitor the CHVs' supplies of health products from SPs and BHCs.
- Strengthen the supervision of CHVs to ensure quality of services.

During the reporting period, as a critical step to restart community-based activities left dormant since the end of SanteNet2, USAID|MIKOLO reviewed and selected nine nongovernmental organizations (NGOs) for transition grants. These grants will help resume community-based activities that had been halted in the 375 communes after the completion of the SanteNet2 project in March 2013. USAID|MIKOLO oriented staff members of these NGOs (technical, administrative and financial) and their field agents (technical assistants (TAs) and TA supervisors) regarding the project's vision, its expectations for NGO performance, as well as the activities to be implemented at the commune level. The project disbursed funds during February and March to each of the nine NGOs.

USAID|MIKOLO held workshops to orient NGO field agents and supervisors to the project and its content areas of intervention. In all 188 NGO staff were provided orientation to the project, Champion Commune Approach, and their roles in supporting the program. At the end of each workshop, USAID|MIKOLO held small launch ceremonies with local partners and government officials to announce the presence of the Project in each of the Regions of intervention.

Following these mini-launches the Project implemented activities at the District and Commune levels to introduce the program, including advocacy sessions, training sessions for the Commune-Level Development and Health Committee (CCDSs) and COSANs, and meetings with the community health volunteers (CHV) at the commune level. In total, 4,292 community based actors (local authorities, religious and traditional leaders, commune-level associations) in 322 communes participated in these advocacy/introductory activities during this quarter. Moreover, 2,792 community health workers in 305 communes took part in the first meeting with NGOs to introduce the program, collect previous monthly activity reports, and to report on the stock levels of essential medicines and commodities. 2,098 members of CCDS and COSAN in 184 communes were also introduced to USAID|MIKOLO and its planned activities over the coming months and years.

CHVs will receive much needed refresher training in late May early June. However, during this quarter, the MIKOLO team developed the training curriculum, including a guide on the use of management tools and job aids, conducted an inventory and produced sensitization tools/media, drafted the terms of reference for trainers, and updated management tools.

USAID/MIKOLO will conduct a formative research study in the project intervention regions to identify the obstacles and social determinants for the adoption of healthy behaviors and practices. The study aims to:

- Determine the knowledge, attitudes, and practices of target populations vis-à-vis healthy behaviors
- Identify obstacles or other causes preventing the adoption of healthy behaviors
- Develop means of motivating targets to adopt healthy behaviors and practices
- Form the basis of the project's BCC strategy, based on results obtained from the formative research

During this quarter, the project team recruited and hired (with approval from the USAID COR) the national and international consultants to lead the design and implementation of the formative research study. Together with the USAID|MIKOLO in-house team, the formative research team finalized the research protocol, the data quality procedures, the collecting tools, and the recruitment of the survey office. The team also conducted a literature review of studies reviewing behavioral and attitudinal barriers to health care provision and uptake, to inform the design of the qualitative research study. This study will form the basis for the Project's behavior change communication strategy.

In terms of monitoring and evaluation, MSH provided short-term technical assistance to review available options for an on-line data base for routine USAID|MIKOLO project reporting and data analysis. These include, but are not limited to, Extranet and DHIS-2 as well as m-health strategies. Special attention is given to ease of use at each level, ability to capture timely and accurate data, feasibility of putting the system in place well within 3-6 months, cost and sustainability. The consultant then made clear recommendations on best options for the project's management information system to be implemented during the next quarter. Lastly, to ensure data quality at all levels, USAID|MIKOLO is finalizing a fact sheet describing the data quality assurance policy and a form for assessing the quality of data for each indicator.

The project has developed its communication strategy and activities are underway. In addition, the project's country representation agreement (registration) was approved by the Malagasy authorities on February 28, 2014. USAID|MIKOLO held a visioning and teambuilding workshop for all staff and subcontractors in late January 2014. Workshop participants defined and agreed upon the project's vision, values, and organizational culture.

Finally, during this quarter, the Project opened 5 regional offices in Toamasina for the region of Atsinanana, in Ambositra for the region of Amoron'i Mania, in Fianarantsoa for the regions of Haute Matsiatra et Ihorombe, in Manakara for the region of Vatovavy Fitovinany, and finally in Toliara for the region of Atsimo Andrefana.

## Technical Progress towards Sub-Purposes

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

The project established the basis for a rapid resumption of activities in the field during the second quarter of the fiscal year, ensuring that the NGO grantees initiated activities in their target zones as soon as possible.

#### **SPECIFIC ACHIEVEMENTS**

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

##### **1.1.1 Define the criteria for functioning CCDSs and COSANs**

The criteria of a functioning CCDS and COSAN were defined as follows:

- Availability of an updated community health action plan with a review of health problems, objectives, and a work plan;
- At least one meeting was held during the last six months to identifying issues and monitor activities; and
- Existence of a well-structured CCDS and COSAN (all positions existing and filled).

##### **1.1.2 Collect and review data on the existence and functioning of COSAN and CCDS**

The project conducted a situational analysis survey in December 2013 to collect data on the functioning of community actors (CCDSs, COSANs, and CHVs) at the commune level. The data has been processed and the report was finalized in February 2014. Findings will be presented to the USAID team (Contracting Officer Representative (COR), Contracts Office, Office of Health, and M&E team) early in the third quarter. Note that the findings are presented in the M&E section.

##### **1.1.3 Conduct an advocacy campaign**

In March 2014, the project oriented NGO staff members, technical assistants, and TA supervisors on the Champion Commune Approach (*Kaominina Mendrika salama* - see details under activity 1.4.2).

After orientation, NGOs advocated for the commitment and support of local authorities in each commune. The advocacy meetings involved the NGOs' representatives, including the support technicians (TAs), a representative of the USAID|MIKOLO regional office, and various local authorities such as the CCDS, COSAN, notables in the commune, and religious leaders. The advocacy campaign started in the second week of March and lasted until the first week of April. The outcomes are summarized in Table 1.

**Table 1: Achievements in advocacy at the commune level**

<b>REGION</b>	<b>DISTRICT</b>	<b>NGO</b>	<b>Total number of communes</b>	<b>Number of communes where advocacy was conducted</b>	<b>Number of participants at advocacy sessions</b>
<b>Amoron'i Mania</b>	Ambositra	<b>AIM</b>	19	19	182
	Fandriana		11	10	109
	Manandriana		10	10	93
	Ambatofinandrahana		4	3	30
<b>Haute Matsiatra</b>	Ambohimahasoa	<b>SALFA</b>	17	17	337
	Lalangina		12	12	123
	Isandra		11	11	134
	Vohibato		14	14	212
	Ikalamavony	<b>ODEFI</b>	7	5	65
	Ambalavao		16	15	183
<b>Ihorombe</b>	Iakora	<b>ODEFI</b>	2	2	39
	Ivohibe		3	3	ND
	Ihosy		18	18	137
<b>Atsinanana</b>	Toamasina II	<b>ODDIT</b>	17	17	370
	Brickaville		17	17	316

REGION	DISTRICT	NGO	Total number of communes	Number of communes where advocacy was conducted	Number of participants at advocacy sessions
	Vatomandry	<b>PENSER</b>	16	16	438
	Mahanoro		11	6	64
	Marolambo		6	3	23
	Antanambao Manampotsy		2	1	15
<b>Atsimo Andrefana</b>	Toliara II	<b>ASOS SOUTH</b>	23	23	227
	Morombe		2	2	14
	Sakaraha	<b>ASOS SOUTH</b>	10	10	91
	Ankazoabo		5	5	39
	Beroroha		2	2	20
	Betioky	<b>SAGE</b>	22	Planned in April	
	Ampanihy West		15	Planned in April	
	Benenitra		2	Planned in April	
<b>Vatovavy Fitovinany</b>	Ifanadiana	<b>AINGA</b>	8	8	126
	Ikongo		9	9	148
	Mananjary		23	23	269
	Manakara	<b>ASOS SOUTH EAST</b>	28	28	336
	Vohipeno		13	13	152
<b>TOTAL</b>			375	322	4292

Advocacy and introductory activities not conducted during this quarter will be conducted during the month of April in the next quarter.

#### 1.1.4 Strengthen the COSANs' and CCDSs' governance and leadership capacity

The project will build the capacities of CCDS and COSAN members to create functional structures that ensure good governance, which will translate into improved local capacity. At a one-day training conducted by the NGOs' TAs, which included a review of the *Kaominina Mendrika salama* approach, principal project themes were presented, including sessions on leadership and the role of the CCDS and COSAN.

It is expected that 12 CCDS and COSAN representatives will take part in the training in each commune. The activity started in the third week of March 2014 and will continue through the end of April. The trainers' and participants' manuals used to train the CCDS/COSANs are attached to this report.

Achievements under this activity are shown in Table 2 below.

**Table 2: Achievements in training CCDS/COSAN**

<b>REGION</b>	<b>DISTRICT</b>	<b>NGO</b>	<b>Total number of communes</b>	<b>Number of communes where activity was completed</b>	<b>Number of CCDSs and COSANs been trained</b>
<b>Amoron'i Mania</b>	Ambositra	<b>AIM</b>	19	Planned in April	
	Fandriana		11	Planned in April	
	Manandriana		10	Planned in April	
	Ambatofinandrahana		4	Planned in April	
<b>Haute Matsiatra</b>	Ambohimahasoa	<b>SALFA</b>	17	17	200
	Lalangina		12	12	142
	Isandra		11	11	134
	Vohibato		14	14	151
	Ikalamavony		7	5	58
	Ambalavao		16	15	179
<b>Ihorombe</b>	Iakora	<b>ODEFI</b>	2	2	23
	Ivohibe		3	3	ND
	Ihoso		18	14	156
<b>Atsinanana</b>	Toamasina II	<b>ODDIT</b>	17	17	198
	Brickaville		17	17	203
	Vatomandry		16	16	196
	Mahanoro	<b>PENSER</b>	11	6	64

<b>REGION</b>	<b>DISTRICT</b>	<b>NGO</b>	<b>Total number of communes</b>	<b>Number of communes where activity was completed</b>	<b>Number of CCDSs and COSANs been trained</b>
	Marolambo		6	3	23
	Antanambao Manampotsy		2	1	15
<b>Atsimo Andrefana</b>	Toliara II	<b>ASOS SOUTH</b>	23	19	216
	Morombe		2	1	12
	Sakaraha	<b>ASOS SOUTH</b>	10	4	48
	Ankazoabo		5	5	58
	Beroroaha		2	2	22
	Betioky	<b>SAGE</b>	22	Planned in April	
	Ampanihy West		15	Planned in April	
	Benenitra		2	Planned in April	
<b>Vatovavy Fitovinany</b>	Ifanadiana	<b>AINGA</b>	8	Planned in April	
	Ikongo		9	Planned in April	
	Mananjary		23	Planned in April	
	Manakara	<b>ASOS SOUTH EAST</b>	28	Planned in April	
	Vohipeno		13	Planned in April	
<b>TOTAL</b>			<b>375</b>	<b>184</b>	<b>2098</b>

PENSER will train the CCDS/COSANs in the remaining nine communes in April 2014.

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

**1.2.1 Train field staff on Savings and Internal Lending Communities (SILCs)**

The formation of community-based SILCs will start in the third quarter. Activities in the second quarter focused on establishing the framework for interventions through the development of a strategic document and the training of SILC TAs, to be operational by the beginning of the third quarter and to achieve the objectives as soon as possible.

TAs trained in the second quarter will be able to identify and train field agents in the communities who will be in charge of implementing SILC activities.

USAID|MIKOLO developed a curriculum for a 5-day training for SILC TAs focused on ensuring that they understand and are capable of applying SILC concepts and techniques, and especially, to orient communities to SILC activities. The training took place in Manakara from March 17 to 21, 2014. 20 SILC-TAs, nine NGO supervisors, and five Community Mobilization Officers (CMOs) from USAID|MIKOLO attended. It used adult and accelerated learning principles, including a theoretical component and a visit to some savings and credit groups in the region. The field visit was facilitated by the USAID-funded SALOHI project team.

USAID|MIKOLO also developed a health SILC intervention strategy. This will provide members of CCDS and COSANs and CHVs, with opportunities for funding for income generating activities. The SILC strategy is driven by Field Agents who are recruited and trained by the project team to become certified private service providers. As such, they will set up and train SILCs at the request of the community and will be compensated by their clients accordingly.

USAID|MIKOLO has three strategic focuses for SILCs:

1. CHVs, the CCDS, and members of COSAN will be members of the SILC in their communities.
2. SILC members will be sensitized on healthy practices and made aware of available health services.
3. Members of the CCDS and COSAN and CHVs will establish a Health-focused SILC, to support community health objectives.

The Health SILC is an experimental initiative to be launched in the second year of the project. USAID|MIKOLO proposes to initiate Health SILCs in areas where there are

**What is a SILC**

A SILC is a group of people in a community who self-select and form a savings and loan group.

**What are the objectives of a SILC?**

- Health care providers improve their living conditions and have more time available to perform their duties as CCSD or COSAN members or as CHVs.
- Households adopt a culture of savings and credit.
- Households improve their living conditions and can invest in their health needs.
- A SILC offers a venue for exchange and education on messages conveyed by CHVs (behavioral change).

established SILCs in order to leverage the culture of savings and credit groups towards communal health objectives such as the funding of an ambulance for rural evacuations. Given the recent innovative experiences in managing rural evacuations of the USAID-funded project, MAHEFA, USAID|MIKOLO will organize review meetings with the program to learn from their experiences and to apply lessons learned in MIKOLO supported zones.

It is also noted that a consultant from FHI360 will be coming to Madagascar from the 9-18<sup>th</sup> of June to design the evaluation of micro-credit and savings and loan activities of USAID-funded programs. A meeting with USAID|MIKOLO will be organized with the consultant to provide inputs to the terms of reference.

*Activity 1-3: Administer local grants and select six to eight NGOs to implement the project's field activities:*

On December 23, 2013, USAIS|MIKOLO held a briefing session to provide clarifications and address concerns with the 10 prequalified NGOs intending to bid on a set of transition grants. A request for proposals (RFP) was sent out to the short-listed local NGOs that were assessed as the most effective under the previous project Santénet2. The bidding deadline was set to January 15, 2014. NGO bidders were evaluated based on four criteria: 1) the quality of their technical proposals to meet the expectations of the early resumption of activities. 2) the budgetary aspect taking into account allocations for each lot; 3) the appearance balance in terms of representativeness of selected NGOs; and 4) performance ratings according to their appearance in the last assessments Santenet2.

Twenty-four proposals were received, since NGOs could submit a proposal for each of 10 Lots which divided up the 375 communes according to geographic proximity. 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 were selected based on four criteria: 1) the ability of the technical aspects of their offers to meet the expectations of the early resumption of activities; 2) the proposed budget, 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 Santenet2 final assessment. These transition grants are intended to immediately improve access to health services and will last until the end of the fiscal year. A new round of multi-year grants will replace the transition grants and reflect open competition.

Nine NGOs (instead of six as initially stated in the work plan) were selected. Table 3 shows the awards as well as the number of communes assigned to each NGO.

**Table 3: Lots awarded to NGOs**

LOT #	NGO	REGION	DISTRICTS	NUMBER OF COMMUNES
1	AIM	Amoron'i Mania	Ambositra Fandriana Manandriana	44

			Ambatofinandrahana	
2	SALFA	Haute Matsiatra	Ambohimahaso Lalangina Isandra Vohibato	54
3	ODEFI	Haute Matsiatra Ihorombe	Ikalamavony Ambalavao Iakora Ihosy	46
4	ODDIT	Atsinanana	Toamasina II Brickaville Vatomandry	50
5	PENSER	Atsinanana	Mahanoro Marolambo Antanambao Manampotsy	19
6	ASOS SOUTH	Atsimo Andrefana	Toliara II Morombe	25
7	ASOS SOUTH	Atsimo Andrefana	Sakaraha Ankazoabo Beroroaha	17
8	SAGE	Atsimo Andrefana	Betioky Ampanihy West Benenitra	39
9	AINGA	Vatovavy Fitovinany	Ifanadiana Ikongo Mananjary	40
10	ASOS SOUTHEAST	Vatovavy Fitovinany	Manakara Vohipeno	41
<b>Total number of communes</b>				<b>375</b>

The grant agreements were signed on February 24, 2014 (less than a year after the closure of SanteNet2) and within two days 30 percent of the funds were disbursed to allow for starting activities.

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

##### **1.4.1 Conduct in-depth assessments of grantee NGOs (self-assessment)**

In preparation of activities for the development of local NGOs' technical and institutional capacity, Mrs. Jana Glenn Ntumba, MSH Senior Technical Associate, trained eight USAID|MIKOLO managers on the Organizational Capacity Assessment (OCA).

One of the objectives of the self-assessment is to identify the NGOs' strengths and capacity building needs to guide organizational strengthening actions. USAID|MIKOLO created guides and other tools to be used in the self-assessment of NGOs. ASOS in

Antananarivo will be the first to test the process in during the early part of the next quarter. Their results will offer an opportunity to assess the guide and tools and may lead to their revision, as appropriate. The nine NGOs awarded transition grants will take part in the self-assessment process in the third and fourth quarters of Year 1.

#### **1.4.2 Strengthen the competencies of grantee NGOs in leadership, management, and system capacity:**

##### **➤ *Orientation of leaders at implementing partner NGOs***

In order to clarify the expectations for NGOs receiving transition grants, USAID|MIKOLO held a two day orientation workshop on February 24 and 25, 2014 with the NGOs' officers. The workshop explained the project's expectations and the roles and duties of the NGOs in ensuring rapid resumption of activities. Participants were distributed into three groups: a group of Directors, a group of Technical Officers and M&E Officers, and a group of Administrative and Financial Officers. The workshop reviewed expectations for the collaboration, the values of USAID|MIKOLO, and the NGOs' self-assessment process. Additionally, the Contract's provisions, schedule, and supporting documents and reports were reviewed along with the administrative and financial procedures for reporting.

##### **➤ *Orientation of implementing partner NGOs' TAs and their supervisors***

To implement activities at the field level (communes and fokontany), the nine NGOs will work through TAs. One TA will be assigned to every three communes to ensure quality. This ratio is based on the approved proposal document included in the Contract submitted by MSH to USAID. It is specified that the project will assign 3 communes to one TA. To better organize the work of TA NGOs were asked to assign 3 contiguous communes and the TA base in a town that will allow them to shorten the traveling time to go to these communes (in some cases, TAs have only 2 communes due to large distances to cover). In addition, TAs prepare a detailed monthly work plan related to the different activities to be carried out at the commune and community levels. To support the TAs, the project has adopted a two-level cascade training approach. At the first level, USAID|MIKOLO's central and regional technical staff were oriented to the TA training curriculum in January 2014. In February the project held a three-day training of trainers. The team was then distributed across regions where they held training for TAs and their supervisors. Technical managers from NGOs attended the training as observers. The training was preceded with a three day team-building session on site.

Each training program lasted five days and covered 17 sessions on the roles and duties of the TAs as well as on the skills they should demonstrate. The trainings covered two modules: module A is entitled "Concepts and purpose of the *Kaominina Mendrika salama* approach" and Module B is entitled "Tips for NGOs' Support Technicians."

USAID|MIKOLO then held nine trainings in the five regional capitals where the project has offices. The distribution of the training series by region and the number of participants per series are shown in Table 4 below.

**Table 4: Distribution of training by region**

<b>Region</b>	<b>NGO</b>	<b>Number of TAs and supervisors trained</b>	<b>Date of training</b>
ANTSINANANA	PENSER	9	March 3 to 7, 2014
	ODDIT	18	
AMORON'I MANIA	AIM	16	March 3 to 7, 2014
HAUTE MATSIATRA IHOROMBE	SALFA	22	March 3 to 7, 2014
	ODEFI	18	March 7 to 10, 2014
MANAKARA	ASOS SOUTH EAST	15	March 3 to 7, 2014
	AINGA	17	
TOLIARA	ASOS SOUTH	17	March 3 to 7, 2014
	SAGE	16	March 7 to 10, 2014
<b>Total number of participants</b>		<b>148</b>	

Among the 148 participants, 27 were TA supervisors. There were 21 trainers, including 11 members of USAID|MIKOLO central staff and 10 members of the Regional Teams, which gives a ratio of 1 teacher to 7 participants. 56% of the TAs have at least 2 years of post-secondary education while an additional 21% are paramedical or nurses, while the remainder had a minimum high school degree

There were more male TAs, which may be due to the geographical remoteness of intervention communes, requiring physical strength for the many trips. Almost half of the TAs worked in other community projects as district technicians under the Global Fund's Malaria projects, or as supervisors for CRS, or as former technicians of their NGOs under in rural community projects.

Following the training, the technicians will train the COSAN and the CCDS, and supervise the CCDSs in the development of commune-level health development plan.

### **Establishment of regional offices**

After the recruitment of the regional staff, made up of a Regional Coordinator, a Community Mobilization Coordinator (CMC), and a driver, the field activities started with orientation sessions by the various departments at the USAID|MIKOLO project. The Project paid courtesy visits to the various administrative, municipal, and health authorities, presenting an introduction letter signed by the Chief of Party (COP) along with materials describing the USAID|MIKOLO project. In addition, the Project was

introduced to partner organizations working in the same region. They conducted an inventory of local radio stations in preparation of the airing of spots and radio broadcasts.

### **Training and small launching ceremonies**

The regional team played an important role in the preparation, coordination with NGOs, and the organization and co-facilitation of the training of SILC TAs. In preparation of the regional launching ceremonies, they contacted the various authorities, service providers, and media. These ceremonies were highly successful and were widely reported on by local and national radio stations as well as on the TV news of the national station. The regional team also contributed to the formative research conducted in April, by selecting the communes and contacting various local authorities. They worked with the NGOs to identify two pilot communes in each region where a young leader at the level of a fokontany will be selected.

### **ACTIVITIES PLANNED IN THE NEXT QUARTER:**

- Complete the mapping of the functioning of community structures and actors (COSAN, CCDS, and CHVs);
- Conduct a first series of trainings for COSANs and CCDS;
- Coach CCDS in the development of a commune-level health development plans;
- Conduct training and supervision of CHVs and young peer educators;
- Start promoting gender mainstreaming, young peer educators (YPEs), strengthening of behavior change communication, environmental mitigation and management activities reporting, and community-based microfinance activities (credit and savings);
- Continue the advocacy campaign for *Kaominina Mendrika salama approach*; and
- Lead NGOs in the self-assessment and start building their institutional capacity.

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

#### **SPECIFIC ACHIEVEMENTS**

*Activity 2-1: Adapt the CHV Framework Document*

##### **2.1.1 Validate internally the CHVs Framework Document**

In February 2014, a preliminary CHVs' framework document was presented internally to the project's technical staff for discussion. Feedback from this discussion was incorporated into the document. This last version will be shared with the management and technical staff for validation. **(The document will be submitted to USAID with this report.)** It should be noted that as this document has been prepared on the basis of the national policy on community health, that it will serve as a framework for CHVs, and is designed for team members of USAID|MIKOLO internally on the project it was not considered appropriate to validate it with the Ministry of Public Health.

### **2.1.2 Produce the CHVs Framework Document**

USAID|MIKOLO will produce this document and share it with consortium members, implementing NGOs, and other external partners involved in community health in the third quarter. The project will make it available to CHVs in Malagasy in the form of a job aid as a way to help them improve the quality of service delivery. Explanations on this framework document will be provided for each level during regular meetings.

*Activity 2-2: Develop a mapping of the CHVs' functioning*

### **2.2.2 Develop a mapping of CHVs' functioning**

The project collected data on the functioning of community actors (CCDSs, COSANs, and CHVs) at the commune level with a survey conducted in December 2013. The data were processed and the report was finalized in February 2014. Findings will be presented to the USAID team (COR, AOR and M&E team) early in the third quarter. The findings are presented in the monitoring and evaluation section. Consistent with the national policy on community health care, a functional COSAN or CCDS is defined by the following criteria:

- Having a health action plan updated at least every 06 months,
- Held a meeting with periodic coordination with stakeholders and / or community stakeholders in their joint intervention
- COSAN formally established by a communal decree at the level of the fokontany

### **2.2.3 Compile the CHVs inventory forms**

Once collected, 15 data entry clerks entered the data into an Excel database. The M&E team then analyzed and processed the data. The findings will be presented to the USAID team (COR, AOR, and M&E team) early in the third quarter.

### **2.2.4 Update the CHVs database on a quarterly basis**

A refresher training is planned for CHVs in mid-May. The database updating will be done late in the third quarter.

*Activity 2-3: Develop, revise, and validate CHV training curricula (pre-service training and thematic training)*

### **2.3.1 Update training curricula for the CHVs' refresher training**

The main objective in Year 1 is to rapidly revive CHV activities in the project intervention zones. To this end, USAID|MIKOLO will work with the CHVs that were supported by the previous projects (Santénet2, NSA, etc.). The project will not recruit new CHVs but will focus on providing refresher training to the existing CHVs and has developed a training approach to this end, taking into account the profiles of CHVs that came out of the inventory completed in Q1.

The project updated the refresher training curriculum by integrating the areas for improvement identified by the USAID assessment of CHVs.

### **2.3.2 Validate the CHVs’ refresher training curriculum with the project’s Training Officers (team of Sub-Purpose 1)**

The project has decided to adopt training approaches that emphasize practice rather than theory and to introduce “coaching” and "accelerated learning" as facilitation methods. The validation of the CHVs’ refresher training curriculum started in the last week of March 2014. A draft version is currently available.

To finalize the CHV’s refresher training curriculum, the project will incorporate all comments collected during the pre-test. USAID|MIKOLO will share the final version of the curriculum with USAID during the next quarter. It should be noted that this training curriculum was developed based on the training curricula of the Ministry of Public Health and training curricula used by other USAID partners

### **2.3.3 Design and pre-test CHVs management tools**

The CHV management tools (see list in M&E section) were over the last two months of the quarter. The project pre-tested the tools during the TA orientation sessions that took place the first week of March and incorporated the feedback into the final versions, which will be included in the CHVs’ refresher training curricula.

### **2.3.4 Incorporate pre-test results**

The project will incorporate feedback from the pre-test to finalize the CHVs’ refresher training curriculum.

*Activity 2.4 Re-establish the pools of regional trainers:*

#### **2.4.1 Update the trainers’ terms of reference**

As a preliminary step, NGOs were asked to identify trainers with the necessary training and experience and who worked as trainers under the Santénet2 project.

To align with adjustments made to the training approach decided on by the project, USAID|MIKOLO revised the profile and the terms of reference for trainers. The updated version of this document is now available. (See Appendix 3)

#### **2.4.2 Estimate needs for trainers**

Each NGO will develop and submit for approval a detailed training plan by region, district, commune, TA, and CHVs to estimate the needs for independent trainers to support the TAs and in monitoring the implementation of training activities. This is an ongoing activity.

*Activity 2.6 Support CHVs activities in the field*

### **2.6.1 Provide CHVs with management tools and equipment**

This activity will enable CHVs to be fully functional and provide services in compliance with the national standards of service delivery. It is equally important for the project staff as it will enable them to collect data showing the functionality of these agents through their activity reports.

The project printed additional copies of the management tools used under Santénet2 and disseminated them to the CHVs through NGOs. These will be sufficient to cover the CHVs' needs until their refresher training session when they will receive revised tools sufficient for at least one year. The project prepared and ordered a list of essential equipment for CHVs (see Appendix 2). CHVs will receive the equipment at the refresher training meeting.

#### **ACTIVITIES PLANNED IN NEXT QUARTER:**

- Validate and share the CHVs framework document
- Pre-test the training curriculum
- Orient the project staff on the integrated training curriculum for CHVs
- Orient CHV trainers on the curriculum
- Conduct a series of refresher training sessions for CHVs
- Assess CHVs' needs for supplies and management tools
- Provide CHVs with management tools, equipment, and health products

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

#### **SPECIFIC ACTIVITIES**

*Activity 3.1 Develop (revise, update or adapt) tools and job aids for CHVs:*

##### **3.1.1 Conduct an assessment of the CHVs' current level of knowledge**

The project conducted a situational analysis on the functioning of community actors (CCDSs, COSANs, and CHVs) at the commune level in December 2013. The data were processed and the report was finalized in February 2014. USAID|MIKOLO will present the findings to the USAID team (COR, AOR, and M&E team) early in the third quarter. The findings are presented in the M&E section of this Report.

##### **3.1.2 Update, adapt and develop tools based on international standards and ensure service integration**

The project's technical team developed/revise and produced:

- The TAs' training curriculum and the CCDS and COSANs' training curriculum
- New management tools for CHVs (see list in the M&E section)

- A supervision checklist for CHVs (**this document will be submitted with this report**)

### *Activity 3.2 Implement the CHVs supervision and performance monitoring system*

#### **3.2.1 Review, update and develop the CHVs supervision package**

The CHV supervision checklist was finalized by USAID|MIKOLO during this quarter. This document will be submitted with this report.

#### **3.2.2 Update/develop a strategy to improve CHVs' services based on best practices**

Based on the review of documents/strategies that other partners use to improve the quality of CHVs' services, the project's technical team finalized the CHVs supervision package. **(See Appendix 4)**. The project is currently developing its strategy to improve the quality of CHVs services.

#### **3.2.3 Orient the pool of trainers on the CHVs curriculum and supervision (TAs, independent trainers and TA supervisors)**

To enable grantee NGOs to properly perform their roles and ensure the quality of their work, USAID|MIKOLO held a two-day orientation workshop (February 24 and 25, 2014) for NGO Directors, Technical Officers, Administrative and Financial Officers, managers, and M&E Officers. The support technicians and their supervisors received a five-day orientation in early March 2014. The project presented the supervision strategy and the strategy for improving the quality of CHVs' services during the workshops and orientation sessions.

As a result of this sub-activity, 30 members of USAID|MIKOLO's technical and regional staff, 22 members of the NGOs' central staff (Technical Officers and Monitoring and Evaluation Officers), 121 TAs and 27 TA supervisors received guidance from the MIKOLO Quality Specialist on the CHVs supervision strategy and the strategy for improving the quality of CHVs' services from January 2014 to March 2014.

In the next phase, USAID|MIKOLO will orient the pools of CHVs trainers on the supervision strategy, as well as the strategy for improving the quality of CHVs' services.

### **ACTIVITIES PLANNED IN NEXT QUARTER**

- Orient the pools of CHVs trainers on activities that will improve the quality of services provided by CHVs
- Orient CHVs on the supervision strategy
- Develop performance criteria for CHVs (based on competency standards) with a definition of performance scores
- Integrate information on the performance scores into the TAs working tools
- Assess the performance of CHVs

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

### **SPECIFIC ACHIEVEMENTS**

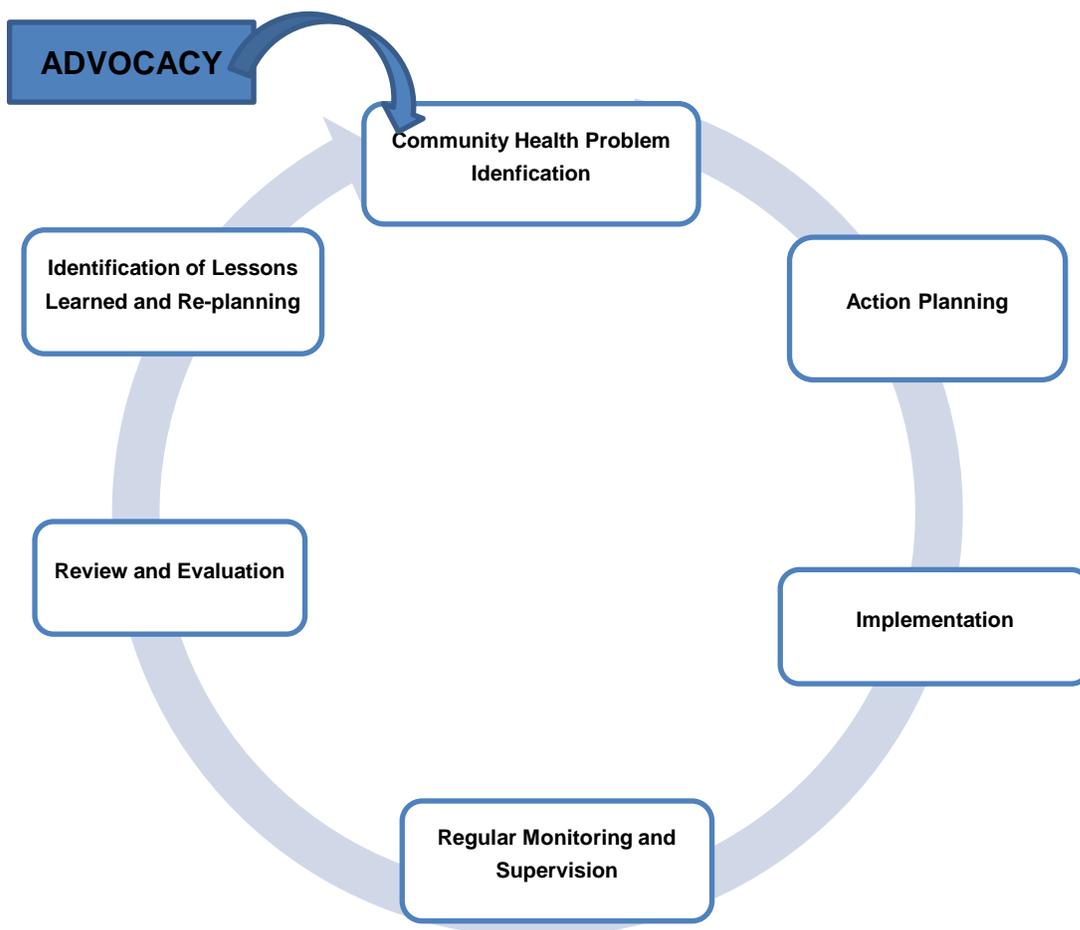
*Activity 4.1 Conduct an inventory and revitalize Champion Communes by building the capacities of community actors (CCDS, COSAN, TAs, and CHVs)*

USAID|MIKOLO conducted a survey on the functioning of community actors (CCDSs, COSANs, and CHVs) at the commune level in December 2013. The data were processed and the report was finalized in February 2014. The project will present the findings to the USAID team (COR, AOR, and M&E team) early in the third quarter. They are included in the M&E section of this report as well.

*Activity 4.2 Define the implementation of the Champion Commune approach during the first year*

The project defined the steps in implementing the *Kaominina Mendrika salama* approach in the first quarter (see Figure 1) and shared these steps during the orientation workshops with NGOs (central staff, TAs, and TA supervisors) during the second quarter.

*Figure 1: Steps in the implementation of the Kaominina Mendrika salama approach*



*Activity 4.3 Conduct formative research on barriers encountered by young people and communities in adopting healthy behaviors in the areas of RH/FP, malaria prevention, and MNCH*

USAID/MIKOLO will conduct a formative research study in the project intervention regions to identify the obstacles and social determinants for the adoption of healthy behaviors and practices. The study aims to:

- Determine the knowledge, attitudes, and practices of target populations vis-à-vis healthy behaviors
- Identify obstacles or other causes preventing the adoption of healthy behaviors
- Develop means of motivating targets to adopt healthy behaviors and practices
- Form the basis of the project's BCC strategy, based on results obtained from the formative research

#### **4.3.1 Documentation**

During this quarter, the project team, including staff and international and local conducted a literature review of studies reviewing behavioral and attitudinal barriers to health care provision

and uptake in the first quarter of this fiscal year, to inform the design of the qualitative research study. This study will form the basis for the Project's behavior change communication strategy.

#### **4.3.2 Identify the international consultant's needs for support**

The project recruited and hired (with approval from the USAID COR) the national and international consultants to lead the design and implementation of the formative research study. Together with the USAID|MIKOLO in-house team, the formative research team finalized the research protocol, the data quality procedures, the collecting tools, and the recruitment of the survey office.

#### **4.3.3 Finalize of research documents and prepare data collection and**

#### **4.3.4 Finalize and pre-test formative research tools**

For activities 4.3.3 and 4.3.4, the project undertook the following activities this quarter:

- Reviewed and finalized the research protocol, developed and pre-tested tools with target groups in one commune, developed data collection tools including mini-workshop guides, questionnaires for semi-structured interviews, and templates for observation and data organization.
- Designed and pre-tested the use mini-workshops to encourage free and active participation to gather detailed information about targeted populations' habits and beliefs.
- Pre-tested the data collection tools in Vatomandry with a group of "proxy targets" from the surroundings and revised the tools accordingly.
- Developed training guides for surveyors. The training topics for surveyors will be focused on the research objectives, the use of data collection tools, and data quality.

The next steps will include:

- Contracting with a local data collection firm;
- Training 12 surveyors recruited by the data collection firm and approved by the Project Community Mobilization Specialists from April 1 to 4, 2014;
- Data collection in nine communes in five regions (April 6 to 19, 2014)
- Transcribing, compiling, and analyzing data to inform the development of the BCC strategy and the youth and gender approaches.

Activities 4.4 to 4.11 will be conducted during the last two quarters of FY14.

Activity 4.12 *Ensure the availability of awareness-raising tools and materials*

#### **4.12.1 Inventory existing materials/tools**

The project will develop its BCC strategy based on the findings of the formative research that is in progress. The project inventoried the existing tools and materials used by and Ministry of Public Health, Santénet2, and other partners such as MAHEFA, Population Services International (PSI), and the Diorano-WASH platform, and selected eight tools and information, education, and communication (IEC) materials to be used by CHVs during the first year (see box).

<b>List, quantity, and distribution of CHVs' tools/IEC materials</b>		
<b>OOLS</b>	<b>QUANTITY (unit)</b>	<b>DISTRIBUTION BY ACTOR</b>
Maternal Health Card	45,000	10 Maternal Health Cards per mother-CHV (m-CHV)
Child Health Card	45,000	10 Child Health Cards per child-CHV (c-CHV)
Thiart FP Poster	2,500	1 poster per m-CHV
FP calendar	2,500	1 calendar per m-CHV
3 posters on 3 key water, sanitation, and hygiene (WASH) messages	13,500	3 posters per CHV
FP method display	2,500	1 FP method display per m-CHV

#### 4.12.2 Reproduce tools and materials

The project had initiated the reproduction of the tools and materials and some have been delivered. The tools will be sent to the regional offices and NGOs for distribution at CHV refresher training sessions early in the third quarter.

#### Activity 4.13 Disseminate messages through the radio

##### 4.13.1 Inventory existing materials and spots

In anticipation of the BCC strategy that will be developed following the findings of the formative research currently underway, the project will rebroadcast the radio spots used by the Santénet2 project. Eight spots radio have been identified for airing (see box).

##### 4.13.2 Contact radio stations in preparation of the airings

USAID|MIKOLO is identifying radio stations that will broadcast the spots. This activity is conducted in collaboration with the project regional offices.

#### **THEMES OF RADIO SPOTS**

- 1- Malaria: care seeking
- 2- MNCH: Benefit and intake of Iron Folic Acid by pregnant women
- 3- Community-based integrated management of childhood illness (c-IMCI): acute respiratory infection (ARI)
- 4- Kaominina Mendrika salama and gender
- 5- MNCH: nutrition and pregnancy
- 6- adolescent reproductive health (ARH)
- 7- WASH: CLTS

The project will contract with the national radio and two local radio stations per region.

#### *Activity 4.14 Collaborate with NGOs on Community Led Total Sanitation (CLTS)*

##### **4.14.1 Request collaboration with NGOs for CLTS**

USAID|MIKOLO will collaborate with partners working in water, sanitation, and hygiene in the intervention regions. The project will promote the three key water, sanitation, and hygiene (WASH) messages (using clean latrine, drinking potable water, hand washing with soap) among the communities, using WASH posters and CHVs' awareness-raising activities.

First, the project established contacts with the Sanitation Support Fund project and WaterAid to develop memoranda of agreement that will govern the collaboration and coordination of WASH activities in common intervention zones. In addition, the project organized a briefing and advocacy meeting with the nine implementing partner NGOs to secure their support and encourage them to include WASH awareness-raising activities in their interventions. Both MIKOLO and 148 NGO staff members were oriented to the TA training curriculum with respect to the hygiene and sanitation content.

At the field level, the NGOs conducted WASH awareness-raising activities among local authorities in 323 communes during the advocacy sessions for the reintroduction of the *Kaominina Mendrika salama* approach. The project also introduced WASH in the capacity-building sessions for the 2,098 CCDS and COSANs.

The next step will be to train CHVs on WASH during the refresher training sessions.

#### **ACTIVITIES PLANNED IN NEXT QUARTER**

- Continue strengthening the capacity of COSAN and CCDS members in leadership, BCC, participatory planning, and project themes;
- Develop the *Ankohonana Salama* (Champion Household) approach;
- Designing the "Earned Media" approach building upon awareness-raising through the mass media;
- Design mobile health approaches based on mobile technology to strengthen the impact of BCC messages;
- Make CHV tools and awareness-raising materials available;
- Air radio messages;
- Promote WASH messages through CHVs;
- Finalize the formative research
  - Transcribe, translate, consolidate, process, and qualitatively analyze data;
  - Present of the findings of the formative research during presentation and validation workshop
  - Use the findings of formative research to begin development of BCC strategy
- Develop and draft the project's integrated BCC strategy; and
- Develop IEC and BCC messages and materials.

## Monitoring and Evaluation

The M&E team was fully staffed during this quarter, including the Director, Data Manager, M&E Specialist, Operations Research Specialist, and Communication Specialist, each of whom were hired in February 2014. The team's priority was to review the situational analysis conducted by the project in December 2014.

### SPECIFIC ACHIEVEMENTS

#### A.1 ACHIEVEMENTS IN RELATION TO THE ANNUAL WORK PLAN

Activity 5.1.1 *Establish and use the M & E system and the online database*

##### 5.1.1.1 Identify existing database management systems and software (MSH, SN2, USAID, etc.)

To establish the project's management information system, the project requested the services of Randy Wilson (MSH Rwanda) from March 16 to 22, 2014. This visit allowed the USAID|MIKOLO team to conduct a review of existing systems in preparation of the implementation of its own database. A draft system was proposed using the District Health Information System 2 (DHIS) currently used in more than 20 countries around the world. The monitoring and evaluation team developed the M&E system based on it (data collection and transmission, data analysis and presentation of results).

##### 5.1.1.2 Design the system

The project designed an M&E system based on the results framework, the annual work plan, and the M&E plan and presented the ideas to members of the M&E team for feedback. The system will provide the project with the information and data needed to monitor the annual action plan and assess progress.

The system includes standards for collection of data from fokontany and communes, their forwarding to the next level (district, regional and national), their storage (database), and their processing, analysis, and sharing.

USAID|MIKOLO developed management tools based on tools used by the Santénet2 project, the MAHEFA project, and the Ministry of Health's Monthly Community Activity Report and developed a guide for their use, which was incorporated into the CHVs' training curriculum.

#### CHVs' MANAGEMENT TOOLS

- 1- Awareness-raising register
- 2- Women register
- 3- Child register
- 4- Supply register
- 5- Monthly activity report
- 6- Family planning consultation form
- 7- Blue and red appointment boxes
- 8- Referral form

To prevent any shortage of management tools among CHVs, the project provided stock sufficient for two months during the first meeting with CHVs in late March and early April. The revised version will be distributed during the CHVs' refresher training in May.

To monitor the progress of implementing NGOs, the project developed management tools relating to each step of the *Kaominina Mendrika salama* approach.

**MANAGEMENT TOOLS FOR  
STEPS UNDER THE KAOMININA  
MENDRIKA SALAMA  
APPROACH**

- 1- Advocacy report
- 2- CCSD/COSAN training report
- 3- Participatory planning report
- 4- CHV training report
- 5- Report on meeting of CHVs with COSAN members

### **5.1.1.3 Send out call for proposals and select service providers**

Based on recommendations from the consultant, USAID|MIKOLO developed the terms of reference detailing future activities for the development of the management information system (mobile technology and software). The next step will be to contract out the development and implementation of the project's database.

#### *Activity 5.1.3 Finalize the Work Plan and the M & E Plan and submit to USAID*

In January, USAID approved the M&E Plan submitted by the project in November 2013. The project submitted the Performance Indicator Reference Sheets (PIRS) corresponding to USAID Performance Plan and Reporting (PPR) in the first quarter. In the second quarter, the M&E team designed the forms for the remaining indicators. The PIRS are undergoing a final internal validation prior to submission to USAID.

#### *Activity 5.1.5 Implement project communication activities taking into account branding & marking requirements*

### **5.1.5.1 Manage information in social network pages**

The project's social networking pages are updated on a daily basis. There are currently more than 400 friends on its Facebook page at <https://facebook.com/Usaid-Mikolo> and the number of followers of the Twitter page <https://twitter.com/MSHmadagascar> is increasing. The project's blog <https://usaidsmikolo.wordpress.com> provides much content on the life of the project and allows visitors to get a clear picture of what USAID|MIKOLO is about as well as to follow the project as it develops. USAID|MIKOLO will coordinate with USAID/Madagascar's Documentation team from the Program Office.

### **5.1.5.2 Design branding and marking products**

USAID|MIKOLO's branding and marking products were designed in compliance with USAID guidelines and were approved by USAID in January 2014. Project staff were then oriented on branding and marking requirements. USAID|MIKOLO presented the branding and marking products and requirements to the implementing partner NGOs during orientation sessions.

### **5.1.5.3 Develop the communication strategy**

The project developed its communication strategy during the second quarter (see **Appendix 5**). This strategy encompasses internal and external communication and defines the various targets of communication actions. In the second quarter, USAID|MIKOLO undertook the following activities as part of the communication strategy:

- Producing the MIKOLO Quarterly Newsletter. Each edition of the newsletter focuses on one topic related to the project interventions. The purpose of the newsletter is to share information, especially on project achievements. It's English and French versions will target development partners and the Malagasy version will be shared at the community level as a way for the project to remain in touch with its beneficiaries.
- The first edition of the newsletter is being finalized and will be shared with USAID, MSH, project consortium members, partners, NGOs, and development partners in Madagascar. A copy of this newsletter is included in this report (see Appendix 7). The project will distribute the newsletter in Malagasy during the CHVs refresher training sessions.
- The communications staff updated the brochure this quarter. It provides an overview of the project.
- The project has produced 3 success stories, which are included in the annexes. Success stories give a human face to the project and show our impact on beneficiaries. The communications officer held a training session on the development of success stories and produced a guide on success stories for the regional offices. Success stories are addressed at every coordination meeting.

#### **5.1.5.4 Develop project communications at national and community level**

The objectives of this activity are to:

- Provide an overview of project activities to USAID and MSH,
- Communicate the project's activities and achievements, and
- Develop the project's knowledge sharing system.

The project has drafted its first monthly calendar of events featuring the main activities planned for the month and has submitted to USAID to facilitate their monitoring and scheduling of field visits. The project designed its knowledge sharing system (see Appendix 6) and presented it to the project staff and partner NGOs during their orientation.

#### **5.1.5.5 Coordinate the production of contract deliverables**

The timeline for preparing and submitting the quarterly reports was defined and shared with technical staff members. Reminders are sent out at each step.

#### *Activity 5.1.6 Conduct data quality monitoring activities*

##### **5.1.6.1 Set up the data quality assurance system**

The project developed a job aid on data quality, which is currently being finalized. In addition, to monitor the quality of data reported by CHVs and NGO TAs, and in preparation for any USAID assessments, USAID|MIKOLO is in the process of

developing a data quality assessment (DQA) form for each indicator. The DQA will be conducted on a quarterly basis with a sample of randomly selected communes. At the same time, NGO TAs were trained on how to verify data quality submitted by CHVs. TAs will verify on a monthly basis the quality of the data at the time of submission of data by CHVs.

## **A.2. OTHER ACHIEVEMENTS**

### **Situation assessment in 375 communes**

The project conducted the situation assessment mentioned earlier under SP1, SP2, SP3, and SP4 during the first quarter of this fiscal year. The assessment enabled USAID|MIKOLO to develop a strategy and approach for rapid resumption of community workers' activities. The information collected during the survey covered the period from April 2013 (one month after Santénet2 withdrew from the field) to November 2013 (one month before data collection in the field).

During the second quarter, the M&E team processed and analyzed the data collected and shared findings with the project team. A presentation of the findings to USAID Madagascar is scheduled for April 10, 2014.

Some limitations were noted in the data and these have been forwarded to the NGOs implementing the transition grants for groundtruthing. Similarly, the NGOs will collect and complete data for those communes that were not surveyed due to access and/or security issues during their initial advocacy visits. The project is mapping the functioning of community actors. This activity will be finalized when the additional/updated data is available.

Though we initially planned to collect information from 375 communes (former intervention communes of Santénet2), 15 communes were removed from the list at the survey preparation stage because of prevailing insecurity. Access and insecurity issues in other communes limited the number of questionnaires received: 274 CCDS/COSAN questionnaires were received and 3,858 CHV forms were received versus the 4,961 planned.

As a result of the survey, USAID|MIKOLO has made the following conclusions and recommendations:

- The current situation is encouraging despite the lack of technical support at the community level (almost a year after Santénet2 withdrew).
- 22 percent of CHVs active during the Santénet2 project in March 2013 did not attend the survey meetings. We cannot assume that they are non-functional because they may be functional but could not attend the meeting.
- CCDS and COSANs continue to organize meetings and have health action plans, through the plans have not been effectively updated.
- According to CCDS, SPs are functional and PSI continues to supply them.
- CHVs continue to provide services.
- 77% of the CHVs have access to health products.

- More than 95% of basic health center (BHC) 1 and BHC2 are functioning.
- Community structures set up by MSI (Mobile Clinics and MS Ladies) are functioning. However CCDS reports show that there are fewer MS Ladies.
- 48% of the 358 communes (i.e., 172 communes) are accessible throughout the year. Over 50% are accessible for 3 to 11 months and 48% of them are accessible for 6 to 11 months.

The report suggests several programmatic implications for USAID|MIKOLO and the implementing partners including the following:

- Despite the availability of community structures and actors such as CCDS, COSANs, and CHVs, the project should strive to revitalize these somewhat dormant local structures at the beginning of implementation of field activities.
- Ensure the availability of health products (medicines, commodities, contraceptives) at supply points and from PSI.
- Ensure the availability of tools and equipment for the CHVs.
- Closely monitor the CHVs' supplies of health products from SPs and BHCs.
- Strengthen the supervision of CHVs to ensure quality of services.

The full report of this assessment will be submitted with this report. The data collected at the commune level showing the functionality of the various community stakeholders (CCSD COSAN and CHV) will be updated on a biannual basis. A map of the evolution of these data will be established during the preparation of the annual report of the project.

## **ACTIVITIES PLANNED IN NEXT QUARTER**

- Set up the project's database
- Train project staff members on the monitoring and evaluation system in place
- Train implementing partners on the project's monitoring and evaluation system and the manipulation of the project's database
- Report the activities of community actors (CCSD COSAN, CA)
- Monitor the progress of project's activities and indicators
- Develop project's quarterly report

## **Cross-cutting Activities**

### **Youth approach**

*Activity 4.8 Train young leaders to start the program targeting youth and adolescents, including through extracurricular activity*

USAID|MIKOLO is developing several interventions, including a pilot training of young leaders and establishment of youth groups that will serve as platforms for outreach to youth in communities, schools, and existing youth associations. These pilot activities will be implemented

in 12 communes that will be chosen in collaboration with the regional teams and partner NGOs based on accessibility and the level of involvement of community actors (TAs, CCDS, and COSANs).

#### **4.8.1 Design the Young Leaders training curriculum**

With the support of ASOS, the project has designed and drafted the training curriculum for young leaders as well as youth group animation modules (adolescent RH and out-of-school activities) using Ministry of Health documents, training modules for youth under Santénet2, MAHEFA, MSH's international documentation, and other relevant documents. This activity will be completed in late May 2014.

The project's approach to addressing youth is included in the TA curriculum and was addressed during their training. Similarly, the CHV training module also incorporates this topic. The capacity-building session for CCDS and COSANs also covered the youth approach.

#### **ACTIVITIES PLANNED IN NEXT QUARTER**

Train young leaders to start the program targeting youth and adolescents:

- Finalize the training curriculum for young leaders
- Design guides and tools needed for the various youth outreach activities (home visits, talks, mass communication). Similarly, design a guide on the use of management tools.

#### **Gender approach**

USAID|MIKOLO will establish women's groups in five fokontany in each of two communes per implementing NGO. The project will develop the implementation strategy and training curriculum in the third quarter. The formation of women's groups is designed to strengthen and accelerate the adoption of healthy behaviors especially by mothers of children under 5 years. The first step is to establish at groups 15-20 of women within a fokontany. Wherever possible, the project will work with existing groups or seek to revitalize groups that have existed but are "dormant". These groups may not necessarily work in health and there may be one or more groups per village.

Women leaders will be identified, who will be either CHVs or members of community structures (CCDS/COSAN,) or women proposed by the community or selected / elected by their groups. These women leaders will be trained by USAID|MIKOLO to enable them to lead groups and facilitate awareness sessions on health topics of the project. Women's groups hold regular meetings to raise awareness facilitated by women leaders and on a subject or a health topic based on existing tools (maternal and child guides provided to the CHVs) The purpose of these meetings will be to encourage and support women members to adopt healthy and conducive to health for herself and her household behavior. Ultimately, these women become models (Vehivavy Mendrika), serve as an example to follow and can influence their environment in the

adoption of healthy behaviors. Households where women from members of these groups will sit platform approach "Household Champion" or "Ankohonana Mendrika" advocated by the project.

The fact of joining a group of women represents a lever to raise the status of women as it is for itself, giving it a sense of pride and self-confidence in his household where it will take its place in initiating discussions with partner / spouse within the community where it will serve as a model. The project will promote gender equity and men's responsibility in regard to family health in all of the women's group activities. The project is currently developing a document describing the approach for setting up women's groups.

Activities under the gender approach during the reporting period were as follows:

*Activity 5.2.2 Train NGOs' staff on gender issues*

#### **5.2.2.1 Integrate information on the gender approach in the orientation meeting with national NGOs**

During the orientation meeting with the nine partner NGOs, the project explained that it will promote effective and active participation of women combined with commitment and involvement of men to improve family health.

#### **5.2.2.2 Train NGOs teams on the gender approach**

Gender is included in the TAs' training curriculum and was addressed during their training.

#### **Ensure gender balance in project staffing**

The project has pursued gender balance in project staffing since its inception and strives to create balance when recruiting staff. Currently, the USAID|MIKOLO team is relatively balanced with 48% of professional staff being female and 52% male.

#### **5.2.2.3 Incorporate the youth and gender approaches in NGOs' interventions**

- The CHVs' training module also addresses the gender approach.
- The gender approach was discussed during the capacity-building session for CCDS and COSANs.

#### **Other activity conducted during the quarter:**

Topics related to women and gender issues were included in the project's internal newsletter entitled "Family MIKOLO."

#### **ACTIVITIES PLANNED IN NEXT QUARTER**

- Set up women's groups.
  - Finalize the document guiding the implementation of the approach with women's groups.

- Inventory existing women's groups.
- Ask implementing NGOs to identify pilot communes for establishing women's groups.
- Develop training curriculum for model women in preparation of training in Q4.
- Incorporate gender into CHV training curriculum.
- Develop the gender strategy based on formative research findings.

## **Sustainability**

### **SPECIFIC ACHIEVEMENTS**

#### *Activity 5.3.2: Assess NGOs' development level*

The project is supporting 9 NGOs with transition grants. USAID|MIKOLO will facilitate an organizational self-assessment (PACO) of each partner NGO. Thus, the project developed an action plan for implementing the PACO process. Under this plan, the project will hold a meeting to introduce the process and tools to NGOs' leadership. This meeting will be followed with a review of the materials and a three-day workshop with the officers in charge of the various areas addressed, resulting in the identification of capacity-building needs. ASOS Antananarivo was chosen to be the first organization to go through the self-assessment. On March 31<sup>st</sup>, a meeting introduced the approach to the organization's leadership.

### **ACTIVITIES PLANNED IN NEXT QUARTER**

This PACO process will continue during the third and fourth quarter of the first year. Once the needs of the nine NGOs are identified, the project will guide the NGOs through organizational capacity-building activities.

## **Environmental Compliance**

### **SPECIFIC ACHIEVEMENTS**

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

The project completed this activity in the first quarter of this fiscal year and USAID has approved the plan.

#### *Activity 5.4.3: Prepare and submit reports*

During the NGO orientation workshop, the project presented the Environmental Monitoring and Mitigation Plan to NGO leaders. The presentation included a full session on environmental compliance for TAs, TA Supervisors, and SILC TA. The project

provided both hard and electronic copies of the Environmental Compliance Plan’s final version to each NGO to enable them to communicate its content to their employees and community workers.

## ACTIVITY PLANNED IN NEXT QUARTER

Continue information, awareness-raising, and capacity-building of staff and community actors to ensure proper implementation of environmental compliance actions.

## Project Management

### Project start-up

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

Recruitment activities during the reporting period were as follows:

- The project currently has 51 employees, including 36 at the central level and 15 in regional offices. The gender balance has been considered in recruitment.

	Antananarivo	Amoron'i Mania	Haute Matsiatra / Ihorombe	Vatovavy Fitovinany	Atsimo Andrefana	Atsinanana	Total
Female	18	0	0	0	1	1	20
Male	14	2	2	2	1	1	22
Total	<b>32</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>42</b>

- Almost all the positions have now been filled. Three positions remain open: two local staff (Logistics - Transport Coordinator and Health Commodities Specialist) and one staff, the Director of Finance and Operations.

The project will complete recruitment for the last vacant positions next quarter.

Activity 02: *Register MSH in Madagascar*

The Country Representation Agreement between the Government of Madagascar and the International NGO MSH was signed in February 2014. MSH currently has now a tax identification number and a statistical identification number.

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

The project completed this activity in the first quarter.

Activity 06: *Negotiate memorandum of understandings (MOUs)*

USAID|MIKOLO and Marie Stopes International (MSI) signed an MOU in March 2014. The MOU with PSI is finalized and will be signed at the beginning of the third quarter. Likewise, an agreement with the Peace Corps is progressing well and will be signed during the third quarter.

Activity 08: *Project official launch:*

The project completed its official launch in the first quarter. However, USAID|MIKOLO held regional launches concurrently in the five regional capitals on March 7, 2014 (Toamasina, Ambositra Manakara Fianarantsoa and Tulear). The regional launch for Ihorombe came later on March 21. Administrative and health authorities of the regions and districts attended the events.

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

The project submitted its first quarterly report for the period from October 1 to December 31, 2013 to USAID on January 30, 2014.

**Other project start-up activity: Visioning and team building workshop**

From January 21 to 24, 2014, the project held a visioning and teambuilding workshop was held at the *Hotel Paon d'Or* in Ivato for all project staff (central and regional), representatives of subcontractors (ITEM, OSC and ASOS), and a representative of MSH's home office. Ms. Jana Ntumba, Senior Technical Associate, Management Sciences for Health/Center for Health Services facilitated.

The workshop objectives were to (1) assist project staff to create, share, and adopt a vision for the project and (2) to develop good team spirit among project staff.

The project determined its vision and its organizational values during the workshop.

**OUR VISION**

In each Fokontany where USAID | MIKOLO works:

- **The population is *well informed, aware, and responsible* and *adopts healthy behaviors, attitudes, and practices* to ensure families' well-being.**
- ***Well supervised, equipped, and motivated community workers* provide *quality integrated services* to meet the primary health care needs of the population.**
- ***Committed communities* support changes in social norms for shared *decision-making among couples* and *young people are included in decision making about their health*. *Functional and sustainable local structures* support these ideals.**

Resulting in:

**Reduced maternal and child mortality, increased contraceptive prevalence, and increased use of integrated health services by women and youth.**

## Collaborations and meetings with other partners

Meetings	Date	Objective /Agenda of the meeting	Decisions (especially decisions about the project)	Next steps	Participants
<b>REPRODUCTIVE HEALTH/FAMILY PLANNING</b>					
Compliance with USAID's requirements for family planning	February 11, 2014	Share and have a common understanding of compliance with USAID family planning requirements	<p>The basics of the FP compliance for CHVs:</p> <ul style="list-style-type: none"> <li>- Free and informed choice (GATHER)</li> <li>- No target number set for FP except for planning purposes</li> <li>- No incentive in any form to encourage women and girls to accept FP</li> <li>- Displaying the Thiart poster in community sites</li> <li>- Using the winnowing basket showing all FP methods available during counseling</li> <li>- Setting up of a working group among MAHEFA, PSI, MSI and MIKOLO to share information and set the dates for the group's regular meetings</li> </ul>	<ul style="list-style-type: none"> <li>- Share the link for the course and documents on FP compliance</li> <li>- Harmonize compliance requirements for CHVs</li> <li>- Together with the USAID's FP manager to develop a common understanding of compliance</li> </ul>	USAID MIKOLO, Population Services International (PSI), JSI/MAHEFA
Stakeholders' meeting to guide secondary analysis on malaria and FP in Madagascar	March 13, 2014	<ul style="list-style-type: none"> <li>- Fine-tune research questions</li> <li>- Assess the relevance of research questions</li> <li>- Explore whether the results of this research will lead to decisions</li> <li>- Identify training</li> </ul>	<ul style="list-style-type: none"> <li>- Discuss these remarks with USAID</li> <li>- In April, a team of researchers from Measure Evaluation will return and perform secondary analysis</li> </ul>	Restitution of results of the secondary analysis in mid-April	USAID, JSI/MAHEFA, USAID   MIKOLO, PSI, DELIVER, Ministry of Health, United Nations Children's Fund (UNICEF), Marie Stopes International (MSI), President's

Meetings	Date	Objective /Agenda of the meeting	Decisions (especially decisions about the project)	Next steps	Participants
		gaps for which data still need to be collected before conducting the secondary analysis			Malaria Initiative (PMI), Measure Evaluation
<b>Maternal, newborn and child health</b>					
Meeting of Chlorhexidine and Misoprostol Technical Working Group (CHX-MISO)	January 20, 2014	<ul style="list-style-type: none"> <li>- Share the progress of the pilot project in Mahabo and Sambava</li> <li>- Develop the terms of reference (ToRs) for the Technical Working Group (TWG)</li> </ul>	<ul style="list-style-type: none"> <li>- A small group will develop the TWG's ToRs</li> <li>- USAID MIKOLO will participate in the expansion of the program in its areas of intervention</li> </ul>	<ul style="list-style-type: none"> <li>- Establishment of the pricing structure of CHX</li> <li>- Presentation of TDR large group</li> </ul>	PSI, United Nations Population Fund (UNFPA), Ministry of Health (SMSR), JSI/MAHEFA, MCHIP
	March 20, 2014	<ul style="list-style-type: none"> <li>- Monitor achievements of the pilots in Mahabo (Melaky region) and Vohémar (SAVA region)</li> <li>- Present the TWG's ToR</li> <li>- Finalize the ToR for the joint mission to Mahabo</li> </ul>	PSI/M will submit a proposal for Saving Life and Birth to contribute to the expansion of Chlorohexidine in 10 regions	USAID MIKOLO will send a letter in support of the proposal to be submitted by PSI/M	PSI, UNFPA, Ministry of Health (SMSR), JSI/MAHEFA, MCHIP
Sharing session on the approach TIPS for TOPs methodology developed by SALOHI and applied to nutrition	January 31, 2014	Share the TIPS for TOPS approach applied to nutrition under the pilot phase conducted in the intervention areas of the SALOHI Project The TIPS approach includes listening, talking,		<ul style="list-style-type: none"> <li>- Sharing of training curricula and tools by SALOHI</li> <li>- Development of materials: guide for formative supervision (coaching) for use by the field worker with CHVs, monitoring</li> </ul>	CARE, CRS, ONN, Ministry of Health, USAID MIKOLO-UNICEF, PSI, Reggioterzomondo Santé Sud Interaid, MSI

<b>Meetings</b>	<b>Date</b>	<b>Objective /Agenda of the meeting</b>	<b>Decisions (especially decisions about the project)</b>	<b>Next steps</b>	<b>Participants</b>
		negotiating		tools, training curriculum for CHVs	
Participation in the workshop "Prevention of Post Partum Hemorrhage (PPHP)" , organized by MCHIP in Maputo	5-7 February 2014 in Maputo	<ul style="list-style-type: none"> <li>- Strengthen competence in PPHP</li> <li>- Provide partners with knowledge and tools necessary for a successful expansion of PPHP programs that incorporate Misoprostol distribution during pregnancy for self-administration</li> </ul>	<ul style="list-style-type: none"> <li>- Development of a country action plan by the Malagasy delegation: Integrating the PPHP service package in the National Reproductive Health Policy</li> <li>- Share evidence (strategies, lessons learned, and best practices from other countries and the pilot study led in Madagascar) with stakeholders</li> <li>- Integrate PHPP/CHX in pre-service training of health personnel and community workers</li> <li>-Integrating PPHP monitoring/evaluation in National and Health Management Information I System including tools</li> </ul>	<ul style="list-style-type: none"> <li>- Sharing of results of the workshop to staff at USAID MIKOLO, Ministry of Health partners, and members of the TWG</li> <li>-Review tools used in Madagascar to ensure consistency with WHO (2012) recommendations and best practices in other countries</li> </ul>	USAID, MCHIP, USAID MIKOLO, World Vision, Ministry of Health, JSI/MAHEFA, PSI
Review of SALOHI's program activities	February 2014	Share SALOHI program achievements over the five years of project implementation			
Meeting of the inputs/finance subgroup gap analysis of the c-IMCI program	March 13, 2014	Analyze deviations of inputs and finance in preparation of the funding request	All partners working in the field of c-IMCI will provide data for the last 6 years: the list of CHVs, training, follow-up,	Sending information to Ministry of Health no later than March 28, 2014	JSI/MAHEFA, USAID/MIKOLO, ASOS, DDS, DSEMR, UNICEF, NMCP

Meetings	Date	Objective /Agenda of the meeting	Decisions (especially decisions about the project)	Next steps	Participants
		to National Strategy Applications round 2 (Global Fund program for Malaria prevention and treatment)	and supervision received by the CHVs, reports submitted to BHCs, and the availability of inputs		
<b>MALARIA</b>					
Regular meeting of Roll Back Malaria	<b>March 21, 2014</b>	Overall presentation of NSA2 by PSI, who is the prime recipient  Discussion of strategic issues and challenge at the national level	- NSA2 Plan to be submitted to the Global Fund for AIDS, Tuberculosis, and Malaria (GFATM) Country Coordination Mechanism by May 30, 2014  - Addressing policy issues	- Implementation of the project will begin in July 2014 and will end in September 2015  - Concerning the malaria in pregnancy component: Implementation of the WHO recommendation that involves the gradual introduction of SP 4 times during pregnancy (previously 2 doses of SP in Madagascar)	PSI, NMCP, USAID MIKOLO, PACT, DDS, USAID, CDC Atlanta, Institute Pasteur, Telma Foundation, PMU, SALAMA
PMI/ GAS (Gestion d'approvisionnement, Achat et Stock) meeting	January 13, 2014	Share progress on the distribution of health commodities developed in November 2013	- Use a standard format for reporting during the quarterly meeting of PMI partners - USAID MIKOLO cannot yet provide information on the consumption of commodities among CHVs	Monthly filling of the template	PSI, JSI/MAHEFA, USAID MIKOLO
	February-March 2014	- Update data after arrival input - Present the new	Prioritize the remote areas and areas of high transmission to	Monitoring by each entity of commodities	PSI, JSI/MAHEFA, USAID MIKOLO

Meetings	Date	Objective /Agenda of the meeting	Decisions (especially decisions about the project)	Next steps	Participants
		distribution plan health inputs. -Complete the terms of reference for the joint mission in Mahabo	deal with a possible resurgence	coming from the region level to their respective intervention zone	
PMI quarterly meeting on progress reports	January 16, 2014	Sharing approach, achievements and challenges in the implementation of activities. USAID MIKOLO shared priority activities for the next quarter and the strategy for launching field activities	- PMI offered to provide management tools for CHVs as soon as possible - See how to ensure the sustainability of community activities	Things to do by USAID MIKOLO: - Share SILC and the health SILC approach as an incentive for community actors - Share results on the functioning of CHVs	PMI partners: PEACE CORPS, USAID MIKOLO, JSI/MAHEFA, PSI, CRS, Abt, IPM, PMI, CDC
IEC committee's meeting for the preparation of the World Malaria Day (25 April 2014)	March 18, 2014	- Prepare the celebration of the WMD on April 25, 2014 in Antananarivo  - Prepare the campaign celebration that will take place in Mampikony (Sofia region) on May 14 to 15, 2014	USAID MIKOLO will participate in the World Day celebration	- Distribution into sub-committees to prepare: finance, logistics, entertainment, etc. - Budgeting activities	ASOS, TOTAL Madagascar, IEC unit at NMCP, USAID MIKOLO, JSI/MAHEFA, PSI, DRS Analamanga
<b>USAID WORKING GROUPS</b>					
Meeting of the Gender Task Force of projects funded by USAID	March 13, 2014	Sharing among members on the gender activities	- Establish the "Gender Working Group" (GWG) - Develop ToRs of the GWG	- Discussion of monitoring and evaluation of the gender program - Discussion of the ToRs of the GWG	MSI, PSI/Intrahealth, JSI/MAHEFA, USAID MIKOLO, SALOHI
Meeting of the USAID Communication	February 4, 2014	Concepts of branding and marking specific	Compliance with branding and marking requirements	Meetings will be held on a monthly basis addressing	USAID, PSI, USAID MIKOLO, MCHIP, CI

Meetings	Date	Objective /Agenda of the meeting	Decisions (especially decisions about the project)	Next steps	Participants
Group		to USAID and U.S. agencies.		the issues and themes relating to communication. Each communication officer must attend or host the meeting.	

**ACTIVITY PLANNED IN NEXT QUARTER**

USAID|MIKOLO plans to hold regular coordination meetings with USAID/COR as well as other key partners such as PSI/ISM, MAHEFA, Pact (NSA) and will continue to participate in regular interdepartmental coordination meetings such as Roll Back Malaria, PMI, and the ongoing technical working groups with Unicef, UNFPA and others related to the scale-up of misoprostol and chlorohexyline.

## Attachments

### Appendix 1: Success stories

#### 1: COMMUNITY COMMITS TO CHALLENGE HARMFUL TABOOS

One would hardly believe that a rural community such as the one in Maneva (5,381 inhabitants) in the Betsileo tribe would be willing to challenge taboos. However, according to members of Commune-Level Development and Health Committee (CCDS) in Maneva, this is happening. The twelve members of the committee believe that primary healthcare services will be beneficial to the population and will help the community challenge harmful taboos.

Jean Pierre Randrianasolo, a CCDS member and deputy mayor, reports that in Maneva, a very conservative rural town, sex and reproductive health issues are now being discussed within households. Parents encourage young people to use family planning services and no longer oppose or prohibit this practice. This trend may be further reinforced with the forthcoming work of Community Health Volunteers under the USAID|MIKOLO project.

One of the activities that the community is eager to see is a pilot program with 120 young leaders. "Young people are becoming more responsible about their health and should be supported for this," says Suzanne Rasoanirina, a CCDS member that manages the supply point. Under the pilot program, USAID|MIKOLO plans to introduce a young leader in each village to target youth groups with sensitization on adolescent reproductive health and to lead extracurricular activities.

Suzanne is one of three female CCDS members in Maneva. With her peers, she is ready to strengthen community awareness to develop the community's ownership of health actions. The action plan that the CCDS members in Maneva developed at the end of the training includes home visits and regular street sensitization as a way to effectively reach the population.

USAID|MIKOLO's team had the chance to meet community stakeholders who are strongly committed and eager for change and share the USAID|MIKOLO vision. As the project is only in its first year of implementation, we will be keen to see how this commitment in Maneva and their efforts to fight harmful traditional practices will evolve over time.

#### 2: WARM WELCOME FOR USAID|MIKOLO'S SUPPORT TECHNICIANS IN THE FIELD



USAID|MIKOLO Support Technician (right) was introduced by the UNICEF technical officer

More than 150 technicians from seven nongovernmental organizations (NGOs) are now implementing the Kaominina Mendrika salama approach, under the USAID|MIKOLO project

funded by USAID and implemented by MSH. Most of them have been operational since early April. The technical assistants (TAs) of the NGO *Action Socio-sanitaire Organisation Secours* (ASOS) South were warmly welcomed in Beraketa, one of their intervention towns, as well as during their many field trips.

Marolahy Francois Randriatahiana, one of the NGO's TA, says he was impressed by the hospitality and professionalism demonstrated by his contacts in Beraketa during the courtesy visit, a key introductory step in the implementation of the approach. He reports that United Nations Children's Fund's (UNICEF) district TA, the Mayor, and members of the CCDS introduced him to the community, which provides a very good basis for collaboration and for ownership by local actors.

"My first contact with local community workers was very easy thanks to the commitment of my colleagues in the field," said Marolahy François. "They insisted on the need for collaboration in field activities, especially in regard to the service package in the areas of maternal, newborn, and child health and the reporting process." In addition, his frequent field visits will be facilitated now that the community actors managed to find him housing in Beraketa.

François Marolahy is a man devoted to the community. He is eager to see activities roll out. He had served in previous projects with the NGO ASOS. "Being a field agent has been a good thing for me, as it brought me closer to the communities and opened my mind. Also, I have gained a lot of experiences especially in capacity building in the area of health and I sometimes apply this knowledge to my own family and children," he says.

François Marolahy is one of the three technicians trained to supervise the district of Sakaraha and is in charge of three communes. Likewise, in the Morombe district, the other technicians had no trouble approaching local authorities and telling them about the Kaominina Mendrika salama approach and the USAID|MIKOLO objectives. The meetings turned out to be a success as local authorities committed to facilitate the technicians' field trips through coordination with UNICEF's district technical assistants. Health authorities also committed to facilitating the technicians' tasks. Ownership by local authorities and actors is one of the key objectives of the project's approach, and the advocacy visits prior to implementing activities are clearly a good way to promote it.

### **3: INTRODUCING A COMMUNITY HEALTH VOLUNTEER**

#### **Rakotozafy Jean Marie, the "tip tap" friend**

Jean Marie Rakotozafy's presence was a bonus for the first training of community health volunteers organized by USAID|MIKOLO in the rural commune of Kelilalina, in the South East of Madagascar in early April 2014.

Rakotozafy is in his 40s and the father of five children and is a community health volunteer in charge of maternal and child health. He is very well known in the village of Ambaladingana where he is originally from.

His village is a typical of all USAID|MIKOLO intervention places, because it is very remote and



© USAID|MIKOLO /Andry N. Jean Marie showing how to use the tip tap tool to the other CHVs

is located at 7km from the first primary health center—the population has to walk more than one hour to get there.

Jean Marie brought extra skills to the 19 community health volunteers (16 men and 3 women) who attended this training. Apart from his engagement and motivation, he brought a personal touch to the six-day refresher training for the community health volunteers of the Kelilalina commune.

Jean Marie was not just participating, he was training the other participants on how to use the “tip tap,” a hand washing technique using a bottle of water hung with a cord. It made him so proud and so close to his community.

During the previous project, this community health volunteer benefited from an extra training during which he learnt a lot about this new hand washing technique. It engaged him with the fight against dirty hands and disease. He was among the first to practice the technique and has applied it in his daily life inside his home. The population of Ambaladingana followed his lead and the entire village is now using the “tip tap.”

When coming to the training organized by the project in Kelilalina on April 7<sup>th</sup>, Jean Marie did not hesitate to lead an extra session where he trained the other community health volunteers on the “tip tap” method.

“It was with real ease and self-confidence that he conducted that session,” declared Tsarafihavy Andrinampoina, one of the USAID|MIKOLO team members at the training.

With community health volunteers like Jean Marie, USAID|MIKOLO can rely on a solid base and resource to reach its objectives and targets. For this man, being a community health volunteer is the most valuable mission that he can accomplish because his nomination by the community means that they rely on him, trust him, and see in him as an agent of change.

## **Appendix 2: List of CHV equipment for the 375 communes**

### **EQUIPMENT FOR MOTHER HEALTH CHV:**

- Basin
- Pail 12l
- Nail brush
- Beaker 250ml
- Blue tickler
- Red tickler

### **EQUIPMENT FOR CHILD HEALTH CHV:**

- Basin
- Pail 12l
- Nail Brush
- Beaker 250 ml
- Beaker 1l
- Tea spoon
- Spoon
- Timer
- MUAC

### **EQUIPMENT FOR POLYVALENT CHV**

- Basin
- Pail 12l
- Nail brush
- Beaker 250 ml
- Beaker 1 liter
- Tea spoon
- Spoon
- Timer
- MUAC
- Blue tickler
- Red tickler

## Appendix 3: Terms of Reference for CHVs Trainers

### I. Job Description

**Position:** Trainer in MNCH, RH/FP, c-IMCI.

**Location:** Based at the regional or district office of the NGO

**Working time:** 100% fixed-term

### II. Position Summary

Under the supervision of the Technical Manager of the implementing NGO, the CHVs trainer and coach acts as focal point and technical reference for the areas where he/she provides training. In this context, he/she coordinates the development of strategies, plans, implementation, logistics, monitoring and reporting of community workers training activities in the project's intervention regions.

### III. Supervision line:

**Supervisor:** Technical Manager of the NGO,

**Coach:** Technical Staff (Regional and Central) USAID|MIKOLO

### IV. Supervisee: NA

### V. Responsibilities/Main tasks:

#### (1) *General Responsibilities*

Managing CHVs training:

#### *Before the training*

Develop micro-plans for the series of training; implement, monitor and assess training activities

Prepare the logistics of training

Take part in team building with the pool of trainers

#### *During the training*

Conduct training

Participate in daily debriefing (mandatory)

Prepare and organize practice and supervise participants during the practice.

#### *At the end of training*

Prepare training report

Put together all deliverables and supporting documents (individual forms of CHVs proof of receipt for tools distributed, all administrative paper and supporting documents)

Develop micro-plans for formative supervision.

### ***After training***

- Organize and facilitate post-training group follow-up
- Implement the formative supervision plan

### **Reporting**

Collect the data necessary for the preparation of the NGO's report (a deliverable)

### **Logistics**

Monitor logistics (tools, equipment, materials, health products) for training activities

## ***2. Duties in relationship to the pre-service and refresher training topics***

### **a) Training**

- Ensure pre-service and refresher training, applying adult learning principles
- In collaboration with the STs, lead practice sessions for each topic as part of CHVs' training

### **b) Professional Code of Conduct**

- Act with discretion and confidentiality at all times
- Be on time
- Always work in the interest of the employing organization
- Serve as a good example for colleagues in terms of accountability, transparency, commitment and team work
- Maintain a friendly atmosphere and be supportive to colleagues

### **c) Education and qualifications**

- Medical or paramedical degree
- Trained in training of trainers and basic adult learning
- Professional experience in training community workers would be an asset
- Knowledge of the Community Health topics under USAID|MIKOLO (MNCH, RH/FP, c-IMCI, WASH)
- Good command of office automation software (Word, Excel and PowerPoint);

## **VI. Profile**

- Ability to take initiative and work with minimum supervision in a multidisciplinary, multicultural and challenging environment;
- Ability to conduct analytical and synthesis work and results-oriented;
- Rigorous, organized, disciplined and able to work in a team;
- Ability to work under pressure;
- Excellent in French and Malagasy (writing and speaking)
- Sense of integrity and fairness;
- Willingness to travel in the NGOs' communes and regions of intervention

## **Appendix 4: CHVs Supervision Package**

The CHVs' supervision strategy is based primarily on observation and on-the-job coaching. Coaching consists in customized professional support to achieve concrete and measurable results in one's professional and/or personal life. Through the process of coaching, CHVs deepen their knowledge and improve their performance.

### **Objectives of supervision**

This activity will consist mainly in observing CHVs delivering services and using management tools and in tracking the availability of tools and health products among CHVs.

Supervision will:

- assess the quality of services delivered by CHVs and their performance;
- identify strengths;
- correct areas for improvement;
- facilitate the exchange of experiences among CHVs;
- collect data on CHVs' sites;
- make decisions based on the CHVs' results in their communities.

### **Venues for CHS Supervision**

The supervision/monitoring of CHVs takes place:

- At the commune's main town: monthly grouped meeting with COSAN members and quarterly CHV assessment meeting
- At CHVs' service delivery point
- 

### **Methodology**

- 1- Formative monitoring by trainers of CHVs one month after their training. During this meeting, the trainers assess the knowledge and competence of CHVs during the first month of service.
- 2- Monthly meeting with COSAN members
  - a. During these meetings, the following activities will be performed:
  - b. Exchange of best practices among CHVs
  - c. Identification of strengths and areas for improvement and finding solutions to potential CHVs' problems: availability of tools, availability of health products, filling management tools, other problems faced by the CHVs in their services
  - d. Simple analysis of results
  - e. Decisions to improve the performance of CHVs or improving the quality of their services.
  - f. Collection of CHVs' Monthly Activity Reports by TAs
- 3- Monthly supervision at the CHVs' service delivery points (CHVs and CHVs peer supervisor)

The table below shows the activities to be undertaken during this supervision. It should be noted that the data will be collected using a supervision checklist.

QUALITY OF SERVICE DELIVERY	USE OF MANAGEMENT TOOLS	STATUS OF PRODUCTS, SUPPLIES AND TOOLS STOCKS
<p>1 - Observe service delivery by CHVs and take note of strengths and areas for improvement</p> <p>2 - Discuss with clients on the quality of services (welcoming and services)</p> <p>3 - Provide refresher training on topics with a problem</p> <p>4 - Use the service delivery observations and information collected from clients to identify opportunities for improvement;</p> <p>5 - Solve problems together</p> <p>6 - Follow-up on problems previously identified.</p> <p>7 - Provide corrective and supportive feedback on activities</p>	<p>1 - Observe the use of management tools by CHV during service delivery:</p> <ul style="list-style-type: none"> <li>- Choosing the right tool</li> <li>- Filling properly the management tool following the guide (individual records, registers)</li> <li>- Filing individual forms in PF appointment boxes</li> </ul> <p>2 - Review the management tools used by the CHV</p>	<p>1 - Check the level of health products stock (contraceptives, products for management of childhood illnesses) and consumables (rapid diagnostic tests, syringes, cotton, safety box etc.)</p> <p>2 - Check the availability of working tools in particular CHVs' management tools</p>

1- Quarterly meeting to assess CHVs' performance, competence and to certify CHVs  
This meeting serves to assess the performance and competence of the CHVs as well as the quality of their services.

Activities to be undertaken for each CHV include:

- Reviewing their performance based on routine data (MAR)
- Compiling the results of supervision conducted by the TAs and peer supervisors and identifying changes in performance
- Testing skills test in reference to on quality standards for services
- Collecting the views of CHVs peer supervisors

2- Quarterly supervision at selected sites

This form of supervision concerns CHVs that the TAs have identified as having problems such as not reporting activities for at least three months, making no improvement (for those whose performance was rated low or fair), or non-performing.

Activities to be undertaken during this supervision include:

- Identifying the causes of the CHVs' problems;
- Working together to identify solutions;
- Providing refresher training to the CHVs based on the performance issues

### 3- External assessment of the CHVs' performance

This will be done by the team of the MIKOLO project in reference to the quality standards for CHVs services. A list of criteria to be evaluated will be established to facilitate the assessment.

## Appendix 5: Communication Strategy

USAID|MIKOLO is a new health program that will be implemented over five years by Management Sciences for Health (MSH) in about 3528 Fokontany to improve the population's health by increasing the use of essential health services and products health at community level.

The project's main objective is to meet the health needs of people living at more than five kilometers from the nearest health facility, in 506 rural communes, 36 districts and six regions of Madagascar. The six regions are Atsinanana, Amoron'i Mania, Haute Matsiatra, Vatovavy Fitovinany Atsimo-Atsinanana and Atsimo Andrefana.

USAID|MIKOLO's strategy for internal and external communication aims to provide good communication channels to the project and to maintain good visibility of the project through various channels and communication tools.

The communication strategy is consistent with the principles and rules laid down in the project's branding and marking plan approved by USAID as well as with the MSH policies applicable.

### Main objective of the communication strategy

The objective of the project's communication strategy is to establish and implement a framework for logical and standardized communication for the entire project and to ensure that all stakeholders operate within this framework but also to tell the story of USAID|MIKOLO's work and impact locally and worldwide.

- **Specific objective 1: Internal Communication**

Ensure the establishment of an internal communication system for sharing information between the project team.

- **Specific objective 2: External Communication**

Promote the visibility of the project at the local and international levels through various channels of communication.

### Targets:

- USAID
- MSH Home Office
- MIKOLO Team
- Consortium Members
- Implementing partners
- Community actors
- Development partners in Madagascar

### Action Plan:

- ✓ **Electronic communication approach:**

Develop an effective presence on social networks (Facebook, Twitter, blog, etc.)

Design online discussions,

Ensure daily updates

- ✓ **Media communication approach**

Produce a regular e-newsletter for the project

Establish a pool of journalists covering community health

- ✓ **Non-media communication approach**

Develop a brochure showing the activities of USAID|MIKOLO

Design and develop visual elements on the project (brochures, newsletters, etc.)

## Target audiences

Targets	Communication objectives	Job Opportunities	Risks
<b>MSH</b>	Share necessary and timely information on the overall progress of the project	Overview of the project's results and achievements.	Incomplete and outdated information
<b>Staff MIKOLO</b>	Share on completion of field activities and achievements	Making each program manager responsible and involve all staff in project progress.	Disagreement on the approach
<b>NGOs</b>	Promote communication and reporting of data from the field to the central level	Develop the NGOs' and their STs' responsibility as regards their roles	Incomplete and outdated information
<b>Community actors</b>	Strengthen methods of connecting with community actors	Promote means to monitor activities in the field	Incomplete report from CHVs.
<b>Consortium members</b>	Strengthen coordination and information on updating activities.	Coordination strengthened	Communication breakdown.
<b>USAID</b>	Provide regular information on the progress of activities in the field. Tell the story of USAID MIKOLO's impact on public health at the community level	Deliverables and other communication tools are used to inform USAID in real time of the project's achievements and challenges.	
<b>Development partners in Madagascar</b>	Maintaining USAID MIKOLO's brand image with development partners and keep them informed on the progress of activities.	Information sharing through visual communication materials	

### Communication to targets

Period	Target	Objectives	Message	Means	In-charge
<b>Internal Communication</b>					
Quarterly	MIKOLO's staff	Improve interpersonal communication	Each staff member must participate in solving communication problems	Meeting and internal exercises using a template to be distributed.	- Staff representative - Human Resources -Communication Manager
Monthly	MIKOLO's staff	Improve communications among MIKOLO's staff	A newsletter on the life of MIKOLO's staff and major activities	An internal newsletter "MIKOLO Isika" designed and shared with staff and posted	-Communication Manager
Every Monday	MIKOLO's staff	Share general information about the project	Messages are shared by CLT members	Staff meeting	
Every Friday	MIKOLO's technical staff	Share activity progress per component	Monitor and compare the activities undertaken against plans	Technical staff's meeting	Technical components

Period	Target	Objectives	Message	Means	In-charge
<b>External Communication</b>					
According to circumstances	Users	Maintain the visibility of the project	Few sentences about the life of the project	Social Media	Communication Manager
Every Friday	MSH staff	Maintain the visibility and presence of the project within MSH	Communication on MSH's activities in Madagascar	Newsletter Friday Forward	Communication Manager
Monthly	MSH	Share project achievements in the field	Success stories	Articles, photos, videos, social media publications and blogs ...	Communication Manager
Quarterly	USAID MIKOLO/ partner NGOs' staff / Development partners	Share best practices identified under project activities	Success story, various topics addressed in the project to be shared	Newsletter MIKOLO	-Communication Manager -Editorial board
Every three to six months	MSH	Share best practices identified under the activities of MIKOLO within MSH	Know the worldwide success stories	Insert in MSH home magazine	-Communication Manager
Half-yearly or annual	USAID	Regularly report on the activities planned and carried out by the project	Detailed information on the activities carried out during a definite period information	- Semester reports - AWP - PTA - Other deliverable requested by USAID • PMI reporting	CLT

				requirement, • EMMR,	
According to circumstances	Consortium members and partners	Report and share updated information on the project	Updated information on activities in the project's intervention communes	E-mails, newsletters, briefings	Communication Manager
During the fiscal year	Local and international media partners	Encourage partner media to report on the achievements of Kaominina Mendrika salama	Share achievements, success stories and best practices with media	Documentaries, photo galleries photos, articles in newspapers and radio broadcasts	Communication Manager

## Appendix 6: Knowledge Sharing Strategy

### Main objective of the knowledge sharing strategy:

Develop an approach and a process to facilitate the flow and sharing of knowledge to:

- Avoid past mistakes
- Promote good practice
- Compare experiences and draw communalities
- Develop networking

### Specific objective:

The project stakeholders and other partners can learn from each other through tools and people to facilitate the process through the means made available and the establishment of communities of practice.

### Means:

- Documents
- Manuals,
- Lessons Learned
- Good practices
- Success stories
- Results and research

### Targets:

- USAID
- MSH Home Office
- MIKOLO Team
- Consortium members
- Implementing partners
- Community actors
- Development partners in Madagascar

Targets	Objectives	Means	In-charge
Partner organizations working in community health	Promote the project among development partners	Knowledge management site www.hayzara.com	Fanja
Project staff	Promote the culture of data and results	Establish a system for monthly tracking of data	M&E Team
Partner organizations working in community health	Foster a culture of knowledge sharing among development actors	Community-based Health Knowledge Fair on	USAID MIKOLO with HayZara

## Appendix 7: Copy of English version of MIKOLO Bulletin






# MIKOLO BULLETIN

1st Edition – April 2014

We Promise, We Deliver on Time and with Quality!

### Editorial

To everyone interested in improving the health and well-being of Malagasy citizens, I would like to welcome you to the Quarterly Bulletin of the USAID|MIKOLO project. After a 15-year hiatus, Management Sciences for Health (MSH) is firmly back in Madagascar at the helm of a new project that will reduce maternal, child, and infant morbidity and mortality in six of Madagascar's 22 regions. We will have many successes and lessons learned to share through our programs in the field and the home office.

This quarterly bulletin is one way we can share information about our results, challenges, and successes, get to know one another, and promote the best practices from our work as well as those from outside of our program. This first edition is designed to introduce the USAID|MIKOLO team as well as the work we do. I encourage you to read the bulletin on a regular basis. Here's to MSH and USAID|MIKOLO. May we have great success for many years to come!

John Yanulis,  
Chief of Party



### USAID|MIKOLO

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.

USAID|MIKOLO works in 6 regions, 36 districts, 50 communes, and 3,528 fokontany and will target about 6.9 million people in its first year.

#### In This Edition

Editorial.....1

Project launching ceremony.....2

Project achievements.....3

Statistics about the Project.....4

#### Important Dates

**12/04/2013** USAID|MIKOLO Launching Ceremony

**01/21/2014** Project Team Visioning and Team-Building Workshop

**02/24/2014** NGOs Orientation and In briefing Training

**03/01-07/14:** Training of NGOs' Field Technicians on Project Activities

**03/07/2014** Regional Launch of USAID|MIKOLO Project in Five Regional Offices

Follow us on

## A Vibrant Launch Ceremony!



Many guests attended the USAID|MIKOLO project launch on December 4, 2013, at the MSH office in Ivandry Antananarivo, Madagascar. Participants included experts from public health and development as well as MSH founder, Ron O'Connor (upper right). Dr. O'Connor spoke at the launch, as did USAID|MIKOLO Project Director John Yanulis (below) and USAID Mission Director Susan Riley (upper left), setting the stage for strong collaboration and support from USAID/Madagascar. The ceremony was covered widely by the local press and was a unique opportunity to speak about the newest primary health



## The Project Vision

In each Fokontany where the USAID|MIKOLO project is working, we can find the following situation:

- A **well informed population** who are aware and **responsible** for their health adopting healthy behaviors and attitudes for their family's well being
- **Committed, equipped, and supported community health volunteers** offering quality integrated health services which address the community's primary health care needs.
- A **highly engaged community** that promoting healthy social norms, including young people in decisions regarding their health, and is supported by sustainable local structures

→ If successfully implemented, maternal, infant and child mortality will have decreased, the contraceptive prevalence rate will have increased, and more women and young people will be using integrated health services.

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## Achievements from the First Six Months

### NGOs and Field Technicians in the ground

The project organized nine trainings for the 156 NGO Field Technicians and their supervisors on the health champion commune approach. At the completion of the March training, these technicians have started to conduct advocacy at the commune level to inform community about the project and its approach and organize in-briefings with community health volunteers. The project will train Health Development Commissions and community health volunteers in the communes and conduct planning, community review meetings, and field visits in April.



© USAID|MIKOLO: Field technicians from ODDIT and PENSER receiving their certificates at the completion of their training in Toamasina

### One Partnership Signed!

A first meaningful partnership for USAID|MIKOLO.

With the signature of a memorandum of understanding with Marie Stopes Madagascar, targeted populations can now take advantage of Long lasting methods through the mobile family planning services in the six project intervention regions. This partnership is the first of many that USAID|MIKOLO will use to facilitate implementation of activities on the ground.



©USAID|MIKOLO: Signature of MOU between John Yanulis, Project Chief of Party and Nicole Raatgever, Marie Stopes Madagascar Country Director

### An Evaluation Tool for NGOs

With the goal of strengthening NGOs' capacity, USAID|MIKOLO is conducting an assessment of its NGOs through the Self Evaluation Process for Organizational capacity (PACO) to assist national NGOs in identifying areas in which they need assistance to improve performance and reach their organizations' objectives. ASOS Tanà and AIM were the first NGOs chosen to use this tool.

### Regional Launch Ceremonies

USAID|MIKOLO selected nine NGOs to implement integrated primary health services in the first year of the project. These partners will provide community-based health services, including maternal health, new born and child health, reproductive health and family planning, malaria prevention and treatment, along with activities related to water and hygiene in the six intervention regions, specifically to serve very remote populations. USAID|MIKOLO organized launch ceremonies at project offices in Ambositra, Toliary, Toamasina, Manakara, and Fianarantsoa on March 7, 2014.



©USAID|MIKOLO: Regional Launch Ceremonies

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# USAID|MIKOLO First Year Intervention Zones

## Mapping of USAID|MIKOLO



## Communes, Implementing NGOs, and their Intervention Zones

NGOs	Regions of Intervention	Communes
AIM	Amoron'i Mania	44
SALFA	Haute Matsiatra	54
ODEFI	Haute Matsiatra, et Ihorombe	46
ODDIT	Atsinanana	50
PENSER	Atsinanana	19
ASOS-SUD	Atsimo Andrefana	25
ASOS-SUD	Atsimo Andrefana	17
SAGE	Atsimo Andrefana	39
AINGA	Vatovavy Fitovinany	40
ASOS CTR	Vatovavy Fitovinany	41

**Total: 375**

### Partners

#### Prime Contractor:

Management Sciences for Health (MSH)

#### Subcontractors:

- Catholic Relief Services (CRS)
- Overseas Strategic Consulting (OSC)
- Action Socio-sanitaire Organisation Secours (ASOS)
- Institut de Technologie de l'Education et du Management (ITEM)

### Where to Find Us

**Antananarivo:** Villa Imaintsoanala Ivandry

**Ambositra:** Lot IF5 – Antampon'Ivinany

**Fianarantsoa:** Assurance MAMA – 1ere étage – Antarandolo (en face hotel Mahamanina)

**Manakara:** Lot 7H 287 Bis – Am-balakazaha Sud (2ème étage)

**Toliary:** Lot TSIMENATSE

**Toamasina:** Villa Christelle – Bd Joffre – parcelle 12/12 (Ambodi-pont Hopitaly Be)

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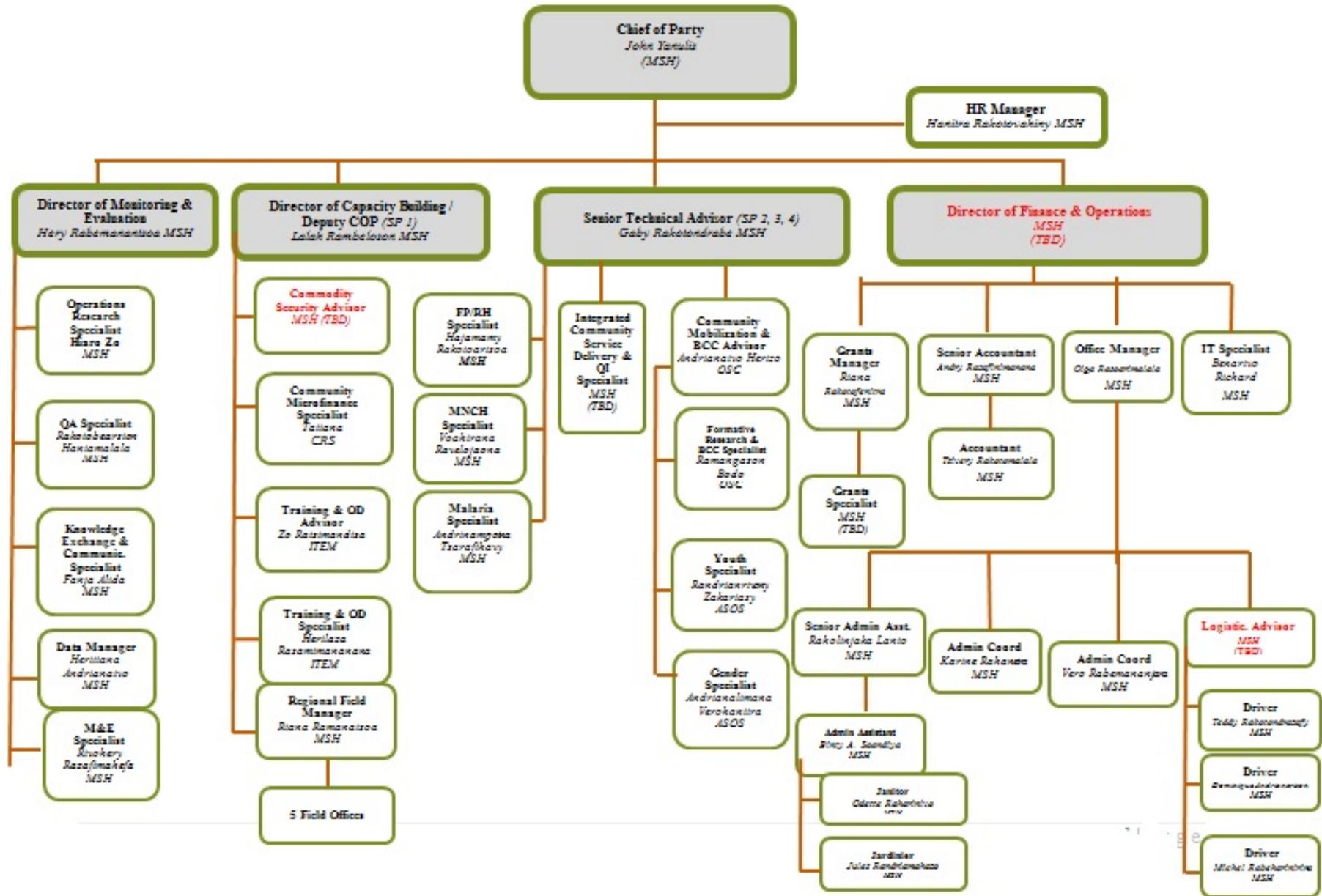
**Appendix 8: Summary of Activities Implemented in the Communes under the Kaominina Mendrika Salama Project**

<b>ACTIVITIES</b>	<b>Total number of communes</b>	<b>Number of communes completing the activity</b>	<b>Percentage</b>	<b>Number of participants attending events</b>
<b>ADVOCACY / INTRODUCTION</b>	375	323	86%	4,292
<b>CCDS/ COSAN TRAINING</b>	375	184	49%	2,098

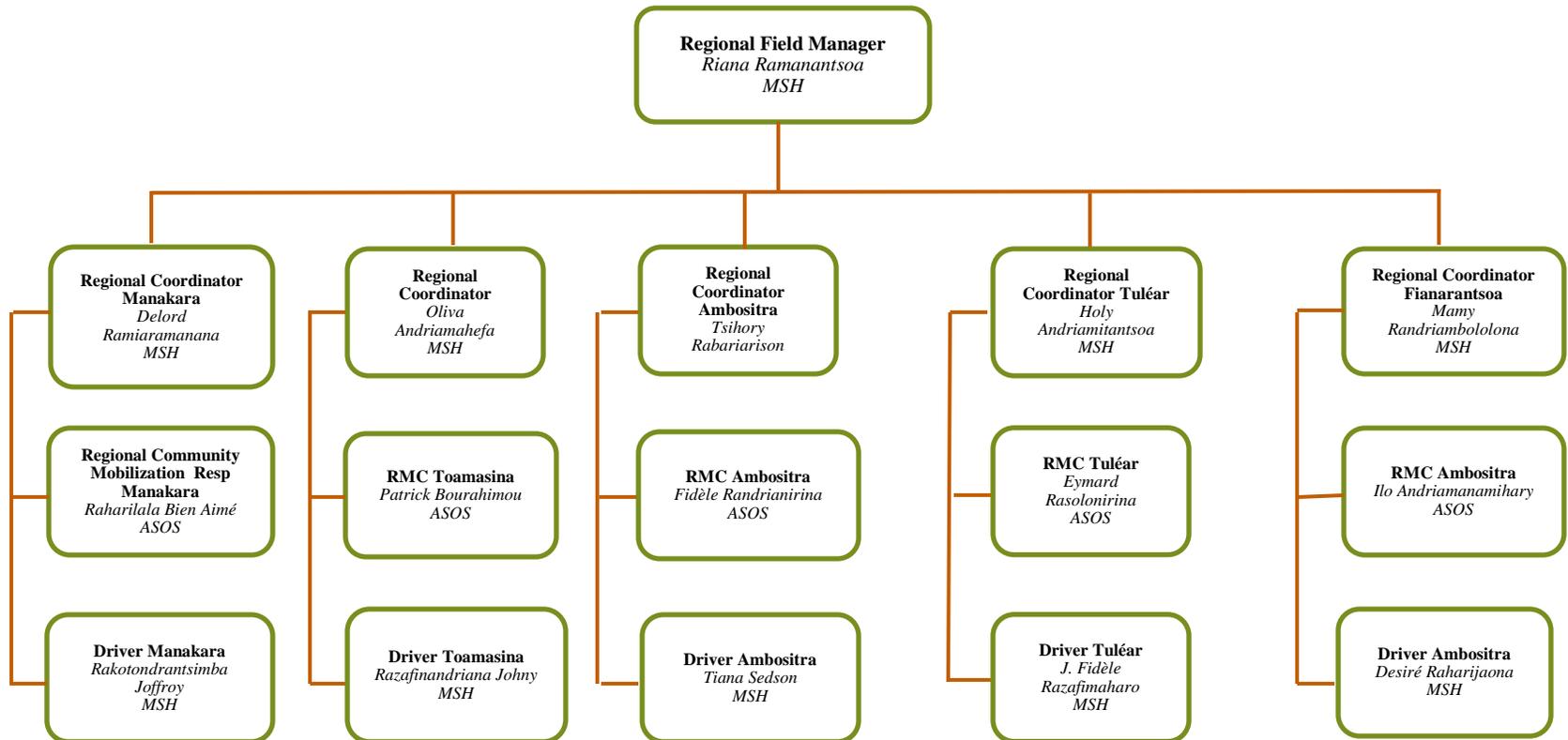
## Appendix 9: Summary of NGO Training Conducted by the Project

Activities	Topics	Objective of the training/orientation	Number of participants	Dates
<b>Orientation of NGOs staff members</b>	<ul style="list-style-type: none"> <li>- Vision of the project,</li> <li>- Outline of the contract and restrictions on working with the public sector,</li> <li>- Branding and marking</li> <li>- Environmental compliance plan</li> <li>- Sharing the values of USAID/MIKOLO,</li> <li>- Sharing on the self-assessment process for NGOs</li> <li>- Administrative and financial procedures</li> <li>- Project's various topics, including health topics covered.</li> <li>- Monitoring and evaluation activities</li> </ul>	Ensure that the leadership and managers of the NGOs have a same understanding of the project's expectations and their roles and responsibilities to allow for proper implementation of activity resumption.	38	<b>February 24 to 25, 2014</b>
<b>Orientation of STs and ST Supervisors</b>	<ul style="list-style-type: none"> <li>- Concepts and purpose under the Kaominina Mendrika salama approach</li> <li>- Tips for NGOs' STs</li> </ul>	Acquire skills and competencies required to perform their roles in their commune of assignment	148	<b>March 3 to 7, 2014 March 10 to 14, 2014</b>
<b>Training on SILC for STs</b>	Savings and internal lending communities	Know and apply the various SILC techniques	29	<b>March 17 to 21, 2014</b>

Appendix 10: Updated Organizational Chart, March 31, 2014



## THE FIVE FIELD OFFICES



## Appendix 11: Administrative and Technical Assistance Visits

<b>STTA/Consultant</b>	<b>Type of SSTA</b>	<b>Dates *</b>	<b>Terms of Reference</b>
Elke Konings	Management	January 19 - 30, 2014	Participate in the visioning and team building workshop
Carolyn Smith	Management	January 18 - February 8, 2014	Participate in the visioning and team building workshop
Jana Glenn Ntumba	Management	January 17 - February 1, 2014	Technical assistance in the organization and process of the visioning and team building workshop and training on the OCA process
Randy Wilson	Technical	March 16 - 22, 2014	Assistance in the implementation of the database system
Rabin Khadgi	Administrative	March 15 - 27, 2014	Technical assistance in the implementation of computer media, internet and Cisco phone

## Appendix 12: Trip Reports

<b>Program Activity:</b>	Project Oversight and M&E Technical Assistance
<b>Name of Traveler:</b>	Elke Konings
Title:	Supervisor of Project Director
Contact:	<a href="mailto:ekonings@msh.org">ekonings@msh.org</a>
<b>Organization:</b>	Management Sciences for Health
<b>Place:</b>	Antananarivo, Madagascar
<b>Dates:</b>	19-31 January 2014

### 1. Background

The USAID/MIKOLO project is a five year project funded under Contract No. AID-687-C-13-00001 that strives 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 6 of Madagascar’s 22 regions. The project’s target regions are in the East and South-East of Madagascar, and have a total population of 5.5 million. Implemented by Management Sciences for Health (MSH), with partners Catholic Relief Services (CRS), Overseas Strategic Consulting, Ltd. (OSC), Action Socio-sanitaire Organisation Secours (ASOS), and Institut Technologique de l’Education et du Management (ITEM), the project will expand uptake of reproductive health (RH), family planning (FP), maternal, newborn, and child health (MNCH), and malaria services and increase the adoption of healthy behaviors. Beneficiaries include women of reproductive age, youth, children, and infants - especially those living more than five kilometers from health facilities - in 506 communes of the project’s six target regions.

### 2. Objectives

The primary objective of this STTA was to provide support to project visioning/strategic planning and team building activities, as well as M&E and other support.

Specific areas of work were:

- Participate in the strategic planning and team building workshop to engage the team in articulating the vision and anticipated outcomes of the project;
- Monitor project progress toward objectives and ensure project is meeting USAID expectations;
- Orient project M&E staff to MSH’s M&E approach and provide guidance and support in the roll-out of the M&E Plan as transition grants are put into place;
- Provide orientation for local partner NGOs on the M&E guidelines and expectations.

### 3. Results

- 1) Project visioning and team building workshop

- I participated in the strategic planning and team building workshop to engage the team in articulating the vision and anticipated outcomes of the project;
- The work shop took place from 21 to 24 January at a hotel just outside of Antananarivo and was facilitated by MSH consultant Jana Ntumba with support from the Chief of Party (COP), Deputy Chief of Party (DCOP), and myself. The entire team participated actively, except the Director of Finance and Operations, who had unexpectedly tendered his resignation a few days prior to the workshop. All objectives of the workshop were achieved, including among others, achieving a common vision and understanding of the project's goals and strategies; agreement on team and work values, standards and principles; and a greater understanding of each other and how we can optimize our efficacy at work and for the project together. The workshop was a great success.

## 2) M&E support

To monitor project progress toward objectives and ensure project is meeting USAID expectations, I reviewed the entire project through participation in the review of the quarterly report, discussions with the COP and each SP team. Further, I oriented the project M&E staff to MSH's M&E approach and provided guidance and support for the roll-out of the M&E Plan as transition grants are put into place. Since the PACO exercise with local partner NGOs was postponed, I did not yet provide and orientation for local partner NGOs on the M&E guidelines and expectations.

The COP, following discussions with me and senior project staff, decided to propose Dr. Hery, who was the project's senior advisor for integration of service delivery, responsible for SP3, as Director of M&E. Her nomination was accepted by USAID and Dr. Hery immediately assumed her new role while continuing to support the transition to her replacement for SP3. Under her lead, the full M&E team met during a three hour session in which we reviewed MSH's approach to M&E, the project's M&E system and needs to develop and implement it, and the organization of roles and responsibilities on the M&E team both within the unit and between the M&E unit and the rest of the project.

In separate meetings, Dr. Hery and I discussed additional support needed for her to assume and be successful in the role of M&E Director, and agreed to have weekly Skype calls as possible. We also identified the need for STTA to review the electronic data base options and m-health tools for data transmission. We also developed a plan for improving Dr. Hery's active use of professional English. Lastly, we agreed to organize M&E learning visits outside of Madagascar for Dr. Hery, starting with her participation in MSH's M&E workshop planned in South Africa in June/July this year.

Through discussions with the COP, we identified the need to have a human resource available to the team for report writing in professional English. This includes quarterly and annual reports. A strong candidate was identified locally and has meantime been engaged for other work on the project. It is anticipated that we will expand her scope of work to include support to quarterly report writing.

## 3) Overall project support and supervision

## Meetings with USAID

- In-briefing: On 21 January, I met with USAID's COR, Robert Kolesar, together with the COP, John Yanulis; Jana Ntumba, MSH consultant for organizational development and visioning exercise; and Carolyn Smith, Overseas Strategic Consulting (OSC) consultant. We reviewed the scope of works of each person, and briefed Robert on the sudden and unexpected resignation of the F&O director. USAID expressed its satisfaction with MSH for a very rapid start-up, collaborative approach and excellent project launch ("With the project launch, others all took note... You raised the bar"). We also informed USAID of the project's readiness to issue the transition grants. Robert indicated he will respond immediately once the requests for approval of the grants are submitted.
- F&O director change: The resignation of the newly hired F&O Director, Vinh Nguyen, was completely unexpected and communicated to MSH headquarters and USAID within the shortest delays. During my visit, I followed up with both Vinh Nguyen and John Yanulis within MSH. Following our communication with USAID about Vinh's decision, USAID/Madagascar's Health Population and Nutrition Office, Ms. Alethea Musah, and Robert Kolesar, asked for another meeting with me to clarify the impending departure of our F&O Director. I met with them on Friday 24 January at USAID, and reported on the discussions I had held with Vinh and John to clarify and confirm that the reasons for Vinh's departure were entirely personal, as he had said in his resignation letter, and that his decision had nothing to do with anything else. I also informed USAID that MSH has begun recruitment for a replacement and has assured adequate coverage for the interim period. USAID was satisfied with the review and plans that are in place.

## Need STTA for M&E data base/system

During my stay, I worked with the COP and new director of M&E to identify the STTA needs for the coming 6 months. We initiated the identification and recruitment of Randy Wilson, who is with MSH in Rwanda, to review m-health and on-line data base options and make recommendations for the MIKOLO M&E system. Randy is expected to provide STTA in Madagascar in early to mid-March' 14.

## F&O Director

See above.

## Quarterly report

Worked with the COP and DCOP to review and complete MIKOLO's quarterly report which was submitted to USAID end January' 14.

## Quarterly review

MSH holds quarterly reviews of all its field projects, in which the COP presents progress to date, challenges and opportunities, to MSH headquarters staff including the VP of the technical center in which the project is housed. I supported the COP in the preparation of the PPT presentation that is used for this review.

## Work with OSC re: gender strategy, youth and m-health

Through a series of meetings with Carolyn Smith, OSC, as well as OSC staff on the MIKOLO project and MIKOLO's senior technical advisor, we reviewed the progress on developing a gender strategy, a youth strategy and m-health interventions.

Assisting the COP and OSC, we identified an appropriate international consultant

who lives in Tana, to assist the team with the next steps. I also shared strategies used by other MSH projects with the team as a basis for developing MIKOLO's gender and youth approaches.

#### Work with SP2 and SP3

As with SP4 (see work with OSC), I reviewed progress in SP2 and SP3 with MIKOLO technical staff, shared tools from other projects and discussed innovative approaches that may be adapted to Madagascar. Finally, I reviewed the training manual which will be used for CHV refresher training by ITEM staff on the project.

#### 4. Conclusions

- USAID|MIKOLO technical start-up and PY1 work continues to be going well. Major accomplishments include the adaptation of OCAT to the Malagasy context and its anticipated application with Malagasy NGOs this quarter. Another major step is the signing of grants with selected NGOs which will allow services to be resumed by the end of the quarter. Technical implementation is anticipated to stay on track.
- The COP and I continue to have a very effective partnership to support the MIKOLO project and safeguard MSH's and USAID interests.
- The project is well established, in its permanent office in Tana, and regional office space has been lined up for opening of offices in February. The move into permanent office space has allowed the team to enjoy a conducive work environment that meets the operational needs for technical implementation.
- The project has almost all of its technical and support staff on board. With the recent appointment and USAID approval of the M&E director, the project now needs to fill the key position of F&O director. Finding an appropriate candidate to fill the project's key position of Director of F&O remains a top priority.

<b>Work:</b>	
Destination and Client(s)/ Partner(s)	Antananarivo, Madagascar Clients: USAID
Traveler(s) Name, Role	Carolyn Smith, Overseas Strategic Consulting, Ltd. (OSC)
Date of travel on Trip	January 17-February 9, 2014
Purpose of trip	To participate in the teambuilding and strategic visioning workshop, to assist in the recruitment of a national and international formative research consultant, and provide support in the development of the project's technical approach to activities under Sub Purpose 4.
Objectives/Activities/ Deliverables	<b>Objectives:</b>  To represent OSC and participate in the USAID MIKOLO teambuilding and visioning workshop and to provide input based on OSC's expertise to Sub Purpose 4 activities and strategies. Specific tasks included: attending project team building and strategic visioning workshops, meeting with project team members to discuss progress, assisting in the development of the gender strategy, giving a brief presentation to Sub

	<p>Purpose 4 technical staff on OSC’s experience in mHealth and earned media, meeting with potential mHealth partners, and participating in the first round of interviews for the national consultant.</p> <p><b>Deliverables:</b></p> <ol style="list-style-type: none"> <li>1. Trip report as per MSH and USAID policy</li> <li>2. Inputs to the Sub Purpose 4 strategies and activities</li> </ol>
<p>Background/Context, if appropriate.</p>	<p>The five year USAID-funded MIKOLO project is a consortium of partners Management Sciences for Health (MSH), OSC, Catholic Relief Services, <i>Institut Technologique de l’Education et du Management</i> and <i>Action Socio-sanitaire Organisation Secours</i> (ASOS) to increase community-based primary health care service uptake and the adoption of healthy behaviors among women of reproductive age, children under five, and infants, in six regions of Madagascar.</p>

**2. Major Trip Accomplishments:** Should include the major programmatic goals realized, relevant metrics, and stories of impact from the trip.

### EXECUTIVE SUMMARY

OSC’s Program Manager, Carolyn Smith, (hereafter “Program Manager”) traveled to Madagascar on January 17 to participate in the teambuilding and visioning workshop for project staff. The Program Manager also assisted in the recruitment of a national formative research consultant, collaborating with Sub Purpose 4 staff to create a short list of candidates and participating as a panel member in the first round of interviews. The Program Manager also met with the international formative research consultant candidate. The Program Manager worked closely with the Community Mobilization and BCC Advisor, the Formative Research Specialist, the Gender Specialist, and the Youth Specialist to share OSC experiences and provide technical inputs to Sub Purpose 4 activities and strategies including the project’s mHealth strategy, the gender strategy, and preparations for the formative research.

#### **Teambuilding and Visioning Workshop**

The Program Manager attended a four day teambuilding and visioning workshop from January 21<sup>st</sup>- January 24<sup>th</sup> facilitated by Jana Ntumba (MSH capacity building specialist) with the USAID MIKOLO staff at the *Paon d’Or* hotel in Antananarivo.

Major accomplishments of the teambuilding and visioning workshop include:

- Establishing a clear understanding of each project teams’ roles and responsibilities
- Increasing communication among project staff
- Developing interpersonal relationships among colleagues
- Creating an organizational culture and values

#### **Recruitment of International Formative Research Consultant**

At the request of MSH, and based on an in-country due diligence check on the proposed consultant, OSC headquarters decided to replace the previously selected international formative research consultant. With the COP and visiting MSH Technical Advisor Elke Konings, the Program Manager met with a candidate for the international formative research consultant position, who was subsequently engaged by OSC.

Following approval for the new consultant and revised scope of work, the Program Manager met with the consultant and Sub Purpose 4 staff to discuss next steps in the formative research, including: the recruitment of research firms, recruitment of the national formative research consultant, the international consultant's desk review, and development of the formative research tools.

### **Recruitment of National Formative Research Consultant**

Following advertisements in two local papers, the project received resumes for 18 candidates for the national formative research consultant position. The Program Manager, along with the Formative Research Specialist and Community Mobilization/BCC Expert, selected four candidates for the first round of interviews. On February 6<sup>th</sup> all four candidates were interviewed by a panel comprised of the Program Manager, the Community Mobilization/BCC Expert, the M&E Director, and a representative from the project's Human Resources Department. Following discussions among the panel, two candidates were selected for the final stage of interviews.

### **Sub Purpose 4 Meeting**

On January 27<sup>th</sup> the Program Manager met with Sub Purpose 4 staff and the Senior Technical Advisor regarding Sub Purpose 4 inter-group communications and progress on Sub Purpose 4 activities, strategies, and indicators. Increasing transparency and the flow of information between OSC headquarters and the project office were discussed.

### **Gender Strategy Meeting**

On January 29<sup>th</sup>, the Program Manager along with the Sub Purpose 4 staff, Dr. Gabriel Rakotondrabe (senior project technical advisor), and Elke Konings attended a meeting led by Verohanitra Rahariniaina (the ASOS gender specialist) regarding the project's gender strategy. The Program Manager provided inputs to the draft gender strategy, including: outlining gender-specific targets and indicators, organizational recommendations, the integration of gender considerations across project sub purposes, and suggested reading materials to provide a theoretical foundation for the strategy. The Program Manager also assisted with the development of a scope of work for a potential international gender specialist.

### **mHealth Meetings**

On January 31<sup>st</sup> the Program Manager met with a representative of Human Network International (HNI) to discuss the organization's mHealth work in Madagascar. In discussing potential areas of collaboration, the Program Manager and Human Network International representative discussed HNI's SMS campaigns developed for other USAID projects (including projects implemented by Mahefa and by PSI). The Program Manager and HNI discussed collaborating on the project's BCC mHealth initiatives by forming a content committee with MIKOLO and HNI staff to develop mHealth messages for distribution by HNI among target populations. The Program Manager and HNI representative further discussed the HNI's Mandroso 321 program with Airtel, as well as the Data Winners monitoring and evaluation program.

On February 3<sup>rd</sup>, the Program Manager met with the Sub Purpose 4 team and the senior technical advisor and delivered a presentation on OSC's experience with mHealth initiatives and the earned media strategy in the DRC. Presentation is attached as Appendix I. In this meeting, the Program Manager also outlined the previous discussion with HNI and discussed potential collaboration with HNI for the mHealth component of the project's BCC strategy with the Sub Purpose 4 team.

### **Challenges**

After the Program Manager's arrival in Madagascar, OSC headquarters replaced the international formative research consultant at the request of MSH. A new international formative research consultant candidate was identified immediately, and the existing scope of work for the position was revised based on discussions with the project leadership and the new consultant candidate. The new international

consultant and revised scope of work were subsequently approved by USAID.

**3. Next steps:** Key actions to continue and/or complete work from trip.

Description of task	Responsible staff	Due date
1. Final interviews and hiring the national Formative Research consultant and	Lalah Rambeloson, Bodo Ramangason, and Susanne van Lieshout	Week of February 17 <sup>th</sup>
2. Implementation of the formative research	Bodo Ramangason, Susanne van Lieshout, and national formative research consultant	February-April, 2014
3. Weekly technical update calls between the entire Sub Purpose 4 team and OSC headquarters to track Sub Purpose 4 activities and challenges	Carolyn Smith and Herizo Andrianaivo	Ongoing

**4. Contacts:** List key individuals contacted during your trip, including the contacts' organization, all contact information, and brief notes on interactions with the person.

Name	Contact info	Home organization	Notes
John Yanulis	<a href="mailto:jyanulis@mikolo.org">jyanulis@mikolo.org</a>  +261 32 69 055 029	MSH	Worked with the Chief of Party in recruiting for an international formative research consultant, as well as general work on the Sub Purpose 4 activities
Elke Konings	<a href="mailto:ekonings@enhatcs.org">ekonings@enhatcs.org</a>  +1 (603) 795-2655	MSH	Worked with the Technical Advisor on the project's gender strategy and recruitment of the international formative research consultant
Jean Gabriel Rakotondrabe	<a href="mailto:grakotondrabe@mikolo.org">grakotondrabe@mikolo.org</a>  +261 32 07 022 6078	MSH	Worked with the Senior Technical Advisor regarding the gender strategy, the mHealth strategy, and Sub Purpose 4 team in general
Herizo Andrianaivo	<a href="mailto:handrianaivo@mikolo.org">handrianaivo@mikolo.org</a>  +261 32 002 038 202	OSC	Collaborated with Community Mobilization and BCC Expert in recruitment and interviewing the national formative research consultant candidates
Bodo Ramangason	<a href="mailto:bramangason@mikolo.org">bramangason@mikolo.org</a>	OSC	Worked with the Formative Research Specialist in the

	+261 32 07 670 83		development of formative research tools and the recruitment of the national formative research consultant
Verohanitra Rahariniaina	<a href="mailto:vrahariniaina@mikolo.org">vrahariniaina@mikolo.org</a> +261 32 04 495 15	ASOS	Collaborated with the Gender Specialist regarding the gender strategy and provided inputs
Herivololona Rabemanantsoa	<a href="mailto:hrabemanantsoa@mikolo.org">hrabemanantsoa@mikolo.org</a> + 261 32 11 800 22	MSH	Served as part of the panel interviewing national formative research consultant candidates with the M&E Director
Hanitrarinina Rakotovahiny	<a href="mailto:hrakotovahiny@mikolo.org">hrakotovahiny@mikolo.org</a> +261 32 11 800 26	MSH	Served as part of the panel interviewing national formative research consultant candidates with the HR Representative
Susanne van Lieshout	<a href="mailto:svanlieshout@yahoo.com">svanlieshout@yahoo.com</a> +261 32 80 271 65	OSC	Recruited and hired as the international Formative Research Consultant

### **5. Description of Relevant Documents / Addendums:**

<b>File name</b>	<b>Description of file</b>	<b>Location of file</b>
1. mHealth Presentation for USAID MIKOLO Staff	Presentation of OSC's experience with mHealth and earned media in the DRC Integrated Health Project	

## TRIP REPORT

### *VISIONING/TEAMBUILDING WORKSHOP ORGANIZATIONAL CAPACITY ASSESSMENT ORIENTATION/TRAINING*

**Antananarivo, Madagascar  
January - February 2014**



**By Jana Glenn Ntumba, Principal Technical Associate  
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## TRIP REPORT

<b>Program Activity:</b>	1) Visioning and Team Building Workshop; 2) Organizational Capacity Assessment Tool (OCAT) Orientation/Training
<b>Name of Traveler:</b>	Jana Ntumba
<b>Title:</b>	Principal Technical Associate, Technical Quality and Innovation, Center for Health Services, MSH
<b>Contact:</b>	jntumba@msh.org
<b>Organization:</b>	Management Sciences for Health, USAID/MIKOLO Project
<b>Place:</b>	Antananarivo, Madagascar
<b>Dates:</b>	18 January – 2 February 2014

### 5. Background

The USAID/Madagascar Primary Health Care (PHC) project is a five year project funded under Contract No. AID-687-C-13-00001 that strives 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 6 of Madagascar’s 22 regions. The project’s target regions are in the East and South-East of Madagascar, and have a total population of 5.5 million. Implemented by Management Sciences for Health (MSH), with partners Catholic Relief Services (CRS), Overseas Strategic Consulting, Ltd. (OSC), Action Socio-sanitaire Organisation Secours (ASOS), and Institut Technologique de l’Education et du Management (ITEM), the project will expand uptake of reproductive health (RH), family planning (FP), maternal, newborn, and child health (MNCH), and malaria services and increase the adoption of healthy behaviors. Beneficiaries include women of reproductive age, youth, children, and infants - especially those living more than five kilometers from health facilities - in 506 communes of the project’s six target regions.

### 6. Objectives

The primary objectives of this STTA (see Annex 1) were to facilitate visioning/strategic planning and team building activities, to introduce/orient/train the USAID/MIKOLO team to use the OCAT, and to pilot test the tool with project local subcontractor, ASOS. (*Note: The pilot of the OCAT was postponed due to the last minute unavailability of the leadership team of the local subcontractor (ASOS) during the week scheduled for the pilot. Therefore OCAT activities were limited to the orientation and training of the USAID/MIKOLO team in the use of the tool, and planning for adaptation of the tool for the USAID/MIKOLO context.*)

Specific activities scheduled were:

- Design and facilitate a visioning/strategic planning and team building workshop to engage the project team in articulating the vision and anticipated outcomes of the project, and to answer the questions, a) what will one see if they enter a community served by USAID|MIKOLO generally and specifically, b) what will be different as a

result of USAID|MIKOLO's contribution to system strengthening, and c) how will MIKOLO staff work together to achieve those ambitious goals;

- Introduce and orient staff to the OCAT, which they will use to engage local NGO sub grantees in assessing their organizational capacity, to serve as a baseline for monitoring progress, to identify organizational strengths and areas for improvement, and to develop a capacity building plan for both partner NGOs and the project itself;
- Conduct an assessment of one of the project's local subcontractors (ASOS), as both a pilot of the OCAT and as a useful baseline for the subcontractor.

*(Note: The third activity (pilot of the OCAT with ASOS) was postponed as per explanation under "Objective" above.)*

## **7. Results**

Results from the consultancy were achieved in two main areas: 1) visioning and team building, and 2) orientation to the OCAT and its adaptation in preparation for USAID/MIKOLO organizational assessments in Madagascar.

### **3.1 Visioning and Team Building**

#### **3.1.1 Results achieved**

Results achieved through the Visioning and Team Building workshop were as follows:

- A common understanding of the USAID/MIKOLO vision was developed and owned by members of staff
- The relationship between the vision and the project results framework was clarified
- The evidence of success that will be visible when the USAID/MIKOLO vision is realized was determined
- A sense of team spirit and identity was strengthened
- The USAID/MIKOLO team defined how they want to work together to realize their vision
- The team identified challenges they may face in realizing their vision and learned about an approach to overcoming challenges and ensuring sustainability (the challenge model)
- Key elements of USAID/MIKOLO organizational culture were identified
- USAID/MIKOLO project values were defined
- Team members know each other better: their temperaments, their preferences and ways of interacting, their strengths and weaknesses
- The USAID/MIKOLO team defined their roles and accountabilities in relation to the realization of their vision
- Team members applied a model for improving their performance through interpersonal relationships (the Johari Window)

#### **3.1.2 Process**

#### ***Addressing Key Questions***

The workshop was designed to allow the USAID/MIKOLO staff to address a number of key questions throughout the process through structured exercises, small group discussions, plenary sharing and presentations. These questions, which were introduced and intertwined throughout the entire design (Annex 2), included:

- *Who are we and how do we want to work together?*
  - What norms do we want to adopt and how can we renegotiate norms when we need to?
  - What organizational culture do we want to create and what values do we want to adopt?
  - How can we work in a team with different temperaments?
  - How can we improve ourselves through our interpersonal relationships
- What is our shared vision in the context of the project purpose?
  - How can we transform our vision into reality? What might prevent us from reaching our vision and how can we face challenges that we might encounter?
- How can we assure sustainability?
  - What are our roles and accountabilities in relation to the realization of our vision?
  - What are our next steps?

### ***Sharing contributions, needs and determining how to work together***

Through a small group exercise and plenary sharing, USAID/MIKOLO staff shared their special contributions and their unique needs with each other. Verbal discussions were transformed into symbolic drawings representing both the content of the discussion and the creativity present in the team. (See Annex 3) Sharing expectations and defining norms began the process of looking at how the team wanted to work together. Norms for well-functioning groups were adopted and the planned renegotiation model was considered as a way to manage renegotiation of norms throughout the project (Annex 4).

### ***Developing a Shared Understanding of the Project Vision***

After a series of presentations about the purpose of the USAID/MIKOLO and the vision as presented in the proposal, the group was led through a process that allowed them to reflect individually, share and come to agreement in small groups, represent their small group vision in a drawing and finally, through sharing and discussion in the plenary, arrive at a common understanding of the USAID/MIKOLO vision. (Annex 5)

The evidence of success of the realization of this vision was defined by the USAID/MIKOLO in small groups. They were asked to consider what they would see if they entered a community served by USAID/MIKOLO in the future, specifically what would be different as a result of the projects contribution to systems strengthening. Key points highlighted by the small groups are summarized below and will be incorporated into a project vision statement by a committee after the workshop.

- ***Famille et communauté responsables s'appropriant de tous les activités***

Dans une famille on peut voir :

- Les familles utilisent des services de sante intégrés
- L'utilisation des MID, des Sur'Eau
- Les femmes épanouies et actives font du PF
- Les femmes enceintes suivent leur CPN au niveau du centre de sante
- Les femmes enceintes accompagnées par leurs maris lors de la CPN
- Les jeunes plus responsables, organisés dans les groupements, avec un nombre de grossesse précoce diminue.
- Les hommes actifs et concernés, plus responsables et impliqués dans la sante de leur familles (accompagnant leurs femmes aux visites de CPN)
- Les enfants sont vaccinés, en bonne santé, et heureux (taux de mortalité diminuée)
- Les familles utilisent des latrines, lavent les mains, utilisent de l'eau potable

Dans la communauté, on peut voir:

- Les structures communautaires dynamiques (COSAN et CCDS) dans lesquelles les femmes et les jeunes participent activement se sont appropriés des activités de sante
- Un centre de santé existant
- Une case de santé tenue par 1 AC fonctionnel ayant des outils de gestion (pas de rupture de stock)
- LES AC, sous la supervision des TA et CCDS, sont motivés font des prestations de service de qualité
- Les infrastructures EHA disponibles et opérationnelles (eau potable, latrine et fosse à ordures)
- Il y a des moyens d'évacuation d'urgence existents et sont connus par tous
- Les ONGs locales, financées par USAID, s'occupent indépendamment du secteur sante

### ***Transforming the Vision into Reality***

To begin grounding the vision in reality, small groups were asked to identify the potential obstacles which could prevent the realization of their shared vision. They were given an opportunity to apply "The Challenge Model" (Annex 6) as a tool for identifying challenges USAID/MIKOLo could face and determining how best to overcome them. As time was insufficient for a full and thorough exploration of the model, the team was encouraged to come back to the model in the future and to apply it to project challenges as they emerge.

An important aspect of transforming a vision into reality is to move toward the creation of an interdependent team in which people begin to work synergistically together. Project teams were asked to begin to analyze their roles in the achievement of project results, to whom they were accountable and what they needed from other teams in order to succeed. This analysis was shared in plenary and negotiated so that teams could understand clearly their responsibilities both within and outside their area of expertise. (Annex 7) Although the process of analysis and negotiation was begun in the workshop, further work needs to be done to complete the roles and accountabilities analysis. This is an intervention that can be used each year in an annual planning meeting to facilitate the project team working effectively together.

The USAID/MIKOLO leadership team recognized that working in teams interdependently to achieve results requires the ability to work well with those who have different temperaments and styles. Accepting that the effective management of differences often depends on the understanding of the roots of these differences and a willingness to accept one's own discomfort as one learns to work with others who are different. An abridged version of the Myers Briggs personality inventory (MBTI) was used to give team members the opportunity to identify their own and others' types and to explore their impact on interpersonal relationships in the work environment. (Annex 8) A series of exercises enabled everyone to identify his/her own type and to begin to understand others' perceptions and why they act the way they do.

### *Creating an organizational culture that will support USAID/MIKOLO work*

Before identifying elements to incorporate in the USAID/MIKOLO organizational culture, team members were asked to reflect on organizations or teams they had worked with in the past in which they were at ease and those in which they were not at ease. This reflection led to rich discussions and provided a solid basis for moving forward with the question of what kind of organizational culture they wanted to create for the project. (Annex 9a) Elements of organizational culture agreed upon by the group as important for USAID/MIKOLO were the following :

- Human Consideration
- Mutual trust
- Information Sharing
- Smooth and Effective Communication
- Integrity (internal and in relation to our partners)
- Equity
- Appreciation
- Effective Collaboration
- Application of Adequate Procedures Applied
- Motivating Environment
- Career Management System
- Respect for ideas
- Openness
- Versatility in the Team
- Attitude of Excellence
- Focus on Results
- Friendliness

In addition to determining the elements of organizational culture they desired to encourage in the project, the USAID/MIKOLO team spent some time defining the values they wanted to adopt – values for which the project would be known both among themselves, by partners and those outside the project. The initial list of proposed values was developed through a brainstorming exercise and then, in a plenary discussion, was refined by regrouping ideas together under four main values categories (Annex 9b):

- **Excellence:** Innovation, Creativity, Consistency with Standards, Uniformity (Speaking with one voice), Humility, Commitment

- **Professionalism:** Punctuality, Efficiency, Proactivity, Accountability, Speed, Entrepreneurship, Focus on Results
- **Integrity:** Trust, Loyalty, Honesty, Dignity, Mutual Respect, Equity, Humanity, Confidentiality
- **Teamwork:** Solidarity, Unity, Caring, Interdependence, Sociability, Openness, Collaboration, Partnership

Lastly, the USAID/MIKOLO team had an opportunity to consider how to foster relationships in the workplace that encourage on-going self-assessment, learning and performance improvement. In self-selected pairs, team members were asked to ask for and give each other feedback about a particular area of their performance. The team found it useful to ask for feedback and was pleased to find they were surprised with some of the positive feedback they received and were able to learn important lessons regarding possible improvements they could make. It was agreed by all that incorporating mechanisms to encourage asking for and giving feedback throughout the work of the project was something they wanted to do.

Workshop evaluations indicated a high level of appreciation of the workshop by the USAID/MIKOLO staff. They especially appreciated the opportunity for active participation and collaboration by all, the development of a shared vision, the discussion of different temperaments (MBTI) and the opportunity to give and receive feedback as a way to grow in the team. They would have preferred more active exercises outside and recognized the challenge of managing the time with such a large group and a very full agenda. (Annex 10)

## **3.2 Orientation to the Organizational Capacity Assessment Tool**

### **3.2.1 Results Achieved**

Expectations of the USAID/MIKOLO team at the beginning of the workshop were to understand the principles of the OCAT, to be able to facilitate the process, to adapt the tools and be able to adapt them according to the changing context, and to understand the level of commitment required to guarantee reliable results. Not only were these expectations met, but additional results were achieved as well.

Results achieved through the Orientation to the Organizational capacity Assessment Tool were as follows:

- USAID/MIKOLO organizational capacity strengthening facilitators were introduced and oriented to the OCAT, including the role of the organizational assessments in the project, the process and the 10 organizational categories to evaluate (Annex 11)
- OCAT facilitators understand their role in the OCAT process and began to demonstrate the skills required
- OCAT facilitators are familiar with the systems checklist and the capacity assessment tool, including the quality elements and categories and sub-categories
- OCAT facilitators know when and how to use the tools in the OCAT process
- OCAT facilitators are able to explain the process of getting stakeholder commitment to the organizational assessment process
- OCAT facilitators were able to demonstrate a pre-evaluation meeting with an organization using the meeting agenda

- The facilitator team was able to analyze organizational systems in a simulation of Day 1 of the OCAT process with the USAID/MIKOLO Human Resources team
- The facilitators were able to describe the process and the important issues that must be addressed on Day 2 of the OCAT process
- OCAT facilitators were able to describe how to collect and analyze organizational assessment data from the assessment tool and the associated dashboard
- Some members of the facilitator team are able to cite the content to incorporate into the OCAT reports
- The OCAT facilitator team identified adaptations to make in the OCAT process, facilitator notes and in the tools for the USAID/MIKOLO context
- A generic plan for the process of institutional strengthening was developed for USAID/MIKOLO. It is designed in such a way that it can be adapted with specific dates and details for each organization with which the project contracts for institutional strengthening. (Annex 12)

### **3.2.2 Process**

The OCAT Facilitator Orientation and Training was designed to introduce the OCAT process and tools to the facilitator team and then to give them an opportunity to simulate a limited number of aspects of an organizational assessment using USAID/MIKOLO as the organization to be assessed. The OCAT facilitator team did a great job of juggling several priorities in order to make themselves available to participate in the OCAT orientation/training and to achieve the desired objectives. (Annex 13)

#### ***Introducing the context, role and overview of the organizational assessment process***

From the beginning, it was important to clarify the context within which the organizational assessments would take place and the important role they would have in the overall project. The process of selection of those organizations which would have an opportunity for institutional strengthening during the project was also reviewed so that all were clear on the linkages between this aspect of the project and other key components.

Following a brief history of the OCAT and sharing from the experiences of other countries where it has been used successfully, its relevance and applicability to USAID/MIKOLO Madagascar was explored. (Annex 14) A brief explanation of the steps in the process and the role of the facilitators set the tone for week. The tools were introduced and the organizational categories to be evaluated were explained and team members were introduced to available OCAT resources.

#### ***Exploring the steps in the process***

Each step in the OCAT process was examined in depth, including the sub-steps, the role of the facilitators in ensuring the success of the step, and the resources needed. Steps covered were 1) obtaining stakeholder commitment, 2) planning and conducting the pre-assessment meeting, 3) analyzing existing systems and related documentation (Day 1), and the actual assessing of organizational capacity and reaching consensus on final scores (Day 2).

A role play of the Pre-Assessment meeting allowed for OCAT facilitators to test their understanding of the step and to identify requirements for success including careful

preparation of both communication messages (oriented specifically to the organization) and audio-visual supports, adequate time given to creating trust and setting a tone for transparency, clarifying the difference between the organizational assessment process and the process involved in qualifying to receive funding from USAID.

One simulation was conducted with the Human Resources group of USAID/MIKOLO to give the facilitator team a sense of how to conduct an interview of an organizational team during the systems analysis (Day 1) part of the OCAT process. Feedback about the process led the team to identify a need for more up front preparation of the targeted organization – both prior to the pre-assessment meeting and during that meeting.

### ***Collecting, analyzing and reporting the data collected***

Together, the team explored the ways in which data was to be collected through correct use of the tools including the representing of results through the dashboard that is electronically associated with the evaluation tool. The OCAT facilitator team considered how to use the analysis of data collected in ways that would feed into the USAID/MIKOLO planning process and allow for institutional strengthening activities to be designed both to respond to individual organizational needs and to maximize cost-effectiveness through a program of integrated interventions as appropriate. Reports used by the Kenya FANIKISHA project were considered, discussed and the evolution of their use was understood and served as a basis for decisions about the reports to be used in the context of the USAID/MIKOLO project.

### ***Adapting the OCAT for Madagascar***

The process of adapting the OCAT for USAID/MIKOLO was on-going as each aspect of the OCAT process was studied and applications were throughout the week. Decisions were made to add additional activities to the initial step in the process to ensure the ownership and commitment of the organizations participating. Quite a few suggestions were made for adaptations to the meeting agenda for both the Pre-Assessment Meeting and the Two Day On-Site Assessment. Additions and modifications to the instructions for both tools were suggested. Most importantly, it was decided that ITEM would develop a more detailed facilitator's guide for the institutional strengthening process based on an outline proposed by the consultant. (Annex 15) The team agreed, however, that any adaptations to the actual substance of the tools would be made only after piloting the tool with ASOS in the context of USAID/MIKOLO.

### ***Planning for the first assessment with ASOS***

Based on the generic plan for the process of institutional strengthening (Annex 12) developed by the consultant, the USAID/MIKOLO OCAT facilitator team spent the last session in planning for the upcoming assessment with ASOS. As ASOS is also a partner with MSH and ITEM in the project, their participation will be considered an opportunity to pilot the use of the tool in Madagascar. Planning resulted in a useful division of Responsibilities between ITEM and USAID/MIKOLO staff with ITEM taking the lead on the process, as it falls within their responsibilities as a partner in the project. Shortly after the orientation/training they sent a draft planning document for review. (Annex 16)

## **8. Conclusions and Next Steps**

The USAID/MIKOLO team agreed that the Team Building Workshop was so useful that a Team Building Workshop should be incorporated into yearly project plans as a way to continue to build the team, renegotiate expectations, analyze strengths and weaknesses and continue a process of ongoing performance improvement for individuals, teams and the project as a whole. Next steps to ensure that the team moves forward with decisions made in the workshop were identified as follows:

- Keep the visions and evidence for the development of a vision statement and establish a commission to do it
- Distribute the visions and the list of evidence to everyone
- Finalize the values and description of the organizational culture
- Develop mechanisms for the institutionalization of "team spirit" and the way to work

An action plan was developed including activities, responsible persons, duration and deadlines. (Annex 17)

The organizational assessment process and tools will be piloted with the partner organization ASOS in the next month or two. Results from this experience will lead to a finalization of the process and tools which will be implemented with all organizations selected to receive institutional strengthening support from USAID/MIKOLO.

Next steps identified by both workshops and their related work plans will be integrated into individual and project work plans and are already underway as follow up to both workshops.

Consultant: Randy Wilson, Senior HMIS and Data Use Advisor, MSH/IHSSP Rwanda  
Dates: April 16- 22, 2014

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## **List of Acronyms:**

API - application programmer interface  
AV – Animateurs Volontaires  
CHV – Community Health Volunteer  
CIMCI – Community Integrated Management of Childhood Illnesses  
CRS – Catholic Relief services  
CSB - Centre de Santé de Base  
DHIS-2 – District health Information System -2  
HNI – Human Network International  
IEC – Information Education Communication  
JSI – John Snow, Incorporated  
MSH – Management Sciences for Health  
NGO – Non-Governmental Organisation  
ODBC – Open Data Base Connection  
PA – Point d’Approvisionnement (PSI wholesalers)  
PMP – Performance management plan  
PSI – Population Services International  
RMA – Rapport Mensuel d’Activités  
SILC – Savings and Internal Lending Communities  
SMS – simple message service  
TA – Technicien d’appui  
USAID – United States Agency for International Development  
USSD – Unstructured Supplementary Service Data

## **Background:**

The USAID|MIKOLO project has prepared a Performance Management Plan (PMP) that identifies indicators that are to be collected to assist the Project team to Monitor & Evaluate the project's performance and to report to USAID/Madagascar.

The project works at the community level – providing support to the Malagasy population in 6 regions on the East Coast and in Central Madagascar through local NGOs that support community health workers (AC) who provide services including: community case management of childhood illnesses (CIMCI), distribution of family planning commodities, referral and follow-up of pregnant women, health education/counseling, hygiene and water supply. The local NGOs hire techniciens d'appui (TAs) who supervise on average 3 communes with 10 AC in each. In addition to MSH the project consortium includes Catholic Relief Services (CRS) that is supporting income generating activities through the establishment of local savings groups (SILC) who are mentored by Animateurs Volontaires (AV).

A similar project (Mahefa) is being implemented currently by JSI in the North West of Madagascar. The USAID|MIKOLO project is a 3<sup>rd</sup> or 4<sup>th</sup> generation project (following SanteNet and SanteNet2), so there are already fairly well established packages of services and reporting systems (both paper and computerized).

In order to fully implement the project's PMP the M&E team asked for technical assistance to assess current data sources and review options for web-based and mobile data collection and database management.

## **Scope of work:**

- Review available options for an on-line data base for routine USAID|MIKOLO project reporting and data analysis. These include, but are not limited to, Extranet and DHIS-2. Special attention should be given to ease of use at each level (from CHV up to central USAID|MIKOLO M&E staff), ability to capture timely and accurate data, feasibility of putting the system in place well within 3-6 months, cost and sustainability;
- Review options for and provide guidance on the use of m-health for data transmission and m-HMIS approaches. This will require meetings with in-country experts (e.g. HNI), projects using SMS (e.g. CRS projects), as well as information and options from outside of Madagascar. A significant consideration is the cost and sustainability as well as ease of use and training;
  - o Review mHealth platforms in use in Madagascar
  - o Share experiences using Rapid SMS, DHIS-2 SMS and Mutuelle Membership mobile payments and lookup system
- Make clear recommendations on best options for data base and m-health strategies with justifications;
- Develop a plan on next steps if USAID|MIKOLO for putting in place the recommended options, including type and duration of STTA needed as well as major materials/equipment that are not yet in place

## Schedule:

Date	Activity
Monday	9 h country leadership team discussion of scope of work Mahefa – JSI CHV project (beginning to use HNI to collect data on stock) M&E – team discussions
Tuesday	PSI – discussion about mobile reporting HNI – presentation of their mHealth application platform
Wednesday	FTM – mapping Worked on configuring DHIS-2 on local computers
Thursday	Worked with USAID MIKOLO M&E team – brainstorming and activity planning Visited CRS SILC program
Friday	Meeting with USAID MIKOLO Management Team Worked on importing data elements into DHIS-2 instance USAID out-brief 15h30

## Key Activities:

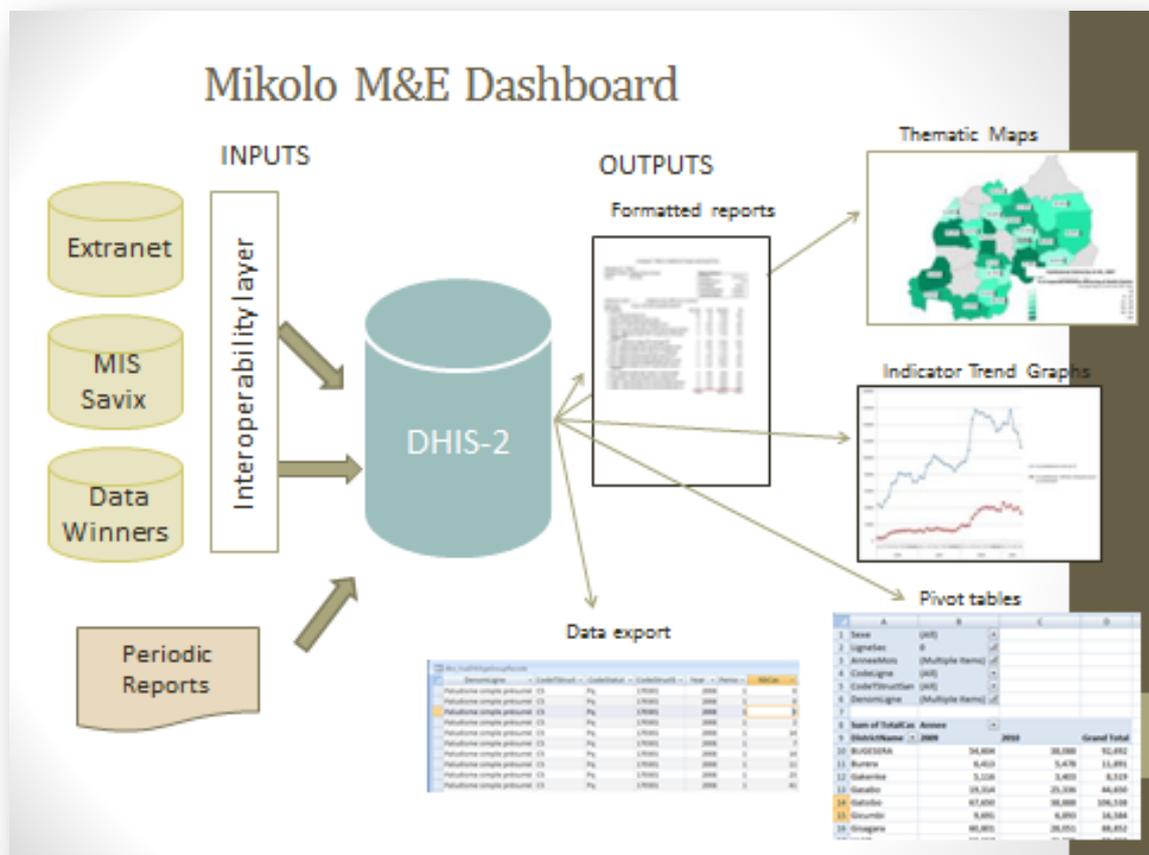
### Met with partners:

1. **Mahefa** – sister project of USAID|MIKOLO (covers north of the country and managed by JSI). Our discussion was mostly focused on their experience beginning the implementation of a mobile phone based reporting system for AC essential drug stock reporting. They are still in the testing phase and are currently using the Data Winners platform from HNI in 2 districts. They are trying to link to the PSI system on the same platform – with Mahefa providing downstream data from the community health workers, and PSI providing data from their supply points (PA point d’approvisionnement) and above. They are also looking at another platform from a local developer that uses USSD – this interface is a bit simpler for users to enter data because it loads navigating menus on the screen that users complete and data can be validated before it is sent.
2. **PSI** – provides essential drugs and contraceptives delivered by CHW. They are implementing a system on the Data winners platform to track drug stocks at their supply points. PSI is also implementing DHIS-2 globally, so they were quite interested in Rwanda’s experience with the DHIS-2 platform.
3. **Human Network International** – They have developed the SMS solutions for PSI and Mahefa and are active in the mHealth space in Madagascar and worldwide. They presented their corporate strategy and presented 2 of their platforms: 321 Mandroso and Data Winners that are discussed in detail below.
4. **CRS** – supports promotion of microfinance in village – they currently use a spreadsheet-based tool (MIS) to monitor income generating activities of local savings groups, but are in the process of upgrading to a web-based tool Savix.
5. **FTM** – to see the digital maps currently available, in the end they had nothing new that the project had not already obtained. USAID|MIKOLO only needs maps down to Commune level. Eventually the project may wish to acquire GPS coordinates for all of the TAs and ACs, but this can be done with a simple smartphone application.

## Created a conceptual framework for linking data sources using a DHIS-2 (District Health Information System -2) data warehouse and dashboard

The USAID|MIKOLO project is collecting data from a variety of different sources. As a result, the project needs a platform that will help them integrate the data so that project managers and M&E staff can track overall performance and more easily churn out the reports that are required for USAID and MSH. One option would have been to add some more modules to Extranet – since most of the data originates in that system already – but the DHIS-2 platform has more robust analytical tools – adding Maps and interactive pivot tables to the tabular reports and graphs that can be produced using Extranet. In addition it has a well-designed application programmer interface (API) that makes it relatively easy for other applications to send data to it automatically. For the USAID|MIKOLO project this could serve as a Data Warehouse and Dashboard – or one-stop shop for most of the projects M&E needs (see Figure 1).

**Figure 1: Conceptual framework for using DHIS-2 for USAID|MIKOLO M&E system**



Making the jump to the DHIS-2 could also benefit the project in a number of other ways as well:

- Additional data collection tools which are not currently part of Extranet or Savix could be set up within DHIS-2 without outside support.
- Project staff could become familiar with this platform which is rapidly becoming the gold standard for national health information systems around the world. Once relations between USG and the Government of Madagascar are

re-established I suspect that the USAID|MIKOLO team will be asked to help support integration with the formal health sector and potentially support the enhancement of national data collection systems.

**Reviewed existing data sources:**

1. **Extranet:** CHV level data entry – demographics, CIMCI, Causeries, IEC material distribution, radio spots, training, etc. This is a system that was developed by the first SanteNet project and later enhanced for SanteNet 2, the immediate predecessor of USAID|MIKOLO. It was developed by a local Malagasy software development firm, iVision, which is still in business. Heritiana and I met with a representative of the company and discussed potential enhancements. The system has two components as displayed in

3. Figure 4, below:

A.  
B.  
C.  
D.  
E.  
F.  
G.  
H.  
I.

The screenshot shows a window titled "Choisir une commune à traiter" with a table containing the following data:

Province	Région	District	Commune	nb AC
ANTSIRANANA	SAVA	ANDAPA	Ambalamanasy II	24
ANTSIRANANA	SAVA	ANDAPA	Ambodiangezoka	33
ANTSIRANANA	SAVA	ANDAPA	Ambodimanga I	19
ANTSIRANANA	SAVA	ANDAPA	Andapa	12
ANTSIRANANA	SAVA	ANDAPA	Andrakata	6
ANTSIRANANA	SAVA	ANDAPA	Andranomena	11
ANTSIRANANA	SAVA	ANDAPA	Ankiakabe Avaratra	9
ANTSIRANANA	SAVA	ANDAPA	Bealampona	13
ANTSIRANANA	SAVA	ANDAPA	Belaoka Lokofo	10
ANTSIRANANA	SAVA	ANDAPA	Belaoka Marovato	11
ANTSIRANANA	SAVA	ANDAPA	Betsakotsako Andranotsara	13
ANTSIRANANA	SAVA	ANDAPA	Marovato	9
ANTSIRANANA	SAVA	ANDAPA	Matsohely	16
ANTSIRANANA	SAVA	ANDAPA	Tanandava	14
ANTSIRANANA	SAVA	ANTALAHA	Ambalabe	28
ANTSIRANANA	SAVA	ANTALAHA	Ambinanifaho	10
ANTSIRANANA	SAVA	ANTALAHA	Ambohitralanana	20
ANTSIRANANA	SAVA	ANTALAHA	Ampahana	19
ANTSIRANANA	SAVA		be	26
ANTSIRANANA	SAVA		a	22

Figure 2: Sample screen from Extranet Offline application

A. **Offline application:**

Developed in MS Visual studio, this is ideal for use in remote settings with limited or no internet connection. The system is installed in computers used by NGOs that are grantees of the project. The NGOs are responsible for supervising CHVs that are in their catchment area. In addition, they pass by the Centre de Santé de Base (CSB) to collect copies of CHV monthly report forms (RMA) and enter the data into the offline application. Then they export the data to a file that is sent to the project office so it can be imported into the online application with the data from all of the other NGOs.

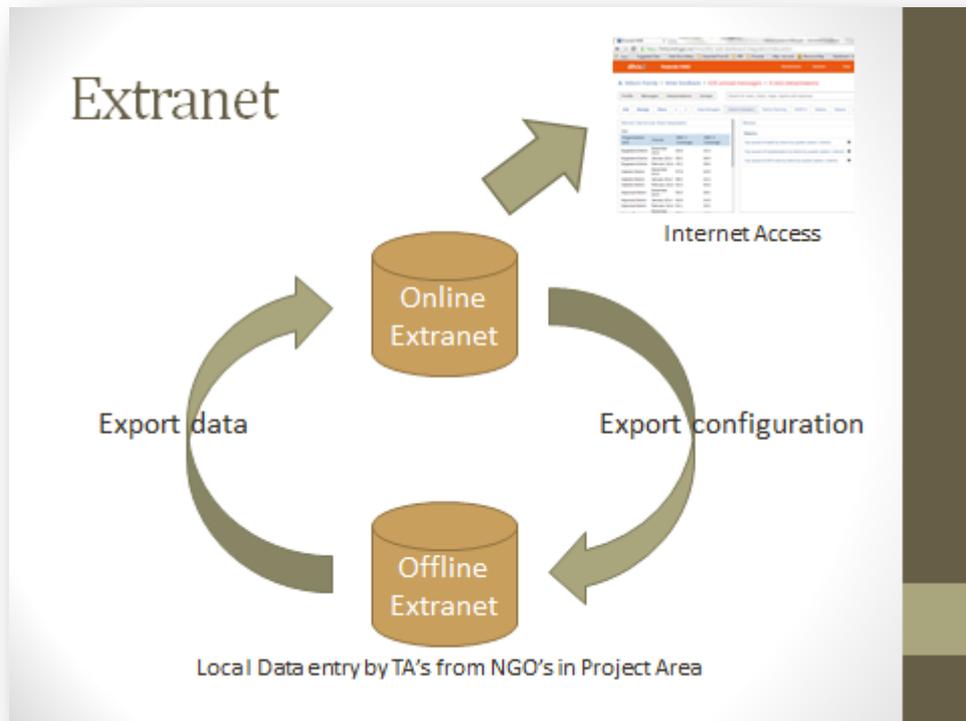
Figure 3: Sample screen from Extranet web application

The screenshot displays a web application interface for reporting RMA AC. The main content is a table with the following columns: Code Com, Commune, AC Code, AC, Mois RMA, Note, N° RMA, Mois Revue, Date réunion, N° rapport, and Reçu Online. The table contains 10 rows of data, all for the month of February 2013. The 'Reçu Online' column shows dates ranging from 23/05/2013 to 23/05/2013. The interface also includes a navigation menu at the top, a search bar, and a footer with the date 27/03/2014.

Code Com	Commune	AC Code	AC	Mois RMA	Note	N° RMA	Mois Revue	Date réunion	N° rapport	Reçu Online	
630202	Ankaobo Sud	6302021300020	DAMY Tsade	février-2013		0	25	avril-2013	27/02/2013	15	23/05/2013
630202	Ankaobo Sud	6302021309417	MAGNATRIKY	février-2013		0	23	avril-2013	27/02/2013	15	23/05/2013
630202	Ankaobo Sud	6302021300023	SAMBAVY	février-2013		0	22	avril-2013	27/02/2013	15	23/05/2013
630202	Ankaobo Sud	6302021300021	ZO Celestin	février-2013		0	23	avril-2013	27/02/2013	15	23/05/2013
630202	Ankaobo Sud	6302021309413	MAKADIT Mahafely	février-2013		0	22	avril-2013	27/02/2013	15	23/05/2013
630202	Ankaobo Sud	6302021300024	MAGNAMBY Desire	février-2013		0	25	avril-2013	27/02/2013	15	23/05/2013
630202	Ankaobo Sud	6302021309421	HERINTSOA Fahalelo	février-2013		0	24	avril-2013	27/02/2013	15	23/05/2013
630202	Ankaobo Sud	6302021309414	FELICIEEN	février-2013		0	22	avril-2013	27/02/2013	15	23/05/2013
630202	Ankaobo Sud	6302021309420	TSHIAIA Georges	février-2013		0	24	avril-2013	27/02/2013	15	23/05/2013

**on:** this web application was developed using PHP and MySQL (both open-source packages). It brings together the data from all reporting NGOs and is also used to enter additional data at the central level. It also has most of the analysis components that enable the project to prepare reports for USAID. An important feature of the offline system is that it can also be used to reconfigure the data required from the NGOs – for example if a new indicator is required. When such changes are made, a configuration file is exported from the online application that is sent to all of the NGOs. Once they receive the file, they import it into their offline application and their data entry system is updated to reflect the changes.

Figure 4: Extranet Online and Offline applications



Overall the system appears to be well adapted to the current environment. Internet access has improved, but in the 6 districts where the project works, internet connections are still a problem. It is premature to move towards an internet-only solution at least for the next few years. While the database structure is fairly complex – due to the many functions that it supports in addition to monthly reports of aggregate data – the MySQL database used for the online application is easy to extract data from using an ODBC connection. Since iVision is still in business and seems responsive to project requests, I recommend that:

- The project should continue to use the system as the basic platform for collecting CHV data (Monthly Reports, Training, Supervisions, grantee financial reporting)
- Several new CHV-related service modules should be created to track new activities related to gender and youth leadership that are currently being designed.
- Unnecessary modules for activities no longer supported by USAID|MIKOLO project be removed from the system (PLERC, MARPS, CSB - paquet d'activites, Mutuelles)

C. **MIS** –During our visit to CRS, we had a brief demo of the MIS system, a Spreadsheet-based tool used to collect data on SILC. I was a bit surprised after all of the information I had about the system that it was actually an Excel tool – which would make it somewhat more difficult to integrate into a web-based data mart application. The good news is that the team that developed MIS has

developed a web version called Savix and CRS is in the process of upgrading to it. I recommend that:

- Upgrade to the Savix platform so that data are more readily available for use by NGO partners and project managers who have access to the Internet.
- Work with the developers of Savix to develop an automated data export utility that will export aggregated data required for project monitoring indicators to the DHIS-2.

D. **Data Winners** – Human Network International has developed this cloud platform for mobile/web data collection. In addition they have developed an IVR (integrated voice response) health information platform with Airtel called **321 Service Mandroso**. This public service can be dialed from anywhere in the country to hear a menu of messages in 6 different subject areas - there are around 500 messages, nearly 30% of which are health-related. Users are not charged for the first 5 calls in a month, but afterwards they are billed at 200 FMG a call. This could be relevant to the project's IEC component that is currently developing print materials and radio spots to deliver messages to the public. Apparently the health messages are screened for technical content by implementing partners and HNI is interested in increasing their message base. The Data Winners platform is probably more relevant to the project M&E. It has a simple user interface that allows users to set up data collection systems for SMS, tablet and Web. They call it 'Survey Monkey for the rest of the world'. Subscriptions run from \$49 per month up to \$299 a month depending upon the number of messages message units that you expect to receive. I recommend that the project consider this platform for 2 main purposes:

- **Develop a simple SMS/web reporting system to monitor AC stock of essential drugs:** This should ideally report on the quantity distributed and quantity remaining in stock for a maximum of 10 or 12 products. Reporting should be monthly. For ACs who have cell phones and are in areas with cell phone coverage, they should send the SMS messages themselves, for others, they would send a paper report on stock (there is already a good multi-part stock register from which one form can be transmitted to the TA who can enter the data for each AC (ideally using the web platform). Mahefa and PSI are already using this platform for the same purpose, so some coordination would be useful in terms of drug coding and the standardization of the algorithms used to calculate re-supply quantities.
- **Test the Android/Tablet version for Supervision checklists:** It seems that questionnaires can be downloaded to an Android tablet and filled in off-line. These tablets could be purchased for all TAs (they now cost around \$200 from a source in China that HNI uses) and would both simplify data collection and enable the supervisors to provide feedback on overall scores while visiting each AC.

#### **Installed an instance of DHIS-2 on one of the project office computers**

During the course of my visit I was able to set up a working copy of DHIS-2 on a project laptop. The project network does not yet have a server that can be shared across the office.

Once that is installed, the software must be reinstalled on the network server. As part of this work I:

- Created the Madagascar organization unit hierarchy that lists all Provinces, Regions, Districts and Communes
- Began the process of importing maps
- Created summary data elements and data sets to receive imported data from various systems
- Set up sample user roles

### **Assessment of USAID|MIKOLO equipment/software needs to implement M&E system**

My trip happened to coincide with the visit of Rabin Kadgai (one of my Information Services staff members when I was CIO at MSH until 2009!). He was working with Ben, the USAID|MIKOLO project IT specialist, to install the Cisco call center system and connect all staff to the global MSH network. We discussed briefly the possibility of creating a web server for the DHIS-2 within the Cisco call center device, but it would not have enough memory to support a fully configured DHIS-2 instance.

I recommend that the project make the following purchases and hosting arrangements for their M&E system:

- Purchase a **file server** that can be installed locally with an instance of the DHIS-2 for the USAID|MIKOLO project dashboard and Extranet Online. This will be used mainly for analysis and as a backup server with data synchronized with the web server daily. The server should have a minimum of 4 processors, 16 gigabytes of RAM (expandable to 24) and 500 gb disk space. It could also be used to share project files. Operating system can be either Windows Server or (preferably) Ubuntu Enterprise server if Ben is comfortably managing a Linux platform. Other installed packages are: PostgreSQL, MySQL, PHP, JasperStudio and Apache (including Tomcat) – all are open-source, so no cost involved.
- Arrange for hosting a **web server** with the same general configuration (minimum of 4 processors, 16 gigabytes of RAM (expandable to 24) and 500 gb disk space at a local internet service provider (ISP) in Antananarivo. This will be used for Extranet and DHIS-2 Access by project partners who are not in the USAID|MIKOLO office. This could be a virtual server or a co-located server.
- Purchase a limited number of **Android tablets** (4 or 5) with GPS and SIM cards that can be used to test the Data Winners Android platform for conducting surveys and completing supervisory checklists. HNI has a source that sells these for around \$200 each. They are also available on-line (Asus/Nexus) for around \$300. If this works well consider purchasing one for each of the TAs. It can be used for a variety of data collection tasks and could be a positive performance incentive.

### **Discussed options for community data quality audits**

Given that Rwanda has established procedures for Community data quality audits (CDQA) to support the community PBF system, I spent some time with Hantamalala going through the Rwanda CDQA guidelines and discussing how they could be adapted for use by the USAID|MIKOLO project. In Rwanda the situation is complicated by the fact that there are 45,000 CHWs working in 15,000 villages – a much bigger challenge than the 500- 1000 communes where USAID|MIKOLO is working. The Rwanda CDQA tools are adapted from the Measure II DQA procedures that are in use in health facilities. The audit procedure has several key elements:

- Randomly selecting villages and CHVs where the assessment will be conducted (The USAID|MIKOLO project could sample more sites if the TAs conduct the data audits).
- Checking to see if CHVs are using the standard data collection tools (registers/reporting forms)
- Checking that the data collection tools are completed correctly (completeness)
- Recalculating from registers 3 selected data elements that are reported in the monthly reports for the past 3 months, and comparing this with numbers reported (accuracy)
- Checking the project database to see if the values reported on the reporting form were correctly entered in the computer.
- Ensuring that any errors found are corrected on paper and in the database – and that staff identify actions to take to avoid errors in future

### **Worked on a standard work planning template for use by NGOs supporting the project**

I met briefly with Dr. Rakotondrabe Gabriel, USAID|MIKOLO Senior Technical Advisor, who explained the challenging issue of monitoring the implementation of almost 90 workplans maintained by NGOs supporting work in the districts. These plans capture common sets of activities from the initial orientation of Communes to training and supervision of ACs. Aggregating these plans into a single plan will be quite a challenge. Dr. Gaby provided me with a sample plan.

I looked briefly on the web for a web-based planning tool without any luck... We have had considerable experience with Microsoft Project at MSH – it was even used to produce all of the APPROPOP/Madagascar project work plans many years back. But both Dr. Gaby and I agree that this is not practical to use across so many NGO partners.

I propose to stay with an Excel- based work plan, but to make it easier to manage I have:

- changed the daily time frame to weekly
- removed all of the merged cells that make it difficult to consolidate multiple spreadsheets
- configured the conditional formatting rules so that when a particular activity code is entered in a cell the associated color appears in the background The letter codes are also useful for generating statistics if all of the spreadsheets are consolidated (e.g. =countif(M6:M30,"=c") will count the number of coordination meetings planned. This cannot be done with colored cells alone.

Once work plans are developed it would be useful to have a shared workspace where NGO staff can post the plans – and keep them updated without cluttering up emails with many versions of nearly 100 plans. Project staff could also pull them all together from time to time to develop a consolidated plan. This could be set up using a Google group or DropBox folder initially. If the DHIS-2 is implemented, users could post these documents as shared resources on that platform.

### **Worked with USAID|MIKOLO team to develop a work plan for implementing M&E system**

On Thursday afternoon I met with the entire M&E team for a discussion about the status of current M&E systems and a brainstorming session about next steps. The results of the brainstorming session are captured in annex 2, the resulting work plan is below.



Activité	Responsable	Resources	Q2	Q3	Q4
D. Modification/Mise à jour d'EXTRANET					
1. Développer spécification - quoi changer quoi ajouter	M&E director, Data manager		x		
2. Contrat avec iVision (2 mois)	Data manager, iVision consultant	SW dev contract – iVision	x		
E. Développement Module gestion de stock sur plate-forme Data Winners				x	
1. Stock management	Data Manager Sub purpose 2 team			x	
2. Supervision	Sub purpose 3 team	Purchase tablets			x
3. Contract - \$99/ au début	Data Manager Contract officer MSH	Contract HNI?	x		
4. Formation de l'équipe M&E	HNI	Contract HNI?	x		
5. Développement de curriculum	HNI	Contract HNI?		x	
6. Orientation du Staff USAID MIKOLO	HNI M&E team	Contract HNI?		x	
F. Formation des TA sur l'ensemble de systèmes	M&E team	Workshop costs, travel/per diem	x	x	x

## Next Steps:

Most of the follow-up activities are noted above, in the list below I've noted the tasks that I will try to continue supporting remotely:

1. Work remotely with Dr. Gaby to complete modifications to the Work planning template
  2. Identify a consultant who can support implementation of the USAID|MIKOLO M&E Dashboard including:
    - a. Complete the import of maps into the Madagascar instance of DHIS-2 (work with HISP/Oslo staff)
    - b. Support the USAID|MIKOLO IT manager to install the DHIS-2 on a server hosted with a local ISP
    - c. Work with the USAID|MIKOLO M&E to import data from Extranet, Savix and Data Winners and develop automated tools to import data in future
    - d. Assist the team to design standard reports (iReport), graphs and maps to track all of the project indicators.
    - e. Provide training to USAID|MIKOLO staff on using DHIS-2 dashboards and built-in reporting tools.
-

## **Annexes:**

### **Annex 1: List of persons met**

1. JSI –Chuanpit Chua-Oon – Senior M&E Conseilleur
  2. JSI –Andry Rabemanantsoa -Senior M&E Advisor
  3. HNI- Barilolona Randrianarisoa, Operations Director
  4. HNI – Kellen Eilerts – Country Director
  5. HNI – Mamy Dafy - Technical Director
  6. PSI – Solofo Robson Andriaherinosy -Director of Logistics
  7. PSI – Harivola Randrianjafy - IT Manager
  8. PSI – Henri Rabesahala - Deputy Country Representative
  9. iVision – Radonavalona Razafinimanana – Manager/Consultant
  10. CRS – Felicien Paul Randriamanantenasoa – head of programming
  11. FTM- Narizo Rahaingoalison – Direct of Infrastructure Geographic and Hydrologic
  12. USAID – Robert Kolesar - COTR
  13. MSH staff at USAID|MIKOLO project with whom I worked most closely;
    - a. John Yanulis – COP
    - b. Rakotondrabe, Gabriel – Senior Technical Advisor
    - c. Herivololana Rabemanantsoa,- M&E Director
    - d. Heritiana Andrianaivo – Database Manager
    - e. Hantamalala Rakotobearison, Data Quality Assurance Specialist
    - f. Rivohery Razafimahefa – M&E Specialist
    - g. Hiaro-Zo Andrianoelina – Operational Research Specialist
-

**Scope of Work:**

- Configure and Install Network Switches
- Install and configure new routers
- Setup site-to-site VPN between MSH Madagascar and MSH Home Office
- Install Cisco call manager for VoIP solution
- Install and configure a firewall
- Install and setup VMware for the virtual environment on a new server
- Installed the following servers:

Domain Controller  
 DNS Server  
 DHCP  
 WSUS  
 File and Print Server  
 Backup server

- Setup client computer to backup data on the Fileserver using Good Sync application
- Setup client computers and move user data from current profile to a new domain
- Evaluate performance of the Internet Connection at Madagascar office
- Install, configure and test Cisco IP phones
- Setup wireless access points to increase wireless coverage, which is managed centrally by the U.S. Wireless controller
- Work with local IT staff to determine the optimal configuration for all workstations
- Provide a training to local IS staff on SOPs and troubleshooting, managing servers, etc.
- Brief/Debrief USAID upon request

USAID briefing was not requested. I briefed John Yanulis, the country director, Lalah Rabeloson, DCOP and Richard Benarivo, IT Specialist

Destination and Client(s)/ Partner(s)/Contractor(s)	Antananarivo, Madagascar
Traveler(s) Name, Role	Rabin Khadgi, MSH IT Consultant
Date of travel on Trip	3/15/2014- 3/27/2014
Purpose of trip	To setup a new IT infrastructure for office start-up that is integrated to MSH Head Office IT Infrastructure. It is an extension of MSH U.S. IT Infrastructure.
Objectives/Activities/ Deliverables	Upgrade existing IT Infrastructure to virtual environment to allow flexibility, performance, scalability, low-cost, simplicity, and secured and high availability systems.
Background/Context, if appropriate.	The legacy infrastructure was setup as a basic workgroup in which there was no file and print servers.

**2. Major Trip Accomplishments:**

New network switches are gigabit switches that increase the speed between computers and servers when users use a network cable to connect to the network.

A new Cisco router 2911 is installed and configured, which allows MSH Madagascar to use functionality such as firewall and VPN. A site-to-site VPN is setup between the MSH Arlington and MSH Madagascar office. Thus, the Madagascar office is now accessible as an internal network from the U.S. offices and other MSH offices in the world that has a site-to-site vpn.

A local call manager (PBX) is installed that will allow a local and international phone calling capability.

VMware ESXi 5.X (Virtual) servers are installed on the CISCO Server. This aligns the MSH Madagascar office network with the U.S. network; we will be saving the energy consumption cost because we have consolidated 4 servers into 1 physical server and there will be reduced deployment time for servers in future.
Richard Benarivo (Bena, local IT) is trained to install and configure GoodSync application on user's computers for backing up user's data to File server. I provided latest application, a standard operating procedure and registration code.
5 Cisco phones are installed and tested, Bena can assign the rest of the phones to users, when the local phone line is installed by Telma (Local phone company) and final configuration is completed by MSH IT in the U.S.
Security groups are used to restrict access to shared folders on a network. Bena will complete the department drives and access permission.
Worked with Bena to determine the optimal configuration for all workstations. I gave him documents that I use for home office.
Trained Bena on CISCO router installation and configuration, VMware infrastructure. I shared material for troubleshooting, managing and monitoring servers.
Assessed and evaluated the internet bandwidth, which is adequate for MSH Madagascar need at present.

### **3. Next steps:** Key actions to continue and/or complete after this trip.

Description of task	Responsible staff	Due date
Touch base with Bena regarding the completion of the following tasks:	Rabin Khadgi	4/21/2014
Connect all client computers to a new domain	Richard Benarivo	4/18/2014
Install GoodSync on all client computers	Richard Benarivo	4/18/2014
Backup server configuration	Rabin Khadgi and Richard Benarivo	4/14/2014
Upgrade license on VMware host	Rabin Khadgi	4/9/2014
Additional training for Richard Benarivo on supporting the IT infrastructure	MSH Home Office IT	Continuous support
Monitoring system for logging and resolving issues quickly to keep high system availability	Richard Benarivo	Weekly
Local PBX integration and configuration	Richard Benarivo and MSH HO IT	4/30/2014

### **4. Contacts:**

Name	Contact info	Home organization	Notes
John Yanulis	<a href="mailto:JYanulis@msh.org">JYanulis@msh.org</a>	Management Sciences for Health	
Lalal Rambeloso	<a href="mailto:Rrambeloso@msh.org">Rrambeloso@msh.org</a>	Management Sciences for Health	
Richard Benarivo	<a href="mailto:RBenarivo@msh.org">RBenarivo@msh.org</a>	Management Sciences for Health	

### **5. Description of Relevant Documents / Addendums:**

File name	Description of file	Location of file
Madagascar Network Diagram with Site-to-Site VPN.jpg	Detail Network Diagram	Attached with Trip-report e-mail.
Logical data flow chart for field office with VPN.vsd	Logical data flow chart for Data travelling from Madagascar office to MSH U.S. office	Attached with Trip-report e-mail.

**ANNEX – Project Year One Budget Update**

**Management Sciences for Health  
USAID|MIKOLO Project Budget Update  
March 31, 2013**

<b>Line item</b>	<b>Year 1 01/08/2013 - 30/09/2014</b>
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
<b>Subtotal of I to X</b>	<b>\$5,304,459</b>
XI. Fee	\$194,681
<b>Grand Total + Fee</b>	<b>\$5,499,140</b>

<b>Expenditures through 31 March 2014</b>	<b>Accruals as of 31 March 2014</b>	<b>Anticipated PY1 Expenditures</b>	<b>Total Anticipated Expenditures through PY1</b>	<b>Current Obligation</b>
\$2,177,663	\$41,610	\$3,279,867	\$5,499,140	\$7,718,548

Notes: USAID|MIKOLO has just finished the first eight 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.

USAID has recently increased incremental funding by \$2,219,408 through December, 2014 increasing the total obligated amount from \$5,499,140 to \$7,718,548

MSH has stayed within the current Obligation