

QUARTERLY PROGRESS- Period: April 1 to June 30, 2014

[John Yanulis]

[July 31st 2014]

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

[Primary health care – USAID – Community health services]

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[USAID | MIKOLO]
Management Sciences for Health
4301 North Fairfax Drive, Suite 400
Arlington, VA 22203
Telephone: 703-524-6575
<http://www.msh.org>



Quarterly Progress Report

Period: **April 1 to June 30, 2014**



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Prepared by John Yanulis, Chief of Party

Contact: jyanulis@mikolo.org

Villa Imaintsoanala III

**Lot II K 72 Bis - Ivandry
Antananarivo - Madagascar**

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LIST OF ACRONYMS

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

IFA	Iron Folic Acid
c-IMCI	Community-Integrated Management of Childhood Illnesses
IPTp	Intermittent Preventive Treatment in Pregnant Women
IRS	Indoor Residual Spraying
ISP	Integrated Strategic Plan
ITEM	<i>Institut Technologique de l'Education et du Management</i>
IUD	Intra-uterine Device
KMs	Kaominina Mendrika salama
LARC	Long Acting and Reversible Contraceptives
LAPM	Long-Acting and Permanent Methods
LCD	Local Capacity Development
LLIN	Long-Lasting Insecticide-treated Nets
MAR	Monthly Activity Report
MFI	Microfinance Institution
MIS	Management Information System
MoPH	Ministry of Public Health
MSH	Management Sciences for Health
MNCH	Maternal, Newborn, and Child Health
MOPH	Ministry of Public Health
MOST	Management and Organizational Sustainability Tool
MSI	Marie Stopes International
MUAC	Middle Upper Arm Circumference
NGO	Non-Governmental Organization
NMCP	National Malaria Control Program
NSA	National Strategic Application
NU	New Users
OD	Organizational Development
ORS	Oral Rehydration Solution
OSC	Overseas Strategic Consulting
PCV	Peace Corps Volunteer
PIRS	Performance Indicator Reference Sheet
PM	Permanent Method
PMI	President's Malaria Initiative
PNLP	<i>Programme National de Lutte contre le Paludisme</i>
PPH	Post-Partum Hemorrhage
PSI	Population Services International
RBM	Roll Back Malaria
RDT	Rapid Diagnostic Test
RH	Reproductive Health
SIFPO	Support to International Family Planning Organizations
SILC	Saving and Internal Lending Community
SP	Supply Point
TA	Technical Assistant
UNFPA	United Nations Population Fund

UNICEF	United Nations Children’s Fund
USG	United States Government
VSLA	Village Savings and Loans Association
WASH	Water, Sanitation, and Hygiene
WB	World Bank
WHO	World Health Organization
YPE	Youth Peer Educators

Executive Summary

This third quarterly report covers progress of the USAID | MIKOLO project from April 1st to June 30th 2014. During this period, the project trained 2,335 members of the Comité Communale de Développement de la Santé (CCDS) and the Comité de Santé (COSAN) in the remaining 191 communes, thus bringing the total number of communes with trained CCDS and COSAN up to 375. The project also initiated refresher trainings on Malaria, Maternal, Newborn, and Child Health, Community-Integrated Management of Childhood Illnesses, Family Planning/Reproductive Health, hygiene and sanitation, and community Health Management Information system for 583 community health volunteers (CHVs), to resume primary health care services in their communities. At the completion of their training, USAID | MIKOLO equipped all CHVs with job aids, management tools, equipment, and a starter kit of health commodities so that they can be functional immediately following the training.

The **583** CHVs resumed service delivery in the six target regions through project grants and support. Since services resumed toward the end of the quarter, we will report fully on all service indicators in Q4. . This report only discusses the indicators for which data were available by the end of Q3.

During this quarter, CHVs treated illness in 7,732 children under five (1,291 cases of diarrhea, 3,676 cases of simple fever, 985 cases of malaria and 1,780 cases of pneumonia) and monitored the growth of 14,045 children. CHVs reported 6,636 new family planning (FP) users and served 29,148 returning clients.

To improve CHV's awareness raising activities, the project is collaborating with local and national radio stations to broadcast radio spots related to the project's work. Two radio broadcasts, one promoting the champion commune approach and gender, and a second related to the promotion of CHV services, began this quarter.

The project conducted formative research in its intervention regions to inform the project's behavior change communications strategy. The research identified two types of barriers—internal (individual) and external (community)—and identified strategies to address those barriers through. (1) improving quality service provision, (2) increasing and improving demand for services among community members, and (3) creating a favorable environment for the adoption of healthy attitudes and behaviors.

The project set up a data collection and management system that integrates the use of mobile technology (mHealth). Management Sciences for Health (MSH) has signed a contract with Human Network International (HNI) to use its DataWinners platform and its operating system to input and manage data submitted by CHVs. Nongovernmental organization (NGO) field agents will collect CHVs' monthly activity reports, input the data offline into a smartphone provided by USAID | MIKOLO, and send the data when they have internet connection at the end of the month.

The project organized a two-day training for field agents, their supervisors, NGO monitoring and evaluation (M&E) managers, and regional project staff on the USAID | MIKOLO M&E system and the use of the smartphones. To ensure data quality at every level, USAID | MIKOLO finalized a technical guide outlining the strategy used to ensure data quality with an evaluation sheet for each indicator.

Introduction

USAID|MIKOLO is a five-year project (2013-2018) implemented by Management Sciences for Health (MSH), with international partners, Catholic Relief Services (CRS) and Overseas Strategic Consulting (OSC), as well as Malagasy partners, *Action Socio-sanitaire Organisation Secours* (ASOS) and *Institut de Technologie de l'Education et du Management* (ITEM).

The project aims **to increase the use of community-based healthcare services and the adoption of healthy behaviors** among women of reproductive age, children under five, and infants in 6 of Madagascar's 22 regions, reaching a population of about 5.5 million (see map).

The project contributes to Madagascar's achievement of Millennium Development Goals 4 and 5 by improving maternal and child health services and access to information.

The USAID|MIKOLO project revolves around two main objectives: 1) improving health by enhancing the quality of primary health services at the community level, as well as access to and demand for these services; and 2) strengthening the capacity of local NGOs to support quality community health services and to be direct recipients of funding in the future. The project developed the following four sub-purposes:

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

The project uses a community-based approach that incorporates approaches to reduce gender inequity and sustainability to improve the lives of the poorest and most vulnerable women, youth, children, and infants. By empowering the Malagasy people to adopt healthy behaviors and providing access to integrated family planning (FP), reproductive health (RH), maternal, newborn, and child health (MNCH), and malaria control services, and by actively involving the civil society, USAID|MIKOLO will help put Madagascar back on the path to health and development.

The project emphasizes the involvement and development of NGOs, community organizations, and a cadre of community health volunteers (CHVs), who provide quality services, and serve as change agents and elements of a sustainable development approach. As part of this approach, USAID|MIKOLO works with and through local organizations to: strengthen the health system and local institutions (sub-purpose 1); and increase the number of CHVs, strengthen relationships with providers of long-term and permanent methods (LTPM) of FP, and improve FP commodity security

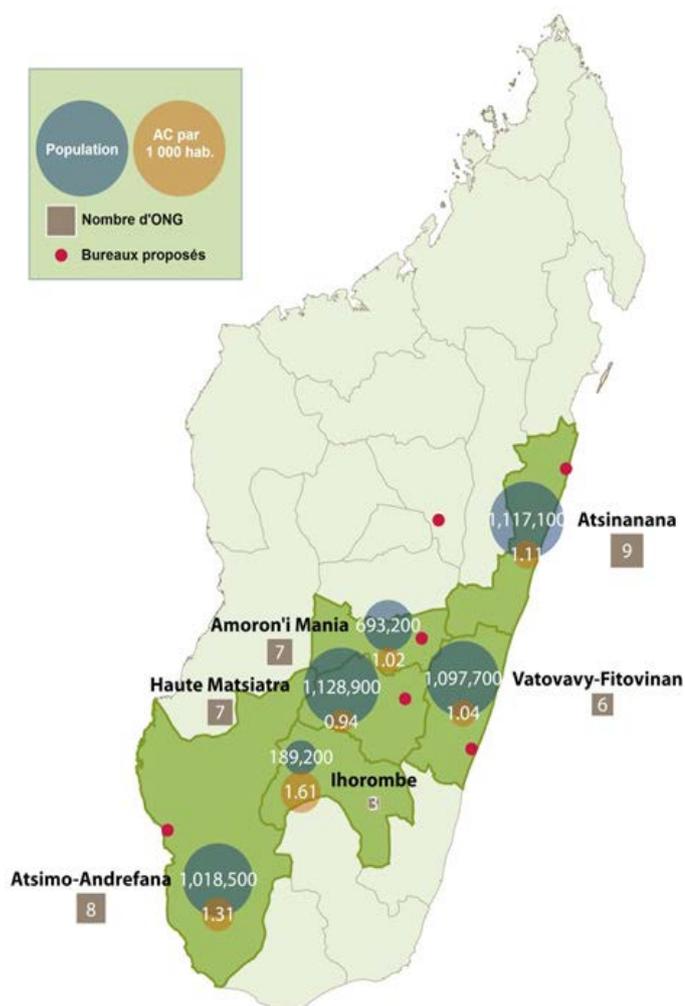


Figure 1. Area project intervention USAID|MIKOLO

(sub-purpose 2). The project will implement a system for quality improvement (sub-purpose 3) and behavioral change communication (BCC) activities (sub-purpose 4) to encourage the Malagasy people to adopt healthy behaviors and access services conforming to norms and standards.

Results

The Project has been actively providing refresher training for CHVs beginning in early June, 2014. As of the end of June, 583 CHVs were trained, while the remaining 3,738 will be trained during the months of July and August. The USAID|MIKOLO data management system was introduced during this quarter and NGO TAs are currently being trained in the use of mobile technology (smartphones) for data collection and virtual submission of CHV monthly activity reports, training data, stock-outs and supervision. By the end of this reporting period, the project had trained the TAs of 4 NGOs. The remaining NGO TAs will be trained during the month of July, 2014. **Consequently, data are expected to be fully complete only in Q4.**

In Q3, a total of 1,216 CHVs submitted their data to NGO TAs who then reported this data to USAID|MIKOLO. **Data reported during this quarter reflect those indicators for which the Project has sufficient data.** As the M&E system becomes fully operational, we anticipate having a more complete data set for the annual report.

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

Strengthening local systems

Indicator 1.2: Number of communes with functioning COSANs

The COSAN are commune-level structures that supervise CHV's work through individual and group monitoring.

To be considered functioning, a COSAN must meet the following three criteria:

1. been formally established by a municipal decree at the commune and fokontany levels;
2. has a health action plan that is updated at least every six months; and
3. hold regular meetings with the CHVs, as documented by meeting reports.

Through continued advocacy, capacity building, and the development of commune-level health action plans, USAID|MIKOLO worked through the implementing NGOs in quarter 3 (Q3) to ensure that the COSANs and CCDs exist and function.

During Q3, the project conducted 53 advocacy meetings and 191 capacity-building sessions for CCDs and COSANs to complement the activities carried out in Q2. The project assessed the COSANs' functioning as follows:

Criterion 1: The survey showed that 79 percent of communes had a COSAN formally established by a municipal decree at the commune and fokontany level. This figure will be considered the baseline value. In Q4, the project will verify existence of the municipal decrees establishing the COSAN.

Criterion 2: All of the 375 communes have established a health action plan. A survey conducted in December 2014 showed that 75 percent of COSANs in the 274 communes have updated their health action plans at least every six months.

Criterion 3: This third criterion has not yet been met since the training of COSANs was held during Q3 and regular meetings with CHVs are scheduled three months after the training, i.e., starting in July,

August, and September 2014. These meetings will be essential, as the COSANs' involvement will ensure the sustainability of CHV activities. The annual target for this indicator is 375 communes with a functioning COSAN. We expect to meet the annual target by September 2014.

Indicator # 1.3: Number of communes with functioning CCDSs

Commune Health Development Committees (CCDSs) coordinate health interventions in each commune. CCDS members provide leadership in the development of health plans and in monitoring their implementation. CCDSs contribute to achieving a medium-term vision for health and the implementation of all health interventions in the community in the long term. Thus, they are essential to the sustainability of the project's community health activities.

To be considered functioning, a CCDS must meet two criteria:

1. have an action plan that is updated at least every six months; and
2. hold regular coordination meetings with stakeholders and/or community actors (COSAN, CHVs, Saving and Internal Lending Community (SILC) , Supply point (SP)) in their communes.

In Q3 the project assessed the CCDSs' functioning and found the following:

Criterion 1: All 375 communes have developed a community-based health action plan. The activities outlined in the all action plans developed focus on health awareness-raising (44%), socio-organizational actions such as the construction of latrines (23.4%), construction or rehabilitation of safe water points (5.6%), health huts (1.9%), and village sanitation (31.3%).

Criterion 2: Starting in Q4, the project will hold quarterly meetings of COSANs and CCDSs with the NGO TAs to assess the community action plans, identify problems, and find solutions that will allow communes to achieve results and plan new activities based on their needs. The annual target for this indicator is 375 communes with functioning CCDSs. We expect to meet the annual target by September 2014.

Indicator 1.7: Number of people (NGO, TA, COSAN, CCDS, SILC) trained with increased leadership and management knowledge and skills

	Results				Achievements to date (Q1-Q3)	Annual target	% completion
	Q1	Q2	Q3	Q4			
Number of people (NGO, TA, COSAN, CCDS, SILC) trained with increased leadership and management knowledge and skills (PSE-indic # 1.7)		2,313	2,307		4,656	7,650	61%
Male		1,737	1,757		3,494	3,672	
Female		576	586		1,162	3,978	

As of Q3, USAID|MIKOLO has trained 4,656 community members from NGOs, STs, COSAN, CCDSs, and SILC in leadership and management; Q3 trainings accounted for the training of 2,307 CCDS and COSAN members and 36 field agents of this total (75 percent male and 25 percent female). The breakdown between cadres follows:

- 38 NGO staff (28 men, 10 women)
- 148 TAs and TA supervisors (102 men and 46 women)

- 4,405 CCDS and COSAN (3,327 men, 1,078 women)
- 29 TA SILC and supervisors (16 men and 13 women)
- 36 Field Agent SILC (21 men and 15 women)

These community actors will provide leadership and coordination for health and social development activities in their communities. The training sessions including the topic of leadership which was conducted at the beginning of the implementation of the *Kaominina Mendrika Salama* approach for each target group.

Of the 4,500 COSAN and CCDS members planned to be trained, the project trained 4,405 or 98% of the PY1 target.

The target of this indicator also takes into account the number of SILC members trained. The SILCs' achievements will be reported on once these groups are set up, which will take place in early Q4. The annual target of 7,650 people includes 3,000 SILC members, who will be trained after establishing the SILCs at the community level. We will report on these data during Q4.

Indicator # 1.5: Percent of CHVs in project areas attending monthly COSAN meetings out of the total # of CHVs in the health center catchment area

Monthly meetings between CHVs and COSANs will improve the quality of CHVs' services. These meetings not only provide an opportunity for sharing experiences and good practices among CHVs, but also allow COSANs to collect CHV's Monthly Activity Reports (MARs) to review and suggest improvements to the CHVs' performance.

No meeting was held in Q3 for the following reasons:

- Most of the COSAN trainings (51 percent) occurred in Q3; and
- Training of CHVs began in the first week of June, which means that the regular COSAN and CHV meetings will start in July 2014.

The project's challenge is to ensure that the NGO TAs have the capacity to support COSANs in motivating CHVs to attend the monthly meetings. One of the strategies the project will use is to hold the meetings at the time CHVs submit their RMAs to the health center. Q4 activities will focus on monitoring the monthly meetings.

Indicator 1.6: Number of COSAN savings and loans established

During Q3, the project developed the tools that will guide the establishment of SILCs, including the Field Agent Training Curriculum, the Guide to Implementing SILCs, and the SILC Information System (SIG-SAVIX), to orient NGOs on the implementation of SILC and to train field agents. Initiation of the SILCs will start in July.

Capacity-Building for NGOs

Indicator # 1.1: Number of NGOs eligible to receive direct awards made by USAID

In PY1, USAID|MIKOLO initiated a process of organizational self-assessment by NGOs that received transition grants using the Organizational Capacity Assessment (OCA) process. At the end of the process, each NGO established its own institutional strengthening Plan for the following year, covering ten (10) specific areas: Governance; Organizational Planning & Resource Mobilization; Financial and Administrative Management; Grant Management; Human Resources Management; Project Management; Advocacy, Networking and Alliance; Communication, Information and Records

Management; Monitoring and Evaluation, Reporting and Knowledge Management; and Capacity Building. The implementation of the plans will help NGOs meet the criteria for eligibility to receive direct funding from USAID.

During Q3, USAID|MIKOLO facilitated the OCA with two of its partner NGOs, ASOS Central and AIM.

Indicator 1.4: Number of local NGO partners with passable pre-award surveys

This indicator is linked to indicator (1.1). The following steps were taken to move NGOs toward qualifying to receive direct funding:

- USAID|MIKOLO conducted a pre-award survey of the NGOs at the moment of submission of the tender by NGOs to obtain the grant. The surveys showed significant capacity gaps among NGO partners.
- The project will administer a series of questionnaires included in NUPAS (Non U.S. Organization Pre-Award Survey-Guidelines and Support-Additional Help for ADS Chapter 303). During Q3, the project reviewed these questionnaires in detail and will use them during the preliminary NGO surveys.
- The project reviewed tools and checklists used in the OCA process to identify issues that could be added as criteria, subject to USAID's approval.

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

Important Note on Targets and Results:

The basis for the following case management targets were taken from the average service provision data of CHVs from the final 6 months (at the height) of the SanteNet2 project. This assumption was not true for USAID|MIKOLO. The CHVs working under USAID|MIKOLO had not had any support for more than 12 months since the end of SanteNet2. Moreover, the Project had the intention of training all CHVs in the 375 communes to be polyvalent. **Therefore the targets for case management were based on 4,321 polyvalent CHVs.** However, USAID|MIKOLO adopted the approach for the first transition year, to provide refresher training for CHVs (Mother or Child CHV). Future years would be devoted to training CHVs to be polyvalent. This year, USAID|MIKOLO will train 1,346 CHV "Mother", and 2,975 CHV "Child". This will have a direct effect on the Project achieving its annual targets. MIKOLO will need to readjust its targets for Year 2.

Following the orientation of NGO subgrantees to the MIKOLO Program, and the subsequent training of trainers led by USAID|MIKOLO in May, the training of CHVs by NGOs only began at the beginning of June, 2014. As noted above, data for this quarter are incomplete due to the fact that the CHVs have just recently been trained and the introduction of the m-health technologies for data collection with NGOs. A complete data set will be available for the Annual Report. Consequently, the achievements to date are not in line with expected targets.

However, based on only *one month* of activity led by the CHVs during this quarter, it is rather encouraging to see the foundation of results to come over the coming quarters and years.

REPRODUCTIVE HEALTH AND FAMILY PLANNING

Indicator 2.13: Number of additional USG-assisted community health workers (CHVs) providing family planning (FP) information and/or services during this year

This year, USAID|MIKOLO is rapidly resuming interventions in the communes previously supported by SantéNet2. The project has therefore organized refresher training sessions for the SantéNet2 CHVs.

When designing the FY 2014 work plan, USAID|MIKOLO proposed a rapid situational analysis to identify the functionality of CHVs trained by Santénet2, UNFPA, UNICEF, or other USAID partners. This was also designed to identify CHV coverage in fokontanys more than five km from a health center (see Annual Workplan for PY 1 under objective 2, strategies and approaches, points 1 and 3).

However, to ensure the resumption of activities, the strategy changed at the time of implementation. USAID|MIKOLO selected CHVs based on the following criteria:

- First choice: former Santénet2 CHVs (either mother or child-focused or polyvalent CHVs)
- Second choice: CHVs trained by the Global Fund's National Strategic Application2 (NSA2) program on community integrated management of childhood illnesses
- Third choice: CHVs who were trained in health by other donors or projects

During this quarter, the project provided refresher training to 583 CHVs. As such, there will be no new or additional CHVs this year.

Service Delivery

After the first meeting of the CHVs in April, where USAID|MIKOLO introduced CHVs to the project, CHVs began to revitalize their activities. The project's NGO partners maintained contact with CHVs and continued to collect their Monthly Activity Report (MARs). NGO partner-led refresher training began in early June 2014. The first data on case management by CHVs became available in late June and is being reported in this quarterly report.

➤ **Stock out of FP products**

One of the key objectives of the first CHV meeting was to obtain information on CHVs' health commodity and medicine stock levels after nearly one year without external support. The project developed and distributed stock status forms to CHVs. The resulting data will serve as a baseline for the project and will inform the actions necessary to achieve the annual targets.

In Q4 USAID|MIKOLO will conduct an analysis of gaps in the supply pipeline in coordination with PSI and the public sector. The project will analyze the data obtained, identify bottlenecks, and design solutions for inputs supply in coordination with PSI, in coordination with the public sector and implementing NGOs to ensure continued availability of products at supply points and Primary Health Center (CSBs). During this quarter only 22 CHVs reported on their stock situation relative to which products they have stock outs. As this is not representative of the nature of stock outs among CHVs, the Project will report on this indicator during the annual report.

➤ **Case Management Results**

Indicator 2.11: Number of new users of FP method

Indicator	Results				Achievements to date (Q1-Q3)	Annual target	% completion
	Q1	Q2	Q3	Q4			
Number of new users of FP method (NU) (PSE-indic # 2.11)			6,636		6,636	45,371	15%

576 CHVs reported 6,636 new FP users in 138 communes, i.e. 15% of the PY1 target.

Challenges to reach this annual objective on the New Users include limited CHV skills to identify women who have FP needs (potential FP clients) and promote demand. A tool to assist CHVs to identify eligible women with unmet needs for family planning was designed and introduced during the CHVs refresher training. In addition, MIKOLO will lead the introduction of pregnancy test kits to the CHV package of services. A recent USAID study found that FP uptake increased among clients of CHVs offering pregnancy tests.

In Q4, the project will:

- Monitor each NGO's achievements in relation to this indicator;
- Issue recommendations to NGOs to address problems; and
- Support NGOs to hold supervision sessions to monitor the management of FP input stocks.

Indicator 2.12: Number of returning users of FP method

Indicator	Results				Achievements to date	Annual target	% completion
	Q1	Q2	Q3	Q4			

					(Q1-Q3)		
Number of returning users of FP method (PSE-indic # 2.12)			29,148		29,148	64,815	45%

576 CHVs reported 29,148 returning users in 138 communes, i.e. 45% of the PY1 target. During the refresher training session, CHVs learned to manage returning users' records and to ensure the availability of FP products. Both components are essential for the management of continuing FP users. The activities planned in Q4 are the same as those for the previous indicator.

Indicator 2.18: Number of clients referred by CHVs for LAPMs and seeking care at the nearest health provider

Indicator	Results				Achievements to date (Q1-Q3)	Annual target	% completion
	Q1	Q2	Q3	Q4			
Number clients referred by CHVs for LAPMs and seeking care at the nearest health provider (PSE-indic # 2.18)			344		344	3,750	9%

34 CHVs referred 344 FP clients to health facilities for either Long Acting or permanent methods (LAPM) or Long Acting and Reversible Contraceptives (LARC). To achieve the target for this indicator, CHVs must know the availability of LARC and PM family planning services, and must receive additional capacity-building on FP counseling in general and LARCs and PMs in particular, to be able to rapidly orient and refer potential clients and properly document referrals.

In Q4, the project will:

- Hold coordination meetings with Marie Stopes International (MSI) to map out the zones where they implement their outreach strategy for LAPM;
- Map out CSBs offering LAPM in the project's intervention zones;
- Inform CHVs about these sites; and
- Have NGOs conduct supervision sessions to monitor the documentation of LARC and PM referrals.

Malaria

Indicator 2.20: Number of health workers trained in case management with artemisinin-based combination therapy

	Results				Achievements to date (Q1-Q3)	Annual target	% completion
	Q1	Q2	Q3	Q5			
Number of health workers trained in case management with artemisinin-based combination			360		360	4,321	8%

therapy (ACT) (PSE-indic # 2.20)							
Male			155		155	1,858	
Female			205		205	2,463	

360 CHVs participated in refresher training sessions, 8% of the annual target.

In addition to the basic training related to malaria prevention, diagnosis, and treatment, the refresher training on malaria control responded to CHVs' deficiencies identified in 2011 assessment by:

- Improving CHVs' knowledge and practices concerning correctly completing malaria diagnostic forms;
- Reminding CHVs of the 14 steps of Rapid Diagnostic Test (RDT) handling; and
- Providing information on counseling for mothers of children with general and fever-specific danger signs and appropriate treatment and counseling of mothers according to rapid diagnostic test (RDT) results.

In the Atsimo, Andrefana, and Atsinanana regions, the project faced a major constraint in conducting refresher training sessions—due to CHVs' involvement in local immunization days, training sessions had to be postponed until the next quarter.

During Q3, the project trained 360 CHVs instead of 405 as planned. The project will reschedule the activities to ensure completion of all refresher trainings before August 31, 2014.

USAID|MIKOLO provided the trained CHVs with equipment and medical supplies, including rapid diagnostic tests (RDT). The project engaged in negotiations with GAS/PMI for the provision of mosquito nets, RDTs and ACT, shared an estimate of needs with DELIVER and PSI and negotiated the delivery of the revitalization kits with PSI.

In Q4, USAID|MIKOLO will:

- Complete refresher sessions for the remaining CHVs identified as providing community integrated management of childhood illnesses (c-IMCI) services;
- Organize meetings and group monitoring sessions for CHVs and NGO TAs; and
- TAs and possibly independent trainers will conduct on-site supervision of CHVs.

Indicator 2.21: Number of health workers trained in malaria laboratory diagnostics (RDTs) or microscopy

	Results				Achievements to date (Q1-Q3)	Annual target	% completion
	Q1	Q2	Q3	Q4			
Number of health workers trained in malaria laboratory diagnostics (RDTs) or microscopy (PSE-indic # 2.21)			360		360	4,321	8%
Male			155		155	1,858	
Female			205		205	2,463	

The project held refresher trainings for 360 CHVs, 8% of the annual target.

The refresher trainings on malaria case management for CHVs focused on the treatment of malaria based the application of and positive reading of RDTs. The inputs provided to CHVs were distributed as shown in the following table:

Distribution of RDTs to CHVs after training					
Operational Zones	# of districts	# of communes	# of CHVs	# of RDTs per CHV	Total # of RDTs distributed
Eastern zones	6	69	966	40 units	30,632
Western zones	13	162	637	40 units	25,400
Margins zones	13	144	766	40 units	38,640
Total	32	375	2,369	40 units	94,672
Observation	Each CHV will receive 40 RDT kits. This number is linked to the RDT packaging and allows better management of the products' distribution.				

The zones represent the epidemiological distribution of malaria endemic areas according to the levels of transmission. Eastern zones are highest transmission areas (Antsinana, Vatovavy Fitovinany), whereas the Western zone (Antsimo Andrefana) is moderate transmission and the Margin Zone (Ihrombe, Haute Mahatsiratra, Amoron l' Mania) is low transmission.

Case management results

There are multiple challenges to achieving the annual target for case management indicators, including the availability of inputs for the malaria diagnosis and treatment, continuity of services by CHVs and the completeness, timeliness, and reliability of CHVs' MARs.

These challenges will be met in part by coordinating with GAS/PMI, DELIVER, PSI and the Ministry of Health to improve the availability of products, and secondly by on-site supervision of CHVs to verify and improve their stock management. Similarly, the CHVs' monthly meetings will ensure that MARs are obtained in a timely way.

In Q4, the project will:

- Hold coordination meetings with partners to ensure availability of products;
- Monitor data on each CHV's malaria case management achievements through the MARs; and
- Hold group monitoring meetings and formative supervision visits for CHVs.

Indicator 2.8: Number of children with fever in project areas receiving an RDT

	Results				Achievements to date (Q1-Q3)	Annual target	% completion
	Q1	Q2	Q3	Q4			
Number of children with fever in project areas receiving an RDT (PSE-indic # 2.8)			3,676		3,676	54,300	7%
Male			1,764		1,764	26,064	
Female			1,912		1,912	28,236	

687 CHVs in 145 communes administered RDTs to 3,676 children less than 5 years of age presenting with fever; this is 7% of the annual target.

Indicator 2.9: Number of children with RDT positive who received ACT

	Results				Achievements to date (Q1-Q3)	Annual target	% completion
	Q1	Q2	Q3	Q4			
Number of children with RDT positive who received ACT (PSE-indic # 2.9)			985		985	29,300	3%
Male			451		451	14,064	
Female			488		488	15,236	

687 CHVs in 145 communes provided ACT to 985 children less than five years of age who tested positive for malaria. This represents 3% of the annual target.

Maternal, Newborn, and Child Health

Indicator 2.22: Number of people trained in child health and nutrition

	Results				Achievements to date (Q1-Q3)	Annual target	% completion
	Q1	Q2	Q3	Q4			
Number of people trained in child health and nutrition (PSE-indic # 2.22)			583		583	4,321	13%
Male			251		251	1,858	
Female			583		583	2,463	

USAID|MIKOLO provided refresher training to 583 CHVs, 13% of the annual target.

In addition to training that focuses on monitoring and promoting growth, USAID|MIKOLO provided CHVs with tools, materials, equipment and working materials to ensure continuity of services. The project secured 8,000 doses of Viasur® and 3,961 doses of Pneumostop from PSI and will distribute these medicines to the CHVs.

In Q4 the project will:

- Complete refresher training sessions for the remaining CHVs;
- Organize group monitoring meetings for CHVs; and
- Conduct on-site supervision of CHVs by STs and possibly by independent trainers.

Indicator 2.6: Number of cases of child diarrhea (CU5) treated with ORS a/o zinc by trained facility CHVs

Indicator	Results				Achievements to date (Q1-Q3)	Annual target	% completion
	Q1	Q2	Q3	Q4			
Number of cases of child diarrhea (CU5) treated with ORS a/o Zinc by trained facility of CHVs			1,291		1,291	25,926	5%

Indicator	Results				Achievements to date (Q1-Q3)	Annual target	% completion
	Q1	Q2	Q3	Q4			
(PSE-indic # 2.6)							
Male			620		620	12,444	
Female			671		671	13,482	

687 CHVs in **145** communes managed 1,291 cases of diarrhea in children less than five years of age with ORS and zinc, 5% of the annual target.

In 2011, a USAID assessment of CHVs' performance showed that only 51 percent of CHVs provided proper treatment to children with diarrhea. To address this challenge, the refresher trainings focused on correct treatment of diarrhea with ORS. The CHVs also learned techniques to prevent diarrhea, namely hand washing with soap, use of latrines, and consumption of drinking water meeting potability standards.

Indicator 2.7: Number of children under five years of age with suspected pneumonia receiving antibiotics by trained facility or CHVs

	Results				Achievements to date (Q1-Q3)	Annual target	% completion
	Q1	Q2	Q3	Q4			
Number of children under five years of age with suspected pneumonia receiving antibiotics by trained facility or CHVs (PSE-indic # 2.7)			1,780		1,780	25,926	7%
Male			854		854	12,444	
Female			926		926	13,482	

687 CHVs in **145** in communes treated 1,780 suspected cases of pneumonia in children less than five years of age with an antibiotic, **7%** of the annual target.

In 2011, a USAID assessment of CHVs' performance showed that most CHVs had difficulty identifying cases of pneumonia and in providing the appropriate treatment. CHVs tended to proceed by trial and error in making a diagnosis and in prescribing treatment.

To address this challenge, the refresher trainings focused on handling the timer, the assessment of cough following breath counts, the classification of the disease, and the appropriate treatment based on the classification. In addition, the project provided each CHV in charge of child health with an ARI timer to help them make a correct diagnosis and give appropriate treatment.

Indicator 2.14: Number of children reached by USG-supported nutrition programs (Number of children under 5 years registered with CHVs for growth monitoring and promotion (GMP) activities)

	Results				Achievements to date (Q1-Q3)	Annual target	% completion
	Q1	Q2	Q3	Q4			
Number of children reached by USG-supported nutrition programs (Number of children under 5 years registered with CHVs for Growth Monitoring and Promotion (GMP) activities) (PSE-indic # 2.14)			14,045		14,045	259,260	5%
Male			6,742		6,742	124,445	
Female			7,303		7,303	134,815	

The project organized upgrading sessions for CHVs that addressed the topics of nutrition, Growth Monitoring and Promotion (GMP), and skills for negotiating good feeding practices with mothers. CHVs were equipped with management at the end of their training. As a result, 687 CHVs in 145 communes registered 14,405 children during GMP activities, 5% of the annual target.

To achieve the target for this indicator, scales must be available at CHVs' work sites. In the long-term, USAID|MIKOLO will provide a scale for each fokontany/health hut, but these will be purchased in phases over the project's life. Meanwhile, the project will coordinate with organizations working in nutrition such as ONN, UNICEF, UNFPA, PACT, or future USAID-funded projects ASOTRY and FARARANO, to ensure availability of scales.

Results of Referral Activities Conducted by CHVs

Indicator 2.15: Number ANC clients referred and seeking care at the nearest health provider by CHVs

Indicator	Results				Achievements to date (Q1-Q3)	Annual target	% completion
	Q1	Q2	Q3	Q4			
Number ANC clients referred and seeking care at the nearest health provider by CHVs (PSE-indic # 2.15)			959		959	13,700	7%

576 CHVs in **138** communes referred 959 pregnant women to the nearest health center, **7%** of the annual target.

The CHV refresher trainings addressed standards for antenatal consultations and referrals to Health Centers. CHVs received management tools at the end of their training, including reference cards, monitoring forms for pregnant women, and MARs.

Indicator 2.16: Number cases referred and seeking care at the nearest health provider by CHVs for neonatal emergencies

Indicator	Results				Achievements to date (Q1-Q3)	Annual target	% completion
	Q1	Q2	Q3	Q4			
Number cases referred and seeking care at the nearest health provider by CHVs for neonatal emergencies (PSE-indic # 2.16)			259		259	708	36%

687 CHVs in 145 communes referred 259 neonatal emergencies to the nearest health center, **36%** of the annual target.

The CHV refresher trainings included information on safe motherhood, the danger signs in newborns, and stressed the importance of referral to health centers. At the end of their training the project distributed management tools to CHVs, including referral slips, monitoring forms for pregnant women, and MAR templates.

Indicator 2.17: Number of cases referred and seeking care at the nearest health provider by CHVs for obstetric emergencies

Indicator	Results				Achievements to date (Q1-Q3)	Annual target	% completion
	Q1	Q2	Q3	Q4			
Number of cases referred and seeking care at the nearest health provider by CHVs for obstetric emergencies (PSE-indic # 2.17)			70		70	797	9%

576 CHVs in 138 communes reported **70** obstetric emergencies to the nearest health center, **9%** of the annual target.

Indicator 2.19: Number cases referred and seeking care at the nearest health provider by CHVs for severe illness episodes

Indicator	Results				Achievements to date (Q1-Q3)	Annual target	% of completion
	Q1	Q2	Q3	Q4			
Number cases referred and seeking care at the nearest health provider by CHVs for severe illness episodes (PSE-indic # 2.19)			1,702		1,702	106,152	2%

687 CHVs in 145 communes referred 1,702 children with severe illness to the nearest health center, 2% of the annual target.

The CHV refresher trainings covered symptoms that require referral to health centers, particularly danger signs in pregnant women and children under five years of age, malnourished children, women who want to adopt long-term or permanent family planning, and pregnant women for ANC and delivery.

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

To help community stakeholders working with CHVs improve their working conditions, the USAID | MIKOLO project developed the CHV working policy framework based on the National Community Health Policy. The project will disseminate the document among COSANs and CCDs and share it with CHVs in the form of a simplified and easy-to-use job aid, which will be finalized in Q4. TAs will provide explanations on the use of the job aid to the CCDs and COSANs during monthly meetings.

Indicator 3.1: % of CHVs achieving minimum quality score for community case management of childhood illnesses

The project reviewed the tools used by other projects to assess CHVs' performance and adapted the tools for its own use. The challenge in obtaining a baseline for this indicator is to conduct the assessment of each CHV's performance within three months after the refresher trainings. Most of the upgrading sessions for CHVs will be conducted in June - August, so this activity may not be conducted until October 2014.

In Q4 the project will:

- Update and adapt the strategy to improve the quality of CHVs' services pursuant to the end of the USAID's restrictions on collaboration with the public sector;
- Develop tools for assessing CHVs' performance;
- Define CHVs' performance scores; and
- Train regional offices and NGOs on the use of these tools.

Indicator 3.2: % of CHVs achieving the minimum quality score in FP counseling at the community level

See comments on the indicator (indic # 3.1) above.

Indicator 3.3: Percent of monthly activity reports received timely and complete

Indicator	Results	Achievements	Annual	% completion
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	Q1	Q2	Q3	Q4	to date (Q1-Q3)	target	
Percent of monthly activity reports received timely and complete (PSE-indic # 3.3)			34%			70%	49%

1,216 CHVs in 153 communes submitted a complete MAR on time in Q3. To achieve the target for this indicator, NGOs must hold monthly meetings between the CHVs and COSAN. CHVs will submit their MARs and COSANs will carry review the quality of data in the MARs. This task is made more challenging by remoteness, isolation and insecurity in some communes, which has a significant impact on the time needed for MARs to reach NGOs and thereafter the regional offices.

In Q4, the project will:

- Communicate the importance of holding the monthly meetings and the CHV group monitoring sessions to the NGOs; and
- Verify that STs hold monthly meetings with COSAN.

Indicator 3.4: Number of activity supervision visits conducted by NGO partners to CHVs

The CHV training sessions that will lead to supervision by STs began in Q3. Data on this indicator will be collected starting in July 2014. STs' availability and time are a big challenge given that several activities are overlapping in the start-up period. The remoteness of some fokontany is also a challenge.

In Q4 the project will:

- Validate CHVs' supervision plans; and
- Monitor STs' on-site supervision of CHVs.

Indicator 3.6: # CHVs having received refresher training

Indicator	Results				Achievements to date (Q1-Q3)	Annual target	% of completion
	Q1	Q2	Q3	Q4			
# CHVs having received refresher training (PSE-indic # 3.6)			583		583	0	

The annual target for this indicator when the project began was 0 for 2014. However, to ensure continuity of activities, the project changed its strategy and chose to upgrade the CHVs who worked under the Santénet2 project, thus provided refresher training for 583 CHVs in Q3.

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

Behavior change communication, champion households, CLTS, radios, ODF

Indicator # 4.1: Number of communes having the status of Commune Champion

To become a Champion Commune, or *Kaominina Mendrika*, communes must meet the following criteria:

- 1) The CCDS and COSAN are operational;
- 2) All CHVs in the commune received a passing score for service delivery;
- 3) No stock outs are recorded by supply points, CSBs, or CHVs;
- 4) The commune has a medical evacuation system in place and the system is used by the community; and
- 5) The adoption of healthy behaviors in the community is tangible.

During Q3, to initiate the process leading to the *Kaominina Mendrika* status, USAID | MIKOLO trained CCDSs and COSANs in the 191 intervention communes, which brings to 375 the number trained, to provide leadership and coordination in health and social development. The project is developing a simple and practical tool that can help CCDSs and COSANs measure their progress towards becoming a *Kaominina Mendrika*. The tool takes into consideration the level of functioning and commitment of the CCDS and COSAN, as well as the quality and availability of services offered by CHVs, the availability of inputs, the functioning of a referral system, and prevalence of healthy behaviors in the community.

The project will finalize and internally validate the tool in Q4 and use it to collect information on this indicator. This fiscal year target for this indicator is that 375 communes will achieve *Kaominina Mendrika* status. Because CHVs received refresher training from June to August, it will be difficult to achieve this target this year. The project will focus on achieving the objective by year two.

Indicator # 4.3: Number of certified Champion Households

For a household to be certified as a “Champion,” it must adopt a number of healthy behaviors and practices (see table below). Households will be scored in each category and to be recognized as a Champion Household, a household must achieve a score that will be determined in PY2.

MNCH	Immunization	Completion of all vaccines before age one
	Nutrition	Participation of children under five in GMP sessions
	PNC	Attendance of antenatal consultations during pregnancy
RH/FP	FP	The couple/woman expressed their need for FP
		If so, the couple has used one a FP method
Malaria	c-IMCI	Use of CHVs services in case of illness in a child under five
WASH	WASH	Practice of the three key WASH messages (WASH-friendly)
	Sanitation	Availability and use of garbage pit
SILC	SILC	At least one family member is a SILC group member
Gender	Involvement of human	Father accompanying children to consultation with CHV
Youth	Youth Group	Open discussion about adolescent reproductive health within the family

In PY2, the project will prepare for the implementation of this approach. It is currently developing the criteria for being certified as a Champion Household (*Ankohonana Salama*) as well as tools for monitoring and evaluating progress towards certification. CHVs will help educate households.

In Q4 the project will finalize the criteria for certification and adapt the tool for monitoring and evaluation. In addition, action groups that will educate women in the fokontanys will be set up to support the approach. In FY15, the project will conduct this activity in 40 communes in Atsimo Andrefana and 41 communes in Vatovavy Fitovinany.

In Q4, the project will also develop a training curriculum and train facilitators for women’s groups. The three-day training will cover the following topics:

- Gender
- Leadership
- How to conduct meetings
- Planning
- Awareness raising
- Use of session guides

Indicator 4.4: Number of interactive radio spots broadcast

Indicator	Results				Achievements to date (Q1-Q3)	Annual target	% completion
	Q1	Q2	Q3	Q4			
Number of interactive radio spots broadcast (PSE-indic # 4.4)			84		84	432	19%

The project aired 84 radio spots during the quarter, 19 percent of the annual target. USAID | MIKOLO contracted with local radio stations to air radio spots to strengthen CHVs awareness-raising activities. During this first year, the project adapted and used the spots developed and aired the during Santénet2 project. However, once the project develops its own behavior change communication strategy, new spots will be developed and aired starting in the second year.

The project has signed seven agreements with radio stations, including one radio station with national coverage and one radio station in each region. Airing began on June 16, 2014; spots are being broadcast twice a day, six days a week. In June, the spots addressed two topics, namely the Kaominina Mendrika salama approach and gender, and promoted CHVs’ services. As the diffusion of radio spots began during the month of June, 2014, the Project will unlikely reach its annual PY 1 target.

In Q4, the project will broadcast spots on eight other topics through the same radio stations: (1) malaria and care seeking; (2) Iron Folic Acid: benefits and dosage; (3) acute respiratory infection; (4) the KMS approach and gender; (5) nutrition for pregnant women; (6) adolescent reproductive health; (7) water, sanitation, and hygiene (WASH) and community-led total sanitation (CLTS); and (8) CHVs’ services. We expected to reach the annual target by September

Indicator # 4.5: Number of fokontanys achieving the Open Defecation Free (ODF) status

This quarter, the project disseminated information about three key hygiene behaviors: hand washing at critical moments, use of latrines, and consumption of safe water. The project has limited resources to allocate to this component.

The project did not set a target for the first year. However, for the following years, USAID|MIKOLO is negotiating with *Fonds d'Appui a l'Assainissement* (FAA), whose entire focus is Water and Sanitation and who works in the MIKOLO regions, to coordinate implementation of WASH and CLTS and share data and information. The project will finalize the memorandum of understanding with FAA during the next quarter.

Youth and Adolescents

Indicator 4.2: Number of people (peer youth, youth leader) trained on adolescent reproductive health (ARH) with increased knowledge and skills

In Q3, no youth peer educators or young leaders are trained (youth peer educators, young leaders) on adolescent reproductive health. The project is currently finalizing the first draft of the young peer educators training curriculum. It is comprised of nineteen sessions divided into six modules:

- Introduction of the USAID|MIKOLO youth approach
- Peer education
- Adolescent and youth reproductive health
- Effective communication,
- Development of an action plan
- Management Information System

The project has identified communes where the approach will be implemented in the pilot regions, namely, 8 communes with 40 fokontanys in Atsimo Andrefana, and 4 communes with 41 fokontany in Vatovavy Fitovinany. The project is currently selecting young people to be trained. The actual training will take place in Q4, just after the CHVs' training.

Monitoring and Evaluation (M&E)

Development of the Project's Database

During previous quarters, USAID | MIKOLO developed its M&E system to meet the project's various needs (including reporting, planning, and monitoring), and especially to inform the management's decision-making.

The project will use mobile technology to upload, process, and analyze data from the peripheral levels. MSH contracted Human Network International (HNI) to develop the system, using the DataWinners platform and an associated application. USAID | MIKOLO negotiated with internet service providers to procure and pre-load data subscriptions to enable STs to use smartphones to enter data from the CHVs' monthly activity reports and supply registers, training reports, and supervision forms offline and upload them once they have access to the internet.

USAID | MIKOLO completed the following steps this quarter as part of developing the system:

- 1) Designing questionnaires in DataWinners;
- 2) HNI provided a two-day training of trainers on use of smartphones and DataWinners to 10 USAID | MIKOLO staff members;
- 3) 73 STs, ST supervisors and M&E officers from the four NGOs were trained on the use of smartphones and DataWinners in June 2014 (16 from AIM in Amoron'i Mania and Ambostira, 17 from ODDIT in Atsinanana, Toamasina, 15 from AINGA in Vatovavy Fitovinany and Ranomafana, and 25 from SALFA, Haute Matsiatra, and Fianarantsoa).

The project organized an additional two-day training for STs, their supervisors, NGO M&E officers, and the project's regional teams to orient them on the project's M&E system. The training addressed the following topics:

- The various elements of USAID | MIKOLO 's information pipeline,
- STs' role in the M&E system,
- Data collection and quality,
- Use of smartphones to forward data, and
- Forwarding data through DataWinners.

The 63 STs, ST supervisors, and M&E officers from five other NGOs will be trained in July 2014. HNI is developing the operating application for DataWinners. It should be completed in August 2014.

Data Quality

A data quality assurance system is essential to ensure the quality of the data collected by CHVs and NGOs. It provides for the review of the program's performance and routinely assesses results against the program's objectives. USAID | MIKOLO developed data quality assessment (DQA) sheets for each indicator and is working on a data quality assessment strategy. It should be noted that the DQA forms are linked to the Performance Indicator Reference Sheet (PIRS) that are currently being validated at USAID.

The data reported by CHVs will be checked on a monthly basis at all levels (STs, NGOs' ST supervisors or M&E officers, regional offices teams, project's M&E team). USAID|MIKOLO will conduct the first data quality assessment in late FY14 or early FY15.

Communication

In addition to routine communications activities aimed at sharing achievements and promoting the project's visibility, the project convened a meeting for the directors of partner NGOs in Fianarantsoa on June 23 and 24 to give them the opportunity to familiarize themselves with the social media tools established by MIKOLO. NGOs were encouraged to select social media tools that are best suited to foster exchange and communication among the project NGOs's network.

In Q4, communications activities will focus on sharing CHVs' achievements at the community level through different channels and at different levels.

Formative Research

The project conducted formative research in 11 communes of 6 intervention regions to identify barriers to adopting healthy behaviors and to define ways to overcome these through behavior change communication (BCC). The research identified two types of barriers—internal (individual) and external (community)—and identified strategies to address those barriers. The strategies consist of three main elements: (1) improving quality service provision, (2) increasing and improving demand for services among community members, and (3) creating a favorable environment for the adoption of healthy attitudes and behaviors.

In Q4, the project will develop BCC strategies that include youth and gender components. USAID|MIKOLO will submit the formative research final report to USAID along with the quarterly report.

Project Management

Human Resources

The project has filled 53 of 54 planned positions. USAID|MIKOLO expects that the Finance and Operations Director (Key Personnel), will arrive in Madagascar to begin work on/a July 1, 2014.

The remaining vacancies include the following position:

- Senior Administrative Assistant

Partnership

USAID/Madagascar recently funded a study conducted by Abt Associates through the SHOPS Project to assess the extent to which free pregnancy tests offered by CHVs would increase the use of hormonal contraceptives. The study, "Do free pregnancy test kits increase the number of family planning clients supplied by community health workers?: Evidence from a randomized experiment in Madagascar," has significant implications for programming in Madagascar.

At USAID's request, USAID|MIKOLO organized a workshop to disseminate the results to delegates from the Ministry of Health (Department of Health and other departments within the Ministry of Health), USAID, health donors (UNICEF, UNFPA), and national and international NGOs. The workshop informed partners of the study results, sensitized them about the need to scale up the use of

pregnancy tests, and initiated creation of a working group to ensure the scaling up of CHVs' administration of pregnancy tests. The Ministry of Health is now poised to develop a plan to scale-up the use of pregnancy tests nationwide to increase access and use of family planning. USAID|MIKOLO will help lead with the MOPH the national scale-up plan and implementation during the next year. USAID has confirmed that pregnancy kits have already been ordered and that the MOPH has included pregnancy tests as part of the Essential Medicines package.

Hygiene and Sanitation

The project engaged *Fonds d'Appui à l'Assainissement* to collaborate on implementation of hygiene and sanitation activities. The partners agreed upon a memorandum of understanding and the signing ceremony will be held at the beginning of the 4th quarter. The document will be submitted to USAID along with the quarterly report

Lifting of Sanctions: Implications for USAID|MIKOLO

During this quarter, the US Government formally lifted the sanctions against the Malagasy Government. The implications for USAID-funded programs like USAID|MIKOLO are currently being discussed. However, it is clear, as noted by the recent letter from the USAID Contracting Office in Pretoria, that MIKOLO and other partners may now engage with the Ministry of Health more openly. The specific implications for the project will be discussed further with USAID/Madagascar during the next quarter.

Conclusion

Project systems are in place, NGOs are in the field providing training and support to CHVs and community-based primary health care activities have been reestablished. The project's sub-objectives related to capacity development, quality service provision and the adoption of healthy behaviors are on track. However, due to some delays in the start-up of refresher training, the introduction of data collection systems (using smartphones), and the assumptions of performance of polyvalent CHVs which were not targeted this year, some targets will not be realized during this fiscal year. However, project infrastructure and systems have now been built to ensure that going forward project targets and results will be achieved in earnest.

Project Year One Budget Update

**Management Sciences for Health
USAID Primary Health Care Project
Project Budget Update
June 30, 2014**

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

Expenditures through 30 June 2014	Accruals as of 30 June 2014	Anticipated PY1 Expenditures	Total Anticipated Expenditures through PY1	Current Obligation
\$ 3,335,813	\$345,801	\$ 1,817,526	\$5,499,140	\$7,718,548

Expenditures through 30 June 2014 by Sub-Purpose (SP)

SP1	SP2	SP3	SP4	M&E	TOTAL
\$634,730	\$871,422	\$618,845	\$658,266	\$552,550	\$3,335,813

Notes: MSH's Fiscal Year ends 30 June, so final June expenses are not yet available. Year 1 reflects updated assumptions projected for the entirety of PY 1 period from Aug 1, 2013 to Sept 30, 2014.

MSH has stayed within the current Obligation

Annexes

Annex 1: Success stories

A BABY, PRIDE OF THE POPULATION IN MIZILO GARE COMMUNE

Mizilo Gare (4971 inhabitants, 2360 of them live in more than 5 km from the first health facility) is a small village located 32 km from Manakara, in the Southern East part of Madagascar. It is among the communes where the USAID|MIKOLO project implementing NGO ASOS SUD is working. The commune has 5 fokontanys.

On Thursday May 29th, it was vaccination day in Mizilo Gare. That day was a day off for Malagasy people and almost everyone stays home to relax. But Justina's mother didn't as she chose to bring her baby girl to the health center. That day, her mother brought her for her 5th ROUVAX vaccine.

Justine is considered a big baby (among the 425 children under 5) in the commune. Everyone likes her and envies her good health and her mother is considered as a good model for the community.

However, there is no special recipe for Justina's good health. Since she was born, her mother has always followed recommendations from the community health volunteer (CHV) on the importance of immunization.

Since her pregnancy began, the CHV has advised her to follow prenatal check up at the health center. Also, her family always sleeps under an insecticide-treated bednet, to help prevent malaria.

Moreover, after giving birth, Justina's mother exclusively breastfed her for the first six months, only adding complementary foods thereafter. Also, Justine always refers to the health book provided by the CHV regarding the variety and the category of baby food and feeding process.

As a model mother(?), she is always attending the monthly growth monitoring session organised at the community hut. This enables her to follow closely her baby's weight to ensure healthy growth.

Since the project organized refresher trainings via the implementing NGOs for CHV, populations living in very remote areas could take more advantages of the community-based health services they are offering without having to walk long distances to the nearest health centers.

Felinisoa Razafindramaro is the community health volunteer working in Antanambao I, one of Mizilo Gare Fokontanys. She plays a big role in following up young children's health. CHV's capacity building sessions will help the CHV's better care for the people in their villages."

Indeed, for Justina's case, the community health volunteer in Antanambao I never stops following her closely. Her health record is really a great tool for the mother, the doctor and even the CHV(?) to follow her health. That is the simple reason why Justina is in good health.



© ASOS: Justina with her mother at the vaccination day

ANGELINE, AN ICON OF THE FAMILY PLANNING IN HER COMMUNITY

My name is Angéline and I just turned 30 years old. I am a mother living in the village of Tanambao I, Commune Ilakatra (11,766 inhabitants. 6441 of which live in more than 5 km from the nearest health center) in Vohipeno District the southern east part of Madagascar. When I was young, I felt in love with someone. At that time, I didn't practice any family planning methods despite the awareness raising activities conducted by the community health volunteer in my hometown.

Everything went well with my boyfriend until I was pregnant. Since then, things become worse and he left me alone to bring up my baby that I called Bienvenu Canavaros. At that time, the baby was only 5 months.

When my son turned 3, I decided to use family planning method. With the help of



© USAID|MIKOLO : Angéline and her boy Canavaros

community health volunteer working in my village, I agreed to choose a family planning method. Before, the same community health volunteer has always sensitized me about the advantages of the FP methods but I just denied him since my relatives influenced me about the negative impacts of them. Finally, I have accepted to do it to avoid any more mistakes in my life. Her village counts approximately 1567 women in reproductive age that she can save from undesired pregnancy. All can have access to the contraceptives offered by the Community health volunteers trained by the project.

Nowadays, I can say I live blissfully with various activities that I live on such as agriculture, cattle breeding and agricultural products sale. I could build my own house where I live with my little boy and another small hut I use as a kitchen.

Since I practice FP method, I feel comfort and security in my life. Before, I used to believe that FP methods have secondary effects which is actually wrong because since those years, I had no problem at all.

And I decided to accompany the Community Health Volunteer who has advised me everytime I am free to assist him in each awareness raising session with the young women. It hurts me to see young women experience what I lived, which is to become pregnant and then left alone. I always try the best I can to witness the advantages and good side of the Family planning and all the changes they brought to my life.

This witness in front of the community is my contribution to the behavior change in my community to solve the issues of the men's responsibility in case of undesired pregnancy.

Jason Ratiarimanana is a community health volunteer in charge of mother health. He is offering contraceptive methods in Tanambao I village and assume that Angeline really contributes in promoting his activities at the community level.

Since he benefited a refresher training in June organized USAID|MIKOLO project implementing partner, he continues to offer. «Each time I organize awareness raising session, Angéline always comes with me to better influence young women. Her assistance really make my tasks easy because it is very easy to convince women as she is playing as a model », confess this community health volunteer.

TRADITIONAL LEADERS GETTING MORE ACCESSIBLE

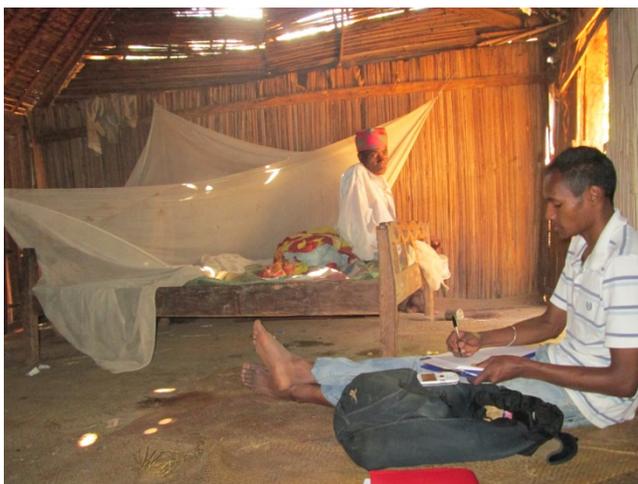
The USAID|MIKOLO project implemented by Management Sciences for Health (MSH) has included among its core activities those dealing with adoption of safe behaviors and improvement of health services quality.

To reach this goal, the project has conducted in April 2014 a research in 11 communes covering the project six regions of interventions to be able to identify those obstacles prevailing people from adoption safe behaviors to health.

Among obstacles identified and seen concern the external barriers caused by the reluctancy of the most influenced groups.

In most cases, the social acceptance of some undesired behaviors from traditional chiefs prevent local population to take care of their health.

During this research, the project has conducted surveys among traditional authorities to get their opinions and their responsibilities in the preservation and promotion of their health in the community. It should be mentioned that traditional authorities remain the very first group in charge of the community despite the existence of the administrative authorities.



© USAID|MIKOLO : The Apanjaka hosting the project survey collector in his home

In the rural commune of Ambohimiarana (7,086 inhabitants, 6,023 of whom live in more than 5 km from the nearest health center), the traditional chief—or “Apanjaka” in Malagasy) invited one of the project survey collectors into his home. As a traditional chief, his role consists of maintaining traditional ways and customs, and ensuring the unity of the people during local festivities.

Even if he doesn't belong to an administrative system as such, l'Apanjaka is considered as important as the mayor or the Fokontany chief.

In fact, Apanjaka is traditionally very respected by all villagers. He lives in the community palace called “Tranobe” where the community sacred items and the commanding stick are placed.

As a community leader, Amode, the “Apanjaka”, is coordinating all activities happening in his village. He works with the authorities. When the health center chief organizes a vaccination campaign, Amode sensitizes and mobilizes the community. When the health center chief wanted to build lodging for patients' relatives, it is the Apanjaka who encourages the community to work on them.

It is still his role to present all local population requests to the administrative authorities. Hence, his role goes beyond traditions as he assists in the community management and well being of the community in general.

During his interview with the project survey collectors, he claimed to be open and wished to cooperate with the external authorities to improve community health. This engagement of traditional leaders is very important for successful implementation of behavior change activities about early sex, family health, family planning decision, open defecation, and hygiene.

Annex 2: Environmental Compliance

Community Health Workers (CHVs) have to handle sharps and other medical waste as part of delivering services. These may harm their own health and the communities' health as well as the environment if no special care is taken in their handling.

During refresher training sessions, CHVs are trained on waste management and on injection safety and provided with equipment. The training addresses risk assessment, injection safety, medical waste management, (use and disposal of sharp boxes) and provides education to the CHVs. Each CHV receives a sharps box at the end of training along with instructions on their disposal and replacement.

CHVs are instructed to bring back sharps boxes at the BHCs once they are filled to two thirds and to get new boxes at the BHCs or Supply Points.

The enforcement of these actions will be assessed during the STs' or their supervisors' supervision visits to health services delivery points.

As supervision activities will take place only in Q4, no information on this topic is reported in Q3.

Annex 3: Collaboration and meeting with other health partners

Meetings	Date of meeting	Purpose/Agenda of the meeting	Decisions	Next Steps	Participants
REPRODUCTIVE HEALTH/FAMILY PLANNING					
Workshop to disseminate findings on the use of pregnancy tests at Community level	06/19/2014	<ul style="list-style-type: none"> - Inform partners on study findings - Educate partners on the relevance of scaling up the use of pregnancy tests - Establish working group for scaling up the use of pregnancy tests 	Driving the process of scaling up under the leadership of the Ministry of Health	Preparation of terms of reference of the scale up working group and organization of the group's first meeting to validate the ToRs and decide of scale up steps.	MinSanP, USAID, UNICEF, UNFPA, CARE, Abt Associates, Peace Corps, SALFA, MCDI, MSI, NOM, ADRA, JSI/Mahefa, INSPC/TANDEM, MCHIP, partner NGOs.
Maternal, newborn and child health					
Sharing workshop on DPFARN and FARN-G with SALOHI -DPFARN: Positive Deviance/ Learning Household for Nutritional Recovery -FARN-G: Learning and Nutrition Strengthening	05/14/2014	<ul style="list-style-type: none"> - Inform partners of the DP/RNA and RNA-G approach SALOHI - Share best practices - Share tools for implementation - Informing partners of the importance of dietary diversification at the household 	-Inform implementing NGOs on the communes where SALOHI implemented the activities for referral of (1) children screened as moderately malnourished (2) pregnant women.	- Communicating to implementing NGOs the list of communes where there are DPFARN and FARN-G at the fokontany level	MinSanP, SALOHI, NSB, RTM NGOs, USAID MIKOLO, PSI/NUTRITION, CRS.

Meetings	Date of meeting	Purpose/Agenda of the meeting	Decisions	Next Steps	Participants
Household for Pregnant Women		level			
Workshop for capitalization of the SALOHI program	03-04/06/14	<ul style="list-style-type: none"> - Document all SALOHI achievements over the five years of implementation - Make available and accessible to all key documents from the SALOHI program to enhance the quality of future interventions by development actors - Share the experiences of the SALOHI program on the implementation of its activities and achievements in terms of results, best practices, lessons learned, and innovations; - Provide partners with a learning opportunity through the experiences of SALOHI 	<p>Some good practices from SALOHI suggested for application in our project:</p> <ul style="list-style-type: none"> - Establishing CHVs in each hamlet instead of Fokontany for GMP. - Include in CHVs and COSAN S&E package the restitution of the results of service they offered to the community. - Use of SALOHI's GMP service quality improvement tools by the project. - Use SALOHI's IEC/BCC tools - Development of a sustainability action plan starting on the second year. 	Discussions within USAID MIKOLO on ways to incorporate the best practices in project interventions.	Prime Minister's Office, Ministry of Agriculture and Livestock, MinSanP, USAID, WFP, UNICEF, NSB, USAID MIKOLO, CSA, CARE, ADRA, CRS, ODDIT, Land'o Lakes, BDEM, CARITAS, JSI/Mahefa.
Meeting to share the results of the MCHIP	10/06/2014	Presentations of MCHIP's achievements over the five years	- Obtain from MCHIP all materials and tools for the		- Partners: USAID, MCHIP, JSI/Mahefa,

Meetings	Date of meeting	Purpose/Agenda of the meeting	Decisions	Next Steps	Participants
MADAGASCAR project		of implementation	implementation of Infection Prevention in the Newborn, use of chlorhexidine, and Prevention of Postpartum Hemorrhage (PHPP) with Misoprostol		USAID MIKOLO, ADRA, CARE, CRS, MinSanP, UNICEF, UNFPA, WHO, College of Midwives, Representative of Professional, Private and Faith-based Associations -Providers: RH/FP Program Manager at DRS Alaotra Mangoro - Head of health center- Midwife in internship – Community Agents - Recipient: Women who have delivered in the program zones
Information on an integrated maternal and child health and nutrition pilot project conducted by WFP in 2 communes (Fotadrevo and Itampolo) in the District of Ampanihy in	June 17, 2014	<ul style="list-style-type: none"> • Inform USAID MIKOLO on the pilot project conducted by WFP in collaboration with UNFPA, ONN, MoH, and 2 local NGOs (2H and CDD) in Fotadrevo and Itampolo • Share activities with USAID MIKOLO 	<ul style="list-style-type: none"> • WFP = Purchase scales for CHVs and contribution for the purchase of health cards • WFP will provide the field interventions manual in late June 14 	28 July 2014: Project launching workshop in Itampolo	WFP, USAID MIKOLO

Meetings	Date of meeting	Purpose/Agenda of the meeting	Decisions	Next Steps	Participants
the region of Atsimo Andrefana		<ul style="list-style-type: none"> Discuss issues of coordination 			
Meeting with PSI on the extension the Newborn Infection Prevention Program (PINN) and the use of chlorhexidine at Community level.	June 17, 2014	Discuss budget elements to develop an estimated budget for PSI for the extension of the chlorhexidine program in USAID MIKOLO' intervention zones	<p><u>USAID MIKOLO</u>: works with CHVs at the community level</p> <p>Contributes to the expansion of the CHX program provided that CHX is available at the community level.</p> <p>-Supports the one day training of the CHVs on CHX (transportation and catering) and cost of trainers (transportation – catering - per-diem if needed) and management tools for CHVs.</p> <p><u>PSI supports</u>:</p> <p>-The orientation of trainers, training materials, the job aid, datasheets and advice cards for CHVs-Product:</p>	PSI finalized the estimated budget to be submitted to USAID for funding	PSI, USAID MIKOLO

Meetings	Date of meeting	Purpose/Agenda of the meeting	Decisions	Next Steps	Participants
			Chlorhexidine		
<p>Special meeting for the preparation of the large multi-sectoral meeting in preparation of CARMMA:</p> <p><u>CARMMA</u>: Campaign for Accelerated Reduction of Maternal Mortality in Africa</p>	24/06/14	<ul style="list-style-type: none"> - Inform the partners on CARMMA - Review of the Concept Note for CARMMA - Establish sub-committees 	<ul style="list-style-type: none"> - Establishing four subcommittees: (1) Advocacy and Technical (2) Logistics; (3) Social Mobilization; (4) Resource Mobilization and Finance - Setting the date of the national launch of the campaign (August 19, 2014) and the end of the campaign (December 2014) 	<p>July 8: Large multi-stakeholder meeting</p> <p>August 19: Launch of CARMMA</p>	DSEMR, DGS, PSI, USAID MIKOLO, MCHIP, UNICEF, WHO, UNFPA
<p>Information meeting on the PSI's trial project "Using the tablet Sûr'Eau"</p> <p>6-month project</p>	06/27/2014	<ul style="list-style-type: none"> - Inform USAID MIKOLO on the trial project of Sur'eau tablet at the community level - Choose communes in one District to conduct the trial project 	<p><u>USAID MIKOLO:</u> Communes in the district of Fandriana or Vatomandry</p> <p><u>PSI:</u></p> <ul style="list-style-type: none"> - Provide starting lot after training of CHVs and replenishment lots at the third months - Provide support and IEC/BCC tools for CHVs - Conduct project evaluation <p><u>Under discussion:</u> Support the training of CHVs</p>	<ul style="list-style-type: none"> - Make mini-launch in the communes of the selected district - Train CHVs - Supervise CHVs 	PSI, USAID MIKOLO

Meetings	Date of meeting	Purpose/Agenda of the meeting	Decisions	Next Steps	Participants
MALARIA					
Periodic meeting of GAS/PMI	April 25, 2014	<ul style="list-style-type: none"> - Update data on health inputs provided in the supply pipeline - Validate starting lots for USAID MIKOLO - Decentralization of GAS/PMI activities at the regional level 	<ul style="list-style-type: none"> - Obtain starting lots from regional PSI. - Share training schedule - Promote the regional coordination meeting between PSI, MIKOLO and NGOs. - Monitoring 	<ul style="list-style-type: none"> - Monitoring the effectiveness of starting lots distribution - Monitoring effectiveness of regular meetings at regional level. - Filling the template for monitoring inputs 	DELIVER, PSI, Mahefa, MIKOLO
Meeting to prepare the 2015 MOP of USAID-funded PMI partners MOP: Malaria Operational Plan	27/05/2,014	<ul style="list-style-type: none"> - Discuss challenges and strategies/activities to meet the challenges - Suggest activities for the 2015 MOP 	<ul style="list-style-type: none"> -Train community actors in the KM salama on the IEC/BCC strategies adopted following formative research conducted by USAID MIKOLO -Promote standard TPI intake by pregnant women - Train CHVs on c-IMCI, stock management, by refresher training (old CHVs) or initial training (new CHVs) -Supervise CHVs 	<ul style="list-style-type: none"> -Discuss activities to establish epidemiological surveillance at the community level (USAID MIKOLO, IPM, NCP, USAID Madagascar) - Individual meetings between (1) PMI Washington, CDC, USAID and (2) each agency if necessary 	PMI Washington, CDC, USAID, Partners RBM: USAID MIKOLO, Mahefa, DELIVER, PSI, Abt IRS
Restitution workshop on the stakeholder consultation for the preparation of the FY15	May 30, 2014	<ul style="list-style-type: none"> - Presenting the draft MOP to RBM partners - Discuss activities to be funded by USAID/PMI 	<ul style="list-style-type: none"> - Malaria control activities at the community level will be implemented by the MIKOLO and Mahefa 	<ul style="list-style-type: none"> - Coordination meeting between PACT, Mahefa MIKOLO for harmonization of activities 	PMI Washington-CDC-USAID-RBM Partners: USAID/MIKOLO-Mahefa-DELIVER-PSI-IRS, NMCP,

Meetings	Date of meeting	Purpose/Agenda of the meeting	Decisions	Next Steps	Participants
MOP			<p>projects.</p> <ul style="list-style-type: none"> - This calls for coordination with NSAI that is funding the country. - Harmonization with NSA on the following points: <ul style="list-style-type: none"> o Case management o Provision of management tools and equipment for CHVs in the country. o Coverage zone o Reporting pipeline o Harmonization on formative supervision approach and evaluation. 		UNICEF, UNFPA, SARN, PACT
Workshop for the dissemination of the National Community Health Policy	June 24, 2014	<ul style="list-style-type: none"> - Presentation of the guide for the implementation of the NCHP by DDDs and PSI. - Version in French and Malagasy 	<ul style="list-style-type: none"> - Dissemination to the staff of DRS, and SSD and BHC - Position of project as regards the multiplication of the guide implementation. 	<ul style="list-style-type: none"> - Incorporation of the promotion of NCHP in the FY15 AWP 	

Meetings	Date of meeting	Purpose/Agenda of the meeting	Decisions	Next Steps	Participants
			<ul style="list-style-type: none"> - Promotion of NCHP with all stakeholders especially the CHVs and COSAN celebrating the national day of community workers 5 December 2014 in our area of intervention 		
USAID Working Group					
GENDER WORKING GROUP	29/04/14	<ul style="list-style-type: none"> - Define the terms of reference of the group: development of the group's ToR and an outline of annual plan - Present the model of JSI/Mahefa gender tool intended for the Menabe region - Discuss ways Monitoring and Evaluation activities such 	<ul style="list-style-type: none"> - Include other projects funded by USAID - Ask USAID to appoint a focal person to lead the group - Make an inventory of gender activities led by other agencies such as UNFPA, PMS and CAR - Solicit Ms. Vonifanja as a Gender consultant to present the basics of Gender M&E 	<ul style="list-style-type: none"> - Consider a joint activity for the celebration of March 8, 2015 - Prepare a synthesis of ToRs for the next meeting - Presentation of Gender Monitoring and Evaluation activities on July 3, 2014 at JSI/Mahefa's office 	JSI/Mahefa, PSI, SALOHI, MSI, MCHIP, USAID MIKOLO

Annex 4: Summary of activities implemented in the Kaominina Mendrika salama

ACTIVITIES	Total number of Communes	Number of communes that completed the activity (Q2)	Number of communes that completed the activity (Q3)	Percentage of communes	Total number of participants to events (Q2 and 3)
ADVOCACY / INTRODUCTION	375	322	53	100 %	4,991
CCDS/ COSAN TRAINING	375	184	191	100 %	4,405
TRAINING OF CHVs	375	0	82	22%	1,185

Annex 5: Summary of the NGO training conducted by the project

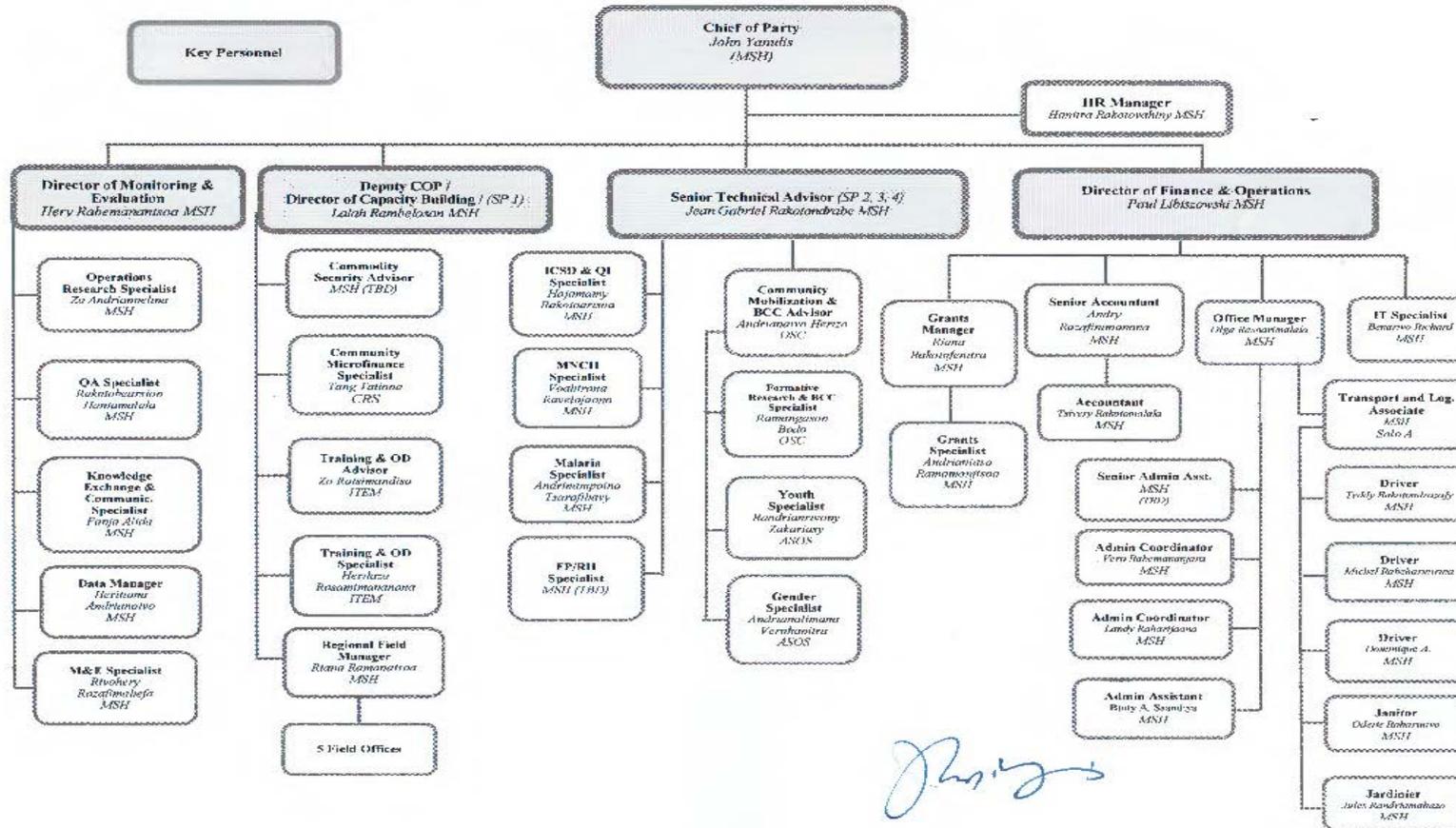
ACTIVITIES	Orientation topics	Objectives of the orientation	Number of participants	Dates
Training of CHVs trainers	<p>Seven modules:</p> <p>1 – Common components: KM salama approach, community site management, BCC, Gender approach, Youth approach, SILC and WASH</p> <p>2 – ToT including: personal development, adult learning, facilitation, assessment of a training session, team building, logistics and administration of training</p> <p>3 – Maternal, Newborn, and Child Health</p> <p>4- Integrated Management of Childhood Illnesses</p> <p>5 – Reproductive Health/Family Planning</p> <p>6 – Supervision</p> <p>7 – Management tools</p>	Equip trainers with the skills required to convey knowledge and skills to CHVs to enable them to provide quality services at the community level	293	May and June 2014
Training of STs, STs supervisors and NGOs' M&E officers on the project's data base (Datawinners)	<p>-Component of USAID MIKOLÓ's information pipeline</p> <p>- Roles of STs in the M & E system</p> <p>- Data collection and quality</p> <p>- Use of smartphones to forward the data collected</p> <p>- Send data through Datawinners</p>	Orient STs on USAID MIKOLÓ's M&E system.	73	June 23-24, 2014

Annex 6: List of management tools, equipments and starting kits for CHVs

ARTICLE	SPECIFICITIES	TOOLS AND EQUIPMENT	STARTING LOT
<i>Standard tool</i>			
<ul style="list-style-type: none"> –CHVs monthly report –Sensitization register –Mothers’ register –Stock register –Referral slip 			
<i>Maternal and Child Health program</i>			
<ul style="list-style-type: none"> –Pregnant women monitoring form –Growth monitoring and promotion form 		Pregnancy checklist MUAC	Sur eau
<i>RH/FP program</i>			
<ul style="list-style-type: none"> –CHVs’ individual forms –CHVs’ job aids 		Checklist	Pilplan Confiance Condom Sur eau Cycle beads Safety boxes
<i>c-IMCI box</i>			
<ul style="list-style-type: none"> –Case management form –C-IMCI referral forms 		RDT job aids Job aid Timer	RDT ACT Gloves Pneumostop Viasur Safety boxes

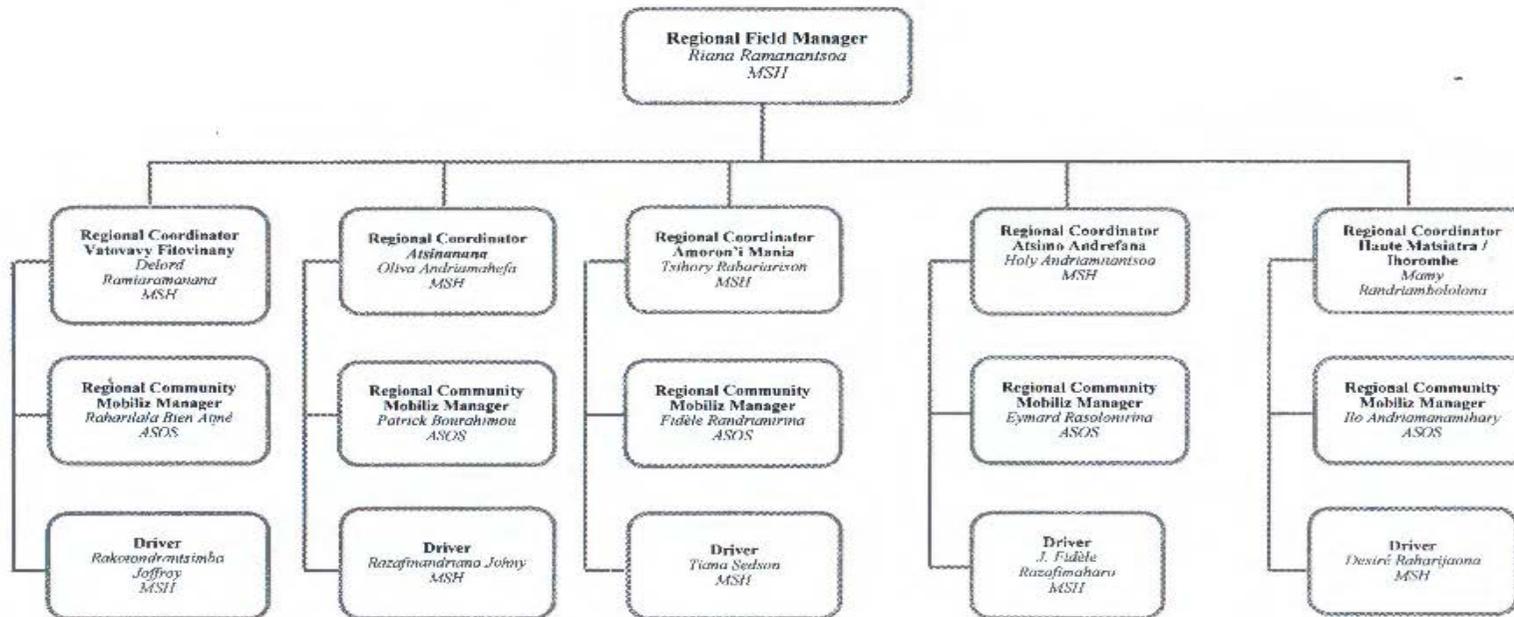
Annex 7: Organisation chart updated as of July 1st, 2014

Organigramme Projet USAID/MIKOLO - juillet 2014



John Yanulis

05 FIELD OFFICES



Johny