

# USAID | MIKOLO Quarterly Progress Report

Period: January 1<sup>st</sup> – March 31<sup>st</sup>, 2015

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John Yanulis

April 30, 2015

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), 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 children, and newborns under 5 years old.

[Primary health care – USAID – Community health services]

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USAID | MIKOLO  
Management Sciences for Health  
200 Rivers Edge Drive  
Medford, MA 02155  
Telephone: (617) 250-9500  
<http://www.msh.org>

# The USAID Mikolo Project

## Quarterly Progress Report

Period: January 1 – March 31, 2015



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**Prepared by John Yanulis, Chief of Party**

**Contact : [jyanulis@mikolo.org](mailto:jyanulis@mikolo.org)**

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**Submitted to USAID by Management Sciences for Health**

**Villa Imaintsoanala III**

**Lot II K 72 Bis – Ivandry**

**Antananarivo – Madagascar**

**DATE : April 30, 2015**

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## LIST OF ACRONYMS

ACT	Artemisinin-based Combination Therapy (Malaria)
ASOS	Action Socio-sanitaire Organisation Secours
ANC	Antenatal Care
BCC	Behavior Change Communications
CCDS	<i>Commission Communale de Développement de la Santé</i>
CHV	Community Health Volunteer
COSAN	<i>Comités de Santé</i> (Health Committee)
CRS	Catholic Relief Services
CSB	<i>Centre Santé de Base</i> (Basic Health Center)
CSLF	COSAN Saving and Loan Fund
DDDS (3DS)	Direction de développement des districts sanitaires
DMPA	Depo Medroxyprogesterone Acetate/ Depo-Provera™ (Family Planning)
EMAD	<i>Equipe de Management de District</i> (District Management Team)
FPRH	Family Planning and Reproductive Health
IPTp	Intermittent Preventive Treatment in Pregnant Women
LAPM	Long Acting and Permanent Methods (Family Planning)
LLIN	Long-Lasting Insecticide-treated Nets
M&E	Monitoring and Evaluation
MOPH	Ministry of Public Health
MSH	Management Sciences for Health
NCPH	National Community Health Policy
NGO	Non-governmental Organization
NMCP	National Malaria Control Program
OSC	Overseas Strategic Consulting
PACO	Processus d'Auto-évaluation des capacités Organisationnelles
PSI	Population Services International (USAID-funded Integrated Social Marketing Program)
PY	Project Year
Q	Quarter
RDT	Rapid Diagnostic Test (Malaria)
SILC	Saving and Internal Lending Community
SQA	Service Quality Assurance
ST	Support Technician (partner NGO staff supervising CHVs)
WASH	Water, Hygiene and Sanitation
YPE	Youth Peer Educator

## INTRODUCTION

The USAID Mikolo Project 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. 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 is designed to achieve these objectives through 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.

To improve the lives of the poorest and most vulnerable women, youth, children, and infants, the project uses a community-based approach that incorporates approaches to reduce gender inequity and maximize sustainability. 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 civil society, The USAID Mikolo Project 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, the USAID Mikolo project 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-acting and permanent methods (LAPM) of FP, and improve FP commodity security (sub-purpose 2). The project implements 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.

At the planning stage, collaboration with the Government of Madagascar was not possible due to U.S. Government sanctions. However, in mid-2014, the US Government lifted the sanctions following open and fair elections in late 2013. In the second project year, following USAID's request and approval, the project began direct collaboration with the Government of Madagascar.

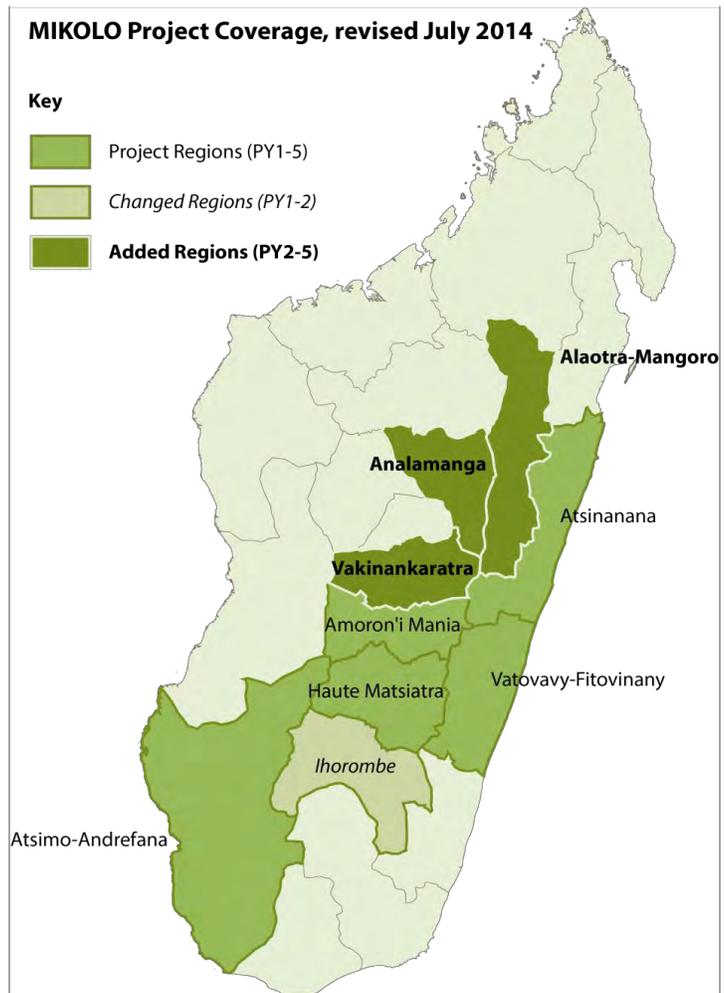
During the second year, the project is expanding coverage to work in 9 regions (of the 22 total regions nationally, see inset map), 46 districts, and 529 communes of Madagascar, targeting a population of about 6.5 million. The USAID Mikolo Project focuses on the villages more than 5 km from the closest health center, for a target population of 3.5 million.

Initially, The USAID Mikolo Project planned to support 506 communes in six regions.

Given the new opportunity to collaborate with the Malagasy government beginning in Year 2, it was considered to be more efficient for the USAID Mikolo Project to consolidate and strengthen gains from communes previously supported by USAID. Following approval from USAID, the project began to expand to three new regions in the second year. Simultaneously, the project is gradually phasing-out activities in the Ihorombe region, the least populated of the 22 regions of Madagascar, where permanent insecurity prohibits the project access and assistance to the 23 communes, ceasing activities by the end of this fiscal year.

Following discussions with the Ministry of Public Health (MOPH), the USAID Mikolo Project is adopting a district-based approach in support of the national policy of community health, in all project covered geographical zones. The project is collaborating with the District Health Services (SSD) and the basic health center (CSB) managers to train CHVs, and to collect and use data for decision making to increase access and improve quality of services offered at the community level. However, recognizing that all the elements of national policy of community health are not yet operational and are not enough to support CHVs, The USAID Mikolo Project

Figure 1: USAID Mikolo Project Coverage Changes in Year 2



continues to work through local implementing NGOs in all targeted regions and communes to conduct CHV training (along with the Ministry of Public Health) and to ensure CHV supervision.

This quarterly report covers project achievements during the second quarter of project year 2, with activities in the 375 original intervention communes that began in project year 1, as well as early expansion into the 154 new communes in the three new regions (Analamanga, Vakinankaratra and Alaotra Mangoro).

## Executive Summary

The USAID Mikolo Project 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. The project is designed around four sub-purposes (SP):

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.

During its second quarter of FY 15 (January-March 2015), the USAID Mikolo project continued to build its partnership with the Ministry of Health at central and district levels in all 9 target regions. Specifically, the project supported the MOH in reviewing, validating, and adopting the project's strategies for BCC and quality improvement of community based health services. Mikolo was also instrumental in rolling out the national policy for community health and initiated its first technical support activities to strengthen the leadership and management capacity of district health management teams in all 9 regions targeted by the project in PY2. At the same time, the project continued to support its 9 NGO partners from FY 14-15 through no cost extensions in January and February, 2015. Upon USAID approval, the project signed 14 new grants with 11 NGOs in early March. Training and orientation activities of the NGOs were completed during the quarter, and supervision and other support activities with CHVs will start throughout the project target areas no later than the beginning of next quarter. While the FY 14 grants supported services in the project's 6 original regions, the new grants cover an 3 new regions (Analamanga, Vakinankaratra, and Alaotro Mangoro).

During the reporting period, Mikolo made significant progress towards achieving SP2 and SP3 objectives (improving access and quality of services) and continued its preparations for activities towards SP1 and SP4 as planned.

Highlights include the following:

SP1 :

- 375 communes in 6 regions received project support for community health service delivery; among them, 100% had an active, fully functioning CCDS while 97% had an active, fully functioning COSAN.
- The project began to phase out its activities from Ihorombe (23 communes) toward the end of the quarter and began preparations to be fully operational in 506 communes in the 8 core regions at the beginning of next quarter
- The project trained 165 EMAD members through 19 project-supported and trained MOPH Trainers

#### SP2:

- The project reached 14,239 new and 59,631 continuing FP users, accounting for 13,377 couple years of protection (CYP). The result to date brings the total CYP to 54% of the FY 15 target
- A total of 36,766 children < 5yrs with fever received a RDT. Among them, 25,162 (68%) tested positive for malaria and received ACT. The Q2 results bring the total achievement to date to 130% of its FY 15 target. The over-achievement reflects the project's excellent ability to respond swiftly to the sharp, and unexpected, rise in malaria cases due to a national malaria epidemic that disproportionately affected the project's target regions. The FY 15 target was based on FY 14 data on the average number of malaria cases seen by CHVs, i.e. during a year that did not witness the same epidemic scale as was seen this quarter.
- A total of 5,755 children < 5 y received ORT for diarrheal disease. This result brings to the total achievement to date to 35% of the FY 15 target. The project is looking into this slight under-achievement. It is possible that the malaria epidemic led to under-diagnosis of diarrheal disease. It is also possible that the lower than expected number of cases is due to chronic shortages of ORT with CHVs.
- A total of 10,362 children < 5 y received treatment for ARI. This result brings to the total achievement to date to 65% of the FY 15 target.

#### SP3:

- The MOH adopted the project's strategy for CHV service quality assurance for national use
- 80% or higher compliance with norms and standards was achieved by 68% of CHVs for c-IMCI, compared to the FY 15 target of 40%, and 68% of CHVs for FP, compared to the FY 15 target of 35%. These excellent results suggest the efficacy of the project's performance improvement strategy which links performance to certification and to increased opportunities for CHVs to expand their services and eventually become CHV peer supervisors
- The reporting rate was 72% this quarter, down from 83% in Q1, bringing the overall reporting rate to date to 78%, which is still higher than the 75% FY 15 target. The drop in Q2 is almost certainly related to an interruption in NGO activities due to delays in the signing of the new grants.

#### SP4:

- A total of 452 villages achieved ODF status, bringing the total to 85% of the FY 15 target.
- A total of 4,885 people got access to improved latrines, bringing the total for this indicator also to 85% of the FY 15 target
- The project provided active community education to promote the use of latrines and adopt other hygienic and sanitary behaviors.

In terms of Monitoring and Evaluation, the Project continues to refine its data collection and use system to ensure data quality assurance. In addition, during this quarter, the USAID Mikolo

Project engaged the services of HISP, the Oslo, Norway based firm which has designed the widely used and free of charge health information system, DHIS-2. A consultant from HISP was dispatched to Madagascar to establish the parameters for establishing DHIS-2 as the Mikolo health information system. The consultant will revise and finalize the data base and then during the next quarter will train Mikolo staff in its use.

The project continued to enjoy its excellent partnership with USAID/Madagascar and with its sub-contractors. Activities for next quarter will focus on continued and new support to NGOs, and through them CHVs in 506 communes. The project also anticipates integrating new services in the CHV package of services, namely, free pregnancy tests, cholohexidine and misoprostol, when these products become available. The project will conduct trainings of CHVs, CSBs, STs, and EMAD members and will start implementing significant SP4 (BCC) activities in Q3.

## RESULTS

### SUB-PURPOSE 1: SUSTAINABLY DEVELOP SYSTEMS, CAPACITY, AND OWNERSHIP OF LOCAL PARTNERS

- **350 communes have functioning COSANs, and 352 communes have functioning CCDs**

N°	INDICATOR	TARGET	RESULT Q1	RESULT Q2	PY2 TOTAL	PY2 % COMPLETE
1.1	Number of Communes with functioning COSANs	352 Original Communes	350	350	350	99%
		154 New Communes	n/a	n/a	n/a	n/a
		<b>506</b>	<b>350</b>	<b>350</b>	<b>350</b>	<b>69%</b>
1.2	Number of Communes with functioning CCDs	352 Original Communes	352	352	352	100%
		154 New Communes	n/a	n/a	n/a	n/a
		<b>506</b>	<b>352</b>	<b>352</b>	<b>352</b>	<b>70%</b>

#### Explanation:

During Q1, the *Commissions Communale de Développement de la Santé* (CCDSs) met the criteria for being functional in all of the original 375 communes, of which 23 were in Ihorombe and not included in the PY2 target. In Q2, the supported ACs in these 23 communes through February but started to phase out its direct assistance to the AC with the new grants which started in March. In Q1, the *Comités de Santé* (COSANs) met the criteria for being functional in 350 of the original 375 active communes through February. Beginning in March of Q2, the Project supported 352 communes, of which 350 had a functioning COSAN. At the end of Q2, the project supported the remaining 2 communes to prepare their COSAN decree and transmit it to the MOPH. They too are therefore expected to be fully functioning by early Q3.

Results under this indicator were expected to be largely achieved within the first quarter, as realized. Establishing functional COSANs and CCDs is one of the preliminary steps in the PY2 workplan and will support the subsequent activities.

The USAID Mikolo Project continues to work with the communes to strengthen the COSAN and CCDs structures. During the quarter, the partner NGOs worked to maintain the functionality of the CCDs and COSANs through annual refresher training sessions and support to regular biannual meetings. New activities were not implemented with the COSANs or CCDs during the quarter as the NGOs and STs were in the midst of a transition with the finalization of the new grants. The new NGO STs will re-launch support to the COSANs and CCDs in Q3 as they complete their trainings.

In Q1 of PY2, activities continued in all 375 original communes. In Q2, support activities in the 23 communes of Ihorombe stopped, according to the PY phase out plan. EMADs in Ihorombe will continue to benefit from The USAID Mikolo Project capacity building, and will be able to provide some ongoing support to the COSANs and CCDSs. However, due to the elimination of other project activities in Ihorombe in PY2, the target does not include those 23 communes.

*Next Steps:*

The project will continue to provide support to the COSANs and CCDSs within the 352 original communes outside of Ihorombe, to continue implementing their work plans and meetings as scheduled, maintaining the functionality of these entities. The 2 COSANs which did not receive a formal decree in Q1 will receive support for the decree to be issued and the COSANs to be counted as functional. Existing decrees will be submitted to the MOPH for inclusion in their database.

The COSANs and CCDSs will be provided with the criteria and guidance to develop the 'Commune Champion' of Health (see Sub-purpose 4).

Starting in Q3, COSANs and CCDSs in the 154 new communes will also receive project support to become functional.

➤ **76% of CHVs attended COSAN meetings during the quarter**

N°	INDICATOR	TARGET	RESULT Q1	RESULT Q2	PY2 To date
1.4	Percent of CHVs attending monthly COSAN meetings	75% in Original Communes	93%	88%	91%
		70% in New Communes	n/a	n/a	n/a

*Explanation:*

The majority of CHVs attended at least one monthly COSAN meeting during the quarter as part of their ST supervision, although data indicates that the participation was at a slightly lower rate than Q1. Although the participation rate exceeded the target for the original communes, there are a few explanations for this slight reduction:

- The site supervision by Support Technicians (STs) reinforces the importance of CHV attendance at the COSAN meetings for learning and for sharing of knowledge and experiences, and to improve coordination for local health initiatives. However, during Q2, there was a delay between the end of the PY1 grants and the start of the new grants, causing delays in training of NGO staff and reduced activity by STs.
- The delays in the start of new grants also resulted, for some CSBs which usually depend on the NGOs for support, in reduced support to CHVs and COSAN.

- And, for CSBs which hold COSAN meetings independently without the support of NGOs, not all data on CHV participation was provided to or obtained by the NGOs to count toward this indicator.

As the USAID Mikolo Project expands into new project communes later in PY2, working with COSANs and CHVs new to the project, this achievement rate may decline while refresher trainings are provided and both COSANs and CHVs are brought up to a functional level.

*Next Steps:*

During the remainder of PY2, the project will continue to support and monitor the monthly meetings of CHVs with COSAN and analyze data from the meeting reports. NGOs working under the new grants have been trained, and will provide additional support to the CSBs and COSANs going forward. In addition, during on-site supervision visits to CHVs, the STs will emphasize the importance of CHVs to attend the COSAN meetings as key health representatives of their *fokontany*.

➤ **Preparations underway for leadership and management capacity building in Q3 for COSANS, CCDSs**

N°	INDICATOR	TARGET	RESULT Q1	RESULT Q2	PY2 TOTAL	PY2 % COMPLETE
1.3.1	Number of people (COSAN, CCDS) trained, with increased Leadership and Management knowledge and skills	4,500 in Original Communes	2,352 1,627 M 725 F	1,608 1,110 M 498 F	3,960 2,737 M 1,223 F	88%
		1,848 in New Communes	n/a	n/a	n/a	n/a
		6,348	2,352 1,627 M 725 F	1,608 1,110 M 498 F	3,960 2,737 M 1,223 F	62%

*Explanation:*

The National Community Health Policy (NCHP) encourages communities to take charge of health and sanitation initiatives. The COSAN and CCDS curriculum was designed to develop the capacity of these entities to engage the population of their communes to take responsibility for health interventions in accordance with the NCHP.

The CCDS and COSAN training curriculum was improved during Q2. The strategy maintains high quality standards while simplifying the learning plan for participants through new "learning paradigms," and introduces innovative training techniques. Training themes are integrated, reducing the number of training days required and strengthening supervision of stakeholders.

For the new communes, the training will be rolled out over two days and the criteria for graduation developed collaboratively with SP4.

Early in the quarter, some trainings were conducted under the prior grants that were extended into Q2, further increasing the total number of COSAN and CCDS members who were trained in leadership and management. NGOs will continue the trainings in additional communes in Q3.

The USAID Mikolo Project anticipates achieving the full target for these indicators, with the remaining results achieved in Quarters 3, and 4 as trainings are rolled out.

*Next Steps:*

STs under the new NGO grants will begin to support the COSANs and CCDSs in their communes as their trainings are completed. In addition, new trainings will be conducted in the final quarters of PY2 for the new communes. Biannual meetings for COSANs and CCDSs will be held in Q3.

➤ **165 EMAD trained by 19 MOPH Trainers**

N°	INDICATOR	TARGET	RESULT Q1	RESULT Q2	PY2 TOTAL	PY2 % COMPLETE	TOTAL PY2 PROGRESS
1.3.4	Number of people (EMAD) trained with increased Leadership and Management knowledge and skills	170 in Original Communes	124 69 M 55 F	41 27 M 16 F	165 96 M 69 F	97%	72%
		60 in New Communes	n/a	n/a	n/a	n/a	

*Explanation:*

In Q2, 41 members (24%) of EMAR/EMAD in 34 districts of the 352 communes were trained in leadership and coaching, and familiarized with the implementation guide of the National Community Health Policy, and project health topics. The trainings were conducted by Mikolo the staff trainer pool and 19 MOPH technicians who were trained during Q1. According to Mikolo's adopted training strategy, the project decided to involve first the central MOPH team (19 technicians trained in Q1) and then create a pool of trainers, comprised of MOPH Technicians and Mikolo staff to lead the EMAD training. To date 143 EMAD, 22 EMAR, 19 central MOPH have benefited from this leadership training.

According to the established plan, the 41 EMAD participants are mainly from the Atsinanana and Vatovavy Fitovinany regions, which were not involved during Q1. Doctor Inspectors, Technical Assistants, Administrative Assistants, and Heads of Programs in each district participated in this training. In addition, the EMAR health management team representatives in

each region also attend these training sessions, including the Regional Director of Health, with health programs representatives.

The USAID Mikolo Project began working closely with the MOPH through the Health District Development Directorate (3DS) and the EMAD in the framework for community activities. These EMAD/EMAR members will contribute to the capacity building of CSB managers and NGO STs to facilitate the implementation of the project.

The EMAD training curriculum includes the following themes for capacity building:

- Leadership and Management trainings including curriculum drawn from MSH's expertise and global experience;
- National Community Health Policy, including the The USAID Mikolo Project MOPH job aide, which provides a framework for health interventions at the community level to be coordinated and standardized;
- Coaching according to the OPERA process to facilitate the supervision of the CSBs.
- The priority health issues and innovative health interventions are also incorporated into this training schedule to condense multiple trainings for EMAD into a single event for cost and time efficiencies.

*Next Steps:*

The USAID Mikolo Project will continue to support the cascade trainings from EMAD to CSBs and NGOs, and Mikolo will organize EMAD trainings in new project regions.

➤ **105 additional NGO Support Technicians and Supervisors, and 18 key NGO staff trained in leadership and management**

N°	INDICATOR	TARGET	Q1 RESULT	Q2 RESULT	PY2 TOTAL RESULTS	PY2 % COMPLETE	TOTAL PY2 PROGRESS
1.3.2	Number of people (NGO) trained with increased Leadership and Management knowledge and skills	30 in Original Communes 15 M 15 F	18 12 M 6 F	0	18	60%	46%
		9 in New Communes 4 M 5 F	n/a	n/a	n/a	n/a	
1.3.3	Number of people (TA and supervisor) trained with increased Leadership and Management knowledge and	140 in Original Communes 69 M 71 F	128 85 M 43 F	43 26 M 17 F	171 111 M 60 F	122%	117%
		60 in New Communes 29 M	n/a	62 35 M 27 F	62 35 M 27 F	103%	

*Explanation:*

With the roll-out of new impact grants to NGOs during Q2, the USAID Mikolo Project has achieved the PY2 results for Building on the results of the ST self-assessment, the Support Technician refresher training curriculum was developed with two objectives: (1) for Support Technicians to take ownership of learning in need areas identified on their self-assessment; and (2) for Support Technicians to lead refresher training sessions for CCDSs and COSANs. Four relevant sessions were designed: coaching for supervision, productive communication and leadership, reporting, and familiarization with the CCDS and COSAN training curriculum.

In the original regions, 43 STs and supervisors improved their knowledge of leadership and management. This result exceeds the target for PY2 in the original communes, as the replacement of three NGOs in the new grant cycle necessitated that the new NGO staff receive the training.

In the new project regions, 62 STs and supervisors improved their knowledge of leadership and management through USAID Mikolo Project three-day trainings during Q2.

The objective of the training is to build the capacity of the support technicians to ensure the implementation of activities related to *Kaominina Mendrika Salama* approach their assigned communes. At the end of three days, participants are expected to be able to:

- 1) Understand the *Kaominina Mendrika Salama* approach and the role of STs in this framework.
- 2) Master the main lines of the National Policy on Community Health.
- 3) Increase the adoption and promotion of behaviors and health-promoting practices in the target population (youth, mothers, and children under 5).
- 4) Ensure the mainstreaming of gender in all the content of the project activities.
- 5) Support the promotion of the Youth Strategy in the project interventions areas.
- 6) Gain basic knowledge of the SILC and capture the synergy between SILC and other components of the USAID Mikolo Project to share and leverage opportunities to achieve results.
- 7) Master the capacity of intervention and influence over the various supervision responsibilities of STs (training, supervision, reporting).
- 8) Learn the fundamentals of adult education.
- 9) Master the information management system.

During the upcoming NGO Network meeting, themes will be developed for additional capacity building throughout the year. The USAID Mikolo Project will conduct a PACO analysis in Q3 to determine the capacity building needs of the new NGOs and will implement leadership and management trainings as deemed appropriate.

➤ Preparations for new CSLF and SILC were conducted in Q2

N°	INDICATOR	TARGET	Q1 RESULT	Q2 RESULT	PY2 TOTAL RESULTS	PY2 % COMPLETE	TOTAL PY2 PROGRESS
1.5	Number of COSAN Savings and Loans Funds (CSLF) established	13 in Original Communes	0	0	0	0%	0
		0 in New Communes	n/a	n/a	n/a	n/a	
1.6	Number of Saving and Internal Lending Community (SILC) established at the community level	534 in Original Communes	8	0	8	1%	1%
		0 in New Communes	n/a	n/a	n/a	n/a	
1.7	Proportion of female participants in USG-assisted programs designed to increase access to productive economic resources	50% in Original Communes	62%	0	62%	89%	62%
		0 in New Communes	n/a	n/a	n/a	n/a	

*Explanation:*

In Q2, the project continued its preparations to establish CSLFs and SILCs. As planned, the majority of CSLFs and SILCs will be established in Q3 and Q4. USAID Mikolo Project recruited and trained 108 Field Agents in the protocol for establishing COSAN Saving and Loan Funds (CSLFs) for COSAN members and CHVs, as well as Savings and Internal Lending Communities (SILCs) for village residents. CSLFs will be encouraged to invest in health objectives, such as purchasing health commodities in bulk for CHV service provision, to avoid stock-outs. A limited number of pilot SILCs were established in Q1, with an average female membership of 62%.

To prepare for the implementation of CSLF, during Q2 Mikolo began with presenting the concept to six districts, with the EMAD, CCSD, CHVs, and representatives of NGOs. District responses were positive and provided feedback for the Project to integrate into the strategy, including:

- Organizations are already in place for some *fokontany* in community health, such as emergency transportation, or construction of health centers.
- The CHV sale of medicines and commodities is not perceived to be profitable and not considered as an income generating activity. Therefore, it is difficult to use the sales as justification to receive a loan.

For the establishment of SILCs at the community level, NGO partners focused on the continued training and operationalization of the fields agents during Q2. This activity follows the implementation plan, including: identification, training and upgrading of fields agents. This will

facilitate the future establishment of more SILC groups and forms a critical element of the sustainability strategy.

With the preparations underway, the project therefore anticipates achieving the full targets for these indicators in PY2, with results achieved beginning in Quarter 3.

*Next Steps:*

The SILC supervisors will be familiarized with the SILC training curriculum. A training curriculum will be elaborated for the CSLF. The trained field agents will begin to establish SILCs and CSLFs in Q3.

Operational research will be conducted to better understand the impact of the CSLF on CHV activity and on community health. The research will be conducted in three phases, beginning with a baseline study in Q3, followed by a midterm review in 2016 and a final review in 2017.

➤ **14 new impact grant lots awarded to local implementing partner NGOs to implement project activities in original project regions and new project regions.**

N°	INDICATOR	TARGET	Q1 RESULT	Q2 RESULT	PY2 TOTAL RESULTS	PY2 % COMPLETE	TOTAL PY2 PROGRESS
1.8	Number of NGOs eligible to receive direct awards made by USAID	0 in Original Communes	n/a	n/a	n/a	n/a	n/a
		0 in New Communes	n/a	n/a	n/a	n/a	
1.9	Number of local NGOs awarded grants	10 in Original Communes	10	10	10	100%	100%
		3 in New Communes	4	4	4	100%	

*Explanation:*

The Mikolo grant review process was competitive and thorough, resulting in the USAID approval and award of 14 new multi-year impact grants to local NGOs. During Q2, technical and financial proposals were evaluated for the 4 lots in the new project regions. The grant selection team checked the references for all short-listed NGOs, ensured that all meet eligibility criteria and receive a clear verification check, as well as ensuring that all have the management and technical capacity to properly manage and implement Mikolo grants. USAID approved the selected applicants, and also approved the five grants that exceed \$100,000 each.

Once the grants were awarded, and before the actual start of activities, Mikolo held an orientation workshop for three days with the USAID Mikolo Project and recipient NGO staff, including management, technical, M&E, Administrative and Finance). This workshop was designed to present to the NGOs:

- the objectives of the multi-year grant;
- the contractual obligations of NGOs and the USAID Mikolo Project, including environmental compliance plan, the Branding and Marking Plan;
- the NGO terms of reference;
- the technical and financial reporting process, including the milestones to be achieved, the schedule, and reporting formats;
- the oversight process, and validation milestones and deliverables;
- the prevention of fraud, how to respond to discovery of fraud, and USAID regulations.

Indicator 1.8 is not scheduled to be achieved until PY3 and later, following further grant implementation experience and capacity building for the NGOs under The USAID Mikolo Project, and a target of zero has been established for PY2.

*Next Steps:*

The USAID Mikolo Project will continue to monitor the 14 grants to enable NGOs to meet their respective benchmarks

**SUB-PURPOSE 2: INCREASE AVAILABILITY AND ACCESS TO BASIC HEALTH SERVICES  
IN THE PROJECT'S TARGET COMMUNES**

N°	INDICATOR	TARGET: 375 Original Communes	TARGET: 154 New Communes	RESULT Q1	RESULT Q2	PY2 TOTAL RESULTS	TOTAL PY2 PROGRESS
2.1	Number of additional CHVs providing FP information/services	1,286	906	0	0	0	0%
	male			0	0	0	0%
	female			0	0	0	0%
2.8	Number of health workers trained in case management with ACTs	923	942	0	0	0	0%
	male			0	0	0	0%
	female			0	0	0	0%
2.9	Number of health workers trained in malaria laboratory diagnostics RDTs or microscopy	923	942	0	0	0	0%
	male			0	0	0	0%
	female			0	0	0	0%
2.13	Number of people trained in child health and nutrition	0	1,848	0	0	0	0%
	male			0	0	0	0%
	female			0	0	0	0%

*Explanation:*

In the first quarter, the CHV training curriculum was prepared and slightly revised in each of the technical areas, including FPRH, case management and diagnostics for malaria, child health and nutrition. During Q2, the USAID Mikolo Project conducted the first phases of cascade trainings for EMADs, CSBs, and NGOs in preparation for CHV training to begin in Q3.

Results for these indicators will be available in Quarters 3 and 4.

*Next Steps:*

CHVs in the original 352 communes where the project continues to work, will be trained to be polyvalent in both FPRH, including the provision of pregnancy testing, family planning counseling and services, and child health, with a focus on Community Integrated Management of Childhood Illness, as well as stock management, beginning in Quarter 3, with sessions to

provide the new information on Child Growth Standards and use of chlorhexidine for newborn care. Simultaneously, CHVs in the 154 new communes will receive refresher training in their basic skills with an introduction to the innovations including pregnancy tests, chlorhexidine, and the new growth monitoring standards.

The USAID Mikolo Project will continue to plan to include the use of misoprostol in the CHV training, for when the product is available, to prevent hemorrhage after childbirth, reducing maternal mortality. In addition, the USAID Mikolo Project is prepared to include Sayana Press (depo-provera) into the CHV training and service provision, should it be made available in Madagascar.

N°	INDICATOR	TARGET PY2	RESULTS Q1	RESULTS Q2	TOTAL PY2 To date
2.5	Percent of CHVs that experience a stock-out of Oral contraception products	<25%	9%	10%	10%
2.6	Percent of CHVs that experience a stock-out of DMPA products	<25%	16%	21%	18%
2.12	Percent of CHVs that experience a stock-out of ACT	<20%	5%	11%	8%
2.18	Percent of CHVs that experience a stock-out of ORS/Zinc	<45%	15%	13%	14%
2.19	Percent of CHVs that experience a stock-out of Pneumostop©	<35%	17%	16%	16%

*Explanation:*

The availability of health commodities for CHVs remained well within the target limits during Quarter 2. However, the data were derived from reports stock outs which were obtained for only 51% of CHVs. Field experience suggests that stock out rates are higher than those obtained from the 51% of CHVs. The Project continues to work to increase reporting rates and decrease the incidence of stock-outs and ensure availability of drugs and commodities for CHVs.

The USAID Mikolo Project collects monthly reports from CHVs to track the availability or stock-outs of essential drugs and commodities, and coordinates regularly with PSI (USAID-funded Integrated Social Marketing Program) and the district public supply system (Phagecom) through the CSB to improve the reliability of provisions for CHVs at the commune/CSB level in all project regions. Trained CHVs have access to both the PSI commune supply points as well as the CSB for essential health commodities as needed.

A new Supply Chain Specialist was recruited to coordinate efforts to secure availability of medication and commodities and further reduce the occurrence of stock-outs, and he joined the Project team in Q2. Coordination and sharing data is essential to ensuring reliable supplies, so Mikolo has prioritized the following coordination during the quarter:

- monthly meetings, as well as ongoing informal coordination, with PSI to communicate about the availability of supplies at supply points;

- regular collaboration with the MOPH and the public Phagecom supply system from the national level down to CSBs;
- Malaria Committee meetings, with USAID DELIVER and other partners, to monitor the availability of malaria treatment supplies in the affected regions.

In addition, the USAID Mikolo Project collaborated with the MOPH during Q2 to formulate a strategy to integrate the malaria, family planning, and other health programs into the central system.

The CHV reporting rate for commodity stock-outs has been 51% during the quarter. Some CHVs combine reporting from their communities, and "Child Level One" CHVs are not yet eligible to provide commodities and therefore are not required to submit commodity availability reports, which account for the lower reporting rate this quarter. However, the Project recognized that the CHV reporting rate for commodity stock-outs remains lower than projected. To facilitate the process for CHVs, the Project integrated the stock-out report into the monthly activity report template that CHVs will use to report on their services. The USAID Mikolo Project team continues to work with partner NGOs, particularly during the ongoing cascade trainings to NGOs and CSBs, to facilitate higher rates of CHV reporting on commodity availability and stock-outs.

Madagascar experienced a stock-out of ACT at the national level again during the quarter, impacting Mikolo distribution points.

#### *Next Steps:*

The USAID Mikolo Project will continue to increase the rate of reporting of stock-outs and supply availability by CHVs to provide more comprehensive data to PSI and the public supply system for supply planning. CHVs will receive training on the new stock management form during the next phase of trainings in Q3. This new stock management form and process will help CHVs to monitor their stock and their usage rates to determine when and how much they will need when they resupply. In addition, MSH's Principal Technical Advisor for Pharmaceutical Management, Jane Briggs, will conduct short term technical assistance for the USAID Mikolo Project in Q3 which will inform the stock management training for the CHVs.

The USAID Mikolo Project will distribute pregnancy tests to CHVs, through our NGO partners, during trainings in Q3. The Project team is working with PSI to confirm the availability of a continued supply of pregnancy tests for CHVs once this initial supply has been exhausted.

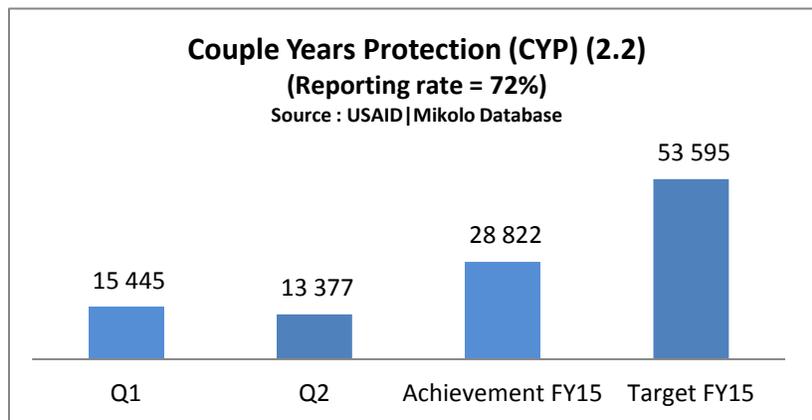
## Reproductive Health and Family Planning Results

N°	INDICATOR	TARGET: 375 Original Communes	TARGET: 154 New Communes	RESULT Q1	RESULT Q2	PY2 TOTAL RESULTS	TOTAL PY2 PROGRESS
2.2	Couple Years Protection (CYP) in USG supported programs	45,441	8,154	15,445	13,377	28,822	54%
2.3	Number of new users of	63,205	10,193	18,958	14,239	33,197	45%

FP method							
2.4	Number of continuing users of FP method (monthly average)	105,341	17,663	68,396	59,631	59,631	48%
2.7	Number clients referred and seeking care at the nearest health provider by CHW for LAPMs	5,425	680	2,631	1,355	3,986	65%

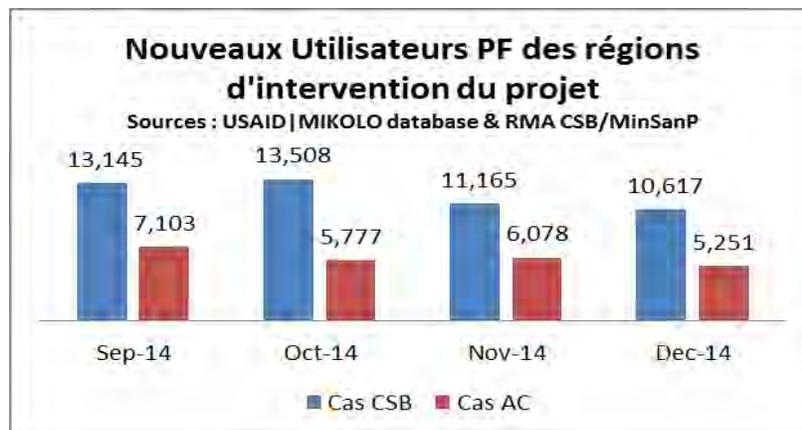
*Explanation:*

CHVs in the 375 original communes are on track to achieve the PY2 targets.



The number of new users declined in Q2, compared to Q1 and this result remains lower than projected by Mikolo. In addition, the number of regular users remains constant, and has not increased over time.

However, this decline is significant and in previous quarters, we have seen similar fluctuations. Of note, the contribution of CHV services to overall uptake of FP is significant, around a third of all new users in the communes where Mikolo is operational.



To increase the number of new and regular users simultaneously, the Mikolo project has revised the CHV curriculum to be more focused and is strengthening the CHV supervision mechanisms to add additional support to their activities. Following the refresher trainings for CHVs in the new project areas, as well as the polyvalence training for CHVs in the original project areas, these results should increase. In addition, the Project anticipates an increase in the number of users following the introduction of pregnancy tests during family planning counseling sessions.

CHVs provided family planning counseling, ensuring free and clear choice and access to information to clients, in accordance with the Tiahrt Amendment.

*Next Steps:*

Following the Q3 trainings for CHVs to become polyvalent in the original communes, and refresher training for CHVs in the new communes, the numbers of FP services and users will rise further. In the Q3 trainings, CHVs will also learn to use pregnancy tests during counseling sessions, providing confidence to women who test positive to consider family planning methods, or alternatively women who test positive will be referred to the CSBs for ANC visits.

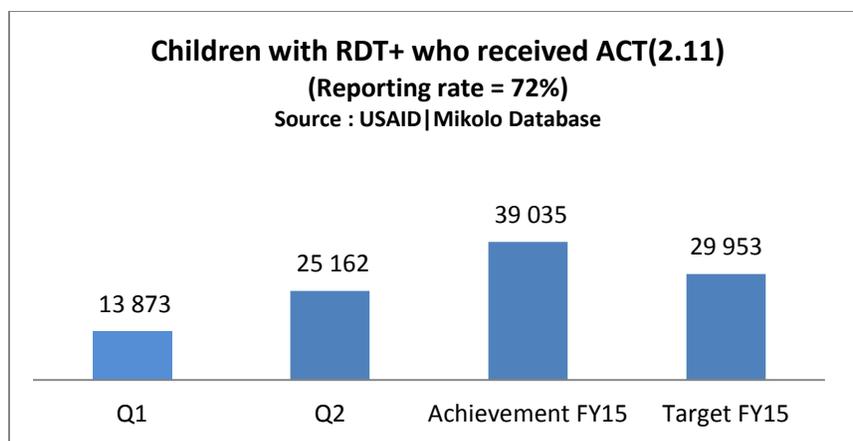
The USAID Mikolo Project currently refers clients to Marie Stopes International for LAPM in the zones where services are available. The project continues to seek new LAPM service providers in project areas not served by Marie Stopes.

## Malaria Results

N°	INDICATOR	TARGET: 375 Original Communes	TARGET: 154 New Communes	RESULT Q1	RESULT Q2	PY2 TOTAL RESULTS	TOTAL PY2 PROGRESS
2.10	Number of children with fever in project areas receiving an RDT	50,486	7,065	26,863	36,766	63,629	111%
	Male			13,122	17,575	30,697	
	female			13,741	19,191	32,932	
2.11	Number of children with RDT positive who received ACT	25,243	4,710	13,873	25,162	39,035	130%
	Male			6,780	11,959	18,739	
	female			7,093	13,203	20,296	

*Explanation:*

In the 375 original communes, a significant number of children were tested, diagnosed, and treated for malaria, beginning early in Quarter 1, and continuing through the rainy season in Quarter 2.



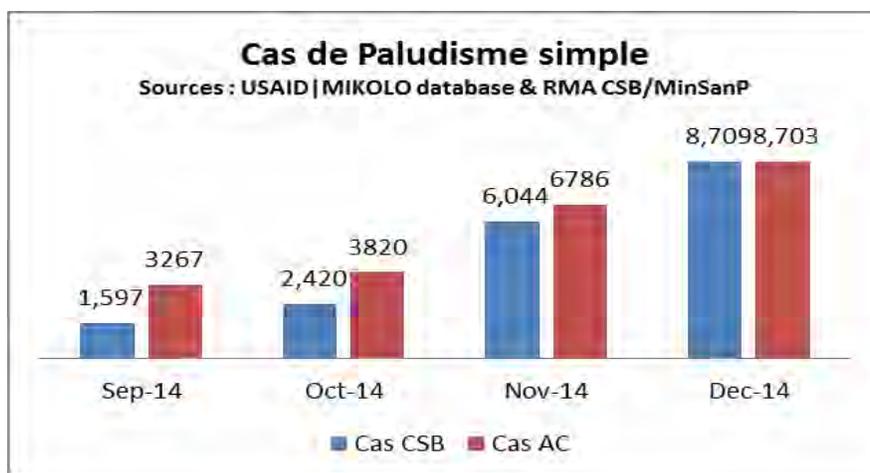
Malaria rates were particularly high in the regions of Atsinanana, and Vatovavy-Fitovinany during the quarter. However, elevated transmission rates were also seen in the regions of Haute Matsiatra, Amoron'i Mania, Vakinankaratra, and Atsimo Andrefana. Populations in these regions were not prepared, and did not have bednets or other precautions. Malaria tests and treatments had not been supplied to health centers or supply points in these areas. In addition, in the areas affected in the west which were emerging from a drought and famine, malnourished children were more vulnerable to malaria.

Simultaneously, ACT stock-outs were found nationally, impacting the availability of ACT in some project areas, from October through January 2015. The stock-outs prevented children from receiving effective treatment, and also reduced the confidence of the population in seeking care from CHVs when it became known that the CHVs did not have ACT in some affected areas. In those cases, CHVs referred families to the CSBs for treatment.

The USAID Mikolo Project team worked to ensure the continuous availability of RDTs and ACT for CHVs each month in malarial zones. Partner NGOs supervised CHVs to ensure they were prepared and available to provide health services to children during the peak months, and to encourage parents to follow malarial prevention protocol and to bring sick children to the CHVs for diagnosis and treatment as needed. CHVs visited households with children and pregnant women to promote IPTp (Intermittent Preventive Treatment in Pregnant Women) and LLIN (Long-Lasting Insecticide-treated Nets).

The high prevalence of malaria has been attributed this year in Madagascar to a number of factors including insufficient availability of bednets in some regions, damaged bednets in areas hit by cyclones, and evolved behavior of mosquitos which are transmitting the illness more frequently during daytime hours outside homes.

During the previous quarter, CHVs treated at least as many children for malaria as the health centers did. This finding underscores not only the importance of CHV services for increased coverage but for alleviating the burden on health centers especially in times of major epidemics.



*Next Steps:*

The malaria outbreak is expected to subside in Q3.

The Mikolo team is using the data collected during this year to make plans for next year's malaria season. CHVs and households will be prepared to set up new bednets and to take other precautions to prevent mosquito transmission. The Project will launch BCC campaigns to coincide with the planned September 2015 distribution of new bednets. In addition, the Project is using the data collected to work with partners to plan for reliable supplies of ACT and a reactive system to send supplies where needed during the next malaria outbreak.

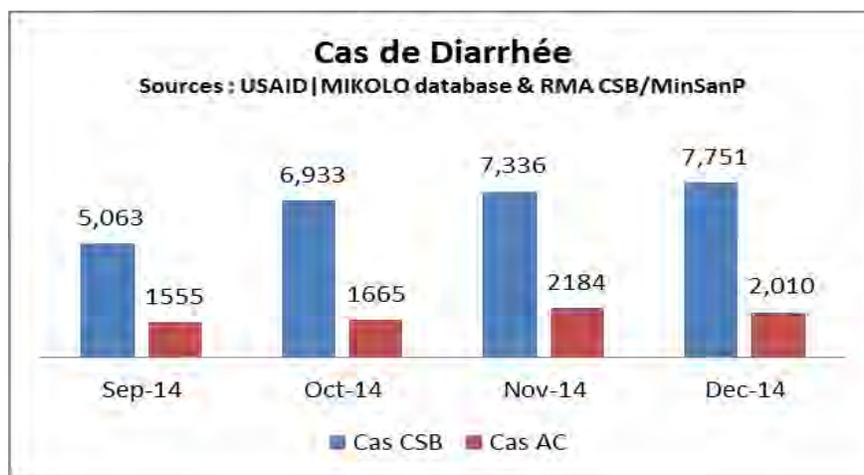
**Maternal, Newborn, and Child Health Results**

N°	INDICATOR	TARGET: 375 Original Communes	TARGET: 154 New Communes	RESULT Q1	RESULT Q2	PY2 TOTAL RESULTS	TOTAL PY2 PROGRESS
2.14	Number of children <5 with diarrhea treated with ORT	27,349	4,239	5,404	5,755	11,159	35%
	male			2,604	2,769	5,373	
	female			2,800	2,986	5,786	
2.15	Number of children with pneumonia taken to appropriate care	27,349	4,239	10,283	10,362	20,645	65%
	male			4,906	4,881	9,787	
	female			5,377	5,481	10,858	

*Explanation:*

The number of cases of diarrhea reported by CHVs during Q2 is unexpectedly low. Diarrhea is normally most common during the hot season, which overlapped with the reporting period. The USAID Mikolo Project team is investigating the reasons behind this low number. It is possible that families take advantage of free care and free ORT provided through the CSBs instead of seeking treatment by CHVs which charge a small price for the ORT (especially in zones supported by the PAUSENS Project). The lower prevalence of diarrhea cases may be in part a result of the USAID Mikolo Project WASH activities in the project areas, creating a cleaner environment for children with reduced exposure to the pathogens that would make them sick. WASH activities and healthy behavior promotion included key messages from CHVs to the clients to prevent diarrhea including use of latrines, drinking potable water, and washing hands. However, it is also possible that CHVs saw fewer cases because of some shortages of ORS. Nevertheless, from an analysis of Q1 data it appears that the relative number of cases seen by CHV cases compared to those seen by CSB remained the same; therefore, it is possible that overall rates were lower than expected.

The project team is investigating the trends at health centers and from national level data to compare rates against those reported by CHVs to better understand the impact of project interventions. The project will also investigate data recording and reporting accuracy for this indicator.



Pneumonia cases reported by CHVs appear to be unusually high during the summer season. Pneumonia prevalence would be expected to increase during the cooler winter months of Q3 and Q4. The Project team is investigating whether the cyclone season was shown to increase pneumonia rates, or if there could be other causes. CHVs began to access antibiotics in capsule form in September 2014, which may be preferable to the syrup that was previously used, and which may contribute to the higher treatment rates.

*Next Steps:*

The Project will continue working to ensure the continuous availability of ORT for CHVs. Partner NGOs will work to ensure that CHVs are available to provide health services to children during the peak months, and to encourage parents to follow prevention protocol and safe practices for

child health, and to bring sick children to the CHVs for treatment as needed. Further BCC and WASH activities will be implemented.

N°	INDICATOR	TARGET: 375 Original Communes	TARGET: 154 New Communes	RESULT Q1	RESULT Q2	PY2 TOTAL RESULTS	TOTAL PY2 PROGRESS
2.16	Number of children reached by nutrition programs/ children <5 registered for Growth Monitoring and Promotion	197,516	36,960	121,213	95,256	216,469	92%
	male			57,005	44,678	101,683	
	female			64,208	50,578	114,786	

*Explanation:*

CHVs provided an incredible number of nutrition and growth monitoring services to children. CHVs monitored child growth, provided education to clients for proper maternal and child nutrition, and referred children to the CSB in cases of severe malnutrition. The results represent an intense effort by CHVs across project regions to launch growth monitoring and nutrition services in their *fokontanys*. CHVs held events, many in cooperation with other CHVs, and many coinciding with events held by other development programs (i.e. food security) where they could reach a wide number of families and children.

*Next Steps:*

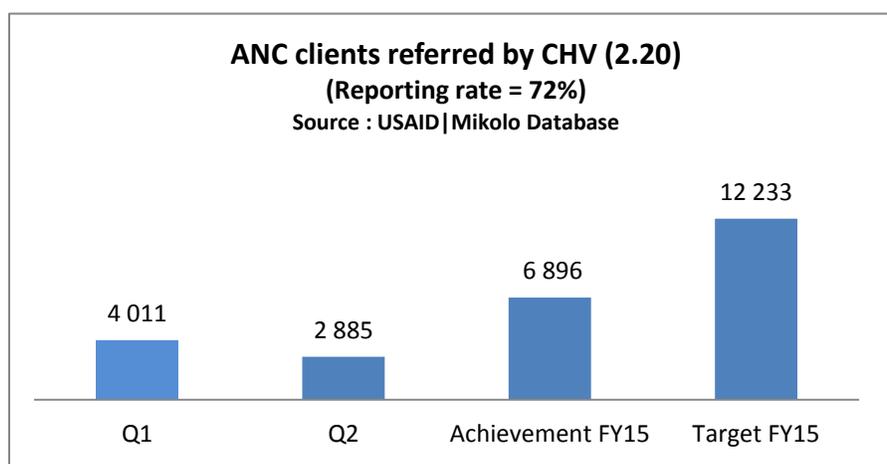
CHVs will continue to provide growth monitoring services to children. In addition, CHVs will be trained to use the WHO Child Growth Monitoring Standards in the Q3 and Q4 trainings.

N°	INDICATOR	TARGET: 375 Original Communes	TARGET: 154 New Communes	RESULT Q1	RESULT Q2	PY2 TOTAL RESULTS	% PY2 COMPLE TE
2.17	Number of newborns who received umbilical care through the use of chlorhexidine	5,750	3,085	0	0	0	0%
2.20	Number ANC clients referred by CHV and seeking care at the nearest health provider	10,534	1,699	Total ANC : 4,011  2,354 (ANC1) 1,657 (ANC4)	Total ANC : 2,885  1,597 (ANC1) 1,288 (ANC4)	Total ANC : 6,896 3,951 (ANC1) 2,945 (ANC4)	56%
2.21	Number cases referred by CHV and seeking care	1,264	204	999	604	1,603	109%

N°	INDICATOR	TARGET: 375 Original Communes	TARGET: 154 New Communes	RESULT Q1	RESULT Q2	PY2 TOTAL RESULTS	% PY2 COMPLE TE
	at the nearest health provider for neonatal emergencies						
2.22	Number cases referred by CHV and seeking care at the nearest health provider for obstetric emergencies	1,580	255	787	1,013	1,800	98%
2.23	Number cases referred by CHV and seeking care at the nearest health provider for severe illness episodes	16,482	1,766	6,268	6,135	12,403	68%
	male			3,056	2,994	6,050	
	female			3,212	3,141	6,353	

*Explanation:*

The role of the CHVs is to detect the signs of danger in pregnant women and newborns, and to recognize danger signs in sick children, and to refer them to the health centers. CHVs effectively referred clients to the CSBs for follow up care for complications and emergencies that they could not treat. Chlorhexidine has not yet been introduced to the CHV services, but will be following CHV training in Q3, and assuming that it is made available in Madagascar.



The high number of cases referred to health providers may reflect the growing confidence of CHVs to detect current or potential danger signs in women and children and to make appropriate referrals. In addition, the number demonstrates growing confidence of the populations in the knowledge of the CHVs, as they choose to seek care from the CHVs in lieu of the traditional healer. However, CHVs reported a surprisingly low number of cases referred to

health centers for neonatal emergencies. It is possible that this reflects poor record keeping or reporting by CHVs, or that parents tend to take newborns directly to health centers when there are complications, as the conditions of newborns can deteriorate rapidly. This data may also indicate that, to a certain extent, women are receiving care earlier for ANC or obstetric emergencies, and improving their nutritional intake during pregnancy, reducing the number of neonatal emergencies. Alternatively, this low result may be a result of data collection and reporting. The project team is investigating these results to understand the actual scenarios and develop a strategy to address them.

*Next Steps:*

Chlorhexidine will be introduced with the new training in Q3 and Q4, so results will be counted under indicator 2.17 toward the end of PY2. CHV training in Q3 and Q4 will present the new chlorhexidine treatment for umbilical cord care and infection prevention. STs will work with CHVs to understand the neonatal emergency reporting definitions and ensure accurate data collection and submissions.

### SUB-PURPOSE 3: IMPROVE THE QUALITY OF HEALTHCARE SERVICES AT THE COMMUNITY LEVEL

N°	INDICATOR	TARGET: 375 Original Communes	TARGET: 154 New Communes	RESULT Q1	RESULT Q2	PY2 TOTAL RESULTS
3.1	Percent of CHVs achieving minimum quality score for community case management of childhood illnesses	40%	40%	50%	68%	68%
3.2	Percent of CHVs achieving minimum quality score for FP counselling	35%	35%	47%	68%	68%

#### *Explanation:*

NGO partners conducted the second round of individual performance evaluations for every CHV. Again this quarter, CHVs surpassed the PY2 targets in both case management of childhood illnesses and family planning counseling. These achievements may be a result of the following factors:

- The CHVs evaluated all received refresher training, supervision, and support during PY1, and continuing into PY2, ensuring that they were well prepared with the necessary knowledge to succeed. The CHVs had benefited from months of working together with the STs and from developing a trusting relationship prior to the evaluation.
- The SQA activities, including the monthly meetings with CSB managers and COSANs, on-site supervision by the ST, the evaluation of the performance of each CHV, CHV certification, and refresher training for non-performing CHVs, all contributed to the improvement of the CHVs performance.
- The methodology for collecting the data is not identical to the methodology used to establish the targets. The PY2 targets were based on the 2011 survey conducted by USAID, which now is slightly out of date. In addition, Mikolo added a client satisfaction component and also collected information on the completeness and timeliness of monthly reporting, altering the original methodology. These additions may, however, have only a minimal influence on the results.

The percentage of CHVs achieving the minimum score is anticipated to remain constant, or slightly decrease, in subsequent quarters of PY2 as new STs and CHVs are brought into the USAID Mikolo Project. New CHVs may not initially meet the minimum quality scores until they participate in refresher training and benefit from the supervision of experienced STs. In addition, some NGOs and STs have changed with the new impact grant selection during Q2, and the new participants will need time to be trained, gain experience to implement routine QI/QA, and develop relationships with the CHVs.

The CHV Peer Supervisor strategy was elaborated into an implementation plan and finalized during Q2. This CHV Peer Supervisor strategy was adopted by the MOPH to be implemented as a pilot project implemented through Mikolo in two project regions.

To further support CHVs, Mikolo developed a client-centered job aid for CHVs to use during their consultations. This job aid was disseminated at scale to EMAD, CSB, and NGO participants in Project trainings during Q2.

*Next Steps:*

CHV evaluations will be repeated quarterly. Results from the evaluation inform the Support Technicians, NGOs as they provide capacity building and supervision for the CHVs. In addition, the results will inform the CHV and NGO trainings planned by the USAID Mikolo Project. The third evaluation of PY2 will be delayed, due to ongoing training of new CSB managers and TAs, and results will be included in the annual report at the end of the year. In addition, a fourth evaluation will be implemented in Q4.

The CHV evaluations will also inform the process of selecting CHV Peer Supervisors and eventually toward CHV certification. CHVs who perform at a level two (i.e. a score of  $\geq 80\%$ ) on two consecutive evaluations during a 6 month period will be eligible to become a CHV Peer Supervisor. The peer supervision system aims to increase the frequency of on-site supervision by bringing supervisors closer to CHVs. CHV Peer Supervisors will be supervised by STs in collaboration with CSB managers. CSB managers will be trained accordingly, and supervised by the EMADs. The CHV Peer Supervisor activity will first be implemented in Q3 in the pilot regions, with results obtained and analyzed by the end of PY2. The activity will then be rolled out to other project regions in PY3.

The Project will continue to distribute the client-centered job aid to CHVs during Q3 and Q4, and will work to encourage ownership of the tool by health professionals at all levels. The USAID Mikolo Project will begin to develop an mHealth strategy during Q3 which will include the same algorithm, providing a phone or tablet-based job aid tool, among other functionality.

N°	INDICATOR	TARGET: 375 Original Communes	TARGET: 154 New Communes	RESULT Q1	RESUL T Q2	PY2 TOTAL RESULTS	PY2 COMPLE TED
3.3	Percent of monthly activity reports received timely and complete	75%	75%	83%	72%	78%	103%
3.4	Number of CHVs supervised at the service delivery sites	3,816	1,110	3,746	3,729	7,475	76%
3.5	Mean frequency of activity supervision visits by NGO partners to CHVs	3	1	1	1	2	66%

*Explanation:*

With support from the USAID Mikolo Project, partner NGOs provide critical support and supervision to CHVs. A total of 3,725 of CHVs across 375 original communes were supervised at their service delivery site by STs, an average frequency of one visit during the quarter.

Site supervision is a new activity under Mikolo, which was not provided under prior projects. CHVs noted their appreciation for this new level of ST support and supervision. The project is now working on putting in place a system to routinely evaluate the effectiveness of this on-site supervision. During Q2, 85 STs from 375 original project communes participated in Mikolo refresher training for service quality assurance (SQA). In the next quarter, STs in the new project communes will be trained on SQA.

CHVs surpassed the quarterly target for monthly reporting with a total rate of 78% for the year to date. Due to the transition of grants to new NGOs and the delay in ST supervision of CHVs during Q2, the monthly reporting rate is expected to increase in the following quarters.

Despite the anticipated dip in achievements during Q2, the project remains on track to reach the PY2 targets at the end of the year.

*Next Steps:*

Support Technicians will continue to supervise CHVs with a quarterly site visit during PY2. The Project continues to develop more effective mechanisms and strategies for SQA, especially given then low ratio of STs to CHVs and the limited opportunities for on-site supervision. As the STs become stronger in community health standards, and with AQS tools, their performance is expected to result in improved CHV supervision and support. In addition, the Project continues to develop strategies to monitor the reliability of information and monitor the progress of the quality of services offered by the CHVs.

➤ **Trainings conducted for EMAD Members**

N°	INDICATOR	TARGET: 375 Original Communes	TARGET: 154 New Communes	RESULT Q1	RESULT Q2	PY2 TOTAL RESULTS
3.6	Number of CHVs having received refresher training.	0	1,848	0	0	0
	male	0	850	0	0	0
	female	0	998	0	0	0
3.7	Number of CSB manager having received refresher training.	348	146	0	0	0

*Explanation:*

In the five original Mikolo regions, 95 EMAD members were trained on SQA during Q2. The Project will support the training of CSB managers on SQA in Q3.

With the finalization of the new impact grants to NGOs in the new communes in March 2015, the project will continue to provide training to the CSB managers and the CHVs in Q3. Results are not expected in for this indicator until Quarter 3.

The USAID Mikolo Project continues to strengthen the referral system between community health, CSBs, and other health services. The Project has collected, analyzed, and shared data on health service referrals. However, the effectiveness of the system is restrained based on the skepticism of community healthcare by some CSBs. The Project team will continue to familiarize the CSBs with the quality of care and of the quality of data from CHVs. In addition, the Project will elaborate the reference map with support from the M&E Team.

*Next Steps:*

CSB manager trainings will be completed in the original communes, and will then be rolled out to the new communes. The project will roll out the QI/QA strategy both to CHVs and CSBs and use the opportunity to simultaneously assure service quality and refresh service providers in service delivery.

Following CSB manager training, in the later quarters of PY2, CSB managers will be increasingly involved in the review and analysis of CHV reports and in quality improvement through COSAN meetings.

## SUB-PURPOSE 4: INCREASE THE ADOPTION OF HEALTHY BEHAVIORS AND PRACTICES

### ➤ Household "Champion of Health" tools developed and Cascade Trainings Underway for Women's Groups

N°	INDICATOR	TARGET	RESULTS Q1	RESULTS Q2	PY2 TOTAL RESULTS
4.1	Number of Communes having the status of Commune Champion	317	0	0	0
4.2	Number of certified Household Champions	3,168	0	0	0

#### *Explanation:*

The Champion approaches process was designed to begin with a planning phase in Quarters 1 and 2 to develop the performance criteria for the Household, *Fokontany*, and Commune Champion classifications. During Quarter 1, criteria were defined and actors identified for each of the levels, refining the prior Commune Champion qualifications, and developing an initial set of standards for the new *Fokontany* and Household Champion certifications. In Quarter 2, the household register was drafted for women leaders to use during home visits. A total of 362 communes have been identified as eligible for consideration for the Champion status once they meet the criteria for the designation.

The results for indicator 4.2 are anticipated to be reported in Quarters 3 and 4 of PY2. The new system follows a simultaneous top-down and bottom-up approach, with eligibility for Commune Champions dependent, in part, on the success of *Fokontany* Champions beneath them, and eligibility of *Fokontany* Champions dependent on their promotion of Household Champions. As such, The USAID Mikolo Project anticipates an initial increase of Household Champions, followed by *Fokontany* and Commune Champions as the project progresses through the second half of PY2 and into PY3.

<b>Household Champion of Health</b>
<p><b>ELIGIBILITY CRITERIA:</b></p> <ul style="list-style-type: none"> <li>• Correct use of maternal health book for relevant topics for the household</li> <li>• Proper use of child health book for topics relevant to children in the household</li> </ul>
<p><b>ADMISSION CRITERIA (at least 2 of 4):</b></p> <ul style="list-style-type: none"> <li>• Use of bed net</li> <li>• Water conservation equipment</li> <li>• Use of latrine</li> <li>• Hand washing device</li> </ul>

#### *Next Steps:*

The USAID Mikolo Project will conduct a small pre-test to confirm that the draft criteria are attainable and measurable at each level, and will coordinate with project partners for input and buy-in. Once the MOPH has approved the approach, MSH will develop a cascade training

curriculum about each "Champion of Health" level. In Q3, NGOs will be presented the Champion of Health concepts and criteria.

➤ **BCC Messages and Tools Finalized, including 166 healthy behavior messages**

N°	INDICATOR	TARGET: 375 Original Communes	TARGET: 15 4 New Communes	RESULT Q1	RESULT Q2	PY2 TOTAL RESULTS	PY2 COMPLE TE	
4.3	Number of interactive radio spots broadcast	3,360	1,340	574	0	574	12%	
4.4	Number of <i>fokontany</i> Open Defecation Free (ODF)	482	238	158	452	610	85%	
4.5	Number of people gaining access to improved sanitation	5,209	2,566	1,708	4,885	6,593	85%	
	male			820	2,345			3,165
	female			888	2,540			3,428
4.7	Number of women reached with education on exclusive breastfeeding	3,245	2,255	0	0	0	0	

*Explanation:*

The project is on track to meet the PY2 targets; most results will be reported in Quarters 3 and 4. Quarters 1 and 2 were used to develop the strategy, messaging, and tools for Mikolo BCC activities. During Q2, a preliminary workshop was held to compile and analyze existing BCC messaging and materials, followed by a large technical workshop with stakeholders in February to finalize and validate the BCC messages and materials and determine the appropriate tools and communication mechanisms.

During the technical workshop, a total of 166 messages were developed and validated, along with more than 60 image sketches and 42 story scenarios. This process was conducted with stakeholders from across the health sector in Madagascar to ensure that messages are consistent and aligned.

The 166 messages were developed into sketched drawings and audio radio spots, and all were pretested. An additional 24 images were then developed to fill gaps identified during the pretest, resulting in a total of 84 images designed during Q2.

**BCC MATERIALS PRODUCED**

- 166 Healthy Messages
- 166 Radio Spots
- 84 Images, including:
  - 9 Family Planning
  - 24 Maternal Health
  - 26 Child Health
  - 16 Youth
  - 9 Gender
- 42 Story Scenario Ideas
- 35 Story Audio Emissions

## SAMPLE HEALTH BCC IMAGES DEVELOPED



*"Men, support and encourage your wife during labor so she feels the affection we have for her and has the necessary energy for delivery."*



*"Dear community health volunteer, to establish and maintain strong relationships with youth, give a warm welcome and quality service to those who come to you for advice or for contraception."*



To harmonize health BCC across the sector in Madagascar, the USAID Mikolo Project established a coalition, with members including the MOH, USAID, UNICEF, and PSI. Mikolo has organized weekly coalition meetings to create a collection of all existing BCC materials to be analyzed, improved, and shared among agencies. This collaboration has been further extended through Mikolo participation in MOPH workshops to assess, develop, and harmonize BCC for FPRH and also for fistula with the Family Health Administration.

### *Next Steps:*

The communication products, including printed materials, radio spots and micro-emissions will be further pretested then validated by the MOPH, and disseminated in Quarter 3. New radio spots will be broadcast once the new BCC strategy messaging is implemented later in PY2.

During Q3, the BCC strategy and materials will be presented to the NGOs during trainings, with support to help CHVs improve interpersonal communications and to plan BCC activities in their communities.

The WASH messaging will be conducted primarily through the CHVs, the Women's Groups and Men's Groups (refer to the Gender section below), as well as through the promotion of the Household and *Fokontany* Champions of Health. Collaboration with FAA (Fonds d'Appui à l'Assainissement) was set up to collect data on WASH in the project areas, including: Open Defecation Free, use of improved latrines, and promotion of the 3 key WASH messages WASH (water, sanitation, hygiene).

The breastfeeding education will be conducted primarily through the CHVs and Women's Groups. Results for this indicator are planned for the later quarters of PY2 after it has been provided to CHVs during the next round of training.

➤ **267 MOPH and NGO health professionals trained on the Youth Peer Educator (YPE) curriculum**

N°	INDICATOR	TARGET 2015	RESULTS Q1	RESULTS Q2	PY2 TOTAL RESULTS
4.6	Number of youth peer educators, youth leaders trained in ARH	2,174	0	0	0
	male	1,022	0	0	0
	female	1,152	0	0	0

*Explanation:*

The USAID Mikolo Project implemented the first and second phases of the cascaded training of trainers during Q2 for 267 health professionals on the YPE curriculum, as developed by Mikolo and improved with input from the MOPH and Ministry of Youth.

HEALTH OFFICIALS TRAINED ON YPE METHODOLOGY AND TOOLS										
	MOPH CENTRAL		EMAD		CSB		NGOs STs		TOTAL	
	M	F	M	F	M	F	M	F	M	F
Atsimo Andrefana	1	5	14	7	88	65	23	8	130	86
Vatovavy Fitovinany	0	3	2	2	17	17	9	1	28	23
Subtotal	1	8	16	9	105	82	32	9	158	109
<b>TOTAL</b>	<b>9</b>		<b>25</b>		<b>187</b>		<b>41</b>		<b>267</b>	

The strategy and tools were updated and improved with input from the Ministry of Youth and Sport, and the Adolescent Reproductive Health Services team. The curriculum was validated during the quarter by the MOPH. Discussion themes for the youth include life skills, health and hygiene, leadership, drugs and violence, nutrition, family planning, cervical cancer and HPV, STDs and HIV.

In PY1, 114 pilot YPE were trained in two regions, and in PY2 Q1 and Q2, the project is working with its NGO partners to support the trained pilot YPEs and the youth groups in their *fokontany*. During Q2, the Project identified some YPEs who faced challenges to attract youth to participate

in the youth group events. USAID Mikolo Project staff visited those *fokontany* to provide support and funding to organize entertainment for the youth events, including puppet shows, soccer tournaments, and folk shows.

Results for this indicator are planned to be accomplished in Quarters 3 and 4, once the cascaded trainings for YPEs are completed.

*Next Steps:*

Cascade training of trainers will continue in the original communes in Q3. The Chefs CSB and TAs who complete the cascaded training of trainers will continue to identify and recruit youth and will implement trainings for the YPEs during Q3 and Q4. The YPE tools will be printed and distributed.

STs will conduct quarterly site visits of YPEs during their CHV supervision site visits. In addition, regular coordination meetings are proposed for YPEs to come together and share experiences and ideas, and to receive support and group supervision.

## MONITORING AND EVALUATION

### *NGO training*

This quarter was focused on the launch of new grants to local NGOs to implement activities at the community level. The Project conducted M&E training for six of the 11 selected NGOs, including 90 NGO staff, in the 3-day training with topics focused on the data collection and processing systems, and their respective roles at each level; proper use of the M&E management tools, analysis and use of data for decision making, the quality assurance system and data acquisition and transmission system from community stakeholders (and use of smartphones). The training was facilitated by members of the Mikolo M&E team, regional coordinators, and Technical Assistants for Districts (TAD).

During Q3, the Project will complete the training with the remaining 5 NGOs. In addition, CHV training will begin and will include the process and requirements for reporting their health service activities. The Project produced management tools, updated to reflect the new CHV protocol and to include the new and innovative services such as pregnancy tests and chlorhexidine, for CHVs and shared them with the NGOs to distribute to the CHVs during their trainings.

### *Data Management*

The project held training sessions with HNI to build the M&E team's capacity to use the Datawinners application for data collection and compilation.

The process to establish and install the DHIS2 health management information system began during Q2, with support from a HISP specialist to:

- Design the initial database, elements of the system, and the operating server.
- Software adaptation to the information and analysis needs of the project.
- Program the dashboard of indicators.

The next steps for adapting the DHIS2 for use by the Project are to finalize the software and to train members of the project team.

### *Data Quality*

In terms of Data Quality Assurance, all data collection tools and manual were finalized and are currently in use. An initial evaluation of NGOs and some CHVs by region was conducted during the quarter, which focused on data quality and CHVs use of management tools. The evaluation found that some CHVs did not have the necessary management tools at their disposal, that the proper use of registers is not obvious for the CHVs, and that most CHVs have problems filling out the forms. In response, the Project conducted on-the-job training on filling out the management tools and familiarizing the CHVs on the importance of the management tools, and presenting the NGOs with the information presented in the records. The evaluation findings report is attached to this quarterly report. The next steps are to lead a routine data quality assurance (RDQA) on the project training component, monitor the implementation of RDQA at the CHV level through ST supervision visits, and conduct a sample assessment of the CHV data quality.

### *Operational Research*

The Operational Research Strategy was revised to include recommendations received from members of the project team, and will be further reviewed by the project leadership and MSH experts. Initial recommendations include research protocols regarding the effectiveness of CHV peer supervisors and the use of pregnancy tests to influence family planning and pre-natal

services. The research is planned for the second half of PY2. The results of this research will inform the implementation and scaling up of these activities.

### *Communications*

During Q2, the Project updated the communication tools and project visibility tools. The Project also worked with implementing partners on the communications strategy, including presenting the revised Branding and Marking Plan as updated in the contract modification. The media plan was implemented during the quarter, with results presented in the annex.

In order to share the results of the project to all stakeholders, the following communication activities were developed during the quarter:

- Regional project fact sheets were developed and disseminated. These summaries include: (1) geographic and demographic data, (2) health data, from MDG surveys in 2012-2013, and (3) results of the USAID Mikolo Project for community health services from Q1 (results will be updated quarterly).
- The project continued to develop, publish and distribute its quarterly newsletter to a wide audience within Madagascar and especially the project's target regions.
- Project results were disseminated through 6 press articles published in newspapers or magazines, or broadcast on TV and radio.
- One-pagers detailing the project's programmatic activities were developed and disseminated to partners and will be distributed during events organized by the project or that the project will attend.
- During this quarter, the Project participated in the celebration of International Women's Day on March 13 in the training institute for paramedics (INFP) Mahamasina

To ensure the visibility of the Project, social media outreach continued to expand during Q2:

- Facebook page subscribers increased from 1,515 to 2,043.
- The Twitter page is currently followed by 33 individuals and organizations, 140 tweets were shared.
- Success stories have been promoted by MSH globally, including one which was selected to represent MSH's work in 2014.
- The Project blog (<https://usaidmikolo.wordpress.com>) received 17,500 visitors, and has been updated with the latest project information.

During the third quarter, the Project will hold capacity-building sessions at various levels on the development of success stories to strengthen the system of documenting and sharing results. The Project will also develop a documentation strategy to analyze and capture best practices. In addition, a quarterly newsletter on malaria will be disseminated.

## **ENVIRONMENTAL COMPLIANCE**

This year, the project will implement a new service among CHVs. CHVs will be using pregnancy tests to confirm checklist results whether a client is pregnant, and according to the results, conduct FP counseling (if the test is negative) or refer the woman to the health center for ANC (if positive test).

This activity will lead to additional medical waste from the pregnancy test strips. During this quarter, the project updated its environmental compliance plan and submitted it to USAID. This plan is pending approval from USAID. Once approved, this area will be integrated in the CHV curriculum.

The application of the compliance protocol has been assessed during supervision visits of all regional staff of the USAID Mikolo project and all NGO support technicians. The table in Annex 8 presents the results of environmental compliance during this second quarter.

## **PROJECT MANAGEMENT**

### **Coordination with USAID**

The Mikolo project submitted the project's prior quarterly report to USAID on January 30, 2015, according to the contractual requirements.

The Mikolo project enjoyed multiple opportunities to collaborate and coordinate with USAID during the quarter. The Mikolo team met regularly with the USAID COR, and hosted the USAID COR on a field visit in Haute Matsiatra to supervise field activities, meeting with CSBs, STs, and CHVs. As discussed in the grants section below, the project met with the USAID Contracting Office to present the new impact grants for approval.

In response to a request from the Prime Minister to finalize national plans, the USAID Mikolo Project coordinated national meetings with national level MOPH staff, and technical and financial partners, to finalize the National Health Sector Development Plan.

The Project participated in organization and support to the first field visit of the new U.S. Ambassador to Milenaky in Tulear II.

Mikolo country management and grants team met the COR and the Contracting Office team to present the Grant process: the request for application, bid selection, contract and the monitoring and evaluation of the implementation

### **Other Coordination Meetings**

The USAID Mikolo Project coordinated with international and Malagasy partners during the quarter, and most importantly, with the Government of Madagascar. USAID Mikolo Project technical teams collaborated closely with MOPH to develop BCC messaging and materials, and to coordinate the malaria response. MOPH validated the SQA strategy for community health care and adopted it as national strategy to be shared with health implementing partners and District Health Offices.

The project participated in the Roll Back Malaria (RBM) initiative at the National Malaria Control Program (NMCP); contributed to the PMI malaria operational plan; and supported the NMCP during the outbreak in Vatovavy Fitovinany to coordinate rapid distribution of ACT during the stock out. In addition, the Mikolo senior malaria specialist traveled with the MOPH mission to investigate the Vatovavy Fitovinany outbreak.

The Project also participated in the PACT coordination meeting to implement the Global Fund NSA2 Program.

USAID Mikolo Project staff met with the other USAID funded projects, such as JSI's Mahefa Project and PSI to coordinate commodities logistics. Mikolo conducted coordination meetings with the new Food for Peace projects, Asotry, implemented by ADRA, and Faro Rano, implemented by CRS, to coordinate interventions and activities in overlapping project communes. In addition, Mikolo held initial meetings with USAID's Maternal and Child Survival Program (MCSP) to discuss areas of potential collaboration between our projects.

The USAID Mikolo Project team also hosted a researcher from the USAID African Strategies for Health (ASH) Project, also implemented by Management Sciences for Health, during Q2. The ASH Project is conducting a multi-country study on motivation schemes for CHVs. During the field research in January 2015, the ASH project met with Mikolo, UNICEF, Mahefa, and other health projects in Madagascar and traveled to multiple regions to interview CHVs. A report is forthcoming with results from the full regional study.

The USAID Mikolo Project and the United States Peace Corps hold regular coordination meetings. The Project is currently hosting a Peace Corps Volunteer in Vatvavy Fitovinany working on youth and malaria prevention and reproductive health.

With H4+, Mikolo contributed to the development of the Road Map for CARMA in Madagascar. The Project also continues to coordinate with the Fond d'Appui à l'Asainement (FAA) on community mobilization for WASH.

Initial Discussions were held with Orange on potential collaboration on mHealth initiatives, including service provision, data collection, and mobile money. Subsequent meetings are planned with Orange in Q3 during the development of the USAID Mikolo Project mHealth strategy.

### **Human Resources and Field Office Management**

The USAID Mikolo Project manages five regional offices to facilitate project implementation. These offices take the lead in technical activities in their regions, including training, data quality analysis, service quality assurance, and coordination and representation with local partners.

The USAID Mikolo project completed the process of relocating two field offices during Q2. The Toamasina office was relocated to a more secure and accessible location, and the office in Ambositra was moved to Antsirabe to support implementation in the new project regions. Management Sciences for Health is also in process of exploring new office space in Antananarivo to modernize operations, due to current constraints with the size, facilities, and location of the current office.

For the management and supervision of the Analamanga, region, where Mikolo does not maintain an office, a special organization was set up with the involvement of administrative staff, technical and management support from the central Mikolo office in Antananarivo. This situation may be reconsidered for FY 2016.

Following the refocused project strategy and workplan, and expansion into new regions, as well as the focus on service and data quality assurance, the project evaluated its staffing plan and made adjustments accordingly.

The following staff were added to the regional offices during Q2:

- Districts Support Technicians to support the public health system in the health districts of project intervention areas, focusing on M&E, Service Quality Improvement, and capacity building.

- Financial and Administrative Assistants, in charge of regional finance, accounting, administration, logistics, and human resources.

By the end of Q2, these positions were all filled, with the exception of the District Support Technician in Vatovavy Fitovinany, who was approved early in Q3.

In the central Antananarivo project office, the new Supply Chain Specialist began work in January 2015. The SP4 Team leader was presented to USAID for approval, and will begin work in Q3.

### **Subcontractor and Grant Management**

At the start of the quarter, the nine grants issued in PY1 were extended through no-cost extensions through the end of February, with USAID COR approval, to continue activities and CHV supervision in the original project communes.

The Mikolo team conducted a thorough review and selection process for the new multi-year impact grants, representing a significant and important process for USAID Mikolo Project management during the quarter. The USAID Mikolo Project grants committee released the RFA for the 14 grant lots in October 2014, and waited until the USAID modification was signed in December 2014 to review the grants for the new project regions. In December and January, the grants committee conducted an intensive process to select, finalize, and negotiate the grants, and presented the final negotiation memos and grants to USAID for approval on January 26, 2015. The Project also participated in a meeting with the USAID Contracting Office on February 3, 2015 to present the grants. Final approval for all grants, including those that exceeded \$100,000, was provided by USAID on March 2, 2015.

The USAID Mikolo Project immediately launched an orientation meeting for the selected NGOs March 4 – 6, 2015. The final multi-year impact grants were signed with the NGOs on March 6, 2015. MSH's Senior Contract Officer visited the Mikolo project to participate in the finalization of the grants, and to conduct an orientation to the NGOs on the grant regulations and policies.

During Q2, Mikolo partner NGO, SALFA, self-reported a case of fraud to Management Sciences for Health. According to SALFA, and confirmed by a separate investigation by Management Sciences for Health, some STs had withheld the stipends that should have been paid to CHVs. The CHVs reported to SALFA that they had not received their stipends, and SALFA immediately investigated and informed the Mikolo leadership. SALFA took responsibility for delaying salary payment to the STs, which may have contributed to the fraud. MSH conducted an investigation, using MSH's own funding, and confirmed that the fraud was isolated to the TAs in question. SALFA repaid MSH for the funds, and these costs were not billed to USAID.

The Mikolo project continues to monitor and manage the subcontract partners. MSH's Contract Officer visited the Project during the quarter and worked with the local subcontractors to verify their invoicing, time keeping, and other financial practices were appropriate.

## Financial Management

The USAID Mikolo Project team uses a monthly financial reporting process to track expenses against the workplan budget. Spending during the first two months of the quarter, January and February 2015, was lower than projected, pending the finalization of the Contract Modification (which would lead to the expanded regional coverage), the approval of the impact grants and subsequent training and activities. In March 2015, spending increased significantly reflecting the payments to new grant recipients (\$92,000), trainings implemented (\$276,000), and subcontracts paid (\$42,000). The spending rate is expected to remain high in the subsequent quarters as activities and operations are rolled out in the new regions, trainings are implemented, and a large procurement of materials for CHVs is processed.

## ANNEXES

### ANNEX 1: Results Matrix

N°	Indicators	TARGET FY15			ACHIEVEMENT Q1	ACHIEVEMENT Q2	TOTAL ACHIEVEMENT (Q1+Q2)	TOTAL FY15 progress (toward target FY15)
		375 communes	154 new communes	TOTAL				
<b>SUB-PURPOSE 1: SUSTAINABLY DEVELOP SYSTEMS, CAPACITY, AND OWNERSHIP OF LOCAL PARTNERS</b>								
1.1	Number of Communes with functioning COSANs	352	154	506	350	350	350	69%
1.2	Number of Communes with functioning CCDSs	352	154	506	352	352	352	70%
1.3	Number of people (COSAN, CCDS) trained with increased Leadership and Management knowledge and skills	4 500	1 848	6 348	2 352	1 608	3 960	62%
	Number of people (NGO) trained with increased Leadership and Management knowledge and skills	30	9	39	18	0	18	46%
	Male	15	4		12	0	12	63%

N°	Indicators	TARGET FY15			ACHIEVEMENT Q1	ACHIEVEMENT Q2	TOTAL ACHIEVEMENT (Q1+Q2)	TOTAL FY15 progress (toward target FY15)
		375 communes	154 new communes	TOTAL				
				19				
	Female	15	5	20	6	0	6	30%
	Number of people (TA and supervisor) trained with increased Leadership and Management knowledge and skills	140	60	200	128	105	233	117%
	Male	69	29	98	85	61	146	149%
	Female	71	31	102	43	44	87	85%
	Number of people (EMAD) trained with increased Leadership and Management knowledge and skills	170	60	230	124	41	165	72%
	Male	83	29	112	69	27	96	86%
	Female	87	31	118	55	16	69	58%
1.4	Percent of CHVs in project areas attending monthly COSAN meetings out of the total # of CHVs in the health center catchment area	75%	70%		93%	88%	91%	

N°	Indicators	TARGET FY15			ACHIEVEMENT Q1	ACHIEVEMENT Q2	TOTAL ACHIEVEMENT (Q1+Q2)	TOTAL FY15 progress (toward target FY15)
		375 communes	154 new communes	TOTAL				
1.5	Number of COSAN savings and loans funds (CSLF) established	13	0	13	0	0	0	0%
1.6	Number of Saving and Internal Lending Community (SILC) established at the community level	534	0	534	8	0	8	1%
1.7	Proportion of female participants in USG-assisted programs designed to increase access to productive economic resources (assets, credit, income or employment) (% of SILC members that is female)	70%	0%	70%	62%	0	62%	89%
1.8	Number of NGOs eligible to receive direct awards made by USAID	0	0	-	NA	NA	NA	NA
1.9	Number of local NGO awarded	10	4	14	0	14	14	100%

N°	Indicators	TARGET FY15			ACHIEVEMENT Q1	ACHIEVEMENT Q2	TOTAL ACHIEVEMENT (Q1+Q2)	TOTAL FY15 progress (toward target FY15)
		375 communes	154 new communes	TOTAL				
<b>SUB-PURPOSE 2: INCREASE AVAILABILITY AND ACCESS TO BASIC HEALTH SERVICES IN THE PROJECT'S TARGET COMMUNES</b>								
<b>REPRODUCTIVE HEALTH/FAMILY PLANING</b>								
2.1	Number of additional USG-assisted community health workers (CHWs) providing Family Planning (FP) information and/or services during this year	1 286	906	2 192	0	0	0	0%
	Male	592	417	1 009	0	0	0	0%
	Female	694	489	1 183	0	0	0	0%
2.2	Couple Years Protection (CYP) in USG supported programs	45 441	8 154	53 595	15 445	13 377	28 822	54%
2.3	Number of new users of FP method	63 205	10 193	73 398	18 958	14 239	33 197	45%
2.4	Number of continuing users of FP method	105 341	17 663	123 004	68 396	59 631	59 631	48%
2.5	Percent of service delivery points (CHVs) that experience a stock-out at any time of Oral contraception	25%	25%	25%	9%	10%	10%	160%

N°	Indicators	TARGET FY15			ACHIEVEMENT Q1	ACHIEVEMENT Q2	TOTAL ACHIEVEMENT (Q1+Q2)	TOTAL FY15 progress (toward target FY15)
		375 communes	154 new communes	TOTAL				
	products							
2.6	Percent of service delivery points (CHVs) that experience a stock-out at any time of <b>DMPA products</b>	25%	<b>25%</b>	25%	16%	21%	18%	136%
2.7	Number clients referred and seeking care at the nearest health provider by CHW for LAPMs	5 425	680	6 105	2 631	1 355	3 986	65%
<b>MALARIA</b>								
2.8	Number of health workers trained in case management with artemisinin-based combination therapy (ACTs)	923	942	1 865	0	0	0	0%
	Male	425	433	858	0	0	0	0%
	Female	498	509	1 007	0	0	0	0%

N°	Indicators	TARGET FY15			ACHIEVEMENT Q1	ACHIEVEMENT Q2	TOTAL ACHIEVEMENT (Q1+Q2)	TOTAL FY15 progress (toward target FY15)
		375 communes	154 new communes	TOTAL				
2.9	Number of health workers trained in malaria laboratory diagnostics (rapid diagnostic tests (RDTs) or microscopy)	923	942	1 865	0	0	0	0%
	Male	425	433	858	0	0	0	0%
	Female	498	509	1 007	0	0	0	0%
2.10	Number of children with fever in project areas receiving an RDT	50 486	7 065	57 551	26 863	36 766	63629	111%
	Male	24 233	3 391	27 624	13 122	17 575	30697	111%
	Female	26 252	3 674	29 926	13 741	19 191	32932	110%
2.11	Number of children with RDT positive who received ACT	25 243	4 710	29 953	13 873	25 162	39035	130%
	Male	12 117	2 261	14 378	6 780	11 959	18739	130%
	Female	13 126	2 449	15 575	7 093	13 203	20296	130%
2.12	Percent of service delivery points (CHVs) that experience a stock-out at any time of ACT	20%	20%	20%	5%	11%	8%	160%

**MATERNAL, NEWBORN and CHILD HEALTH**

N°	Indicators	TARGET FY15			ACHIEVEMENT Q1	ACHIEVEMENT Q2	TOTAL ACHIEVEMENT (Q1+Q2)	TOTAL FY15 progress (toward target FY15)
		375 communes	154 new communes	TOTAL				
2.13	Number of people trained in child health and nutrition through USG-supported programs	0	1 848	1 848	0	0	0	0%
	Male	0	850	850	0	0	0	0%
	Female	0	998	998	0	0	0	0%
2.14	Number of children under five years old with diarrhea treated with Oral Rehydration Therapy (ORT)	27349	4239	31 588	5 404	5 755	11 159	35%
	Male	13 127	2 035	15 162	2 604	2 769	5373	35%
	Female	14 222	2 204	16 426	2 800	2 986	5786	35%
2.15	Number of children with pneumonia taken to appropriate care	27 349	4 239	31 588	10 283	10 362	20645	65%
	Male	13 127	2 035	15 162	4 906	4 881	9787	65%
	Female	14 222	2 204	16 426	5 377	5 481	10858	66%
2.16	Number of children reached by USG-supported nutrition programs <i>(Number of children under 5 years registered with CHW for Growth Monitoring and Promotion (GMP) activities)</i>	197 516	36 960	234 476	121 213	95 256	21 6469	92%

N°	Indicators	TARGET FY15			ACHIEVEMENT Q1	ACHIEVEMENT Q2	TOTAL ACHIEVEMENT (Q1+Q2)	TOTAL FY15 progress (toward target FY15)	
		375 communes	154 new communes	TOTAL					
	Male	94 808	17 741	112 549	57 005	44 678	101 683	90%	
	Female	102 708	19 219	121 927	64 208	50 578	114 786	94%	
2.17	Number of newborns who received umbilical care through the use of chlorhexidine	5 750	3 085	8 835	NA	NA			
2.18	Percent of service delivery points (CHVs) that experience a stock-out at any time of <b>ORS/Zinc</b>	45%	<b>45%</b>	45%	15%	13%	14%	168%	
2.19	Percent of service delivery points (CHVs) that experience a stock-out at any time of <b>Pneumostop®</b>	35%	<b>35%</b>	35%	17%	16%	16%	151%	
2.20	Number ANC clients referred and seeking care at the nearest health provider by CHV	10 534	1 699	12 233	4 011	2 885	6896	56%	
	<b>ANC1</b>				2 354	1 597			3951
	<b>ANC4</b>				1 657	1 288			2945
2.21	Number cases referred and seeking care at the nearest health provider by CHW for neonatal emergencies	1 264	204	1 468	999	604	1603	109%	

N°	Indicators	TARGET FY15			ACHIEVEMENT Q1	ACHIEVEMENT Q2	TOTAL ACHIEVEMENT (Q1+Q2)	TOTAL FY15 progress (toward target FY15)
		375 communes	154 new communes	TOTAL				
2.22	Number cases referred and seeking care at the nearest health provider by CHW for obstetric emergencies	1 580	255	1 835	787	1013	1800	98%
2.23	Number cases referred and seeking care at the nearest health provider by CHW for severe illness episodes (CU 5 years)	16 482	1 766	18 248	6 268	6135	12403	68%
	Male	7 912	848	8 760	3 056	2994	6050	69%
	Female	8 571	918	9 489	3 212	3141	6353	67%
<b>SUB-PURPOSE 3: IMPROVE THE QUALITY OF HEALTHCARE SERVICES AT THE COMMUNITY LEVEL</b>								
3.1	Percent of CHVs achieving minimum quality score for community case management of childhood illnesses	40%	40%	40%	50%	68%	68%	170%
3.2	Percent of CHVs achieving minimum quality score for family planning counselling at the community level	35%	35%	35%	47%	68%	68%	194%

N°	Indicators	TARGET FY15			ACHIEVEMENT Q1	ACHIEVEMENT Q2	TOTAL ACHIEVEMENT (Q1+Q2)	TOTAL FY15 progress (toward target FY15)
		375 communes	154 new communes	TOTAL				
3.3	Percent of monthly activity reports received timely and complete	75%	75%	75%	83%	72%	78%	103%
3.4	Number of CHVs supervised at the service delivery sites	3 816	1 110	4 926	3746	3729	7475	76%
3.5	Mean frequency of activity supervision visits conducted by NGO partners to CHWs	3	1		1	1	2	66%
3.6	Number of CHWs having received refresher training.	0	1 848	1 848	0	0	0	0%
	Male		850	850	0	0	0	0%
	Female		998	998	0	0	0	0%
	Number of CSB manager having received refresher training.	348	146	494	0	0	0	0%
<b>SUB-PURPOSE 4: INCREASE THE ADOPTION OF HEALTHY BEHAVIORS AND PRACTICES</b>								
4.1	Number of Communes having the status of Commune Champion	317	0	317	0	0	0	0%
4.2	Number of certified Household Champions	3 168	0	3 168	0	0	0	0%

N°	Indicators	TARGET FY15			ACHIEVEMENT Q1	ACHIEVEMENT Q2	TOTAL ACHIEVEMENT (Q1+Q2)	TOTAL FY15 progress (toward target FY15)
		375 communes	154 new communes	TOTAL				
4.3	Number of interactive radio spots broadcast	3 360	1 340	4 700	574	0	574	12%
4.4	Number of fokontany achieving Open Defecation Free (ODF) status	482	238	720	158	452	610	85%
4.5	Number of people gaining access to an improved sanitation facility	5 209	2 566	7 775	1 708	4 885	593 6	85%
	Male	2 500	1 232	3 732	820	2 345	3 165	85%
	Female	2 709	1 334	4 043	888	2 540	3 428	85%
4.6	Number of people (peer youth, youth leader) trained in Adolescent Reproductive Health (ARH) with increased knowledge and skills	2 174	0	2 174	0	0	0	0%
	Male	1 022	0	1 022	0	0	0	0%
	Female	1 152	0	1 152	0	0	0	0%
4.7	Number of women reached with education on exclusive breastfeeding	3 245	2 255	5 500	NA	NA		NA

## ANNEX 2: Success Stories

### Ankililaoka Commune: Community Health Volunteers, Key Actors in the Fight against Malaria

The Ankililaoka rural commune is located in the southern part of Madagascar. It includes 23 fokontany, all at a great distance from each other. Just as the famine affects the population after the draught, malaria presents a threat to the health of the population after cyclones such as tropical storm "Fundi" hit the area in January 2015.

Many villages are located in very inaccessible areas. Many of the residents do not have carts or other means of transportation to reach the health centers, which delays early treatment of patients.

"Malaria is a scourge on our community. Many factors made Ankililaoka prey to a malaria epidemic," explained Dr. Fabien, chief of the health center in

Ankililaoka (CSBII). Over the last two months, the health center received up to 255 patients a day. The majority of these cases were children suffering from a high fever. According to the CSB database, 3,500 cases of malaria have been diagnosed in Ankililaoka commune since January 2015. Thousands of patients have been afflicted by this disease.

Out of 200 children with fever, 180 were given a Rapid Diagnostic Test (RDT) because they presented malaria symptoms.

As Dr. Fabien is the only doctor in the health center, community health volunteers (CHVs) play an important role. These volunteers have been trained in integrated community case management of childhood illnesses, including the use of RDTs, by the USAID Mikolo Project, implemented by Management Sciences for Health (MSH) and funded by USAID Madagascar.

Four CHVs help Dr. Fabien on a daily basis in the health center. On market day, on Friday, all 46 CHVs work with him to help the many people who come for medical checkups and vaccinations. It is also a day for all the CHVs in the commune to meet together and with Dr. Fabien, their supervisor.

Health is an increasingly important issue for the population of Ankililaoka. Local officials are establishing partnerships to engage community health volunteers, primarily in an effort to inform households about good hygiene practices. CHVs strengthen awareness-raising activities on the use of bed nets and the importance of medical checkups at the health center.



Photo USAID Mikolo/Eymard : Parade of CHV during celebration of Malaria International Day in Ankililaoka

Ankililaoka is now a model community for malaria case management. "It is heartwarming to have engaged such motivated CHVs and volunteers and who never complain. I can confirm that these CHVs are role models" said Dr. Flavien.

The CSB director in Ankililaoka also encourages community health volunteers' refresher training. During the regional celebration of World Malaria Day, which Ankililaoka hosted on April 24<sup>th</sup>, the population participated in a two-day event featuring activities including the distribution of bed nets, a football tournament, and a scholars quiz test.

## **Pelavao Somina, Leader of 120 Women Friends of Health in Moralonaka**

Pelavao Somina, 32 years old, has become an icon of health promotion in Moralonaka fokontany, a rural commune of Milenaky, in the southern part of Madagascar.

This woman was trained to be a female leader in June 2014 by the USAID Mikolo Project, implemented by Management Sciences for Health (MSH), as part of its gender approach.

Since then, she has managed to create six women's groups, called Ampela Mikolo (AMI) in her fokontany. Each group is composed of 20 individuals, amounting to a total of 120 women under her supervision.

"I like to lead the group. It is

not difficult because I dedicate two hours to each group per month, and then it is up to the women to continue the discussions within their households and their circles," Pelavao explained.



**USAID Mikolo/Verohanitra : Pelavao Somina during a group discussion in her fokontany**

As defined in the AMI group approach, the women must discuss themes concerning vaccination, family planning, antenatal care, nutrition for children and pregnant women, malaria prevention, and malaria treatment. Pelavao Somina managed to talk about all six topics already in each of her groups.

Malaria and family planning have been the members' favorite topics as they concern pressing issues in their lives. Malaria is, in fact, one of the biggest health concerns in Moralonaka. And, because of the information on the importance of family planning and maternal health, women have become more attentive to their pregnancies and the population has adopted more and more healthy behaviors at the household level.

"Personally, I feel lucky to have been included into the AMI group, as I can be more open-minded now and plan for my life," explained Clementine, 41 years old. From the family planning discussions she has had with the other members, she has learned the importance of spacing her pregnancies.

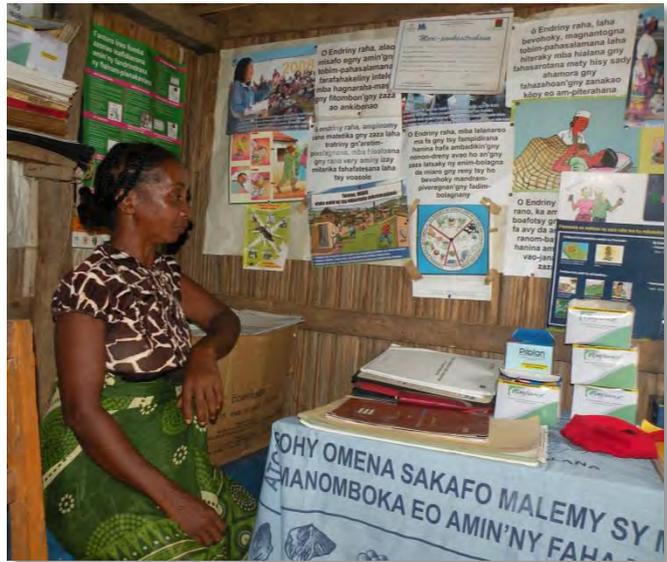
As for Pelavao Somina, her wish is that all the members will one day enjoy a better future through the exchange of experiences and problems. Elizabeth Fanantenana, a support technician with the USAID Mikolo Project implementing partner NGO, confirms the commitment of this woman leader and the change she has brought to her community.

Women like Pelavao Somina are change agents for the Southern part of Madagascar. Elizabeth Fanantenana now has three communes, each with six groups of women under her guardianship, who are each drivers of change in their communities.

## SUCCESS STORIES: Françoise Razanamasy Saves Lives in Tsiatosika

Daily life for Françoise Razanamasy consists of implementing community-based health services out of her hut in Anosimparihy. Françoise is a community health volunteer, trained by the USAID Mikolo Project and implemented by Management Sciences for Health. She is based in a small fokontany located 9km from the health center of the Tsiatoskia commune on the Nosy Varika road.

This area counts among Madagascar's malaria-affected zones due to its rainy climate. In February 2015 alone, Françoise treated 11 children for malaria.



USAID Mikolo/Andry N. Françoise Razananamasy in her working place

But this woman is really at the service of pregnant women in her community. One day in December 2014, she was able to save a six-month pregnant woman suffering from malaria. Notified by the patient's family, Françoise quickly went to the woman's home to check her health status.

Recognizing the danger signs, she immediately referred the woman to the health center where the doctor tested her with a RDT and confirmed a malaria infection. The patient was able to receive the necessary treatment on time.

Now that the patient has returned home, Françoise monitors her regularly through home visits to make sure she is following the midwife's recommendations.

Now, the patient is in the final phase of her pregnancy, at eight months, and is in good health. According to the community, Françoise is contributing to the promotion of their health. She has treated an average of five children per month diagnosed with malaria, since October 2014.

## **SUCCESS STORIES: Family Planning: A multi-talented man overcomes a taboo to help women manage their pregnancies**

Manasoa Avelin is a community health volunteer in the Mahanoro fokontany, in the rural commune of Andemaka in the southeastern part of Madagascar. He's a dynamic volunteer, motivated and methodical in treating children's illnesses and providing family planning services for women.

Traditional beliefs prevent men from performing the role of midwives, or even from taking care of other women. But, Manasoa Avelin has been trained as a community health volunteer to give DPMA (Depo) contraceptive injections.

In his small village, he is serving 12 regular DPMA users, and 5 additional women using oral contraceptives on a monthly basis. In addition, many women have been referred to the health center to receive long acting contraceptive methods.



**USAID Mikolo/Fanja S: Manasoa Avelin in her site community hut**

“In the past, our village abortion rate was very high among young girls. This situation motivated me to take action to prevent any human tragedy. As long as I talk to women and men, they are more and more convinced of the benefits I can bring to their life,” explained Manasoa.

Now, after all the efforts he made, services offered by Manasoa Avelin are widely accepted by the population of Mahanoro.

This community health volunteer shines for his versatility and his actions. He is the leader of the first Saving and Income Loan for Community (SILC) association in his village. This association currently includes 25 members and a fund of 110,000Ariary (about \$35 USD).

Manasoa borrowed money from this SILC group to resupply his medicine stock in 2014. He could ensure the availability of all the necessary health products in his hut.

## SUCCESS STORIES: A remote village safe from malaria

On a sunny Thursday morning, under a stifling heat, many women with babies rushed to the community hut, where Vahaolo, a community health volunteer in charge of child health, works.

People passing by would have wondered why such a crowd had gathered. "I am used to this community gathering since the malaria outbreak in Todia. Mothers are more and more aware when warning symptoms appear," says Vahaolo, excited to put on his smock to receive his first patients of the day.

Vahaolo's services have become essential for the population in this small village devastated by recent tropical storms.

This man, in his forties, is indeed a lifesaver in Todia. Since he began his role as a community health volunteer, the rate of child mortality due to malaria has significantly declined. His services reduce the burden on the parents who need to devote time to their crops.

Sick children receive treatment right in the village, without having to walk to seek treatment at the health center, located 17km away.

"I came with my 2-year old child after he fell ill last night. I know that Vahaolo has the gift to cure him, and I trust him like other women do," explains Romuald's mother.

Indeed, a few minutes later, Vahaolo checked the little boy and asked his mom to wash his hands with the water bucket and soap available in a corner of the room. Vahaolo then conducted a Rapid Diagnostic Test (RDT), because according to him, Romuald showed symptoms of fever. After fifteen minutes, the test results revealed that Romuald had malaria.

Vahaolo does not panic because he has everything he needs to treat the illness. He immediately gave one tablet of ACT for Romuald to swallow. After a few minutes, Romuald and his mother left the hut. Following them home, we confirmed that they have a bed net.

During recent months, Vahaolo has been buried under work. According to Rozine Jeanne, from the implementing partner NGO in Vatovavy Fitovinany region, Todia village experienced an outbreak of malaria. For the last 3 months, 30 children have tested positive with RDT and treated for malaria.

Thanks to Vahaolo's continuous service, Todia has seen a decline in the mortality rate from malaria. "People are very encouraged to see Vahaolo. I monitored the health status of Todia over the time and I am quite happy with the promptness of the community-based health services," says Jeanne Rozine, the supervising technician.



USAID Mikolo: A team of German TV crew impressed by Vahaolo services in his community hut in Todia

Vahaolo gets along well with the local population, as he is also a wash-friendly CHV and leads activities to eliminate open defecation. With all his efforts at the fokontany level, many households in Todia have built and use improved latrines. Now, the entire fokontany has achieved an "open defecation free" status.

## ANNEX 3: Financial Summary

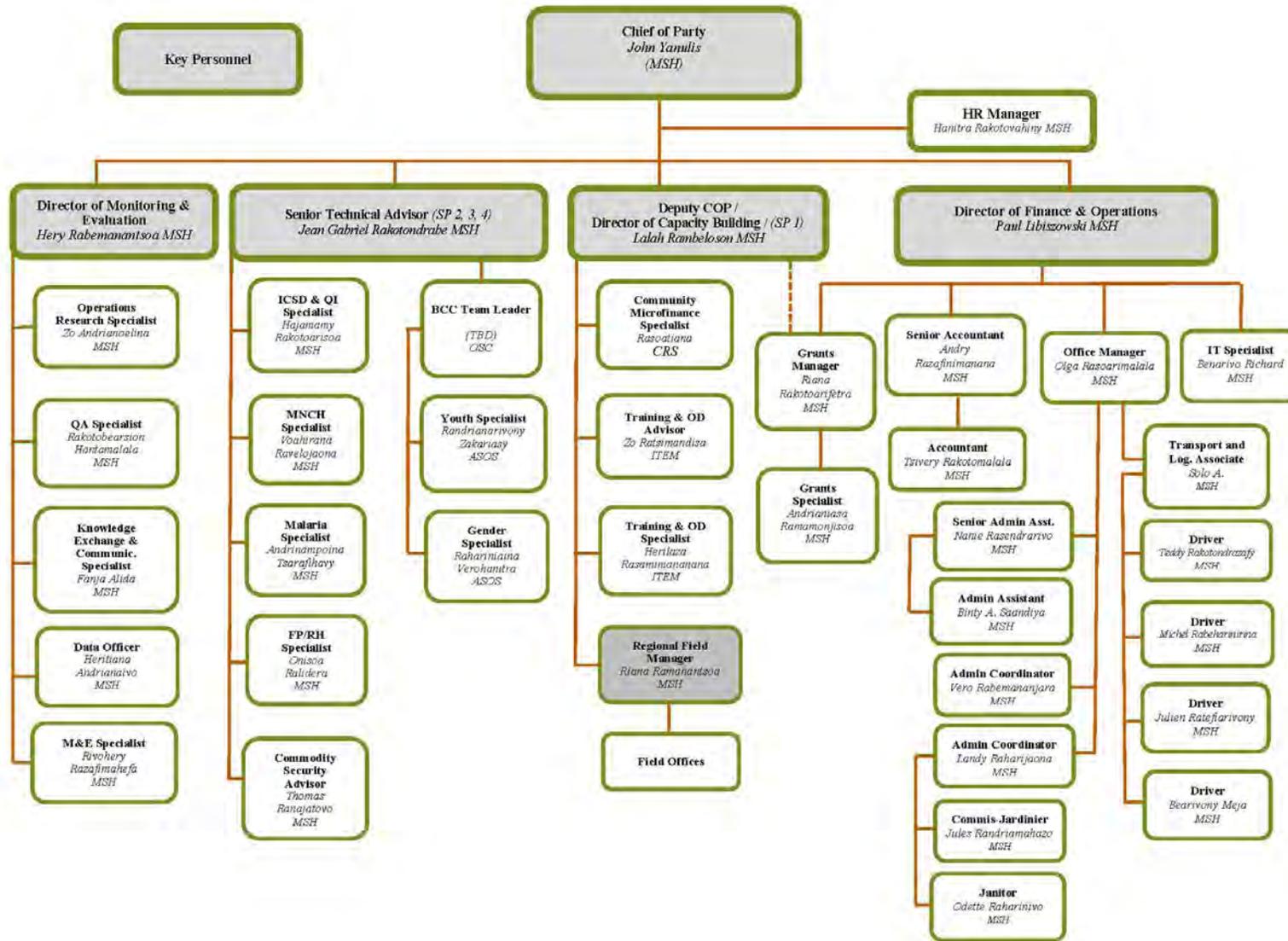
### FY 15 Budget Update Management Sciences for Health USAID Primary Health Care Project Project Budget Update March 31, 2015

Line item	FY 15 Budget	FY 15, Q2 Actual Costs	FY 15 to Date	FY 15 Budget Balance Remaining
I. Salaries & Wages	\$1,209,713	\$254,950	\$513,001	\$696,712
II. Consultants	\$25,842	\$0	\$0	\$25,842
III. Overhead	\$584,156	\$127,897	\$260,219	\$323,937
IV. Travel & Transportation	\$319,264	\$50,630	\$107,410	\$211,854
V. Allowances	\$185,027	\$33,682	\$69,002	\$116,025
VI. Subcontracts	\$440,840	\$101,025	\$243,284	\$197,556
VII. Training	\$595,546	\$293,258	\$373,129	\$222,416
VIII. Equipment	\$16,846	\$0	\$0	\$16,846
IX. Grants	\$800,000	\$233,265	\$435,044	\$364,956
X. Other Direct Costs	\$1,175,180	\$83,226	\$187,109	\$988,071
<b>Subtotal of I to X</b>	<b>\$5,352,414</b>	<b>\$1,177,933</b>	<b>\$2,188,199</b>	<b>\$3,164,215</b>
XI. Fee	\$204,736	\$44,787	\$101,233	\$103,503
<b>Grand Total + Fee</b>	<b>\$5,557,150</b>	<b>\$1,222,719</b>	<b>\$2,289,432</b>	<b>\$3,267,718</b>

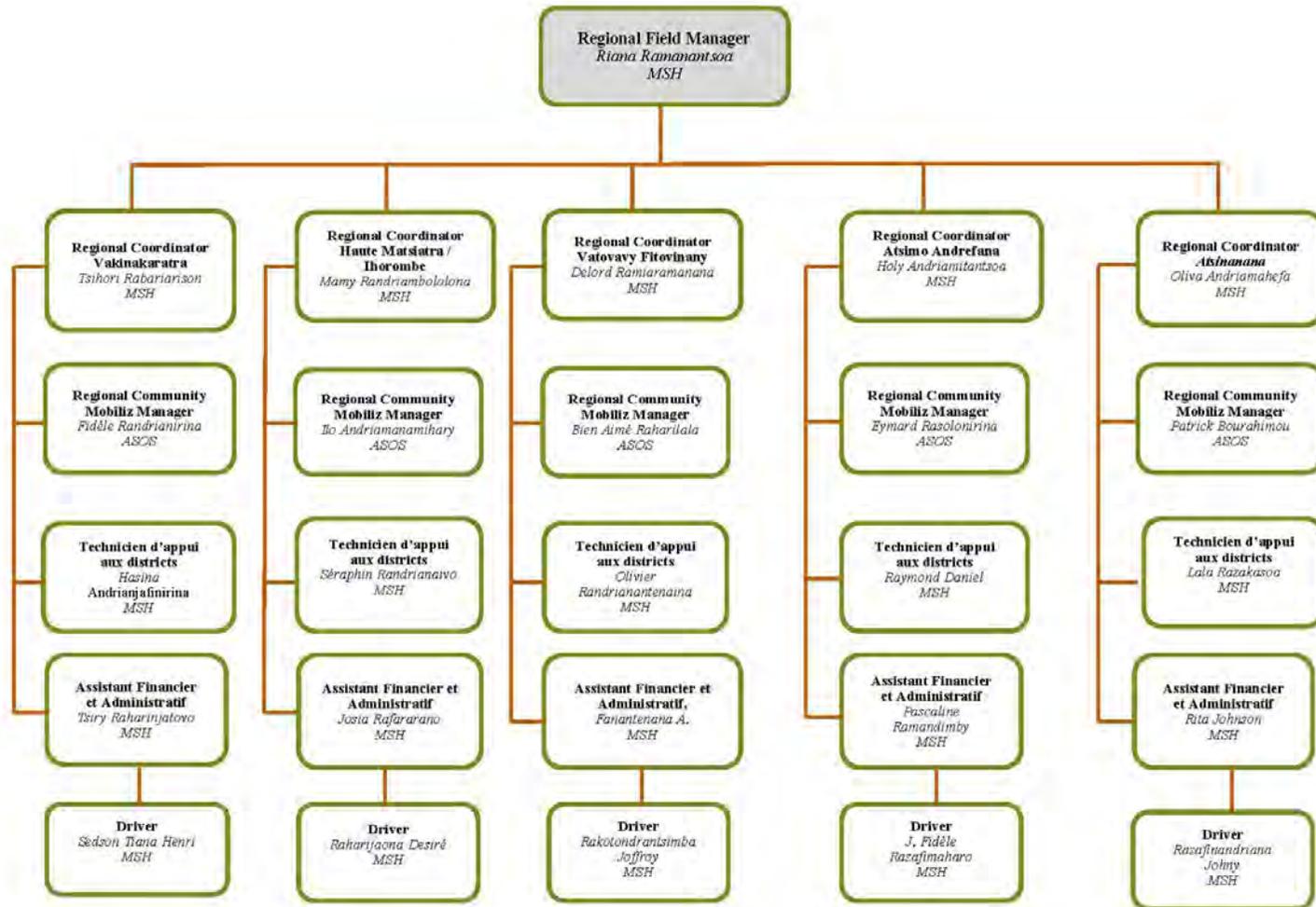
### Obligation Report

Current Obligation	FY 14 Actual Costs	FY 15 Costs to Date	FY 15 Accruals as of March 31, 2015	Balance Remaining Current Obligation
\$11,503,641	\$4,299,475	\$2,289,432	\$98,470	\$4,816,264

## ANNEX 4: Updated Organizational chart



## FIELD OFFICES



## ANNEX 5: Collaboration and Meetings with Other Health Partners

**TABLE OF MEETINGS WITH PARTNERS (public and USAID partners)**

Meetings	Objective/Agenda of the meeting	Next steps	Participants
<b>REPRODUCTIVE HEALTH/FAMILY PLANNING</b>			
Harmonization of FP documents	<ul style="list-style-type: none"> <li>- Harmonization of FP in-service training curricula and refresher training of health workers and community workers</li> <li>- Harmonization of FP management tools</li> <li>- Harmonization of IEC BCC tools for FP</li> </ul>	Finalization of all documents in the near future, currently on standby due to various events (MCHW, Polio, etc.)	DSFa (MPH), USAID, MAHEFA, MIKOLO, UNFPA, MSI
Use of Pregnancy Tests	<ul style="list-style-type: none"> <li>- Making operational of the use of PT</li> </ul> Pilot sites (USAID MIKOLO)  PT supply mode  Job aid on PT use  Development of the pilot project's monitoring sheet	<ul style="list-style-type: none"> <li>- Implementation of the pilot project for PT use on all USAID MIKOLO sites for 3 months</li> <li>- Use of the PT use monitoring sheet</li> <li>- Finalization of the job aid on PT use</li> </ul>	Members of TWGs: MPH, USAID, MAHEFA, MIKOLO, UNFPA, UNICEF, MSI, ONM, ONSFM, ANSFM, etc.

Meetings	Objective/Agenda of the meeting	Next steps	Participants
Compliance in FP	Development of the compliance plan of the USAID MIKOLO project	Validation of the compliance plan of USAID MIKOLO	USAID, MIKOLO
<b>MATERNAL, NEWBORN, and CHILD HEALTH</b>			
TWG meeting on the extension of chlorhexidine and misoprostol	<p>1- Supply in CHX 7.1% gel</p> <p>2- Identification of support measures to the extension of Misoprostol use in postpartum hemorrhage management</p>	<ul style="list-style-type: none"> <li>- Delivery of the product in the country for community distribution expected in March 2015. CHV trainings in the USAID MIKOLO intervention zone will start as soon as products for the community level become available</li> <li>- Development of the extension strategy of misoprostol use. Compliance of USAID MIKOLO with established strategies, according to the mission entrusted to it</li> <li>- Involvement of DGS in TWG meetings and invitation of MPH to take the TWG's lead</li> </ul>	<p>DSFa- MCSP-USAID  MAHEFA - USAID/MIKOLO  UNFPA UNICEF – MSM – PSI</p>

Meetings	Objective/Agenda of the meeting	Next steps	Participants
Holding of a coordination meeting with the ASOTRY and FARARANO projects	<ul style="list-style-type: none"> <li>- Information sharing on approaches, IEC/BCC tools and management tools between ASOTRY-FARARANO and USAID MIKOLO</li> </ul>	<ul style="list-style-type: none"> <li>- Regular meetings between ASOTRY-FARARANO and USAID MIKOLO every 2 months at the central level</li> <li>- Quarterly meetings with implementing NGOs in common intervention areas</li> <li>- Participation of USAID MIKOLO in the care-group training organized by FARARANO/CRS</li> <li>- Sharing of the information and management system and periodic sharing of data on services provided at the community level between the 3 parties</li> </ul>	USAID- USAID MIKOLO- FARARANO- ASOTRY
Meeting with ONN regarding the nutrition village	<ul style="list-style-type: none"> <li>- Sharing of the "nutrition village" approach experimented by ONN in the Analamanga Region</li> </ul>	<ul style="list-style-type: none"> <li>- Advocacy by ONN with Health-Nutrition partners on their contribution to activity under the village – Nutrition approach. USAID MIKOLO will share its approach, IEC/BCC tools and</li> </ul>	ONN- MPH- Ministry of Agriculture-

Meetings	Objective/Agenda of the meeting	Next steps	Participants
		management tools, as well as experiences with VSC.	
Preparatory meeting of the Maternal and Child Health Week	<ul style="list-style-type: none"> <li>- Sharing on the progress status of the different committees' preparatory activities (technical committee - logistic committee - social mobilization committee - financial committee)</li> <li>- Request of partners to position themselves regarding the financial gaps noted for MCHW implementation</li> </ul>	<ul style="list-style-type: none"> <li>- USAID MIKOLO will provide financial contributions and technical support to regional launchings, intervention zone supervision, as well as the mobilizer guide production, and advocacy letter.</li> </ul>	MPH- UNICEF-OMS- USAID MIKOLO-MAHEFA- PSI- ASOS- MSM-
Periodic meeting for EPI data review	<ul style="list-style-type: none"> <li>- Sharing of challenges relating to the EPI program</li> <li>- Sharing of routine EPI data per region</li> </ul>	<ul style="list-style-type: none"> <li>- To improve the timeliness and completeness of BHC reporting with SDSP, identify BHCs with problems and ask for BHC reports that did not reach SDSP</li> <li>- Reinforce community participation in the referral of children who are not immunized or have not been fully immunized and the search of drop outs.</li> </ul>	MPH- USAID MIKOLO- UNICEF

Meetings	Objective/Agenda of the meeting	Next steps	Participants
<p>TWG meeting on chlorhexidine and misoprostol extension</p>	<p>3- Supply in CHX 7.1% gel</p> <p>4- Identification of support measures to the extension of misoprostol use in postpartum hemorrhage management</p>	<ul style="list-style-type: none"> <li>- Delivery of the product in the country for community distribution expected in March 2015. VSC trainings in the USAID MIKOLO intervention zone will start as soon as products for the community level become available</li> <li>- Development of the extension strategy of MISOPROSTOL use. Compliance of USAID MIKOLO with established strategies, according to the mission entrusted to it in</li> <li>- Involvement of DGS in TWG meetings and invitation of MPH to take the TWG's lead</li> </ul>	<p>DSFa- MCSP-USAID MAHEFA - USAID/MIKOLO UNFPA UNICEF – MSM – PSI</p>
<p>Holding of a coordination meeting with the ASOTRY and FARARANO project</p>	<ul style="list-style-type: none"> <li>- Information sharing on approaches, IEC/BCC tools and management tools between ASOTRY-FARARANO and USAID MIKOLO</li> </ul>	<ul style="list-style-type: none"> <li>- Holding of periodic meetings between ASOTRY-FARARANO and USAID MIKOLO every 2 months at the central level</li> <li>- Holding of quarterly meetings</li> </ul>	<p>USAID- USAID MIKOLO- FARARANO- ASOTRY</p>

Meetings	Objective/Agenda of the meeting	Next steps	Participants
		<p>with implementing NGOs in common intervention areas</p> <ul style="list-style-type: none"> <li>- Participation of USAID   MIKOLO in the care-group training organized by FARARANO/CRS</li> <li>- Sharing of the information and management system and periodic sharing of data on services provided at the community level between the 3 parties</li> </ul>	
Meeting with ONN regarding the nutrition village	<ul style="list-style-type: none"> <li>- Sharing of the "nutrition village" approach experimented by ONN in the Analamanga Region</li> </ul>	<ul style="list-style-type: none"> <li>- Advocacy by ONN with Health-Nutrition partners on their contribution to activity implementation under the Village – Nutrition approach. USAID   MIKOLO will share its approach, IEC/BCC tools and management tools, as well as experiences with CWs</li> </ul>	ONN- MPH- Ministry of Agriculture-

Meetings	Objective/Agenda of the meeting	Next steps	Participants
Preparatory meeting of the Maternal-Child Health Week	<ul style="list-style-type: none"> <li>- Sharing on the progress status of the different committees' preparatory activities (technical committee - logistic committee - social mobilization committee - financial committee)</li> <li>- Request of partners to position themselves regarding the financial gaps noted for MCHW implementation</li> </ul>	<ul style="list-style-type: none"> <li>- USAID   MIKOLO will provide financial contributions and technical support to regional launchings, intervention zone supervision, as well as the mobilizer guide production, and advocacy letter.</li> </ul>	MPH- UNICEF-OMS- USAID MIKOLO-MAHEFA- PSI- ASOS- MSM-
Periodic meeting for EPI data analysis	<ul style="list-style-type: none"> <li>- Sharing of challenges relating to the EPI program</li> <li>- Sharing of routine EPI data per region</li> </ul>	<ul style="list-style-type: none"> <li>- To improve the timeliness and completeness of BHC reporting with SDSP, identify BHCs with problems and ask for BHC reports that did not reach SDSP</li> <li>- Reinforce community participation in the referral of children who are not immunized or have not been fully immunized and the search for drop outs.</li> </ul>	MPH- USAID MIKOLO- UNICEF
<b>MALARIA</b>			

Meetings	Objective/Agenda of the meeting	Next steps	Participants
Preparatory meetings of the <b>World Malaria Day</b>	Sharing of the topic of the WMD celebration and activities planned in relation with partners	Budgeting of activities Development of relevant messages Validation of messages Development of materials identified	DLP, UNICEF, PACT, MAHEFA, USAID MIKOLO, SIEC, PSI, HOMEOPHARMA
Monthly meeting of GAS/PMI on health inputs	Monitoring of the distribution and consumption of RDTs and ACT inputs	Regular monthly meeting Conducting of joint supervision PSI-USAID MIKOLO and DELIVER April 2015	DLP, MAHEFA, PSI, USAID MIKOLO
Meeting on the <b>MALARIA OPERATIONAL PLAN (MOP)</b> with USAID and its projects	Identify activities to be implemented in fiscal year 2016		USAID/PMI , IPM, PSI, MAHEFA, USAID MIKOLO, MCDI,
<b>WASH</b>			
Drinking water supply	Presentation of the drinking water supply project by UNICEF (funding by USAID)  Identification of beneficiary sites of this drinking water supply (preferably MIKOLO sites)	Validation of beneficiary sites of this drinking water supply	USAID (COR), MIKOLO, UNICEF

<b>Meetings</b>	<b>Objective/Agenda of the meeting</b>	<b>Next steps</b>	<b>Participants</b>
Implementation of the MOU with FAA	Coordination of the MOU's implementation Review of the concept paper on the MOU's implementation Data collection on ODF (Fokontany) and improved latrines	FAA should send ODF data on MIKOLO sites since the date of the MOU	MIKOLO, FAA

## ANNEX 6: Summary of Training conducted by the project

ACTIVITES	Training topics	Training Objectives	Total Number of participants
<b>Refresher training for ST, ST supervisors, NGO technical managers and M&amp;E managers</b>	<ul style="list-style-type: none"> <li>- Informations channel and respective role for each actor at all levels.</li> <li>- Fill the management tools,</li> <li>- Analysis and data use for decision making,</li> <li>- System of data quality assurance</li> <li>- System of of data entrance and data transmission from community actors (use of smartphones)</li> </ul>	Improve skills of ST, ST supervisors, Technical managers and project M&E managers so that they can ensure their roles and responsibilities	90
<b>CCDS/COSAN members refresher training</b>	<ul style="list-style-type: none"> <li>- NCHP</li> </ul>	Build capacity of CCDS and COSAN members to engage population in their intervention communes to participate in all actions of health promotion according to the NCHP	1,608
<b>ST refresher training</b>	<ul style="list-style-type: none"> <li>- Coaching</li> <li>- Productive and relation-based Communication</li> <li>- Data channel</li> <li>- Orientation on CCDS and COSAN curriculum training</li> <li>- Orientation on primary project topics</li> </ul>	<ul style="list-style-type: none"> <li>- Appropriate new knowledge on certain domains where they feel lacks in skills (related to self-evaluation results),</li> <li>- Conduct CCDS/COSAN refresher trainings. (Training curriculum on CCDS and COSAN as working tools).</li> </ul>	43
<b>Orientation of EMAD and CSB chiefs</b>	<ul style="list-style-type: none"> <li>- Leadership and management</li> <li>- Implementation guide of the NCHP</li> <li>- Coaching</li> <li>- Primary health topics on</li> </ul>	Give all the requested informations so that they can strengthen health center chiefs and NGO's ST	41

<b>ACTIVITES</b>	<b>Training topics</b>	<b>Training Objectives</b>	<b>Total Number of participants</b>
	health and topics on project innovating topics.	capacity building facilitating project implementation.	
<b>EMAD training (District managing team)</b>	Strategy to improve quality service assurance (AQS)	To familiarize with the project AQS so that EMAD could facilitate orientation of CSB chiefs .	95

## ANNEX 7: Technical and Administrative Assistance Visits

<b>Traveler</b>	<b>Dates</b>	<b>Scope of Work</b>
Karina Noyes, MSH	January 2015	Provided support to analyze and document project implementation progress and results. Drafted quarterly report.
Yen Lim, MSH	February 2015	Contributed to the review of grant applications, finalized grant agreements, and conducted training to grant recipients.
Jessica Trask, MSH	February 2015	Provided support to subcontract partners to ensure that timesheets, financial invoices and supporting documentation are accurate and aligned with regulations.
Jerry Aziawa, HISP	March 2015	Consultant expertise for the customization of DHIS-2.

## ANNEX 8: Environmental Mitigation and Monitoring Report

ACTIVITY REPORT	POTENTIAL IMPACT	MITIGATION	MONITORING INDICATORS	FREQUENCY OF MONITORING AND REPORTING	QUARTERLY RESULTS
<b>Supervision of waste management</b>	After training, CHVs handle equipment and commodities that can generate waste. Therefore, it is essential to train/advise all community actors to minimize/avoid environmental impacts of this waste	Monitor the conformity to the mitigation of environmental impact during the implementation of the activity.	- Supervision Report / monitoring, namely the number of CHVs supervised by category (NGOs/TA, CCDS, COSAN)	Quarterly and annual project reports include information on profits and losses of CHVs on waste management.	During this quarter, 3 729 CHVs were supervised. The rate of reporting on supervision on site is 78%. The results showed that 81% of CHVs for mothers and 68% of CHVs for children used the safety boxes for the management of their medical waste.
<b>Management and disposal of waste by CHV</b>	Pollution Infection due to contaminated objects Contamination of drinking water sources	Medical waste is managed in accordance with the National Policy on Medical Waste Management and environmental guidelines from USAID for small-scale activities in Africa, Chapters 8 and 15. The CHVs will be trained on waste management and the safety of injections, and equipped accordingly. The training will cover the risk assessment, injection safety, the management of	Environmental compliance and safety of injections is integrated into training programs and CHV tools. CHVs trained on the subject of environmental compliance, equipped with sharp boxes and supervised for compliance with practices prescribed for injections and the use and disposal of sharps	Quarterly and annual project reports include availability and use of sharps box. Mitigation measures will be monitored during supervision visits and supervision reports provide the information base to assess the effectiveness of mitigation	No training was conducted during the first quarter. These trainings will be held in the third quarter (mid-May 2015) of the fiscal year 2015.

		<p>medical waste (use and disposal of sharps boxes). Each CHV will receive a sharps box at the end of training and instructions on its removal and replacement. CHVs will be instructed to bring the sharps box to the CSB once 3/4 full. Otherwise, they can dig a pit 1.5 to 2m deep and 1.5m wide (Source: National Waste Management Policy) and incinerate all sharp objects and other products after use.</p>	boxes.	measures.	
<p><b>Activities implemented by the new impact grant recipients</b></p>	<p>Since they are primarily responsible for the implementation of project activities, including community activities, it is important to train, inform, and supervise the grant recipients on environmental compliance so they can implement the PASE.</p>	<p>The project will provide training to NGOs on their responsibilities for environmental protection and waste management in the conduct of their activities. The project will establish a letter of agreement signed by grant recipients as part of their agreement to demand compliance with the plan developed by the project in the implementation of any activity.</p>	<p>The signed letter is included in the grant agreement. The recipients reflect the mitigation of environmental impacts, in accordance with PASE, in their quarterly reports.</p>	<p>The project integrates information on the results of environmental activities in the quarterly reports and annual progress reports. Compliance with PASE will be monitored each quarter.</p>	<p>The 11 grant recipient NGOs have been focused on the environmental compliance plan for the project and their roles and responsibilities in the implementation of this plan. These NGOs also signed their agreement at the beginning of March 2015, including their letter of commitment to comply to the plan.</p>

## ANNEX 9: Media Plan Implementation Results

ACTIVITY	DATE	TARGET GROUP	CHANNEL	RESPONSIBLE	ACHIEVEMENT
3rd edition of quarterly bulletin Mikolo	End of January	Project beneficiaries and development partners	Hayzara, Public area in commune	Fanja	The 3rd edition will be devoted to malaria, finalization is pending the change in project branding as requested by USAID. Dissemination is scheduled for Q3.
Launch of multi-year impact grants	End of January	Public	Facebook, Twitter, all media	Fanja/ Grant Manager	Articles were disseminated across the project sites during Q2.
Open talk of Mikolo project	February	Friday Talk club	Facebook, Twitter	Fanja	The project will be among the guests for Q3
Empowering women in community	March 8: International Women's day	National and international	Facebook, All media	Fanja	5 products have been reported in the press, and 2 radio and 3 TV programs included the event.
Use of drinkable water saves lives	March 22: World Water Day	Public	Facebook, All media	Fanja	Statements on the use of water were updated on social media sites.