USAID|MIKOLO Annual Progress Report

Period: October 1st 2013 – September 30th, 2014

John Yanulis

October 30, 2014

USAID|MIKOLO is a five-year project (2013-2018), funded by USAID and implemented by Management Sciences for Health (MSH) with Catholic Relief Services (CRS), 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

Annual Report

Period: October 1, 2013 to September 30, 2014

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Prepared by John Yanulis, Chief of Party
Contact: jyanulis@mikolo.org
Villa Imaintsoanala III
Lot II K 72 Bis - Ivandry
Antananarivo – Madagascar

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARI	Acute Respiratory Infection
ARH	Adolescent Reproductive Health
ASAQ	Artesunate-Amodiaquine (malaria treatment)
ASOS	*Action Socio-sanitaire Organisation Secours*
BCC	Behavior Change Communications
CCDS	*Commission Communale de Développement de la Santé*
CHV	Community Health Volunteer
CHST	Community Health Support Technicians
c-IMCI	Community Integrated Management of Childhood Illness
COR	Contract Officer's Representative
COSAN	Health Committee (*Comité de Santé*)
CRS	Catholic Relief Services
CSB	Basic Health Center (*Centre de Santé de Base*)
CSLF	COSAN Savings and Loan Fund
CSO	Civil Society Organization
EMAD	*Equipe de Management de District*
ENA	Essential Nutrition Action
FAA	*Fonds d'Appui d'Assainissement*
FP	Family Planning
FT	Field Technicians
GOM	Government of Madagascar
GMP	Growth Monitoring and Promotion
HIV	Human Immunodeficiency Virus
IEC	Information, Education, and Communication
IMCI	Integrated Management of Childhood Illness
IPT	Intermittent Preventive Therapy
ITEM	*Institut de Technologie de l'Education et du Management*
KMS	*Kaominina Mendrika Salama*
LAPM	Long-acting and permanent methods (of family planning)
MAHEFA	Malagasy Health Families project
MAR	Monthly Activity Reports
MCDI	Management Care Development International
M&E	Monitoring and Evaluation
MNCH	Maternal, Newborn, and Child Health
MSH	Management Sciences for Health
NCHP	National Community Health Policy
NGO	Non-governmental Organization
OCA	Organizational Capacity Assessment
OCAT	Organizational Capacity Assessment Tool
OSC	Overseas Strategic Consulting
RDT	Rapid Diagnostic Test (for malaria)
RH	Reproductive Health
SILC	Saving and Internal Lending Community
SSF	Sanitation Support Fund
SPC	*Suivi et Promotion de la Croissance*
SSDs	*Service de Santé de District*
USAID	United States Agency for International Development
WASH	Water, Hygiene and Sanitation
YPE	Youth Peer Educator

EXECUTIVE SUMMARY

USAID|MIKOLO is a five-year project (2013-2018) implemented by Management Sciences for Health (MSH), with international partners, Catholic Relief Services (CRS) and Overseas Strategic Consulting (OSC), as well as Malagasy partners, *Action Socio-sanitaire Organisation Secours* (ASOS) and *Institut de Technologie de l'Education et du Management* (ITEM). The project aims **to** increase the use of community-based healthcare services and the adoption of healthy behaviors among women of reproductive age, children under five, and infants in 6 of Madagascar's 22 regions, reaching a population of about 5.5 million

During project year 1 (PY1), USAID|MIKOLO established all the necessary structures for the implementation of project activities. This included the establishment of one central office and five regional offices of the project, the selection of local implementing partner NGOs to receive transition grants to implement community activities, and the revitalization of local community structures such as the CCDS (*Commission Communale de Développement de la Santé*), the health committees (COSANs), and community health volunteers (CHVs).

The major achievements of the project related to the sub-purposes are summarized as follows:

Sub-purpose 1: <u>Develop sustainable systems, capacity and ownership among the local partners</u>

In the framework of this activity, several activities were conducted:

USAID|MIKOLO was charged with rapidly resuming community-based service provision of primary health care services in its first year. USAID's support for these services was interrupted by the end of the SanteNet2 project in March 2013. In order to rapidly resume the support to CHVs, USAID|MIKOLO identified nine (9) local NGOs to receive transition grants to implement activities at community level. Once selected, the staff of these partners benefited from several orientations: the vision of USAID|MIKOLO, the outline of the contract of the NGOs, the project's branding and marking, the different technical areas of the project, the administrative and financial procedures, as well as project monitoring and evaluation system. Thirty-eight (38) NGO managers participated in this first orientation meeting.

By the end of March, 2014, the resumption of community-based activities, dormant since the end of SanteNet2, had begun. Advocacy meetings were conducted by communes and had 4,991 people participating, representing the strength at the commune level, which consisted of local authorities, religious and traditional leaders, representatives of various associations working in the communes. The CCDS and COSAN of each commune were set up and oriented on the Kaominina Mendrika Salama approach, the themes conveyed by the project, and project leadership. In total, 4,405 CCDS and COSAN members have been trained in the 375 communes.

The project initiated the organizational capacity self-assessment process with the NGOs using OCA (Organizational Capacity Assessment). The objective is to help NGOs to establish a plan allowing them to improve on the organizational and institutional levels. At the end of this activity and based on the results of the self-assessments, leadership training and strategic management training were organized for NGOs managers toward the end of this year.

To motivate the community workers and the community to improve their living conditions and invest in their health needs, the project established SILC (Saving and Internal Lending Community), a community-based savings and loan system. The strategy is to train SILC technicians (T-SILC) who will identify and train field agents from the communities who will be in charge of establishing SILCs in the communities. This year, USAID|MIKOLO trained 65 T-SILCs, supervisors, field agents and project regional office staff. The project began establishing SILCs in the last quarter of this year, and to date there are now a total of 133. Building on this experience, the project will establish COSAN Savings and Loan Funds (CSLF) in communes where SILCs have been established and where COSAN members have experience in this model. The CSLF will be used to generate resources for commune-level health priorities (e.g. building of health huts, emergency evacuation, etc..).

Sub-purpose 2: Increase availability and access to health services in the project targeted communes

As noted above, USAID|MIKOLO was tasked with resuming activities in the first year at community level. To do so, a Situational Analysis was conducted to identify the state of community health services. CHVs were found to be present and providing a limited number of services. However, they have not had refresher training in several years and for whom a new set of topics (to become polyvalent) would prove overwhelming during the transition year. Consequently, to ensure provision of community-based health services in communities located at more than 5 km from the nearest health center, USAID|MIKOLO conducted refresher training with 4,489 CHVs. USAID|MIKOLO identified these CHV according to the following criteria:

- Group A: Previous Santénet2 CHV (either mother health CHV or Child health CHV or polyvalent CHV)
- Group B: CHV trained in IMCIc by the World Fund Program (NSA2)
- Group C: CHV trained by other donors or health projects

CHVs were identified and provided refresher training as most of the CHVs had not received training since 2011. In addition, CHVs were provided with a starter kit of supplies, management tools, health commodities, and job aids to resume their functions.

Sub-purpose 3: Improve health service quality at the community level

The project's approach to improve the quality of services at the community level will strengthen CHV skills, knowledge, tools and motivation to provide health services complying with quality standards and behavior change messages to satisfy population needs in terms of reproductive health, family planning, and maternal, newborn, and child health, and malaria. The improvement of CHV's provision of quality services is being achieved through a variety of different supervision meetings and grouped monitoring sessions.

During this year, the project developed all the necessary tools to better conduct this activity. The overall strategy and approach to supervision was developed highlighting a number of innovations: enhanced group supervision; quarterly reviews of data, increased on-site supervision, evaluation and certification of CHVs, and the introduction of CHV peer supervisors. The first meetings of CHV group monitoring sessions and supervision on sites started during the fourth quarter of this year. In total, 3,209 CHV assisted with the group monitoring and 1,613 on-site supervision visits were conducted.

Sub-purpose 4: Increase adoption of safe behavior and practices for health

To develop a BCC strategy adapted to local context, the USAID|MIKOLO project conducted a formative research study in the regions of intervention to identify obstacles and the social determinants for the adoption of safe behavior and practices (the results of this research are summarized in the formative research of this report). The findings served as baseline for the conception of project BCC strategies, as well as youth, gender, and community mobilization approaches. The strategies were developed in collaboration with the public sector and different partners working in the framework of information, education, and communication and behavior change communication (IEC/BCC).

To support awareness raising activities conducted by CHV, the project collaborates with local radio stations to broadcast health messages. During this year, the project selected eight radio spots used during the previous Santénet2 project for broadcasting. A total of 1,288 broadcasts were aired through the national station and six other local radios covering the six project intervention regions.

Achievements in monitoring and evaluation (M&E): The MIKOLO team developed its M&E plan this year, and USAID validated the plan and the corresponding performance indicators. The M&E system relies on three principle elements including: (1) the information management system, including the information channels; (2) the data quality system; and (3) the data collection system by CHV through NGO field technicians. The project set up data collection and transmission via smartphones by using the DataWinners software application. This system enables the collection and the analysis of services provided by 4,667 CHVs.

USAID|MIKOLO trained NGO field technicians, responsible for data collection and transmission, their supervisors, the NGO technical managers, and the NGO M&E officers, along with the project's regional offices were trained on the Project's M&E system and their respective role in the system. Also addressed were the data quality verification, the use of smartphones, data transmission and data use for decision making. In total, the project trained 146 persons this year.

At the same time, the project communication strategy was developed to enable communication of results to USAID, project staff members, and to all project stake holders within the community health system in Madagascar.

This annual report describes the results of the USAID|MIKOLO project in its first year, October 1, 2013 to September 30, 2014 and details activities related to the four project sub-purposes, M&E, and project management.

INTRODUCTION

USAID|MIKOLO is a five-year project (2013-2018) implemented by Management Sciences for Health (MSH), with international partners, Catholic Relief Services (CRS) and Overseas Strategic Consulting (OSC), as well as Malagasy partners, *Action Socio-sanitaire Organisation Secours* (ASOS) and *Institut de Technologie de l'Education et du Management* (ITEM). The project aims **to increase the use of community-based healthcare services and the adoption of healthy behaviors** among women of reproductive age, children under five, and infants in 6 of Madagascar's 22 regions, reaching a population of about 5.5 million (see Figure 1).

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.

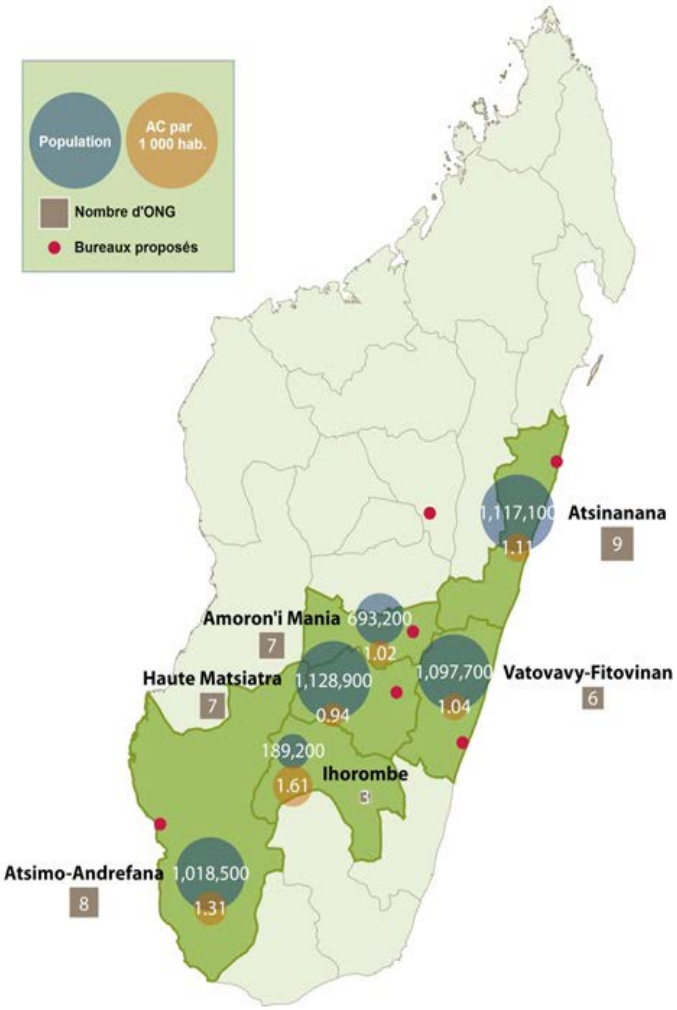

Figure 1. Area project intervention USAID|MIKOLO

The project developed the following four sub-purposes:

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

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

The project emphasizes the involvement and development of NGOs, community organizations, and a cadre of community health volunteers (CHVs) who provide quality services, and serve as change agents and elements of a sustainable development approach. As part of this approach, USAID| MIKOLO works with and through local organizations to: strengthen the health system and local institutions (sub-purpose 1); and increase the number of CHVs, strengthen relationships with providers of long-acting and permanent methods (LAPM) of FP, and improve FP commodity security (sub-purpose 2). The project will implement a system for quality improvement (sub-purpose 3) and behavioral change communication (BCC) activities (sub-purpose 4) to encourage the Malagasy people to adopt healthy behaviors and access services conforming to norms and standards.

RESULTS

Sub-purpose 1: Develop systems, capacity, and ownership in a sustainable way among local partners

USAID|MIKOLO has achieved encouraging results in terms of sustainable development of systems, capacity-building and development of ownership among local partners under Sub-purpose 1 in the first year. A large majority of the COSANs and CCDS are now functioning as per the criteria defined by the project (see box below).

82% of the COSANs and 79% of the CCDS meet the criteria and are currently implementing their action plans. The project also provided capacity-building in leadership and management to the various actors from NGOs and field agents: 7,053 leaders and agents from the NGOs or members of COSAN and CCDS (including 4,925 men and 2,218 women) benefited from training to empower them to carry out their respective duties under the Kaominina Mendrika Salama (Champion Commune Approach) approach.

Functioning criteria for COSANs and CCDS

1. **Functioning COSAN**
   - Formally established at the commune and fokontany level through a municipal decree
   - Has a health action plan that is updated at least every six months
   - Holds regular meetings with CHVs and has minutes for such meetings
2. **Functioning CCDS**
   - Has an action plan that is updated at least every six months
   - Holds regular coordination meetings with community workers (COSAN, CHVs, SILC, SPs) in their commune

Building on past MSH experiences, an Organizational Capacity Self-Assessment Tool (OCAT) was modified to the local context to identify organizational capacity and performance strengths and weaknesses and to develop institutional development plans for MIKOLO's local NGO partners. The OCAT was conducted with all nine NGOs that are implementing a transition grant to build their capacities and helped to identify the common needs across all these organizations. Subsequently, the Project conducted a Leadership and Strategic Management training for the NGO leaders.

The early results in the establishment of savings and credit group activities at the community levels are also very encouraging: 133 SILC units, including 2 COSAN Savings and Loan Funds (CSLF), involving 2,379 people have been set up and the amounts mobilized are quite significant.

Finally, USAID|MIKOLO's five regional offices were rapidly operationalized at the beginning of PY1's second quarter to provide coordination, supervision, and representation and ensure monitoring and evaluation of the implementation of activities in the project intervention zones.

Strengthening local systems

Table 1. Indicator 1.2: Number of communes with functioning COSAN

Number of indicator in M&E plan	Indicator	Objective for 2014	Achievement in 2014	Achievement rate on the indicator
1.2	Number of communes with functioning COSAN	**375**	**307**	**82%**

- ✓ **82% of the communes have a functioning COSAN**

COSAN (local health committees) are commune-level structures that are in charge of providing technical supervision to CHVs through group or individual monitoring visits. The establishment of the COSANs, as well as their organization, operations, and duties are defined by ministerial order 8014-2009. At the end of the project's first year:

- **82%** (307 of 375 communes) in the six intervention regions had functioning COSANs, and a total of 310 COSANs (83%) had been established by a municipal decree.
- 375 communes (100%) established commune health action plans.
- 307 COSANs (82%) held regular meetings with the CHVs.

These results were achieved thanks to a range of activities in the 375 communes, including advocacy activities with community leaders (mid-March to end of April), capacity-building for COSANs and CCDS (April, May, and June), and coaching of communes in the development of their health action plans (April, May, and June).

In the last quarter of Project Year 1 (PY1), the project added a fourth criterion related to the functioning of COSANs, namely the availability of a municipal decree setting up the structure. Indeed, following the lifting of the restrictions on cooperation with the Government of Madagascar, the MIKOLO team held discussions with the Directorate of Health Districts, which expressed that it was important to consider the availability of such a decree in assessing the functioning of COSANS. The project went on to the conduct an awareness-raising campaign among the intervention communes, encouraging COSANs to formalize their status through a municipal decree. By the end of FY13, 310 intervention communes out of the 375 (i.e. 83%) succeeded in having such a decree issued.

Table 2. Indicator 1.3: Number of communes with a functioning CCDS

Number of indicator in the M&E plan	Indicator	Objective for 2014	Achievement	Achievement rate
1.3	Number of communes with functioning CCDS	375	**296**	**79%**

- ✓ **<u>79% of the intervention communes have a functioning CCDS</u>**

CCDS coordinate health interventions in each commune. Their members lead in the development of health plans and in the monitoring of their implementation. As such, their role is to support communes in progressing towards a vision for the health sector and to promote the sustainability of the project's community health actions.

- In PY1, 296 intervention communes out of 375 (79%) had a functioning CCDS and each CCDS (100%) had an action plan.
- In all, 296 quarterly meetings of the CCDS/COSANs with the FTs were held, an achievement rate of 79%.

The activities listed in the action plan pertained mainly to health awareness-raising (44%) socio-organizational activities such as the construction of latrines (23.4%), construction or rehabilitation of wells (5.6%), construction of health huts (1.9%), and dredging of drainage canals (31.3%).

Efforts to ensure that CCDS operate regularly will continue in PY2 in all intervention communes. The project will ensure that CCDS organize meetings with STs in a timely way. It will also hold sessions to familiarize CCDS with their roles as set forth in the National Community Health Policy in 2015.

Table 3. Indicator 1.7: Number of people (NGOs, FTs, COSANs, CCDS, SILC) trained in leadership and management

Number of indicator in the M&E plan	Indicator	Objective for 2014	Achievement	Achievement rate
1.7	Number of people (NGOs, STs, COSANs, CCDS, SILC) trained and improving their knowledge and skills in leadership and management	7,650	**7,053**	92%
	Men	3,672	4,925	
	Women	3,978	2,128	

- ✓ **<u>7,053 community actors (NGOs leaders and technicians, STs, SILC-Ts and members, Field Agents, COSANs, and CCDS) benefited from training in leadership and management</u>**

The 7,503 community actors (4,925 men and 2,128 women) trained in leadership and management included:

- 38 NGO technicians
- 148 support technicians and their supervisors
- 29 SILC technicians
- 4,405 CCDS/COSAN members (3,327 men and 1,078 women)
- 36 field agents who will be in charge of setting up SILC groups (21 men and 15 women)
- 18 executive directors, leaders, and board members of the NGOs (including 12 men and 6 women)
- 2,458 SILC members (including 941 men and 1,517 women)

To enable all the various community actors to fully play their respective roles, a training session on leadership was organized when the implementation of the KMS approach started. Leadership, as understood by the project, does not refer to the charisma sometimes expected from famous leaders but the ability to lead in taking on a challenge and achieving the expected results. Specifically, community actors are to ensure leadership and coordination of social and health interventions in their respective communes.

Table 4. Indicator 1.5: Percentage of CHVs taking part in monthly meetings with COSAN (compared with the total number of CHVs in the intervention communes)

Number of indicator in the M&E plan	Indicator	Objective for 2014	Achievement	Achievement rate
1.5	% of CHVs taking part in monthly meetings with COSAN (compared with the total number of CHVs in the intervention communes)	50%	71%	142%

- **71% of CHVs took part in monthly meetings with COSANs**

CHV participation in monthly COSAN meetings exceeded the PY1 target by 21%. Since no data were available on actual participation, the target was an estimate that took into account the one year gap in CHV and COSAN support between the end of the previous project and the start of USAID|MIKOLO. However, as USAID|MIKOLO resumed support to COSAN and CHVs, CHV participation was higher than anticipated. We will use the PY1 achievement as the basis for PY2 target setting.

The monthly review meetings or the grouped COSAN monitoring sessions are held in the communes' main towns and convene all CHVs in the communes for an exchange of information between themselves and with their coaches and supervisors (heads of CSBs, STs). A guide on the process of these meetings has been developed for STs to help them meet standards and thus ensure that the meetings are effective. During the coordination meeting with the regional offices in July, the NGOs' staff was briefed on the guide's objectives and the purpose of the meetings as well as on the importance of having CHVs attend. The

information was reinforced during the familiarization session in September. The guide is provided in Annex 1.

Table 5. Indicator 1.6: Number of SILCs established in COSAN

Number of indicator in the M&E plan	Indicator	Objective for 2014	Achievement	Achievement rate
1.6	Number of COSANs' SILC established	150	133	89%
1.8	% of women having access to the community-based saving and loan system (% of women among SILC members)	50%	62%	124%

- **<u>133 SILCs, including 2 CSLFs, grouping 2,379 people (including 1,489 women or 62%) have been set up</u>.**

USAID|MIKOLO established 133 SILCs, i.e. 89% of the PY1 target. Due to minor delays in distributing materials, the target of 150 was not achieved by the end of PY1.

Among SILC participants, 62% were women, exceeding the PY1 target of 50%. The higher than anticipated participation by women reflects the success of the project's efforts to reach women and promote their participation in community development activities. To achieve these results, a coaching and supervision structure was set up with one technician per two communes. Fields agents were also established to serve two purposes: first to complement the supervision provided by SILC technicians and second to sustain achievements as the field agents come from the communities and are trained to be professionals that will remain in the field beyond the life of the project.

Due to budget constraints, only three NGOs – ODDIT, SALFA, and AIM – out of the nine working with USAID|MIKOLO were able to hire and train Field Agents. These NGOs' technicians trained all 36 Field Agents, which included 21 men and 15 women. The Field Agents were recruited after calls for applications were posted in public places and community leaders were consulted on the applications received. The Field Agents have been in place since their training in June 2014.

Through the work done by the various actors and members of the SILC groups, MGA 7,004,650 have been saved to date and MGA 735,000 have been handed out as loans (11.30% of the total savings). In addition, the solidarity fund amounts to MGA 1,031,750 for all the groups, or MGA 7,585 per group on average. This amount is too low to allow for paying for health expenses.

Given that activities have been implemented in the field for only three months, these results are quite promising. The efforts made need to be sustained to ensure quality in the groups' operations (bookkeeping, enforcing, and complying with by-laws, etc.).

A number of innovative applications of SILC funds have occurred over the past year: a group member adopted a savings plan to prepare for surgery. Borrowing in the solidarity fund for

health needs (such as healthcare, hospitalization, etc.) has had a slow start, with the requested loans amounting to MGA 23,550 out of MGA 1,031,550. Finally, regarding the involvement of health actors in SILC groups, 91 CCDS members and 116 CHVs have joined a SILC group to date.

The project did not plan to initiate CSLF in the first year because CHVs have to be part of the community SILCs first. This prior involvement would familiarize them with savings and credit, and would develop their ownership of these practices so that they will be able to apply them to CSLF in PY2. However, two CSLF were set up at the request of CHVs, namely the "Miaradia" CSLF in the commune of Maneva in the district of Vohibato, region of Haute-Matsiatra, and the "AC Miray" CSLF in the commune of Tsianisiha, in the district of Toliara II. The first CSLF follows a CHVs association that had been in place for three years. Its 17 members were enthusiastic about setting up their SILC as a way to maintain cohesion among them and offer each of them opportunities to improve their living conditions.

Capacity-building for NGOs

In December 2013, a call for proposals was sent out to a short list of 10 NGOS among the best as assessed in Santénet2's final evaluation in March 2013. In line with USAID|MIKOLO's grants manual, 10 transition grants, covering 10 packages and the former 375 intervention communes of Santénet2 were awarded to nine NGOs based on the following four criteria: (1) technical quality of their proposals and responsiveness to rapidly resuming activities; (2) financial proposal taken into account the budget allocated to each package; (3) balance in terms of representativeness of the NGOs selected; and (4) performance based on their scores at Santénet2's last assessment. The nine awardees were AIM, SALFA, ODEFI, ODDIT, PENSER, ASOS Sud, SAGE, AINGA, and ASOS.

To ensure efficiency in intervention, USAID|MIKOLO has assisted its partner NGOs to form an NGO network which offers a platform for NGO members to compare the performance of their respective organizations, to exert and be subject to peer pressure, to work together on operating standards, to speak through a single voice and a same language when contributing to health services and policies at the local level, and to suggest reorientations for the project based on the developments at the local as well as the national levels. Ultimately, this will contribute to institutional strengthening for each of the member NGOs. A first meeting was held in September 2014 in Antananarivo to set the vision for the platform and prepare the changes in the NGOs' role after restrictions on collaboration with GOM were lifted.

Table 6. Indicator 1.1: Number of NGOs eligible to receive direct grants from USAID

# of indicator in the M&E plan	Indicator	Objective for 2014	Achievement	Achievement rate
1.1	Number of NGOs eligible to receive direct grants from USAID	0	**Not applicable**	

Achievement of this indicator will be gradual and will be measured annually starting in PY2 until PY5, which accounts for the indicator being labelled "Non-applicable" under this reporting period.

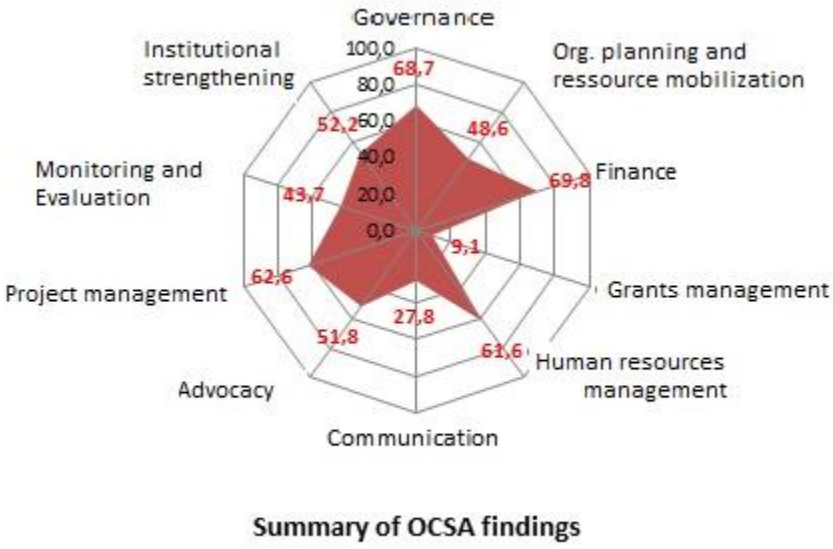

Figure 2. Areas and scores of NOG's organizational self-assessment process

However, as part of its work towards this indicator, USAID|MIKOLO launched an organizational self-assessment process for the NGOs awarded a transition grant. As an outcome of the process, each NGO established its Institutional Strengthening Plan for the next year, addressing ten specific areas: governance; organizational planning and resource mobilization;, financial and administrative management; human resources management;, advocacy, networking and alliance building; communication, information and records management; project management; monitoring and evaluation, reporting and knowledge management; and, institutional strengthening. The overall results are shown in the figure at right.

By the end of the last quarter, all the grantee NGOs completed the process. A review of the plans helped USAID|MIKOLO identify the main priority needs common the NGOs, namely technical capacity building for their management. Communication, grants management, organizational planning and M&E were also identified as common weak points of the NGOs.

Based on their scores, the NGOs prepared their institutional strengthening plans and started implementing them. This effort will continue in the next PY2. The MIKOLO team provided capacity building to meet the common needs identified through the assessment. Specifically, technical assistance on leadership and management was offered directly from the MSH Home Office during a three-day session to the senior NGO members. The sessions enhanced their leadership and strategic management capacities and empowered them to support in the best way the implementing of their own institutional strengthening plans that would make them more compliant with the criteria of eligibility for direct funding from USAID.

The NGO score results are presented in the figure below. The assessment concluded that AIM was the sole organization with experience managing a grant with GFATM as a Principal Recipient. Neither PENSER nor SAGE were found to have experience with Institutional Strengthening. All NGOs scored well on financial management, as it is a key capacity monitored by donors. The communication and M&E capacities need to be reinforced for most of the NGOs. In addition, the governance, organizational planning, and resource mobilization are all areas which need additional capacity strengthening.

USAID|MIKOLO

SCORING ON STRENGTH AND WEAKNESSES FOR THE 9 NGOs

	ASOS CENTRAL	AIM	PENSER	SALFA	ODEFI	ODDIT	AINGA	ASOS SUD	SAGE
Governance	3	3	2	2	2	1	3	3	3
Org Planning- Ress Mob	2	3	2	3	2	2	2	2	2
Finance	3	3	3	3	2	4	3	3	3
Subvention	0	2	0	0	0	0	0	0	0
Human Ressources	2	3	2	2	2	2	3	2	2
Communication	2	2	2	1	1	2	2	1	1
Project Management	3	3	2	2	2	3	4	3	2
Advocacy	4	2	2	2	2	2	3	3	2
Monitoring & Evaluation	3	2	2	1	2	2	3	3	2
Institutional Strength	2	4	0	1	1	2	2	1	0

Figure 3. NGO Scoring on OCA fields

Table 7. Indicator 1.4: Number of local NGOs subject to due diligence in preparation to direct funding by USAID

# of indicator in the M&E plan	Indicator	Objective for 2014	Achievement	Achievement rate
1.4	Number of local NGOs subject to due diligence in preparation to direct funding by USAID	0	**Non applicable**	

This indicator, linked to indicator 1.1, will be reported on starting in PY2 through PY5. However, it involves activities that are considered as preliminary to awarding grants to NGOs:

- In the last quarter of FY1, the project prepared a series of questionnaires included in the Non U.S. Organization Pre-Award Survey-Guidelines and Support-Additional Help for ADS Chapter 303, based on a detailed review of the questions. The questionnaires will be used for due diligence with the NGOs.
- Upon completion of the organizational self-assessment process, the project revised the tools and checklists used to identify those items that could be added as criteria for validation by USAID.

Once the questionnaires are validated by USAID, USAID|MIKOLO will initiate due diligence with the NGOs recipients of multi-year grants that have initiated their own self-assessment, in PY2.

Sub-purpose 2: Increase availability and access to basic health services in the project's target communes

USAID|MIKOLO's mandate in the first year was to rapidly resume activities at the community level. USAID's survey on the CHVs' functioning in 2011 showed that given the limited level of education among CHVs, improving their performance would require pre-service training that would be supported by regular refresher training, regular on site supervision, and availability of various tools, equipment, and materials.

Important Note on Targets and Results:

The basis for the following case management targets were taken from the average service provision data of CHVs from the final six months (at the height) of the SanteNet2 project. This assumption was not true for USAID|MIKOLO. The CHVs working under USAID|MIKOLO had not had any support for more than 12 months since the end of SanteNet2. Moreover, the Project had the intention of training all CHVs in the 375 communes to be polyvalent (i.e. offering both maternal and child health services rather than only one of these two). **Therefore the targets for case management were based on 4,321 polyvalent CHVs**. However, USAID|MIKOLO adopted the approach for the first transition year, to provide refresher training for CHVs (Mother or Child CHV). Future years would be devoted to training CHVs to be polyvalent. This year, USAID|MIKOLO will train 1,346 CHV "Mother", and 2,975 CHV "Child". This will have a direct effect on the project achieving its annual targets. MIKOLO will need to readjust its targets for PY2.

Following the orientation of NGO subgrantees to the MIKOLO Program, and the subsequent training of trainers led by USAID|MIKOLO in May, the training of CHVs by NGOs only began at the beginning of June, 2014. As noted above, data for this quarter are incomplete due to the fact that the CHVs have just recently been trained and the introduction of the m-health technologies for data collection with NGOs.

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

In all, 4,489 CHVs benefited from refresher training. This number is higher than the targeted number of CHVs to be trained. However, 49% received refresher training as "Child CHVs," while 39% received refresher training as "Mother CHVs," and the remaining 12% received refresher training as "Polyvalent CHVs" (see pie chart below). Consequently, the targets initially set for all CHVs who were expected to be polyvalent, were overestimated. The graph below shows the distribution of CHVs based on the services they offer. It clearly appears that CHVs offering c-IMCI outnumber by far the other categories of CHVs.

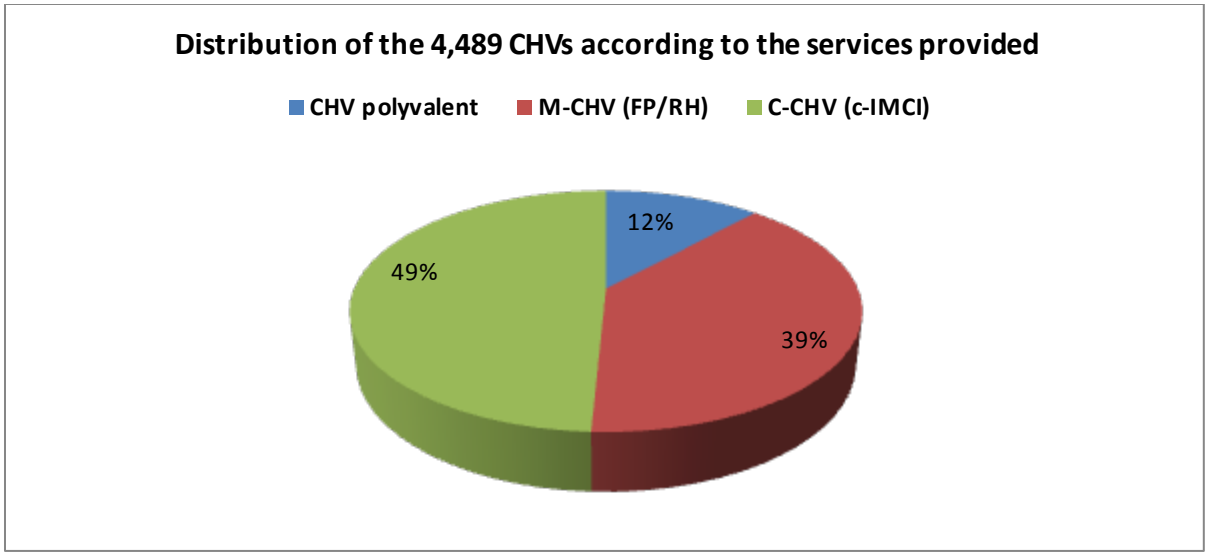

Figure 4. Distribution of community health volunteers according to services provided

Overall, the results obtained in the project's three intervention areas were as follows:

Reproductive health and family planning:

- 32,677 new users
- 66,465 regular users
- 2,344 clients referred for LAPMs
- 14,570people (6,972 men and 7,598 women) reached with FP awareness-raising activities

c-IMCI and malaria:

- 28,452 people reached with awareness-raising activities, namely interpersonal communication and home visits
- 518 radio spots on childhood illnesses and malaria aired through seven radio stations to reinforce awareness-raising activities conducted by CHVs
- 5,860 pregnant women referred to health facilities for antenatal consultation to benefit from the entire package of care, including IPTg
- 65,415 children under five seen in community sites, i.e., an average of one child seen by each CHV per month
- 32,650 cases of fever in children under five tested with RDTs, including 17,590 positive tests (diagnosed as simple malaria cases). Out of the malaria cases, 11,224 children received proper treatment.
- 23,715 cases of acute respiratory infection (ARI) in children under five seen in community sites of which 52% of cases (13,394) were diagnosed with uncomplicated pneumonia and treated with antibiotics
- 8,255 children treated for simple cases of diarrhea
- 7,714 children referred for serious diseases that require management in a CSB or DHC.

Maternal, neonatal, and child health (MNCH)

- 47,084 people reached with awareness-raising activities, namely interpersonal communication and home visits
- 266 radio spots on MNCH aired through seven radio stations to reinforce awareness-raising activities conducted by CHVs

- 5,860 pregnant women referred to health facilities for antenatal consultation to benefit from the entire package of care
- 269 cases of obstetrical emergency and 833 cases of neonatal emergency referred by CHVs
- 129,266 children under five reached through Growth Monitoring and Promotion (GMP) activities
- 4,753 children screened as having severe malnutrition and referred to health facilities or nutritional rehabilitation centers.

Reproductive Health and Family Planning

Training

Table 8. Indicator 2.13: Number of new CHVs providing FP information/services during the year

Number of indicator in the M&E plan	Indicator	Objective for 2014	Achievement	Achievement rate
2.13	Number of new CHVs providing FP information/services during the year	4,321	2,203	51%
	Men	1,858	947	
	Women	2,463	1,256	

As noted above, MIKOLO provided refresher training in Reproductive Health and Family Planning to CHVs responsible for "Mothers", hence only 51% of the target was achieved as not all CHVs received this training. The project was initially faced with the challenge of keeping up with the schedule for refresher training for NGOs, resulting in some delays, all trainings are now on track. In the second year, the project will assess the CHVs' competencies and will carry out cross-training to enable the best performing CHVs to become full service volunteers, that is, volunteers who offer health services for mothers and children.

Service provision

- ***FP commodities stock-outs***

Table 9. Indicator 2.4: Percentage of service delivery points reporting oral contraceptive stock-outs and Indicator 2.5: Percentage of service delivery points reporting Depo-Provera stock-outs

Number of indicator in the M&E plan	Indicator	Objective for 2014	Achievement	Achievement rate

2.4	Percentage of service delivery points reporting oral contraceptive stock-outs	25%	16%	156%
2.5	Percentage of service delivery points (CSBs, CHVs) reporting Depo-Provera stock-outs	33%	21%	157%

The availability of contraceptive commodities is a pre-condition to continuity of services and loyalty of clients and is a key element of service quality.

An initial assessment of the CHVs' situation showed that most of them were faced with stock outs of health commodities in general and contraceptive commodities in particular (for those who provide the related services). In response to this situation, the project provided CHVs with contraceptive commodities at the end of their refresher training.

This was made possible through close collaboration with PSI, which supplied the inputs. In addition to marking the resumption of the support to CHVs, the provision of inputs actually enabled them to resume their services. It should be noted that stock management was included among the topics addressed during the refresher training to build the CHVs' capacity to properly manage their health commodities and thus avoid stock outs. Indeed, CHVs can resupply at the supply points managed by PSI and also at the CSB.

In addition to continuing and strengthening coordination with PSI at all levels to minimize stock outs, USAID|MIKOLO has suggested two flagship actions to achieve the objective under this indicator in PY2: organize training to build CHVs' stock management capacity; and encourage NGOs that work with the project to set up a safety stock using their own funds. This safety stock will enable them to respond in case of stock outs at the supply points and CSBs and thus mitigate stock outs at the CHVs' level.

- ***Case management results***

Table 10. Indicator 2.11: Number of new FP users and Indicator 2.12: Number of regular FP users

Number of indicator in M&E plan	Indicator	Objective for 2014	Achievement	Achievement rate
2.11	Number of new FP users	45,371	32,677	72%
2.12	Number of regular FP users	64,815	66,465	103%

Several factors account for the project's achievement under this indicator: first, the period during which the CHVs actually resumed their services with the project's support was only of six months duration; furthermore, according to operational research on the use of pregnancy tests in order to increase the number of family planning clients, it was observed that CHVs do not trust the checklist to determine if someone is eligible for FP, thus missing opportunities to prescribe hormonal methods, in particular, injectable methods; finally, there have been stock outs of contraceptives as mentioned earlier.

Compliance with the Tiahrt amendment that prohibits any forms of incentives for choosing a particular contraceptive method is one of the challenges in recruiting new FP clients. During the site supervision visit, interviews with mother-CHVs revealed that they tend not to explain the other FP methods that are available – especially those that are out of stock – which is not in compliance with USAID FP regulations.

To achieve the second year FP objectives, the project will conduct cross-training of CHVs to increase access to reproductive health services, since CHVs that formerly only provided health services will move to offering the entire range services, including FP. The project will also scale up the use of pregnancy tests to complement the use of checklists in its intervention zone. Research carried out on this topic suggests that this will allow for reducing missed opportunities to educate clients on FP and increasing the number of new users.

Referral activities made by CHVs

Table 11. Indicator 2.18: Number of clients referred by CHVs for LAPMs who sought the services

Number of indicator in M&E plan	Indicator	Objective for 2014	Achievement	Achievement rate
2.18	Number of clients referred by CHVs for LAPMs who sought the services from the nearest provider	3,750	2,344	63%

Referral of clients who choose LAPMs is one of the topics addressed in the CHVs' refresher training. Indeed, CHVs cannot offer these services, which require specialized qualification and are available only in health facilities.

The gap between the objective set and the achievement in PY1 result from several reasons, including those related to the project and CHVs: few health facilities provided LAPMs and the project does not yet has the full list of those that provide these methods. In addition, some CHVs introduce and discuss only those methods that are available at their community sites. Most clients referred for LAPMs are then referred to Marie Stopes Madagascar (MSM) service providers.

As a consequence, in PY2, the project will focus on building the capacities of CHVs to ensure compliance in FP and to refer clients to health facilities to benefit from LAPMs, in line with the clients' right to informed choice. The project will also inventory LAPM referral centers and will share the list with community workers during grouped monitoring sessions.

Childhood Illnesses and Malaria Management

The capacity-building in the area of c-IMCI in general and in malaria case management in particular is based on the expectations that were identified under the CHVs performance assessment conducted by USAID in 2011, and especially in the area of the quality of CHVs' services.

The study showed that CHVs are performing well in terms of malnutrition screening, RDT handling, and identification and classification of simple and serious diseases. On the other hand, it recommended further support to CHVs in the following areas:

- Counseling when referring malnutrition cases
- Decision to use malaria rapid diagnostic tests
- Preparatory steps and waste management in the use of RDTs
- Counseling when referring for danger signs
- Diagnosis, treatment, and counseling for simple pneumonia
- Diagnosis, treatment, and counseling for simple diarrhea
- Course of action based on RDT results in case of fever.

The refresher training curriculum on c-IMCI and malaria management for CHVs put the emphasis on these issues to improve case management.

Training

Table 12. Indicator 2.20: Number of CHVs trained in malaria community-based management with ACT

Number of indicator in M&E plan	Indicator	Objective for 2014	Achievement	Achievement rate
2.20	Number of CHVs trained in malaria community-based management with ACT	4,321	2,808	65%
	Men	1,858	1,207	
	Women	2,463	1,601	

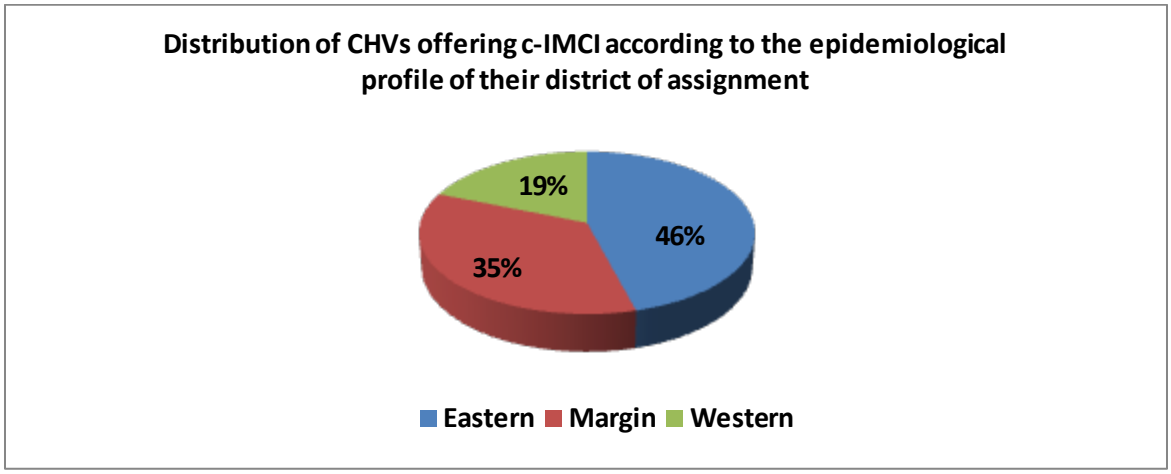

Figure 5. Distribution of CHVs offering c-IMCI

The zones represent the epidemiological distribution of malaria endemic areas according to the levels of transmission. Eastern zones are highest transmission areas (Antsinana, Vatovavy Fitovinany), whereas the Western zone (Antsimo Andrefana) is moderate transmission and

the Margin Zone (Ihrombe, Haute Mahatsiratra, Amoron I' Mania) is low transmission. The rate of is < 5%.

Table 13. Indicator 2.21 : Number of CHVs trained on the use of RDTs

Number of indicator in the M&E plan	Indicator	Objective for 2014	Achievement	Achievement rate
2.21	Number of CHVs trained on the use of RDTs	4,321	2,808	65%
	Men	1,858	1,207	
	Women	2,463	1,601	

As noted above, only "Child" CHVs, i.e. those responsible for IMCI, received refresher training in the use of RDTs. Consequently, 65% of CHVs were trained in PY 1. In the second year, the project will assess the CHVs' performance and certify CHVs with a performance rate over 80%. Only certified CHVs will benefit cross-training to become polyvalent CHVs, i.e., those offering health services for mothers and children, thus increasing the number of CHVs providing c-IMCI. With this strategy the MIKOLO team hopes to ensure optimal and efficient coverage of community-based services.

Service delivery and case management

- ***Stock out at CHV level***

Table 14. Indicator 2.1: Percentage of service delivery points that reported an ACT stock out

Number of indicator in M&E plan	Indicator	Objective for 2014	Achievement	Achievement rate
2.1	Percentage of service delivery points that reported an ACT stock out	20%	20%	100%

Stock-outs of RDTs and Artesunate-Amodiaquine (ASAQ) were observed at the CHVs level: 20% of CHVs encountered ASAQ stock outs and 13% in RDT. On the last day of the refresher training sessions, the project provided the CHVs with a start-up kit of health inputs, including ACT for CHVs providing c-IMCI.

Attempts to remedy the situation of zero out of stock through coordination at both national, regional (through regular meetings involving representatives of PSI) and local (by encouraging the participation of officials PA meetings bundled up) has improved slightly, but has not completely solved this obstacle. In the coming months, the challenge of ensuring the continued availability RTD and ASAQ will face the advent of the rainy season which is usually marked by an upsurge in malaria cases.

- ***Service provision***

Table 15. Indicator 2.8: Number of children under five with fever who received RDT Indicator and Indicator 2.9: Number of children under five with positive RDT who received ACT

Number of indicator in the M&E plan	Indicator	Objective for 2014	Achievement	Achievement rate
2.8	Number of children under five with fever who received RDT	54,300	32,650	60%
	Male	26,064	15,672	
	Female	28,236	16,978	
2.9	Number of children under five with positive RDT who received ACT	29,300	11,224	38%
	Male	14,064	5,388	
	Female	15,236	5,836	

The results are disaggregated by region in the following table:

Table 16: Disaggregation of RDT results by region

Region	Cases of fever tested with RDT	Cases of positive RDTs	Percentage RDT postive
Atsinanana	10,437	6,778	65%
Vatovavy FitoVinany	11,866	6,989	58%
Amoron'iMania	1,249	279	22%
Matsiatra ambony	3,090	703	23%
Atsimo Andrefana	4,828	2,466	51%
Ihorombe	1,180	375	32%

In PY1, 32,494 fever cases were tested with RDTs of which 54% positive RDT received first-line treatments of ASAQ.

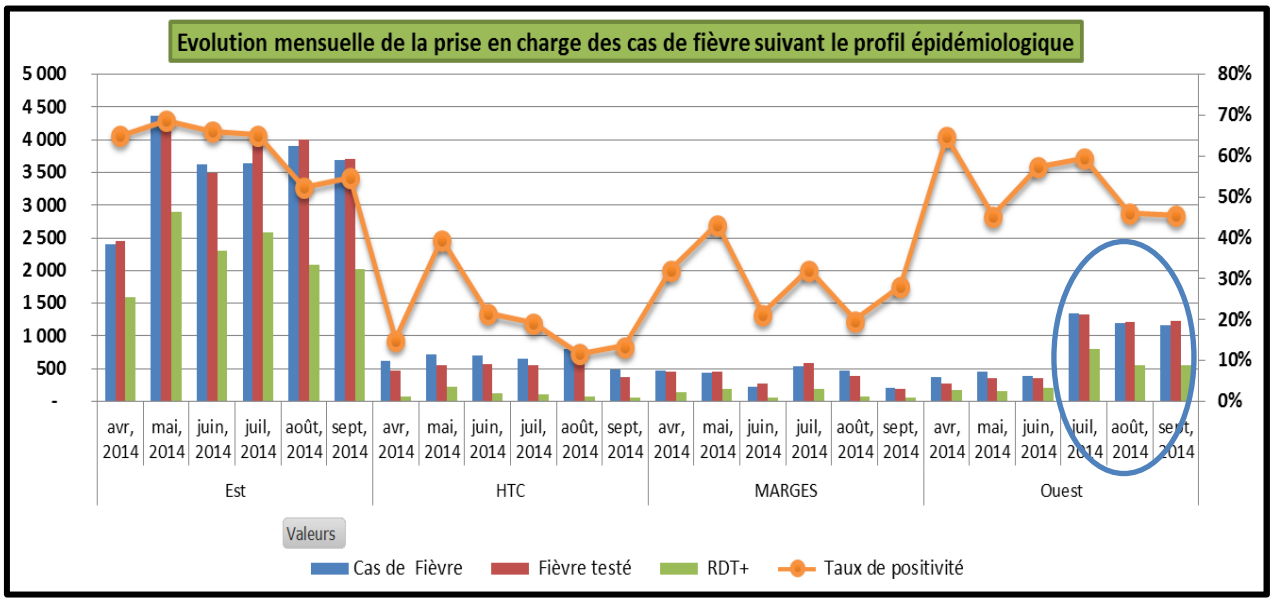

Figure 06: Monthly trends of fever cases management (source CHV MAR)

Analysis of the results according to epidemiological profiles shows that there is a predominance of fever case management in the eastern zone (Antsinanana and Vatovavy Fitovinany), 62% of cases of fever tested are in the East. Similarly, 75% of malaria cases are confirmed in this area of high transmission, which was still quite high during the period July-August-September 2014. However, normally this is the period when the positivity rate should be low. This then challenges us to be better prepared to respond during the next rainy season

The primary challenge is to ensure the continuous availability of health products at the high transmission zone before the rainy seasons, at which times the number of cases increase. Follow up activities on data quality need to be conducted continuously.

In PY2, the project will work on the following priority actions:

- Increase the involvement of the public health system:
  - Involve the EMADs and the CSBs' staff in the project's activities (training, grouped monitoring, on-site supervision, supply, review of data, etc.)
- Improve the availability of and access to c-IMCI services:
  - Conduct cross-training of the best performing CHVs
- Strengthen health inputs management:
  - Train CHVs on stock management
  - Involve EMAD/CSB/PhaGeCom teams in supplying CHVs through the public sector pipeline
  - Provide on-site supervision for CHVs focusing on the observation of actual case management and on stock management
  - Strengthen the organization of coordination meetings at the peripheral levels to ensure better monitoring and better management of health inputs
- Introduce priority topics for the project
  - Strengthen CHVs' capacity to manage their community sites
  - Provide training on epidemiological surveillance

Maternal, Newborn and Child Health

Training

Table 18. Indicator 2.22: Number of people trained in child health and nutrition

Number of indicator in the M&E plan	Indicator	Objective for 2014	Achievement	Achievement rate
2.22	Number of people trained in child health and nutrition	4,321	4,489	104 %
	Men	1,858	1,930	
	Women	2,463	2,559	

USAID|MIKOLO achieved its objective relating to the number of CHVs trained in MNCH, with a total of 4,489 CHVs benefited from refresher training on child health and nutrition. MNCH is a topic common among all CHVs (those in charge of maternal health as well as those in charge of child health), all those who went through refresher training were updated on this area, including the following topics: growth monitoring and promotion (conducting a GMP session and negotiation of good feeding practices for children); severe acute malnutrition screening; promotion of full immunization before the first birthday; and active search for drop outs (not immunized or not fully immunized). These topics were identified as important to improve during the supervision conducted by past projects and under the assessment conducted by USAID in 2011.

The project will continue strengthening CHVs capacity to hold GMP sessions, to promote and improve practice of Essential Nutrition Actions (ENAs), to screen severe acute malnutrition cases to be referred to CSBs, and to strengthen nutritional monitoring of pregnant women.

Service delivery and case management

- ***Stock out at CHV level***

Table 19. Indicator 2.2: Percentage of service delivery points reporting an ORS/Zinc (Viasur®) stock out

Number of indicator in the M&E plan	Indicator	Objective for 2014	Achievement	Achievement rate
2.2	Percentage of service delivery points reporting an ORS/Zinc (Viasur®) stock out	29%	49%	59%

PSI reported a general stock out of Viasur® up to the national level during this year. Due to this, CHVs could not be resupplied from the CSBs and remained without products. It should be noted that the project offered a starting lot of Viasur® to CHVs providing c-IMCI at the end of their refresher training session.

Table 20. Indicator 2.3: Percentage of service delivery points reporting Cotrimoxazole / Pneumostop® stock out.

Number of indicator in the M&E plan	Indicator	Objective for 2014	Achievement	Achievement rate
2.3	Percentage of service delivery points reporting Cotrimoxazole / Pneumostop® stock out.	43%	50%	86%

With an extended stock-out of Cotrimoxazole/Pneumostop was observed at all levels during the year, the Project was not able to achieve its objective. The stock outs occurred despite the fact that the project provided CHVs offering c-IMCI with Pneumostop at the end of their refresher training sessions. As such, the big challenge in achieving targets for these indicators lies in the uninterrupted availability of Pneumostop. PSI has recently incorporated Pneumostop in the supply pipeline to the SPs after a stock out period and each CHV providing c-IMCI received 10 blisters of 10 tablets of Pneumostop.

- ***Service provision***

Table 21. Indicator 2.6: Number of diarrhea cases in children under five treated by CHVs with ORS/Zinc

Number of indicator in the M&E plan	Indicator	Objective for 2014	Achievement	Achievement rate
2.6	Number of diarrhea cases in children under five treated by CHVs with ORS/Zinc	25,926	8,255	32%
	Male	12,444	3,962	
	Female	13,482	4,293	

CHVs managed a total of 8,255 cases of diarrhea. On average, each CHV managed one case per month.

Table 22. Indicator 2.7: Number of children under five with suspected pneumonia treated by CHVs with antibiotic

Number of indicator in the M&E plan	Indicator	Objective for 2014	Achievement	Achievement rate
2.7	Number of children under five with suspected pneumonia treated by CHVs with antibiotic	25,926	13,394	52%
	Male	12,444	6,429	
	Female	13,482	6,965	

CHVs managed a total of 23,715 cases of ARI; an average of four cases per CHV per month. Of these cases, they managed 13,394 cases of simple pneumonia, treating them with antibiotics.

Table 23. Indicator 2.14: Number of children covered with nutrition programs (number of children under five registered by CHVs during GMP sessions)

Number of indicator in M&E plan	Indicator	Objective for 2014	Achievement	Achievement rate
2.14	Number of children covered with nutrition programs (number of children under five registered by CHVs during GMP sessions)	259,260	129,266	50%
	Male	124,445	62,048	
	Female	134,815	67,218	

CHVs registered 129,266 children during GMP activities achieving 50% of the objective. On average, each CHV monitored four children per month in PY1.

The project was faced with a number of challenges in this area. The first major challenge related to parents' reluctance to bring their children to GMP sessions. This attitude may be due to low perception of the importance of GMP and the low attractiveness of SPC sessions (as there is no food distribution as in other programs). Also, this year the project has not yet begun cross training and mother-CHVs have not received initial training on GMP. To date, only child-CHVs perform this activity while in some cases the villages are very extensive. To ensure that this service is performed efficiently and effectively, both types of CHVS should be involved in fulfilling this need.

To address this issue, USAID|MIKOLO will begin cross-training including GMP training for mother-CHVs and will equip mother-CHVs with a scale based on the number of children under 5 that they serve in the Fokontany, depending on the availability of these scales in fokontany sites. The provision of scales will take place during the next two years (due to the high cost of scales).

In PY2, the main activities will consist of improving CHVs' capacity to carry out GMP sessions and promote the practice of ENAs. The project will also seek to further collaboration and coordination with other projects or organizations providing GMP at the community level (ONN, Secaline, UNICEF, ASOTRY and FARARANO). Capacity-building for activity diversification and compliance with standards in conducting GMP sessions will be addressed during group monitoring sessions and/or during supervision trips by FTs.

Referral activities made by CHVs

Table 24. Indicator 2.15: Number of pregnant women referred by CHVs for antenatal consultation who sought care from the nearest health facility

Number of indicator in M&E	Indicator	Objective for 2014	Achievement	Achievement rate

plan				
2.15	Number of pregnant women referred by CHVs for antenatal consultation who sought care from the nearest health facility	13,700	5,860	43%

In all, 5,860 women were referred for ANC to the nearest CSBs for antenatal consultation, i.e. 43% of the annual objective. Safe motherhood was included in the topics addressed during the refresher training sessions and covered the benefits and standards of ANC and the importance of delivering in a health facility. During the refresher training sessions, the project distributed maternal health cards for CHVs to use them for awareness-raising on safe motherhood and for documenting the monitoring of delivery of ANC service package.

The project is faced with multiple challenges in achieving the objective for this indicator, some of which are beyond the team's control. First, the availability and the quality of services at referral centers (CSBs) may vary, which may discourage women from attending. For instance, IFA or Intermittent Preventive Therapy (IPT) for the prevention of malaria in pregnant women may be missing at the health facilities. Second, though the project adopted a format of referral slip with three parts, including one for counter-referral, the latter is not routinely returned by CSB staff, thus preventing CHVs from knowing and reporting whether the women they referred actually went to the CSBs. Lastly, there is a high rate of drop outs from the first to the fourth ANC visit.

With the lifting of restrictions on collaboration with the public sector, the project will expand its collaboration with EMADs and the CSB staff and will orient them on the technical topics to be addressed with CHVs, including safe motherhood.

Table 25. Indicator 2.16: Number of neonatal emergencies referred by CHVs who sought care from the nearest health facility

Number of indicator in the M&E plan	Indicator	Objective for 2014	Achievement	Achievement rate
2.16	Number of neonatal emergencies referred by CHVs who sought care from the nearest health facility	708	833	118%

CHVs referred 833 cases of neonatal emergencies to the nearest health centers, surpassing the annual objective at 118%, which probably reflects the emphasis on the importance of the neonatal period in reducing infant mortality during CHV refresher training.

The topic of referral for danger signs in newborns was addressed during the refresher training sessions as part of safe motherhood. In addition, during the COSAN members' orientation, the establishment of an evacuation system for obstetrical as well as neonatal emergencies was incorporated in the plan drafted in a participatory way at the commune level.

CHVs have difficulty documenting cases of referral of newborns with danger signs. Indeed, the referral and counter-referrals slips and the MARs are not always filled properly.

The other challenges are related to traditional birth attendants, use of traditional methods and delays in seeking care, and the non-availability of an evacuation system/means from villages to CSBs.

Table 26. Indicator 2.17: Number of obstetrical emergencies referred by CHVs that sought care at the nearest health facility

Number of indicator in the M&E plan	Indicator	Objective for 2014	Achievement	Achievement rate
2.17	Number of obstetrical emergencies referred by CHVs that sought care at the nearest health facility	797	269	34%

CHVs referred 269 cases of obstetrical emergencies to the nearest health center, i.e. 34 % of the annual objective.

Topics on danger signs during pregnancy and labor were covered during the training of CHVs. They were also equipped with maternal health cards to serve as a reference material for monitoring pregnancies and as a reminder of the danger signs. Finally, as mentioned earlier, CCDS and COSANS were encouraged to include in their participatory planning the implementation of a health evacuation system, using local means.

Factors that account for the objective not being achieved include women refusing to be evacuated and resorting to traditional healers. Other challenges in achieving the objective set for this indicator include the following:

- Families delay the decision to bring pregnant women with danger signs at the CSBs.
- Weak or non-functioning referral and counter-referral systems between CHVs and CSB and filling management tools including referral sheet and CHV monthly activity report.
- CHVs have difficulty documenting cases of referral of pregnant women with danger signs
- Health evacuation systems from the villages to the CSBs are not always in place.
- Referral and counter-referral slips and MARs are not always completed properly by CHVs.

Activities in this area in PY2 will focus on orienting EMAD and CSB staff on the technical topics to be covered with the CHVs, including safe motherhood, as well as building the capacity of CHVs to promote safe motherhood.

Sub-purpose 3: Improve the quality of healthcare services at the community level

The improvement of service quality in community-based primary healthcare is achieved mainly through strengthening the performance of community workers through an intervention package implemented in a continuous way. The package can be redesigned every quarter but includes the following events that follow a quarterly cycle:

- Monthly reviews/group monitoring sessions chaired by heads of CSBs and COSANs;
- Onsite supervision by the FTs one month after the refresher training followed with another supervision of the CHVs cohort within the next three months;
- Assessment of CHVs' performance by FTs every quarter.

In PY1, 1,613 onsite supervision visits were conducted, which is a rate of one visit per CHV.

The main challenges in implementing the work towards this objective are the overlapping in FTs' activities, poor access (remote villages, often difficult to reach), insecurity, and mastery by FTs of the new integrated tools adopted by the project.

Table 27. Indicator 3.1: Percentage of CHVs achieving the minimal quality score in c-IMCI

# of indicator in the M&E plan	Indicator	Objective for 2014	Achievement	Achievement rate
3.1	Percentage of CHVs achieving the minimal quality score in c-IMCI	TBD	0	
	Men			
	Women			
3.2	Percentage of CHVs achieving the minimal quality score in community-based FP	TBD	0	
	Men			
	Women			

The project has completed a number of steps in the service quality improvement process, namely developing the performance assessment tool and the definition of performance scores. NGO officers were then familiarized with the tool. The performance of CHVs is scored through an assessment of their individual performance three months after a refresher training session, taking into account four types of data:

- Direct observation data of CHVs (using a supervision checklist)
- Completeness and timeliness of MARs
- Users' satisfaction (though a survey)
- Knowledge testing

Since the refresher training session started in July for most CHVs, the NGOs will start assessing their performance in October 2014.

The efforts to achieve the objectives under these indicators are faced with multiple challenges. First, ensuring the supervision visits prior to the performance assessments is a challenge as FTs must fully assimilate and develop ownership of the health topics included in the supervision checklist. Second, the remoteness and poor access to villages are another issue that is compounded by the prevailing insecurity. Finally, activities often overlap.

In the same vein, ensuring the reliability of data collected by FTs during their direct observations while doing onsite supervision as well as the review of MARs completeness and timeliness – which is required to rate the CHVs' performance – are both challenging.

The project team is considering exploring solutions such as close supervision of NGOs by the project staff and triangulation of data with the results of the knowledge tests to enhance the reliability of assessments done by FTs. In addition, the project will pilot and test a certification process for CHVs in order to see how well it can motivate community workers.

To promote sustainability, the project will require, as a precondition, building the public sector's capacity to ensure quality of community-based health services. The main focus of activities will consist of continuing the assessment of CHVs' performance, establishing incentives for CHVs in the form of certification, establishing Community Health Support Technicians (CHST) at the CSBs as a pilot initiative, and strengthening the public sector's capacity to ensure quality of service.

Table 28. Indicator 3.3: Percentage of CHVs' monthly activity reports that are complete and timely

# of indicator in M&E plan	Indicator	Objective for 2014	Achievement	Achievement rate
3.3	Percentage of CHVs' monthly activity reports that are complete and timely	70%	70%	100%

In PY1, USAID|MIKOLO received 70% of the total number of MARs expected over the six-month operating period (April to September), which corresponds to the PY1 target.

CHVs prepare their monthly MARs by referring to the daily activities they recorded in their management tools. They bring their reports to CSBs where FTs collect one copy and enter their data in smartphones to forward them to USAID|MIKOLO's central office using the Datawinners platform.

The completeness rate is defined as the ratio of the number of reports received over a given period to the number of reports expected. In other terms, the numerator will be the number of reports received and the denominator the number of CHVs operating over the period.

In the second part of PY1 (April to September 2014), USAID|MIKOLO implemented its M&E system, including the data collection and reporting system. It also updated the management tools. Working with the other teams within the project, the M&E team trained FTs on the use of the management tools. The 123 FTs were then equipped and trained on the use of smartphones for entering and forwarding data. Finally, the project updated the list of CHVs, showing that the final number of active CHVs is 4,336. All supervisors, M&E

officers, and other NGO staff were trained on data verification and quality and on using MAR data for decision-making.

The first data from CHVs reached the project in late July 2014 and pertained to April to June. The number of reports received is 18,285.

Table 29. Indicator 3.4: Number of supervision visits to CHVs performed by NGOs

# of indicator in M&E plan	Indicator	Objective for 2014	Achievement	Achievement rate
3.4	Number of supervision visits to CHVs performed by NGOs	4,352	1,613	37%
3.5	Average frequency of supervision visits to CHVs by NGOs	2	1	50%

As shown by the results, the project achieved 37% of the planned supervision visits to CHVs by NGOs. The results are due to delays in conducting the training of CHVs, which are compounded by the one-month period that has to be complied with before the first onsite supervision visits. Since the CHVs' rounds of training started only in mid-June 2014, occupying FTs until August, most of the onsite supervision visits started only in August 2014, which means FTs did not have the time to complete all supervision visits.

There are multiple challenges to achieving the objectives for these indicators:

- Supervision is faced with the issues of remoteness, poor access, non-availability of transportation (whether private or public), and insecurity for some communes in each region.
- FTs have not yet fully mastered the health topics (MNCH, RH/FP and c-IMCI) listed in the supervision checklist and will require regular refresher training with the heads of CSBs.
- FTs have a hard time completing all their supervisions due to their heavy workload and overlapping activities. From a technical point of view, a FT should not have more than 36 CHVs under his/her responsibility to be able to visit them all as planned. In reality, 50% of FTs have more than 36 CHVs under their supervision.
- Data forwarding can also be a challenge. Despite the training, some FTs have not mastered the use of smartphones. To address this issue, the project organized a refresher training on the use of smartphones (data entering and forwarding) in late September 2014.

In PY2, as part of making onsite supervision effective, the project will restructure the coverage of CHVs with FTs in order to limit the number of CHVs supervised. In addition, it will initiate a supervision approach whereby tasks currently falling to FTs will be delegated to peer supervisor CHVs after the second performance assessment round. This should significantly alleviate FTs' workload. Finally, the supervision checklist will be streamlined to make the process as well data forwarding easier.

Table 30. Indicator 3.6: Number of CHVs benefiting from refresher training

# of indicator in M&E plan	Indicator	Objective for 2014	Achievement	Achievement rate
3.6	Number of CHVs benefiting from refresher training	0	4,489	
	Men		1,930	
	Women		2,559	

Initially, USAID|MIKOLO chose to organize cross-training in the first year to upgrade CHVs in its intervention zones into full-service CHVs. Under this approach, refresher training would occur only in PY2, hence the annual objective of zero for PY1.

However, as part of rapidly restarting activities, and taking into account the fact that ongoing training is an important factor in CHVs' performance, the project opted to provide refresher training to CHVs who had already worked in the Santénet2 intervention zones during first year and has postponed integrated (polyvalence) training to the second year, hence the achievement in the table above.

Compliance with the schedule was the main issue encountered in conducting the refresher training. Indeed, some NGOs were late in carrying out the activities but were able to catch up later on. Logistical aspects account for much of the delays (sending tools, dispatching staff from the regional capitals to the communes where the trainings will be held) as well as time management when holding the refresher training sessions. The ratio of FTs to CHVs is another issue as one FT has to conduct the refresher training sessions for all the CHVs in his/her assigned commune. Finally, the scheduling of refresher training sessions is also influenced by the availability of independent trainers who must be medical staff for topics such as c-IMCI and Depo-Provera.

In PY2, the project plans to alleviate the workload associated with the refresher training sessions and to this end will involve heads of CSBS. It will finalize a folder of flow charts with the job aids for CHVs, detailing the steps in their daily tasks, from promotion to referral to case management.

To alleviate the logistic aspects of holding training sessions, refresher training session will be organized the day after group monitoring for the groups of CHVs that are identified as requiring special support.

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

As part of developing its Behavior Change Communication (BCC) strategy, USAID|MIKOLO conducted a formative research study examining barriers to use of FP/RH, malaria prevention and treatment, and MNCH services, including hygiene and sanitation and nutrition. The research findings were used during a workshop to update the BCC, youth, and gender strategies, organized in collaboration with the MoH and partners. See the M&E section for further details on the Formative Research, as well as the full report, submitted under separate cover.

As part of revitalizing community structures, the project redefined the steps in the implementation of the KMS approach as well as the concepts of KMS, Fokontany Mendrika Salama, and Ankohonana Mendrika Salama, aligning them with the NCHP. The KMS approach is currently implemented in the project's 375 intervention communes.

CHVs' tools/IEC materials Distributed

1. Maternal Health Card
2. Child Health Card
3. Tiahrt FP Poster
4. FP calendar
5. FP method display
6. Posters on 3 key water, sanitation, and hygiene (WASH) messages

In the field of gender and youth activities, the project trained 114 youth peer educators (YPE) in youth and adolescent reproductive health with the goal of empowering them to set up and lead youth groups. Similarly, the project trained 111 women leaders to set up groups of model women.

As regards IEC/BCC materials, the project multiplied and disseminated eight types of materials and tools for CHVs, aired radio spots on eight health topics through seven stations with local and national coverage. In addition to this, CHVs were trained on the three water, hygiene and sanitation (WASH) messages so that they can sensitize their target audiences.

Table 31. Indicator 4.1: Number of communes certified as Champion Communes

# of indicator in M&E plan	Indicator	Objective for 2014	Achievement	Achievement rate
4.1	Number of communes certified as Champion Communes	375	0	

The following five criteria were defined to identify those communes that will be certified as Champion Communes:

1. Community structures (CCDS and COSAN) are functioning.
2. CHVs in the commune achieve a service delivery quality score that is above the minimal score.
3. No stock-outs are observed at the SPs, CSB, or by CHVs.
4. The commune has a health evacuation system established and used by the community.
5. Healthy behaviors are clearly adopted in the commune.

The table below describes the project's performance as regards these five criteria in PY1.

Table 32. Achievements of Champion Communes by criteria

Criteria	Achievement	Comments
Community structures (CCDS and COSAN) are functioning.	307 COSAN functioning	Criteria for a functioning COSAN : - Municipal decree setting up the COSAN (314) - Health action plan updated at least every six months (375) - Regular meetings with CHVs documented in minutes (307)
	296 CCDS functioning	Criteria for functioning CCDS : - Action plan updated at least every six months (296) - Regular coordination meetings with interveners and/or community actors (296)
CHVs in the commune achieve a service delivery quality score that is above the minimal score.	Data not available	CHVs performance assessment will be carried out starting in October 2014.
No stock-out is observed at the SPs, CSB, and CHVs.	Stock out at SP (not available)	Data not available at the project's level
	Stock out at CSB (not applicable)	Data not accessible and results out of control of the project
	Percent of CHVs with stock out: 32% (1,388 CHVs)	A composite parameter : stock outs may pertain to several health inputs
The commune has a health evacuation system established and used by the community.	Data not available	This activity has not been implemented yet this year
Healthy behaviors are clearly adopted in the commune	Data not available	CCC strategy developed by the project is being validated and will be implemented from Year 2.

There are a number of challenges associated with efforts to achieve the objective under this indicator, including the following:

- Collecting data feeding into this indicator is a tedious task as the criteria for becoming a Champion Commune are fairly complex: they involve multiple and composite parameters.
- When the regular reviews are postponed, FTs cannot monitor the progress status of the communes' action plans.

During the workshop to develop BCC, youth, and gender strategies, participants realized that criteria for becoming a KMS are very complex. Thus, participants suggested revising the criteria as follows to make data easier to collect and process, as follows:

1. CCDS set up by a municipal decree
2. COSAN set up by a municipal decree
3. CCDS and COSAN functioning:

- Regular meetings (documented by attendance lists and minutes)
- Municipal action plan (health, WASH, nutrition)
- Completion of 60% of the activities in the municipal action plan.

Communes that meet those criteria are then eligible to achieve the KMS status.

Criteria for graduation:

- All fokontanys located more than 5 km from a health facility have at least two CHVs.
- 50% of fokontanys have built a health hut by mobilizing the community
- 50% of fokontanys have established a health evacuation system
- Inclusion of CCDS, COSAN, and CHV activities in the commune's budget and/or availability of sustainable mechanism to fund their activities.

Communes will be assessed every year and will graduate when they meet the criteria. The completion of a criteria permits the commune to access a grade (One criteria → Grade 1, two criteria met → Grade 2, and so on until Grade 4). These modifications were submitted to USAID under the annual work plan PY2.

The main activities in this area for PY2 will be as follows:

- Share the new KMS criteria with the different stakeholders involved in the implementation of the approach (EMADs, heads of CSB, NGO supervisors, FTs, CCDS/COSANs, CHVs)
- Revise data collection tools based on the new criteria and systematize data on KMS status and its graduation in DataWinners
- Develop and dispatch materials "Torolalana KMS" guide for the various stakeholders
- Completion of KMS implementation in the 352 communes identified in PY1
- Implementation of KMS approach in the 154 new communes so they may obtain KMS status

Table 33. Indicator 4.3: Number of households certified as Champion Households

# of indicator in M&E plan	Indicator	Objective for 2014	Achievement	Achievement rate
4.3	Number of households certified as Champion Households	0	Not applicable	

As the Ankohonana Mendrika Salama was in design and development phase in PY1, the objective was set for zero for this year. The eligibility criteria have been developed. The project has suggested a change in the criteria in its 2015 annual work plan following the recommendations ensuing from the BCC strategy development workshop.

The amended version is as follows:

- Criteria of eligibility to the status of Ankohonana Mendrika Salama:
    1. Proper use of the maternal health card for those topics that are relevant for the household
    2. Proper use of the under-five child health card for those topics that are relevant for the household
- Criteria for graduation as a Ankohonana Mendrika Salama
    1. Use of a long-lasting insecticide-treated net (LLITN) (hung)
    2. Availability of water storage equipment or facility
    3. Availability of latrines
    4. Availability of a hand washing device.

A household must meet at least two of the four graduation criteria to become an AMS.

To achieve the objective under this indicator, the project will mainly mobilize community workers to sensitize households. In PY1, the project has also supported the formation of women's groups as a way to accelerate the uptake of healthy behaviors and thus the certification as AMS.

Table 34. Indicator 4.4: Number of radio spots airings

# of indicator in M&E plan	Indicator	Objective for 2014	Achievement	Achievement rate
4.4	Number of radio spots airings	432	1288	298%

Continuous broadcasting of health radio spots is one tactic to ensure that health messages are reinforced among target audiences. These spots complement the messages shared by CHVs at their health awareness sessions. In PY1, the project selected eight radio spots among those developed by SanténNet2 while waiting for the new spots recommended under the project's BCC strategy to be developed and produced. The eight spots pertain to: (1) malaria and care seeking, (2) IFA (IPT): benefits and dosage, (3) ARI, (4) KMS and gender approaches, (5) pregnant women's nutrition, (6) adolescent reproductive health, (7) WASH and CLTS, and (8) CHVs' services. The table below shows the number of broadcasts per theme.

Table 35. Total number of radio spots by theme

Themes	Total number of broadcasts	Number of broadcasts per radio
Malaria and care seeking	252	36
IFA: benefits and dosage	84	12
ARI	266	38
KMS and gender approaches	168	24
Pregnant women's nutrition	84	12
Adolescent Reproductive Health	112	16
WASH and CLTS	84	12
CHVs' services	238	34

This year, the project aired three times more spots than planned. Initially, it planned to air only through radio stations with national coverage. However, as some zones are not yet covered by these stations, the project made the decision to resort to airing spots on a greater number of local/regional stations in order to improve coverage. The airing period lasted 3.5 months (mostly in the last quarter), with two airings per day, six days a week. The project used seven radio stations, including one with national coverage (Radio Madagascar) and one with regional coverage in each of the project's six intervention regions (Local radio in Vatomandry, Radio Aina Mananjary, Radio Feon'I Mania d'Ambositra, Radio Mampita Fianarantsoa, Radio AVEC Ihosy, and Radio Don Bosco Tuléar). As a result, the number of radio broadcasts by the Project increased threefold as evidenced by the Results here.

In PY2, based on the BCC strategy which was finalized in PY1, the project will design new radio spots and will adapt them into local dialects. To ensure better coverage, the project will explore the possibility of collaborating with an increased number of radio stations and translate the spots into local dialect. A system will be set up to monitor airings.

Table 36. Indicator 4.5: Number of fokontanys achieving the Open Air Defecation Free (ODF) status and Indicator 4.6: Number of people having access to improved latrines

# of indicator in M&E plan	Indicator	Objective for 2014	Achievement	Achievement rate
4.5	Number of fokontanys achieving the Open Air Defecation Free (ODF) status	0	Not applicable	
4.6	Number of people having access to improved latrines	0	Not applicable	

USAID|MIKOLO's WASH activities are limited to promoting three key messages, namely (1) use of safe water, (2) hand washing with soap at critical times, and (3) use of hygienic latrines.

These topics have been included in the CHVs' refresher training curriculum and all CHVs, regardless of the services they provide, were trained on the three key Diorano WASH messages. They convey the messages to target groups through sensitization sessions.

In order to strengthen achievements in the area of WASH, the project signed a memorandum of understanding with the Sanitation Support Fund (SFF), a program that fights against open air defecation that operates in all the project's intervention regions, in order to coordinate activities in the field. SFF will provide the project with the data on ODF and use of latrines. As the collaboration was initiated this year, the project will start reporting on these indicators on PY2.

The challenge facing the project in the area of WASH is ensuring effective coordination with SFF and its implementing agencies for information sharing, coordination meetings at the various levels, and integration of the two entities' activities in the field. Strengthening coordination will be the project's focus in this area in PY2.

Table 37. Indicator 4.2: Number of people (youth peer educators, youth leaders) trained in Adolescent Reproductive Health (ARH)

# of indicator in M&E plan	Indicator	Objective for 2014	Achievement	Achievement rate
4.2	Number of people (young peer educators, youth leaders) trained in Adolescent Reproductive Health (ARH)	120	114	95%
	Men	52	62	
	Women	68	52	

In Madagascar, young people represent half the population; however, the results of the previous project conducted by USAID showed that young people continue to be disadvantaged in terms of services. Likewise, formative research conducted by USAID | MIKOLO confirmed this situation; especially in the context of their reproductive health.

The project adopted peer education strategy in its intervention areas to improve the situation. Youth will be trained in leadership, conducting meetings, technical awareness, and especially reproductive health of adolescents and youth. To carry out their activities, they will develop action plans and use management tools.

USAID|MIKOLO trained one or more youth groups per fokontany, to lead the development of an action plan that will guide the group to support other youth in raising awareness. Apart from outreach activities, these young people, accompanied by the group members and with the support of NGOs and community actors such as CCSD / COSAN, will attract young people to participate in the sports and socio-cultural events.

USAID|MIKOLO organized six rounds of training in 19 communes in the two intervention regions of the NGO ASOS, (Vatovavy Fitovinany and Atsimo Andrefana) as an introduction to the project's youth approach. The corresponding indicator (number of people trained in adolescent reproductive health) was achieved at 95% with 114 people trained, of which 54% of men and 46% were women; with the average age of those being trained between 22 and 23. As regards their level of education, one third completed only primary education, a little more than half had attended junior high school, and one out of 10 attended high school.

Some participants got their invitation to training late, which accounts for the 5% gap between the objective and the achievement for this indicator. The delays were due to the lack of formal channels for dispatching the invitations as well as the remoteness of the fokontany where some of the YPEs live. In some cases, the people invited were not available on the training days and appointed other people to replace them. However, these people did not meet the criteria and trainers had to decline their participation in the training sessions.

Based on the lessons learned this year, USAID|MIKOLO will pay special attention to identifying applicant YPEs in terms of education level and communication abilities. It will conduct simple tests to this end with the hope that this will improve the results of YPEs' work. In addition, the project will conduct an assessment of the approach starting in the sixth month of implementation. This evaluation aims to determine, on the one hand, the impact of this strategy at the youth level, the services utilization rate of young people in health centers

and the contraceptive rate in each commune. On the other hand, it will determine the profile of the most efficient youth peer educator (age, sex, education). The results of this evaluation will be used to help in decision-making on the scaling up of this approach.

GENDER

USAID|MIKOLO's approach to integrating gender into project work encompasses four major activities: (1) sensitizing project staff on gender; (2) sensitizing selected NGO staff on gender issues; (3) mainstreaming gender in NGOs' interventions at the community level; and (4) creation of women's action groups or Fikambanam-behivavy AMI (Ampela Mikolo) in *Fokontanys*.

1. Sensitizing project staff on gender

Information sessions were organized at the project level to internalize concepts on gender, gender equity, and gender mainstreaming. In addition, MIKOLO's monthly newsletter provides for a column on gender in each issue.

The tables below show the gender balance situation of project staff:

Table 38. Staff Gender by Geographic Area

Area	Female	Male
Central	47%	53%
Regional	13%	87%
Total	38%	60%

Table 39. Staff Gender by Department

Department	Female	Male
Technical	42%	58%
Administrative	30%	60%
Total	38%	62%

A review of these data shows that the staff is predominantly male, a situation that results from the project's specific needs, as some positions are exclusively open to men, for instance, the position of driver.

2. Sensitizing selected NGO staff on gender issues

A total of 39 men and 10 women from the nine NGOs awarded transition grants attended an orientation session in February 2014, as part of a general orientation for project partner NGOs.

In addition, a total of 167 FTs, regardless of their type (supervisors, SILC FT, and KMS FT), of which 70% were men and 30% were women, received orientation on the gender approach as part of the trainers' training session. Implementing NGOs' officers were advised to maintain gender balance in their teams and share the concepts of the gender approach to their local partners (CCDSs and COSANs).

3. Mainstreaming gender in NGOs' interventions at the community level

Advocacy activities were conducted with community leaders during the first CCDS and COSAN activity revitalization meetings. As a result, 375 signatures of commitment were collected, including for the gender component. A total of 4,839 people, of which 71% were men and 29% women, attended these advocacy sessions.

Information on the project's gender component was integrated to FTs and CHVs training curricula. The curriculum addresses the situation resulting from gender perceptions among the population, underlying causes, project vision, and challenges and barriers to achieving this vision. Job aids on gender were developed for each sensitization topic in MNCH, RH/FP, and c-IMCI.

Overall, the 4,489 CHVs trained by the project over the course of PY1 were predominantly female, (53% women, 47% men).

The formative research conducted by the project during this first year integrated the gender approach and allowed for identifying barriers and factors conducive to behavior change in the field of gender. The project built on the research findings to develop a gender strategy adjusted to the context. A workshop for designing BCC, gender, and youth strategies was accordingly held in August 2014 in Moramanga.

4. Creation of women's action groups or Fikambanam-behivavy AMI (Ampela Mikolo) in *Fokontanys*:

In order for women (especially mothers) to participate fully in improving the health of their families, women's groups were formed per fokontany. Participation in these groups is voluntary. The groups have the responsibility to promote the adoption of safe behaviors within their households and communities and identify Champion households (Ankohonana Mendrika)

This first year, the introductory phase of women's groups was rolled out in 19 communes in ASOS's intervention regions. Following the roll-out, 111 of the target of 121 women leaders received training in the regions of Vatovavy Fitovinany and Atsimo Andrefana, attended by 16 CSB managers from the women leader's Fokontanys of origin. The women's distribution per age group was as follows: 55% in the 30 to 40 age group, 4% over 50, and 23% between 20 and 30. Regarding their education level, 80% had primary education, 19% had secondary education, and only one was illiterate.

This approach will be assessed at three levels:

- Personal self-evaluation at the first group activity session to serve as baseline;
- A mid-term evaluation, towards the sixth monthly meeting, using the women leaders template;
- An evaluation conducted by an external team comprised of the CSB Manager, COSAN/ CCDS members, and/or Fokontany head and/or USAID|MIKOLO team, at the 12th month, once the last sensitization topic has been addressed.

The challenge with this approach is to ensure that the women leaders – who are attending a training for the very first time, have never led any group, and have no health background – are able to lead women's groups after a two-day training. To respond to this challenge, the women will attend a refresher session on the topic to be addressed before each meeting and will receive technical mentoring for their first two or three facilitation sessions before being left to manage on their own.

The other challenge is to ensure that women's group members take up health-promoting behaviors after just one meeting. To see to this, the women leaders will be requested to conduct home visits in between two meetings to reinforce health messages with group members.

The next step under the gender component is to report on these first trainings' results and integrate recommendations derived from such reporting. The second step will be to obtain validation of the curriculum from the Ministry of Public Health and partners.

The key activities planned for next year in relation with the gender approach are:

- Updating management tools for gender approach-related activities
- Monitoring the activities of the existing women's groups
- Assessing the introductory phase
- Expanding the approach to the 352 former intervention communes of the project
- Piloting the formation of men's groups in regions and communes where women's groups have been initiated. The process for creating the men's groups will follow virtually the same process as women's groups.

MONITORING AND EVALUATION

For continuous performance improvement at the project level, the USAID|MIKOLO M&E team has equipped each department with an effective system to monitor implementation of activities and identify areas for improvement.

USAID|MIKOLO's e M&E system has been designed to make monitoring and evaluation of results, as well as the full project planning cycle, information/data collection, management, and synthesis, discussion, and reporting process an efficient process that contributes to decision-making and helps the team to capitalize on achievements throughout the project.

The implementation of the M&E system during the project's first year involved the three following basic elements: the information system, including the information pipeline, the data quality assurance system, and the FTs' system for data collection from CHVs. Specific key tasks for this first year included:

1. Design, implement, and make operational the M&E system, including online databases, indicators, and data collection tools.
2. Collect, manage, process, and use data and information.
3. Monitor project data quality.
4. Conduct operations research and project baseline surveys.
5. Design and implement the project's communication strategy.

1- **Design, implement, and make operational the M&E system.**

The project's Monitoring & Evaluation plan, indicator table, and logical framework were submitted to USAID in September 2013 and were approved during the first quarter of this financial year. The M&E system is designed on the basis of the results framework, the Annual Work Plan, and the project's M&E Plan. The system aims to ensure the availability of project-relevant information and assess the progress made against planned activities and monitor progress on the M&E indicators.

The system provides for information collection at the local level (*Fokontany* and Commune), forwarding this information to upper levels (district, region, and national), data storage (database), data analysis, as well as information sharing.

The project's technical staff received orientation on the M&E system setup.

CHV MANAGEMENT TOOLS

1. Sensitization Register
2. Woman Register
3. Child Register
4. Supply Register
5. Monthly Activity Report
6. Individual Consultation Card in Family Planning
7. Red and Blue Timetables
8. Referral form
9. c-IMCI case management form

Management tools for CHVs management were reviewed and updated on the basis of the management tools used by the projects Santénet2 and MAHEFA, and the Monthly Community Activity Report of the Ministry of Health. A guide on how to fill these tools was also drafted and incorporated into the CHV training curriculum.

2- **Set up project databases**

As part of data collection, USAID|MIKOLO used mobile technology to forward data from the peripheral level and analyze them.

The project entered into a contract with HNI to use the DataWinners platform and a relating operating application. A total of 123 NGO FTs were equipped with smartphones to enable them to enter and send data collected from community actors. As such, FTs collect training reports (CCDS, COSAN, and CHVs) and CHVs' MARs, they enter the data offline, and send data when they have access to the internet. Questionnaires for all these reports have been designed and entered on the smartphones.

Once the application was developed, HNI conducted a two-day orientation on the use of smartphones and Datawinners with 10 staff from USAID|MIKOLO, including the M&E team, the IT officer, and a representative of each sub-purpose team, to enable them to conduct trainings with NGOs and regional offices.

The Project trained NGO FTs on the information system of USAID|MIKOLO, as well as on their roles in data collection and quality control. In June of 2014, NGO FTs were trained in the use of smartphones to enter and send data collected using the DataWinners® application software developed by Human Network International (HNI). A total of 136 FTs, FT supervisors, and M&E officers from the NGOs, as well as 10 staff from the project's regional officers were trained. A refresher session involving the same participants was held in September 2014. This refresher training was also a forum to address any issues encountered by FTs, when using smartphones and sending reports. Solutions were identified to make the

system fully operational. Orientation on data for decision-making was also provided during the refresher sessions.

Since the second quarter, the system has enabled the project to collect and report data from 4,336 CHVs out of the 4,489 trained (97%), over the period from April to September 2014. The objective for this year was to achieve a completeness rate of 70% for CHVs' MARs, and the actual rate achieved during the period was 70%. Indicator analysis results were reported in quarterly and annual project reports. These results will be used to identify challenges and actions to address them.

3- Monitor project data quality.

To ensure that the data collected with CHVs are of quality, the project developed a data quality assurance system. The project's technical staff (central and regional teams) and NGO teams (FTs, FT supervisors, technical officers, and M&E officers) received an orientation on this system.

The Data Quality Assessment (DQA) sheet for each indicator was developed taking into account how to monitor the quality of the data reported by the different actors on for each indicator and as well as prepare any evaluation conducted by USAID. It is noted that indicator-specific DQA sheets were developed in relation with indicator-specific performance sheets (PIRS). These sheets were the starting point of the project's data quality assessment meeting conducted by USAID in September 2014. This evaluation's results will enable USAID|MIKOLO to implement specific actions to address any project data quality issues. Similarly, data quality control criteria were defined and FTs received orientation on them during the two trainings given this year.

The data reported by the CHVs will be checked at all levels (FT, FT supervisor, NGO M&E officers, Regional Office team, MIKOLO M&E team). Data quality will be assessed on a quarterly basis, on a randomly selected sample of communes. Nevertheless, before they are forwarded to USAID|MIKOLO, CHVs' MAR data will first be verified by FTs and their supervisors, against the data recorded in DataWinners. In addition, the Regional Office team and MIKOLO M&E team will conduct a monthly data quality control by analyzing data in the project database.

4- Conduct operations research and project baseline surveys

This year, USAID|MIKOLO planned to conduct a baseline survey to establish the stock-out rate at the CHV level, and determine the reliability of data reported by CHVs, as well as the community services' acceptance by community members. The survey was also intended to measure youth and community health behavior.

- During the first quarter of this first year, an assessment was conducted in the 375 project intervention communes (former intervention communes of project Santénet2).

The study aimed to collect information on the functioning of local structures, as well as the availability of health services at the community level. Study results were intended to enable USAID|MIKOLO to develop a strategy and approach for rapidly resuming field activities with these actors. The study had 4 specific objectives:

- Identify functioning CCDS, COSANs, and CHVs

- Estimate management tool equipment
- Assess product availability at CHV level
- Issue recommendations on priorities that NGOs are waiting for to launch field activity implementation

It was planned to collect information from the 375 communes (former intervention communes of Santénet2). Fifteen (15) communes were removed from the list at the preparatory phase of the survey due to insecurity issues. Likewise, the number of questionnaires received was affected by constraints such as poor accessibility and insecurity during the survey period: 274 questionnaires were received out of the planned 360 responses from CCDS/COSAN, while 3,858 were received from the target number of 4,961 CHVs.

The findings and recommendations derived from the assessment were as follows:

- It was noted that in spite of the lack of technical assistance at the community level (it has been almost a year now that Santénet2 has withdrawn), the situation on field is encouraging.
- In March 2013, 22% of Santénet2 CHVs did not participate in the survey. This can be accounted for by several reasons, including that the CHV is no longer active or is still active but could not attend the meeting for various reasons.
- CCDSs continue to organize meetings and have health action plans.
- According to CCDSs, PSI continues to supply Supply Points. However, the availability of products at CHV level is low. Therefore, either products at SP level are not sufficient to meet CHV needs, or CHVs are unable to supply themselves from these SPs for lack of money or due to excessive distance.
- CHVs are motivated and continue to provide services at community level.
- Health products are available among 77% of CHVs.
- More than 95% of CSB1s and CSB2s are operational.
- The community structures set up by MSI (Mobile Clinics and Marie Stopes Ladies) are operational. On the other hand, CCDS reports indicate that MS Ladies are few in number.
- In terms of accessibility, 48% of the 358 communes are accessible year round, and more than 50% are accessible for 5 to 11 months out of the year.

Recommendations for USAID|MIKOLO and implementation partners are as follows:

- Although some community structures and actors such as CCDSs, COSANs, and CHVs exist, the project should focus its efforts on revitalizing them or setting up more of them at the beginning of field activity implementation.
- The project and its implementation partners should ensure the availability of health products at the level of SPs and PSI.
- The project and its implementation partners should ensure the availability of tools/equipment among CHVs.
- CHVs' supply in health products from the relevant sources (SP or CSB) should be closely monitored.
- CHV supervision should be reinforced to ensure the provision of quality services.

In addition, the project proposed to conduct an operations research on family planning services for youth. The data collected will be used as baseline indicators to guide strategy development. Part of the information was collected during a formative research study focused on "determining barriers to healthy behavior adoption" conducted by the project this year.

The information will form the basis for developing the research protocol. The actual research will be conducted during financial year 2015.

5- Design and implement the project communication strategy.

The development and implementation of the project communication strategy was a major highlight of the project's first year. This strategy, which is comprised of a communication plan and media plan, may be updated in PY2.

The project's key achievements in communication are as follows:

- ***Promotion of the project's visibility***

The highlights of this activity were the launching of the project at the national and regional levels and the development of the project's pages on social networks. The project's Facebook page now has more than 800 followers. MIKOLO's Twitter account is followed by 17 individuals and organizations. The USAID|MIKOLO blog has received more than 8,000 visits.

In Year 1, the project participated in numerous health-related events to ensure its visibility, including:

- USAID|MIKOLO Project Launch, December, 2013
- World Malaria Day in April 2014
- Partners' day with the Peace Corps in Mantasoa
- Launching of CARMMA in September 2014
- Launching of Sur Eau tablets in September 2014
- Additional activities organized by the project, including the workshop for disseminating study results on pregnancy test and formative research

- ***Compliance with the branding and marking plan***

The branding and marking plan was updated this year to meet contractual requirements. Also, resumption of the collaboration with the public sector required changes in project communication targets.

- ***Communication of results***

Over the last months of PY1, the project reinforced the sharing of results through various dissemination channels, including:

- The 2nd issue of the MIKOLO newsletter (in annex), which was the first issue to be shared with the communities living in the 375 communes. These newsletters will be displayed in the communes' offices and CSBs.
- The project collected success stories from the field to showcase the results and impacts of the interventions on project beneficiaries. These stories were disseminated in the previous quarterly reports and also disseminated by MSH's communications channels.

To ensure that the project M&E system remains operational, each member of the M&E team is responsible for conducting NGO coaching activities per region. The main tasks undertaken by these coaches over this year were to:

- Train actors on the different levels of the project's M&E system
- Develop a culture of data for decision-making
- Update the FTs and CHVs list and forward it to the Data Officer so that he/she may update the project database
- Monitor the completeness and timeliness of CHVs' MARs sent by FTs
- Analyze problems relating to data collection and sending by FTs
- Discuss problems relating to M&E activities with NGOs/FTs

In PY2, the key activities for the M&E department will consist of:

- Making the M&E system operational at all levels (community actors, NGOs, regional officers, central level)
- Continued implementation of the project database
- Ensuring that the M&E system remains operational
- Ensuring data quality at all levels
- Conducting operations research based on the results obtained to develop new community approach strategies
- Communicating results to all partners (USAID, health partners, USAID partners, NGOs, community actors) to ensure internal as well as external visibility of the project
- Documenting lessons learned and good practices

Formative Research and BCC Strategy

FORMATIVE RESEARCH:

In line with its goal of contributing to achieving the Millennium Development Goals (MDGs) and post-MDG targets in the field of health, USAID|MIKOLO implements activities aimed at promoting the uptake of healthy behaviors and improving the quality of healthcare services.

To this end, a formative research study was conducted in 11 communes in six intervention regions to identify barriers to adopting healthy behaviors and to define ways to overcome these barriers through a Behavior Change Communication (BCC) strategy adapted to community health.

The research looked into the following eight practices:

- Seeking care from Community Health Volunteers;
- Attending four antenatal visits, delivery with assistance from qualified staff, immediate exclusive breastfeeding;
- Exclusive breastfeeding up to six months;
- Use of modern contraceptive methods by women;
- Men's involvement in family health (gender);
- Responsible sexual behaviors among young people;
- Health and essential nutrition monitoring for children under five;

- Use of (improved) latrines and hand washing at critical times.

Two types of barriers were identified, namely those that are related to the individual themselves, and those that are related to external factors.

Those that are related to the individuals' own analysis include:

- The individual believes that he/she lacks the knowledge, capacity, or resources to adopt the practice or that he/she does not have access to the service or the practice;
- The individual does not feel the need to adopt the practice or does not perceive the effectiveness, benefits, or risks associated with the adoption or non-adoption of the behavior.

Those that are related to external factors include:

- There are negative influences from individuals or groups;
- Beliefs prevent them from adopting healthy behaviors;
- Regulations in place do not encourage healthy behaviors.

Solutions to overcome identified barriers included the areas of (1) Service delivery, (2) Demand, and (3) Improving the environment to be conducive to the process of change.

This document's development involved several steps, namely: a literature review, the recruitment of a national and international consultant, development and pretest of collection tools, surveyor training, field survey performance through a consulting firm, data use and analysis until the final report's production.

The project faced different challenges throughout the different steps of the process, including during the field survey's performance where it had to address the logistic problems arising from the lack of professionalism of the selected consulting firm.

Research findings were used to develop the BCC, "Youth" and "Gender" strategies, relating messages and tools, prior to field implementation and after making any adjustments to regional specifics.

Research findings were presented at the validation workshop held on June 19, 2014 which brought together the Ministry of Public Health and health partners.

BCC STRATEGY:

MIKOLO's BCC strategy is based on the formative research findings. The project hired three consultants (one national and two international ones) to develop this strategy. A workshop for updating/ developing BCC, youth, gender, and community mobilization strategies, convening both the Ministry of Public Health and health partners was held in Moramanga August 11-14, 2014. The first version of this strategy document is available and will go through a validation process in October 2014.

The major challenge in developing these strategies lies in planning and coordination of schedules as the range of partners that the project wished to involve in the strategy document's development is wide. Indeed, the project did not want the strategies to be limited

to the project's use but also to be taken up by the Ministry of Public Health and potentially, other partners.

In PY2, the project will submit the BCC, youth, gender, and community mobilization strategies for validation to the Ministry of Public Health and partners. The next phase will consist in adjusting, developing, and validating messages, tools, and materials relating to these strategies. Then the project will move on to the strategies implementation in its intervention zones, after making any adjustment deemed necessary to regional specifics.

PROGRAM MANAGEMENT

Expected results:

- Senior staff are in place within one month of project award;
- In-country registration is completed;
- The office is in place and is operational Sub-contracts are signed with OSC, CRS, ASOS and ITEM;
- Target zones are selected and details of plans for Year 1 are finalized;
- Community-based health services resume or are continued in all communities targeted by MIKOLO;
- MoUs are signed with project implementing partners and with other collaborators;
- The work plan, M&E plan, and Environmental plan are submitted to USAID;
- Joint activities with collaborating agencies are identified for Year 1;
- Quarterly and annual reports are submitted to USAID; and
- Transitional grants are signed

Deploy key staff members and recruit other staff mentioned in the proposal:

Once MSH received approval from USAID for the start-up of the project, teams were immediately deployed to the field to set up operations. By December 31, 2013, 31 employees (including 2 expatriates: the COP and Director of Finance and Operations) were recruited and operational (60% of total number of planned staff). By January 2014, more than 90% of staff were hired and were in place. It should be noted that MSH staff were hired as consultants during this period as the organization was not yet registered and could therefore not obtain tax identification status.

USAID|MIKOLO was officially launched on December 4, 2014. The event was chaired by the Mission Director of USAID/Madagascar, and brought together leading figures such as the *Chargé d'Affaires* of the U.S. Embassy in Madagascar, the Head of Health Directorates from the Ministry of Health, local and international partners and MSH's founder, who made the trip for the occasion.

Register MSH in the country:

By the end of the second quarter, MSH had identified and established a permanent headquarters and worked with the project team to open and staff five field offices. The project team purchased equipment (< $5,000) (e.g. computers, telephones, networking, printers, etc.) and office furniture; And contracted Internet service providers, security services and other essential services (e.g., electricity, water). A bank account was quickly opened and operations were in full force by the end of the first quarter. The project was provided with short-term technical assistance from MSH headquarters that oriented the staff to financial management policies and procedures, and resulted in comprehensive, complete operations manuals..

Finalize and sign contracts with *Action Socio-sanitaire Organisation Secours* (ASOS), Catholic Relief Services (CRS), *Institut Technologique de l'Education et du Management* (ITEM), and Overseas Strategic Consulting, Ltd. (OSC):

MSH has 4 subcontractors under this Contract. MSH negotiated with each subcontractor a separate Contract as per the original contract ceiling amounts. Signed subcontracts were completed by October 15, 2013. Contract readings and briefing meetings were held with each of the consortium partners: OSC, CRS, ASOS, and ITEM. Staff were hired by the subcontractors and began working immediately.

Organize an orientation and planning workshop with stakeholders for PY 1

In early September, 2013, MSH organized an orientation and project workplan development workshop for PY 1. During this workshop, the team outlined the workplan, timeline, and monitoring and evaluation plan for PY 1. In January, 2014 the project held a visioning and teambuilding workshop was held at the *Hotel Paon d'Or* in Ivato for all project staff (central and regional), representatives of subcontractors (ITEM, OSC and ASOS), and a representative of MSH's home office. The workshop objectives were to (1) assist project staff to create, share, and adopt a vision for the project and (2) to develop good team spirit among project staff.

In each Fokontany where USAID | MIKOLO works:

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

Resulting in:

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

The project articulated its vision as follows: ***Under USAID guidance, procure and initiate transition grants for the continuation of services by NGOs and CHVs in MIKOLO's target regions.***

As a critical step to restart community-based activities left dormant since the end of SanteNet2, USAID|MIKOLO reviewed and selected nine nongovernmental organizations (NGOs) for transition grants. These grants were designed to rapidly resume community-based activities that had been halted in the 375 communes after the completion of the SanteNet2 project in March 2013. USAID|MIKOLO first identified a subset of 12 local NGOs that were rated as the top performers of the SanteNet2 project and determined them to be prequalified for the transition grants. This selection was approved by the USAID COR. By having each pre-qualified NGO compete for 10 Lots, MIKOLO instilled some competitive elements to the process. Only nine NGOs were selected for the transition grants. Once selected, USAID|MIKOLO oriented staff members of these NGOs (technical, administrative and financial) and their field agents (technical assistants and their supervisors) regarding the project's vision, its expectations for NGO performance, as well as the activities to be implemented at the commune level. Transition grants were approved by February 10, 2014 and signed between MSH and the subgrantees by the end of February, 2014. The project disbursed funds during February and March, 2014 to each of the nine NGOs.

Negotiate and sign a Memorandum of Understanding (MoU) with United States Government implementing partners and other MIKOLO collaborators including Peace Corps Volunteers:

During this year, USAID initiated and signed MoUs with Marie Stopes Madagascar (concerning family planning referrals), PSI (regarding information sharing on commodity stock management), the US Peace Corps (regarding the placing of PCVs in MIKOLO sites, and the Fonds d'Appui d'Assainissement (FAA), managed by a consortium led by Management Care Development International (MCDI), (concerning hygiene and sanitation).

Submit the final versions of the work plan, monitoring and evaluation (M&E) plan, and environmental compliance plans to USAID:

USAID|MIKOLO submitted its annual implementation plan (including Monitoring and Evaluation, Environmental Mitigation and Management Plan (EMMP), and its budget on September 13, 2013. The workplan was approved on November 27, 2013. The USAID|MIKOLO PY 2 annual implementation plan was submitted on August 30, 2014 and was approved on September 30, 2014. All annual implementation plans were submitted on time as per the contract requirements.

Prepare and submit progress reports to USAID:

All quarterly progress reports were submitted on time as per the requirements of the contract and USAID approval was obtained for each submitted report.

Financial Management

USAID/MIKOLO spent $4.8 million in the first year of the project. This amount compares with the originally-projected budget for Year 1 amounting to $5.5 million. The full amount of subcontracts and grants are included in first year expenditures or accruals on the assumption that this is the best indication of the justification that will be submitted.

The primary variances contributing to the difference in the Year 1 include Wages and Salaries. Employees were categorized as consultants until MSH became registered late in the first year, thereby contributing to an over expenditure of the consultant line item and a compensating under expenditure of Wages and Salaries. An additional portion of the underspend of Salaries and Wages related to exchange rate fluctuations wherein local costs were booked at a higher exchange rate to the dollar, on average, compared to the rate used in the original budget.

In general, local currency exchange rate fluctuations contributed to an overall reduction in local currency costs during the first year. Resulting first-year savings in local currency line items, which also included Training, are expected to be applied to future local currency-denominated activities covering the expanded geographic and programmatic scope of the project going forward. Overall, the project realized significant efficiencies and cost savings contributing to opportunities for expanding the regional and technical scope of the project.

Project startup in Year 1 required a more intensive involvement of administrative personnel than originally envisaged, leading to a more gradual phase in of the technical LOE. The subsequent ramp up of implementation and consequent technical LOE will be more fully reflected in following years.

For the second year of the project the approved budget amounts to $5.56 million. Key project infrastructure is now in place to support completion of the project work plan in Year 2, as reflected in the Year 2 budget.

Year 1 expenditures and accruals (see accompanying table) amounting to $4.8 million plus the Year 2 budget of $5.6 million total $10.35 million. With an initial obligation of $7.7 million, this leaves a remaining obligation need of $2.63 million.

Annual Budget and Expenses

		Original Budget PY1	PY1 Expenditures 1/8/2013 - 30/9/2014	September Accruals 30/9/2014	Expenses + Accruals Year 1	Variance	Year 2 Budget 10/01/2014 - 09/30/2015
I.	Salaries	$1,213,585	$793,168	$32,737	$825,905	$387,680	$1,209,713
II.	Consultants	$4,502	$211,439	$0	$211,439	-$206,937	$25,842
III.	Overhead	$557,645	$613,296	$0	$613,296	-$55,651	$584,156
IV.	Travel and Transport	$314,190	$307,036	$14,502	$321,538	-$7,348	$319,264
V.	Allowances	$222,087	$220,250	$0	$220,250	$1,837	$185,027
VI.	Subcontracts	$598,481	$391,306	$207,175	$598,481	$0	$440,840
VII.	Training	$786,703	$327,129	$68,873	$396,002	$390,701	$595,546
VIII.	Equipment	$132,363	$0	$5,899	$5,899	$126,464	$16,846
IX.	Grants	$680,000	$517,989	$162,011	$680,000	$0	$800,000
X.	Other Direct Costs	$794,903	$822,233	$33,123	$855,356	-$60,453	$1,175,180
SubTotal		**$5,304,459**	**$4,203,847**	**$524,319**	**$4,728,167**	$576,292	**$5,352,414**
XI.	Fee	$194,681	$101,415	$11,200	$112,615	$82,066	$204,736
Total plus Fee		**$5,499,140**	**$4,305,262**	**$535,519**	**$4,840,782**	$658,358	**$5,557,150**
Total Budget PY1 and PY2							**$10,397,932**
Current Obligation							**$7,718,548**
Remaining Obligation Needs							**$2,679,384**

ANNEXES

Annex 1: Results Matrix

PROJECT RESULTS - YEAR 1

Indicator number	Indicator	Target 2014	Result 2014	Achievement rate
Sub-Purpose 1: To sustainably develop systems, capacity and ownership of local partners				
1.1	Number of NGOs eligible to receive direct awards made by USAID	0	Non applicable	
1.2	Number of Communes with functioning COSANs	375	307	82%
1.3	Number of Communes with functioning CCDSs	375	296	79%
1.4	Number of local NGO awarded	0	Non applicable	
1.5	Percent of CHVs in project areas attending monthly COSAN meetings out of the total # of CHVs in the health center catchment area	50%	71%	142%
1.6	Number of Saving and Internal Lending Community (SILC) established at the community level	150	133	89%
1.7	Number of people (NGOs, COSAN, CCDS, SILC) trained with increased Leadership and Management knowledge and skills	7 650	7 053	92%
1.8	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)	50%	62%	124%
Sub-Purpose 2: To increase availability of and access to primary health care services in project target communes				
2.1	Percent of service delivery points (CHVs) that experience a stock-out at any time of ACT	20%	20%	100%
2.2	Percent of service delivery points (CHVs) that experience a stock-out at any time of ORS/Zinc	29%	49%	59%
2.3	Percent of service delivery points (CHVs) that experience a stock-out at any time of Pneumostop©	43%	50%	86%
2.4	Percent of service delivery points (CHVs) that experience a stock-out at any time of Oral contraception products	25%	16%	156%
2.5	Percent of service delivery points (CHVs) that experience a stock-out at any time of DMPA products	33%	21%	157%
2.6	Number of children under five years old with diarrhea treated with Oral Rehydration Therapy (ORT)	25 926	8 255	32%
2.7	Number of children with pneumonia taken to appropriate care	25 926	13 394	52%

Indicator number	Indicator	Target 2014	Result 2014	Achievement rate
2.8	Number of children with fever in project areas receiving an RDT	54 300	32 650	60%
2.9	Number of children with RDT positive who received ACT	29 300	11 224	38%
2.10	Couple Years Protection (CYP) in USG supported programs	40 672	12 329	30%
2.11	Number of new users of FP method	45 371	32 677	72%
2.12	Number of continuing users of FP method	64 815	66 465	103%
2.13	Number of additional USG-assisted community health workers (CHWs) providing Family Planning (FP) information and/or services during this year	4 321	2 203	51%
2.14	Number of children reached by USG-supported nutrition programs *(Number of children under 5 years registered with CHW for Growth Monitoring and Promotion (GMP) activities)*	259 260	129 266	50%
2.15	Number ANC clients referred and seeking care at the nearest health provider by CHW	13 700	5 860	43%
2.16	Number cases referred and seeking care at the nearest health provider by CHW for neonatal emergencies	708	833	118%
2.17	Number cases referred and seeking care at the nearest health provider by CHW for obstetric emergencies	797	269	34%
2.18	Number clients referred and seeking care at the nearest health provider by CHW for LAPMs	3 750	2 344	63%
2.19	Number cases referred and seeking care at the nearest health provider by CHW for severe illness episodes	106 152	7 714	7%
2.20	Number of health workers trained in case management with artemisinin-based combination therapy (ACTs) with USG funds	4 321	2 808	65%
2.21	Number of health workers trained in malaria laboratory diagnostics (rapid diagnostic tests (RDTs) or microscopy) with USG funds	4 321	2 808	65%
2.22	Number of people trained in child health and nutrition through USG-supported programs	4 321	4 489	104%
Sub-Purpose 3: To improve the quality of community-level primary health care services				
3.1	Percent of CHVs achieving minimum quality score for community case management of childhood illnesses	TBD	0	
3.2	Percent of CHVs achieving minimum quality score for family planning counselling at the community level	TBD	0	
3.3	Percent of monthly activity reports received timely and complete	70%	70%	100%
3.4	Number of CHVs supervised at the service	4 321	1 613	37%

Indicator number	Indicator	Target 2014	Result 2014	Achievement rate
	delivery sites			
3.5	Mean frequency of activity supervision visits conducted by NGO partners to CHWs	2	1	50%
3.6	Number of CHWs having received refresher training.	0	4 352	
Sub-Purpose 4: Increase adoption of healthy behaviors and practices				
4.1	Number of Communes having the status of Commune Champion	375	0	0%
4.2	Number of people (peer youth, youth leader) trained in Adolescent Reproductive Health (ARH) with increased knowledge and skills	120	114	95%
4.3	Number of certified Household Champions	0	Non applicable	
4.4	Number of interactive radio spots broadcast	432	1288	298%
4.5	Number of fokontany achieving Open Defecation Free (ODF) status	0	Non applicable	
4.6	Number of people gaining access to an improved sanitation facility	0	Non applicable	

Annex 2: Success stories

Portrait of a polyvalent community health volunteer

"Let's be trustworthy in everything we do"

SABOTSY Florine seems younger at her age. At 56, this community worker remains an important pillar in the promotion of health in the fokontany of Bonaka in the town of Niarovana Caroline of the Vatomandry district in eastern Madagascar.

© USAID|MIKOLO Naony R : Florine, A CHV model for her community

Florine is a volunteer elected by the community because of her friendly and helpful character. She has been the mother community agent since 2007 and has taken other courses on community worker services for children in 2009 with the previous project. Being among the 4,330 community workers who received an upgrade by the USAID | Mikolo project in June 2014, Florine is better equipped and truly committed to meet the health needs of people in Bonaka and even the commune.

Florine receives between 3-10 people depending on her appointments and the cases of children. She has a reputation throughout the district of Vatomandry because people also come from other towns. She also has respect and confidence from the head of the CSB because of her professionalism and performance.

Florine is among the community workers with a very high skill in itself because she follows 50 regular family planning users and receives a new client each month. The project community health volunteer has a monthly average of 32 regular users.

The community is grateful for her services. Florine built a community site where she can work quietly. She welcomes patients every Tuesday and Thursday and cleans the site every Saturday because, apart from her community activities, she works in the fields to feed her family. However, she still meets patients even outside of the opening hours if someone has an emergency.

"I love what I do even if I do it voluntarily. My greatest joy is to see people healed and healthy thanks to my small contributions," said Sabotsy Florine smiling.

Her activities are not limited to consultations. She also organizes awareness sessions on hygiene and sanitation issues, family planning, seasonal topics and vaccinations. Sessions are organized through home visits, group discussions and public meetings. She takes these activities to heart because she knows their importance. "To all the CHV, let's be trustworthy. Greet people with smiles if you want to succeed and help others," says Florine.

Gender and Child health

"Marcellin and Fiadanana helps each other to keep their one year old Fandresena in good health"

"We want our 1 year old baby Fandresena to be a healthy child and to be spared from all kinds of diseases and poverty. We will do what is possible for him to grow up in better health and earn a good living when he grows up," said the young couple Marcellin, 20 years old, and Fiadanana, 17 years old, from the village Ambongo fokontany

© USAID|MIKOLO/ Verohanitra R : Marcellin and Fiadanana, a live model for gender and health promotion in their community

Andranomaitso in commune of Antaretra in the Ifanadiana District of the Vatovavy Fitovinany region.

Working as a beekeeper, this pair of small farmers earn a modest living but they still work together to ensure a better future for their son.

The couple always makes decisions together for the health of their son. An approach that USAID | Mikolo would like to implement is a program aimed at empowering fathers of families in decision-making in the field of health.

The consequences are beneficial for Marcellin and Fiadanana. Fandresena is healthy and was able to receive all 5 vaccinations before his first year to protect against 10 childhood diseases like Polio, Haemophilus influenza B, Measles, Hepatitis B, Diphtheria, Tetanus, Pertussis, rotavirus, meningitis and Tuberculosis. Marcellin always accompanied his wife during the vaccination days at the health center because they have to travel a few miles to get there.

For monthly weighing of Fandresena by Raharisoa Meline, a community worker from the village, the couple always go together. According Meline, Marcellin was the model father by being concerned for his family. With his wife, he always responds to outreach activities organized by the community worker at the health center.

SILC: Community health volunteers are gathering in a group to self-financing assistance

Community health volunteers of Beravy Haut Fokontany, located in 7km from the main road of Tsianisiha commune, in the southern part of Madagascar are helping themselves to better improve their living.

© ASOS/Naina: Members of the AC MIRAY SILC group in Beravy Hautfokontany, Commune of Tsianisiha

To satisfy their demand, they are grouping themselves in a saving and loan system at the community level and founded the AC MIRAY group. It was created with 18 community health volunteers s including six women and twelve men just after their refresher training provided by the project team. This group was set up with internal rules and conditions respected by all according required by the SILC standard.

This group was even acknowledged by CCDS. The members benefited from a SILC technician. Immediately afterwards, they begin to organize the savings account throughout the frequent meetings organized for members. They hope to start their credit at the beginning of October.

For CHV, being members of AC MIRAY group is an opportunity for them to create a fundraising activity as most of them work as volunteers or in the field to do land work. But SILC is a way to assist CHV so that they sustain their health products and avoid stock out. The objective of SILC is to improve living conditions of its members and satisfying their health and social demands. To better invest in their health need, they expect to invest further.

According to the implementing NGO's technician, this group SILC was not supposed to be existing year after a year of starting the program. Despite the long distance between the CHV sites, they proved that it is possible to achieve good results as long as there is good will, especially community commitment and dedication.

Gender

A woman is leading the reduction of maternal and child mortality in Masiakakoho

RASOANIRINA Solange Helene, 24 years old, is one these young married women dynamic and motivated in their village. She became a reference in terms of health along with the community health volunteers in the fokontany of Masiakakoho, Tataho commune, district of Manakara II in the southern east part of Madagascar.

© USAID|MIKOLO : Verohanitra R : Solange Hélène (in the middle) during a meeting of her Ampela Mikolo group in Masiakakoho

Since 2010, she was involved in many community activities with the trainings she benefited from different health programs all along the years.

In terms of promoting livings, she was the first to have set up the savings and village credit associations (VSLA) during the previous SALOHI project and was elected to be president of the association that continues to operate wonderfully with 22 members today.

With this saving system, she could invest herself to beekeeping and has been able to supply honey periodically to the company Miellerie de Manaraka (exporter of honey).

The other members were able to improve their living conditions thanks to Solange engagement to stabilize their association

Since the start of USAID|MIKOLO project, with her community engagement and her previous experiences in community health services, she was nominated by Randriantsontso Roger, the CHV in Masiakakoho fokontany to lead women's group called "Ampela Mikolo", association of women helping each other for behavior change in terms of health. An extra challenging task that she welcomes proudly. "I like assisting people in terms of advices. All the experiences I got from the last years of practicing enable me to go further", said Solange, mother of 2 kids.

As a woman leader, she is among the 120 women who were trained by USAID|MIKOLO project on leadership and all necessary elements to conduct awareness raising and animation activities. The pilot sites have been established in 111 Fokontany of 19 communes in the Region of Vatovavy Fitovinany Region and Atsimo Andrefana.

Her role consists of conducting a monthly meeting for the group composed of 19 women during which she discusses a specific topic related to health. Since then, Masiakakoho is experiencing a change. "I often meet people on my way and stop to talk with them and advise

them", explained Solange affirming that population in Masiakakoho are more and more aware of their health and start to invest more for their health too. They also rely more and more to maternal and child services provided by project trained health volunteers.

Solange is demonstrating that a woman has the power and the opportunity to change the world, to make decisions, to act and to rally her team to noble and important causes such as the adoption of healthy behaviors for better health.

Annex 3: Environmental compliance

Activity	Potential Impact	Mitigation Measure(s)	Monitoring Indicators	Monitoring and Reporting Frequency	Person in Charge	Results
Training/ Supervision on waste management	After receiving training, CHVs handle equipment and consumer goods that can generate waste. As a result, it is essential to train/ inform all community actors involved in activity implementation to minimize/ avoid the environmental impacts of this waste.	- Incorporate environmental impact awareness into training curricula and all job aids used by community actors (NGO/TA, CCDS, COSAN) to sensitize on the importance of environmental impact mitigation. - Ensure monitoring of compliance with environmental impact mitigation during activity implementation. - Trainers will ensure that all waste generated during the training event is disposed of properly.	- Environmental protection component relating to CHV activities incorporated in training curricula and working tools of NGO/TA, CCDS, and COSAN - Training report and list of participants available, i.e. number of participants per category (NGO/TA, CCDS, COSAN) - Supervision/ monitoring report available ie number of agents supervised per category (NGO/TA, CCDS, COSAN)	Project quarterly and annual reports will include information on trainings held, topics addressed during these trainings, as well as the number of participants.	Training & OD Advisor Training & OD Specialist	**- Staff NGOs training :** After signing the contract and before the field activities implementation, training was held for 38 NGO leader composed by managers, technical and finance officer on project activities, procedures and project's various topics, including environmental mitigation and monitoring plan (EMMP) **- ST and ST supervisor training:** before the implementation of community activities, guidance on the community approach including the topic on environmental mitigation and monitoring plan (EMMP) was held. 148 ST and their supervisors attended to this training. **- CCDS/COSAN training:** 4, 405 CCDS/COSAN members were oriented on the topic on environmental compliance. Supervision activities could not be conducted during this year but will be held during year 2. Time of the support technicians (responsible at

Activity	Potential Impact	Mitigation Measure(s)	Monitoring Indicators	Monitoring and Reporting Frequency	Person in Charge	Results
						the same time of the community actors) have been taken by the completion of training of community workers that took place from June to August, 2014.
CHV waste management and disposal	Pollution Infection due to soiled dirty objects Contamination of drinking water sources	Medical waste will be managed in compliance with the Madagascar National Policy on Medical Waste Management and USAID's Environmental Guidelines for Small-Scale Activities in Africa, Chapters 8 and 15. CHVs will be trained on and equipped for proper waste management and safe injections. Trainings will cover risk assessment, safe injections, medical waste management (i.e. the use and disposal of sharps boxes), and CHV sensitization. Each CHV will receive sharps boxes at the end of the training and instructions for disposal and	- Topics relating to environmental compliance and safe injections integrated into training curricula and CHV working tools - CHVs trained on the topic of environmental compliance, equipped with sharps boxes and supervised for compliance with prescribed safe injection and sharps box use and disposal practices.	Quarterly and annual reports will include information on the availability and use of sharps boxes. Mitigation measures will be monitored during supervision visits, and supervision reports will form the information base for assessing the mitigation measures' effectiveness.	FP/RH Specialist Malaria Specialist QA Specialist	- CHV's training curriculum (performing delivery Depo-Provera and IMCI-c) includes the topic on medical waste management and safe injection - 4,889 CHVs were trained on this topic and were equipped with sharp boxes at the end of their training. - 1,613 CHVs were supervised on the use of sharps boxes during on site supervision visits. 91% of child CHs and 92% mother CHVs have used correctly these sharp boxes.

Activity	Potential Impact	Mitigation Measure(s)	Monitoring Indicators	Monitoring and Reporting Frequency	Person in Charge	Results
		replacement. CHVs will be instructed to bring sharps boxes to BHCs once they are 2/3 full, and resupply at the BHC or the Supply Point. Otherwise, they may dig a covered safety pit of 1.5-2m deep and 1.5m wide (Source: National Waste Management Policy) to incinerate all sharp materials and other products after use.				
Activities implemented by subcontractors and grantees	As the prime is responsible for implementing project activities, including community-based activities, it is important to train, inform and supervise subcontractors and grantees on environmental compliance during activities implementation to enable them to ensure the relating EMMP plan's implementation when	- The project will ensure the training of subcontractors and grantees on their environmental protection and waste management responsibilities when conducting activities. - The project will develop a letter of agreement which subcontractors and grantees shall sign and attach to their contract. This letter demonstrates the subcontractors' and beneficiaries'	The signed letter of agreement is included in the contract document of subcontractors and grantees. Subcontractors and grantees reporting on environmental mitigation measures, in accordance with the EMMP, in their quarterly reports.	MSH will include information on the results of environmental activities in project quarterly and annual progress reports. Compliance with the EMMP will be monitored on a quarterly basis.	Grants Manager Senior Technical Advisor Regional Field Manager	Project's subcontractors (CRS, OSC, ASOS and ITEM) and the 9 grantees selected for implementing project community activities have all signed a letter in their contract stating their willingness to implement and monitor environmental compliance plan developed by the project

Activity	Potential Impact	Mitigation Measure(s)	Monitoring Indicators	Monitoring and Reporting Frequency	Person in Charge	Results
	performing their tasks.	commitment to comply with the plan developed by the project when implementing any activity.				

Annex 4: Project revised Branding and Marking Plan

Date: August 7th, 2014

From: Management Sciences for Health

To: USAID/Madagascar

Subject: Updated version of Branding Implementation and Marking Plan for the USAID|MIKOLO project following USAID restrictions lifted and new guidelines

The following documents were consulted in revising this Branding Implementation and

Marking Plan:

- USAID ADS 320, revision dated May 5, 2009
- USAID Graphic Standards Manual, dated January 2005
- USAID AADP 05-11, dated December 2005
- USAID emailed guidance ("Iaina" Rabemanantsoa) on July 31, 2014 regarding PMI funding

Branding Implementation Plan

Management Sciences for Health (MSH) submits the following Branding Implementation Plan for the USAID|MIKOLO project.

A. Project Name

The project will be referred to as USAID|MIKOLO.

B. Positioning

The primary objective of the USAID|MIKOLO project is to increase community-based primary health care service uptake and the adoption of healthy behaviors. Since the 1990's, USAID and other development partners have worked to improve health indicators by heavily investing in community-level structures to support health service delivery. The USAID|MIKOLO project offers an opportunity to sustain the achievements and close remaining gaps. While continuing to scale up Community Health Volunteer (CHV) services to reach more people, the USAID|MIKOLO project will invest heavily in improving and assuring the quality of CHV services and creating mechanisms to ensure availability of commodities.

1. Project Logo

This project will be identified by the USAID logo, brandmark, and the project name, MIKOLO, to ensure that the people served are aware that this support is provided by the American people. The USAID graphic identity will comply with specifications of design, size, placement, and proportion in the USAID Graphic Standards Manual. MSH does not anticipate creating a unique project logo, but will use the USAID logo on all publications as

specifically outlined in the marking plan below. **The MSH logo and other partner logos will not be utilized on any materials. For all activities that are 100%** PMI-funded, only the PMI logo will be used. For all new materials that have not yet been produced, to the extent possible, the PMI logo will be used.

2. Communications Strategy

Throughout the project cycle, MSH will ensure that the project partners, beneficiaries, and other stakeholders understand the project impact, and ensure that they also know that this project is being implemented with support from the American people. USAID is a critical partner in communications and will be included in all communications planning and activities throughout the project. In all its projects, MSH creates a strong link between its monitoring and evaluation and communications activities, as the two disciplines complement and inform one and other. All USAID|MIKOLO project communications will be informed by field-based evidence. When appropriate, communications materials will be translated into Malagasy, French, and other local languages as needed. Malagasy will be the primary language to reach the Malagasy beneficiaries of the USAID|MIKOLO project. If needed, materials will also be adapted to local dialects or other languages.

Communications Objectives:

The USAID|MIKOLO project will communicate with partners, USAID, and key stakeholders to disseminate best, new, and innovative practices and keep stakeholders informed of project progress and results.

USAID|MIKOLO will achieve its communications goals through:

- Communicating with its partners, Ministry of Health and Family Planning, CSOs, missions, and other key stakeholders to keep them informed of the activities and results of the project, including disseminating success stories and best practices.
- Capturing and disseminating results, promising practices, and lessons learned through various vehicles including:

    a. Presentations to the mission and partners to disseminate best and innovative practices and exchange knowledge;
    b. Knowledge exchange via social networking, technical list servers, and other online technical forums.
    c. Success stories and other publications to explain how the project is helping Malagasy health public sector, individuals, provider networks, local organizations, partners, and USG field missions;
    d. Publication of operations research and other results in peer-reviewed literature;
    e. Engagement with local press to disseminate key BCC messages;
    f. Presentations at technical meetings and regional and international conferences; and
    g. Engagement with international partners.
    h. Collaboration with Malagasy public health sector (Ministry of Health)
    i. Holding regular outreach and press events with the help and support of USAID communications team
    j. Organizing field visits with press and USAID staff to share successes

3. Communications Materials

The USAID|MIKOLO project may produce a number of communications materials to reach key audiences, falling under the following broad categories:

- *Technical products* including reports, fact sheets, success stories, policy briefs, a binder of reference materials for CHVs, and posters and presentations for national and international conferences, stakeholders meetings, and other information-sharing venues
- *Reports of best practices and lessons learned* for dissemination to project partners including local NGOs and medical staff
- *Information, education, and communication and social and behavior change communication materials* (in Malagasy, local languages, and/or French) to engage youth and FP clients including music videos, theater productions, radio shows, Facebook content, Twitter posts, comic books, billboards, posters, fliers, and fact sheets
- *Promotional documents* for public and general distribution including success stories, a project newsletter, press releases, mass media, presentations, and publications for the USAID website and blog and MSH and other partners' websites and blogs
- *Operations research and other results* in publications, including peer-reviewed literature

4. Main Messages

All project communications will convey the message that the USAID|MIKOLO project is made possible by the support of the American people. The overarching message of the project will be, "With the support of the USAID|MIKOLO project, Malagasy civil society organizations are a powerful voice for social change, protecting and improving the health of the people of Madagascar so they can develop their full economic and social potential."

Key external communications messages will include:

(1) The USAID|MIKOLO project is working with local partners to develop their systems, organizational, management, governance and leadership capacity to deliver integrated primary health services. The partners will gain ownership of local health projects to provide quality services throughout the life of the project and beyond.

(2) The USAID|MIKOLO project is increasing availability of and access to primary health care services for Malagasy communities, families, youth, children and women.

(3) The USAID|MIKOLO project is improving the quality of community-level primary health care services for Malagasy communities, families, youth, children and women.

(4) The USAID|MIKOLO project is increasing adoption of healthy behaviors and practices among Malagasy communities, families, youth, children and women.

(5) The USAID|MIKOLO project is working with the Ministry of Public Health to develop IEC strategies and design tools for community health volunteers' activities.

Key information, education, and communication messages aimed at project beneficiaries will be fine-tuned and formulated appropriately during implementation. Examples of such key messages include:

"Know your *Comité de Santé* and *Commission Communale de Développement Social*: they can help you obtain the right health care for you and your family"

"Family planning now available from *your local NGO partner*"

"Your health center, your health"

"Your community health volunteer, your health"

"Family planning for life: long acting and permanent methods available at your doorstep"

"Choose the right method of family planning for you"

"Health is your right; quality of care is our duty"

"Immunizing your children saves lives"

"Sleeping under a mosquito net can prevent malaria and save your life and your family"

"No woman should die giving birth"

"Finish school before you get pregnant! Family planning can help you succeed economically."

"With family planning, YOU control your fertility and your future."

5. Primary and Secondary Audiences

The primary audiences for this project's communications are key project stakeholders, including project beneficiary organizations and their affiliates as well as the public sector, and the people of Madagascar. Through project activities and materials, the citizens of Madagascar will know that the American people are committed to improving the health of all Malagasy.

The secondary audience is the American people, including those in the development and public health communities, USAID worldwide and collaborating agencies. These audiences will benefit from the project's best practices and will help foster support for the efforts of USAID/Madagascar.

Communications materials will be written or translated into the appropriate languages (English, French, Malagasy, or other local languages) to reach their intended audience(s).

6. Project Announcement

MSH will announce the project launch on its website and social media. MSH will make material available as needed for similar announcements via USAID channels.

In the first quarter, the USAID|MIKOLO project will host a formal launch. The event will be hosted by MSH in partnership with USAID, and we will request a senior USAID official to be the keynote speaker. We anticipate inviting all key stakeholders, as well as our own partners and potential NGO partners. We will invite local press, TV, and radio to cover the event and issue press releases. The national launch will be followed by regional launches in each of the six target regions. The regional events will include a community health fair and/or other activities that engage the project beneficiaries. Representatives of NGOs, the *Comités de Santé, the Commissions Communales de*

Développement Social and local youth and women's groups will be invited to speak about what they hope to achieve through participation in the project.

C. Acknowledgments

In each activity, as appropriate, the project will always provide written acknowledgement of support from USAID, related stakeholders, and list all partners' names. As opportunities permit, the project will leverage USAID-branded materials and PMI-branded materials for activities totally funded by PMI and f**or all** new materials that have not yet been produced, to the extent possible, the PMI logo will be used.

Some technical events and products (e.g., training modules, technical updates, etc.) may be developed and/or jointly sponsored with partners such as other USAID-funded cooperative agreements, UN agencies, other donors, CSOs, and NGOs. They might be coproduced with the Ministry of Health and Family Planning. In such cases, these partners' logos are likely to be included on project materials and related communications materials after USAID review and approval. In these instances, no other logo will be more prominent or visible than USAID's. Now that the U.S. Government recognizes the Government of Madagascar, USAID and its partners will co-brand with it. For cases of production of co-branded materials, discussion should be conducted when there is cobranding with the Ministry of Health on placement of project logo.

D. Disclaimer

The wording used in any communications material will clearly show that the materials are not produced nor endorsed by USAID neither by PMI. With the exception of signs, all print and web-based communication materials will contain the following disclaimer:

This study/publication/audio/visual other information/media product is made possible by the support of the American People and the United States Agency for International Development (USAID). The contents are the responsibility of the USAID|MIKOLO project and do not necessarily reflect the views of USAID or the United States Government.

Marking Plan

Based on information gathered during project launch, MSH submits the following Marking Plan.

A. Project Outputs ("Project Deliverables")

1. Signage

Offices for the USAID|MIKOLO project will include a sign with the project name and USAID logo. A very robust PVC metal is used for USAID|MIKOLO office sign. Signboards or advertising will not be used to promote or advertise the project elsewhere.

2. Marking of Technical Products

The project anticipates using logos in three major categories of communications materials:

- Technical products with non-legal purposes
- Capacity-building and educational materials
- Documents for public distribution

2a. Technical products with non-legal purposes (e.g., operations manuals, procedures manuals, procurement and supply plans, financial management plans, performance management plans) will include the USAID logo or PMI logo for activities totally funded by PMI (or to the extent possible, for all new materials that have not yet been produced, to the extent possible) on the front cover or inside the front cover of the document, and the following statement:

This study/publication/audio/visual other information/media product is made possible by the support of the American People and the United States Agency for International Development (USAID). The contents are the responsibility of the USAID|MIKOLO *project and do not necessarily reflect the views of USAID or the United States Government.*

2b. Capacity building and educational materials (e.g., presentations, training curriculum, handouts) will include the USAID logo on the front cover or inside the front cover of the document, and the following statement:

This study/publication/audio/visual other information/media product is made possible by the support of the American People and the United States Agency for International Development (USAID). The contents are the responsibility of the USAID|MIKOLO *project and do not necessarily reflect the views of USAID or the United States Government.*

2c. Documents for public distribution (e.g., success stories, newsletters, technical briefs) will contain the USAID logo and tagline or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible). Success stories will be formatted using USAID guidelines.

3. Audio-visual productions (including TV and/or radio programming)

When TV or radio programming is necessary for the successful implementation of project activities, the following disclaimer will be aired in audio and/or visual format:

*This study/publication/audio/visual other information/media product is made possible by the United States Agency for International Development (USAID) under Contract ***-***-*-**-*****. The contents are the responsibility of the USAID|MIKOLO project and do not necessarily reflect the views of USAID or the United States Government.*

When appropriate, video materials will also display the USAID logo and tagline.

Media inquiries directed to project staff and consultants concerning USAID and the United States Government will be coordinated through the appropriate USAID offices.

4. Websites/Internet activities

A dedicated website will not be produced for this project unless requested by the mission. Web pages related to the project pages will appear on MSH's corporate website and will include a statement acknowledging that funding is provided by USAID.

5. Events

Events such as training courses, technical update meetings, technical seminars, national and international conferences, stakeholders meetings, youth forums, and media forums are part of the project. Banners, invitation cards, press releases, fact sheets, posters/pamphlets, and information/education kits will be marked with the USAID logo or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible).

6. PowerPoint presentations

The USAID logo or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible) will appear on the first slide, breaks, and last slide of PowerPoint presentations. The last slide will also contain the following statement:

This study/publication/audio/visual other information/media product is made possible by the support of the American People and the United States Agency for International Development (USAID). The contents are the responsibility of the USAID|MIKOLO project and do not necessarily reflect the views of USAID or the United States Government.

7. Business cards and e-signatures

Business cards and email signatures of project staff and consultant team leaders will include only the project name and staff contact information as well as the name and logo of their respective home organizations. Project business cards and other identity materials will not inadvertently give the impression that technical support is being provided by employees of the United States Government.

8. Marking of Equipment

Office equipment purchased for project implementation **must** be marked and branded with the USAID logo in the following manner:

Equipment	**Type of marking**	**Location**
Computers	Labels/stickers	On the equipment
Printers	Labels/stickers	On the equipment
Scanners	Labels/stickers	On the equipment
Other office equipment	Labels/stickers	On the equipment
Vehicles	Labels/stickers	On the equipment

Basic office supplies will not be marked due to cost and practicality implications.

9. Commodities

All USAID-financed commodities and shipping containers will be marked with the USAID emblem.

10. Branding of Communications Materials

Printed materials will be branded as outlined below and on the following pages.

Table 0-1: Materials to be Branded

Deliverables	Type of marking	Period and location
Publications	USAID logo and brandmark or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible)	Upon completion, front cover, upper left corner
Reports	USAID logo and brandmark or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible)	Upon completion, front cover, upper left corner
Research results, studies, and evaluations	USAID logo and brandmark or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible)	Upon completion, front cover, upper left corner
Brochures, leaflets, informational and promotional materials	USAID logo and brandmark or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible)	Upon completion, front cover, upper left corner
Folders	USAID logo and brandmark or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible)	Upon completion, front cover, upper left corner
Success stories	USAID logo and brandmark or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible)	Upon completion, front cover, upper left corner
Posters	USAID logo and brandmark or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible)	Upon completion, upper left corner
Non-administrative advertisements about the project events/activities	USAID logo and brandmark or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible)	Upon completion, upper left corner
Training manuals, workbooks, and guides	USAID logo and brandmark or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible)	Upon completion, front cover, upper left corner
Press releases, fact sheets, media advisories	USAID logo and brandmark or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible)	Upon completion, upper left corner
Letterhead used for project-related purposes (e.g., invitations to events, etc.)	USAID logo and brandmark or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet	Upon completion, upper left corner

	been produced, to the extent possible)	
Information, education, and communication and social and behavior change communication materials	USAID logo and brandmark or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible)	Upon completion, upper left corner
Policy briefs	USAID logo and brandmark or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible)	Upon completion, upper left corner
Comic books	USAID logo and brandmark or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible)	Upon completion, upper left corner
Billboards	USAID logo and brandmark or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible)	Upon completion, upper left corner
Project newsletters	USAID logo and brandmark or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible)	Upon completion, front cover, upper left corner

Public communication that is audio, visual, or electronic **must** be marked and branded in the following manner:

Table 0-2: Audio, Visual, and Electronic Communications Requiring Branding

Public communication	Type of marking	Period and location
Videos	USAID logo and brandmark or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible)	Upon completion, screen shot at the beginning/end of the video material
CDs and DVDs	USAID logo and brandmark or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible)	Upon completion, front cover and at the beginning/end of the material
PowerPoints and other project-related presentations	USAID logo and brandmark or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible)	During the presentation, first slide, breaks, and last slide
Mass distribution electronic mail sent for project purposes, such as invitations to training	USAID logo and brandmark or the PMI logo for activities totally funded by PMI (or for all	Upon completion. Where appropriate.

events or other widely-attended project gatherings	new materials that have not yet been produced, to the extent possible)	
Radio public service announcements	Verbal acknowledgement that the USAID|MIKOLO project is funded by USAID or PMI for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible)	At the end of public service announcements.
TV public service announcements	USAID logo and brandmark or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible)	Where appropriate

Events will prominently display the USAID identity or the PMI identity for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible). Such events include, but are not limited to the following:

Table 0-3: Events that will Include Branded Materials

Event	Type of marking	Period and location
Training courses	USAID logo and brandmark or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible)	During the whole event, posted in visible place
Conferences	USAID logo and brandmark or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible)	During the whole event, posted in visible place
Seminars	USAID logo and brandmark or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible)	During the whole event, posted in visible place
Briefings	USAID logo and brandmark or the PMI logo for activities totally funded by PMI	During the whole event, posted in visible place
Exhibitions, fairs	USAID logo and brandmark or the PMI logo for activitie(or for all new materials that have not yet been produced, to the extent possible)s totally funded	During the whole event, posted in visible place

	by PMI	
Workshops	USAID logo and brandmark or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible)	During the whole event, posted in visible place
Press conferences	USAID logo and brandmark or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible)	During the whole event, posted in visible place
Stakeholders meetings	USAID logo and brandmark or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible)	During the whole event, posted in visible place
Youth forums	USAID logo and brandmark or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible)	During the whole event, posted in visible place
Media forums	USAID logo and brandmark or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible)	During the whole event, posted in visible place
Other public meetings and activities	USAID logo and brandmark or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible)	During the whole event, posted in visible place
Invitations, press releases, publicity, media materials, presentations, and handouts associated with these project events	USAID logo and brandmark or the PMI logo for activities totally funded by PMI (or for all new materials that have not yet been produced, to the extent possible)	Upon completion, cover page, upper left corner

Annex 5: Collaboration and meeting with other health partners

Meetings	Date of meeting	Purpose/Agenda of the meeting	Decisions	Next Steps	Participants
REPRODUCTIVE HEALTH/FAMILY PLANNING					
Workshop to disseminate findings on the use of pregnancy tests at Community level	06/19/2014	- Inform partners on study findings - Educate partners on the relevance of scaling up the use of pregnancy tests - Establish working group for scaling up the use of pregnancy tests	Driving the process of scaling up under the leadership of the Ministry of Health	Preparation of terms of reference of the scale up working group and organization of the group's first meeting to validate the ToRs and decide of scale up steps.	MoH, USAID, UNICEF, UNFPA, CARE, Abt Associates, Peace Corps, SALFA, MCDI, MSI, NOM, ADRA, JSI/Mahefa, INSPC/TANDEM, MCHIP, partner NGOs.
Compliance with USAID's requirements for family planning	February 11, 2014	Share and have a common understanding of compliance with USAID family planning requirements	The basics of the FP compliance for CHVs: - Free and informed choice (GATHER) - No target number set for FP except for planning purposes - No incentive in any form to encourage women and girls to accept FP - Displaying the Thiart poster in community sites - Using the winnowing basket showing all FP methods available during counseling - Setting up of a working group among MAHEFA, PSI, MSI and MIKOLO to share information and set the dates	- Share the link for the course and documents on FP compliance - Harmonize compliance requirements for CHVs - Together with the USAID's FP manager to develop a common understanding of compliance	USAID|MIKOLO, Population Services International (PSI), JSI/MAHEFA

			for the group's regular meetings		
Stakeholders' meeting to guide secondary analysis on malaria and FP in Madagascar	March 13, 2014	- Fine-tune research questions - Assess the relevance of research questions - Explore whether the results of this research will lead to decisions - Identify training gaps for which data still need to be collected before conducting the secondary analysis	- Discuss these remarks with USAID - In April, a team of researchers from Measure Evaluation will return and perform secondary analysis	Restitution of results of the secondary analysis in mid-April	USAID, JSI/MAHEFA, USAID | MIKOLO, PSI, DELIVER, Ministry of Health, United Nations Children's Fund (UNICEF), Marie Stopes International (MSI), President's Malaria Initiative (PMI), Measure Evaluation
Workshop on dissemination of results of the use of pregnancy test at the community level	- Inform partners on the study results - Sensitize partners on the importance of the scaling up of the pregnancy test results - Establish working Group to ensure scaling up of pregnancy test use	Proceed to scaling up with the MoH lead	Design the Term of reference for the working group to work on the scaling up and the organization of meeting to validate the ToR and decide on the scaling up process .	Workshop on dissemination of results of the use of pregnancy test at the community level	MOH, USAID, UNICEF,UNFPA,CARE, Abt Associates, Peace Corps, SALFA, MCDI, MSI, ONM, ADRA, JSI/MAHEFA, INSPC/TANDEM, MCHIP, ONG partenaires du projet.

Meeting of technical and working on program extension and the use of pregnancy test		Establish the technical working group -Validate the ToR of the group Include the Technical and Working Group on the CHX and MISO Working Group	3 Sept : Meeting of the restricted committee	Meeting of technical and working on program extension and the use of pregnancy test	USAID|MIKOLO-USAID, MSI,MAHEFA DSMER, DDDS, DPLMT, FNUAP, MAHEFA , OMS, BM, MSCSP, Ordre national des sage femmes de Madagascar ; Association national des Sage-femmes de Madagacar, ONM. SAF/FJKM.SALFA /FISA/ PSI
Workshop to disseminate findings on the use of pregnancy tests at Community level	06/19/2014	- Inform partners on study findings - Educate partners on the relevance of scaling up the use of pregnancy tests - Establish working group for scaling up the use of pregnancy tests	Driving the process of scaling up under the leadership of the Ministry of Health	Preparation of terms of reference of the scale up working group and organization of the group's first meeting to validate the ToRs and decide of scale up steps.	MinSanP, USAID, UNICEF, UNFPA, CARE, Abt Associates, Peace Corps, SALFA, MCDI, MSI, NOM, ADRA, JSI/Mahefa, INSPC/TANDEM, MCHIP, partner NGOs.
Maternal, newborn and child health					
Sharing workshop on DPFARN and FARN-G **with SALOHI** -DPFARN: Positive Deviance/ Learning Household for Nutritional	05/14/2014	- Inform partners of the DP/RNA and RNA-G approach SALOHI - Share best practices - Share tools for implementation - Informing partners of the importance of dietary diversification at the household	-Inform implementing NGOs on the communes where SALOHI implemented the activities for referral of (1) children screened as moderately malnourished (2) pregnant women.	- Communicating to implementing NGOs the list of communes where there are DPFARN and FARN-G at the fokontany level	MinSanP, SALOHI, NSB, RTM NGOs, USAID | MIKOLO, PSI/NUTRITION, CRS.

Recovery -FARN-G: Learning and Nutrition Strengthening					
Meeting of Chlorexedine and Misoprostol Technical Working Group (CHX-MISO)		- A small group will develop the TWG's ToRs - USAID|MIKOLO will participate in the expansion of the program in its areas of intervention PSI/M will submit a proposal for Saving Life and Birth to contribute to the expansion of Cholorohexidine in 10 regions	- Share the progress of the pilot project in Mahabo and Sambava - Develop the terms of reference (ToRs) for the Technical Working Group (TWG) - Monitor achievements of the pilots in Mahabo (Melaky region) and Vohémar (SAVA region) - Present the TWG's ToR - Finalize the ToR for the joint mission to Mahabo	- Establishment of the pricing structure of CHX - Presentation of TDR large group USAID|MIKOLO will send a letter in support of the proposal to be submitted by PSI/M	PSI, United Nations Population Fund (UNFPA), Ministry of Health (SMSR), JSI/MAHEFA, MCHIP PSI, UNFPA, Ministry of Health (SMSR), JSI/MAHEFA, MCHIP
Sharing session on the approach TIPs for TOPs methodology developed by SALOHI and applied to nutrition	January 31, 2014	Share the TIPS for TOPS approach applied to nutrition under the pilot phase conducted in the intervention areas of the SALOHI Project The TIPS approach includes listening, talking, negotiating		- Sharing of training curricula and tools by SALOHI - Development of materials: guide for formative supervision (coaching) for use by the field worker with CHVs, monitoring tools, training curriculum for CHVs	CARE, CRS, ONN, Ministry of Health, USAID|MIKOLO-UNICEF, PSI, Reggioterzomondo Santé Sud Interaid, MSI
Participation in the workshop "Prevention of Post Partum Hemorrhage (PPHP)",	5-7 February 2014 in Maputo	- Strengthen competence in PPHP - Provide partners with knowledge and tools necessary for a successful expansion of PPHP programs that	- Development of a country action plan by the Malagasy delegation: Integrating the PPHP service package in the National Reproductive Health Policy	- Sharing of results of the workshop to staff at USAID|MIKOLO, Ministry of Health partners, and members of the TWG	USAID, MCHIP, USAID|MIKOLO, World Vision, Ministry of Health, JSI/MAHEFA, PSI

organized by MCHIP in Maputo		incorporate Misoprostol distribution during pregnancy for self-administration	- Share evidence (strategies, lessons learned, and best practices from other countries and the pilot study led in Madagascar) with stakeholders - Integrate PHPP/CHX in pre-service training of health personnel and community workers -Integrating PPHP monitoring/evaluation in National and Health Management Information I System including tools	-Review tools used in Madagascar to ensure consistency with WHO (2012) recommendations and best practices in other countries	
Review of SALOHI's program activities	February 2014	Share SALOHI program achievements over the five years of project implementation			
Meeting of the inputs/finance subgroup gap analysis of the c-IMCI program	March 13, 2014	Analyze deviations of inputs and finance in preparation of the funding request to National Strategy Applications round 2 (Global Fund program for Malaria prevention and treatment)	All partners working in the field of c-IMCI will provide data for the last 6 years: the list of CHVs, training, follow-up, and supervision received by the CHVs, reports submitted to BHCs, and the availability of inputs	Sending information to Ministry of Health no later than March 28, 2014	JSI/MAHEFA, USAID/MIKOLO, ASOS, DDS, DSEMR, UNICEF, NMCP
Sharing workshop on DPFARN and FARN-G **with SALOHI** -DPFARN: Positive Deviance/	05/14/2014	- Inform partners of the DP/RNA and RNA-G approach SALOHI - Share best practices - Share tools for implementation	-Inform implementing NGOs on the communes where SALOHI implemented the activities for referral of (1) children screened as moderately malnourished (2)	- Communicating to implementing NGOs the list of communes where there are DPFARN and FARN-G at the fokontany level	MinSanP, SALOHI, NSB, RTM NGOs, USAID | MIKOLO, PSI/NUTRITION, CRS.

Learning Household for Nutritional Recovery -FARN-G: Learning and Nutrition Strengthening Household for Pregnant Women		- Informing partners of the importance of dietary diversification at the household level	pregnant women.		
Workshop for capitalization of the SALOHI program	03-04/06/14	- Document all SALOHI achievements over the five years of implementation - Make available and accessible to all key documents from the SALOHI program to enhance the quality of future interventions by development actors - Share the experiences of the SALOHI program on the implementation of its activities and achievements in terms of results, best practices, lessons learned, and innovations; - Provide partners with a learning opportunity through the experiences of SALOHI	Some good practices from SALOHI suggested for application in our project: - Establishing CHVs in each hamlet instead of Fokontany for GMP. - Include in CHVs and COSAN S&E package the restitution of the results of service they offered to the community. - Use of SALOHI's GMP service quality improvement tools by the project. - Use SALOHI's IEC/BCC tools - Development of a sustainability action plan starting on the second year.	Discussions within USAID | MIKOLO on ways to incorporate the best practices in project interventions.	Prime Minister's Office, Ministry of Agriculture and Livestock, MinSanP, USAID, WFP, UNICEF, NSB, USAID | MIKOLO, CSA, CARE, ADRA, CRS, ODDIT, Land'o Lakes, BDEM, CARITAS, JSI/Mahefa.
Meeting to share the results of the MCHIP MADAGASCAR project	10/06/2014	Presentations of MCHIP's achievements over the five years of implementation	- Obtain from MCHIP all materials and tools for the implementation of Infection Prevention in the Newborn, use of chlorhexidine, and Prevention of Postpartum		- **Partners:** USAID, MCHIP, JSI/Mahefa, USAID | MIKOLO, ADRA, CARE, CRS, MinSanP, UNICEF, UNFPA, WHO, College

			Hemorrhage (PHPP) with Misoprostol		of Midwives, Representative of Professional, Private and Faith-based Associations **-Providers:** RH/FP Program Manager at DRS Alaotra Mangoro - Head of health center- Midwife in internship – Community Agents - **Recipient:** Women who have delivered in the program zones
Information on an integrated maternal and child health and nutrition pilot project conducted by WFP in 2 communes (Fotadrevo and Itampolo) in the District of Ampanihy in the region of Atsimo Andrefana	June 17, 2014	• Inform USAID | MIKOLO on the pilot project conducted by WFP in collaboration with UNFPA, ONN, MoH, and 2 local NGOs (2H and CDD) in Fotadrevo and Itampolo • Share activities with USAID | MIKOLO • Discuss issues of coordination	• WFP = Purchase scales for CHVs and contribution for the purchase of health cards • WFP will provide the field interventions manual in late June 14	**28 July 2014:** Project launching workshop in Itampolo	WFP, USAID | MIKOLO
Meeting with PSI on the extension the Newborn Infection	June 17, 2014	Discuss budget elements to develop an estimated budget for PSI for the extension of the chlorhexidine program in	USAID | MIKOLO: works with CHVs at the community level Contributes to the expansion of the CHX program provided	PSI finalized the estimated budget to be submitted to USAID for funding	PSI, USAID | MIKOLO

Prevention Program (PINN) and the use of chlorhexidine at Community level.		USAID | MIKOLO' intervention zones	that CHX is available at the community level. -Supports the one day training of the CHVs on CHX (transportation and catering) and cost of trainers (transportation – catering - per-diem if needed) and management tools for CHVs. PSI supports: -The orientation of trainers, training materials, the job aid, datasheets and advice cards for CHVs-Product: Chlorhexidine		
Special meeting for the preparation of the large multi-sectoral meeting in preparation of CARMMA: CARMMA: Campaign for Accelerated Reduction of Maternal Mortality in Africa	24/06/14	- Inform the partners on CARMMA - Review of the Concept Note for CARMMA - Establish sub-committees	- Establishing four subcommittees: (1) Advocacy and Technical (2) Logistics; (3) Social Mobilization; (4) Resource Mobilization and Finance - Setting the date of the national launch of the campaign (August 19, 2014) and the end of the campaign (December 2014)	**July 8:** Large multi-stakeholder meeting **August 19:** Launch of CARMMA	DSEMR, DGS, PSI, USAID | MIKOLO, MCHIP, UNICEF, WHO, UNFPA
Information meeting on the PSI's trial project "Using the tablet Sûr'Eau"	06/27/2014	- Inform USAID | MIKOLO on the trial project of Sur'eau tablet at the community level -Choose communes in one District to conduct the trial	USAID | MIKOLO: Communes in the district of Fandriana or Vatomandry PSI: -Provide starting lot after	-Make mini-launch in the communes of the selected district - Train CHVs - Supervise CHVs	PSI, USAID | MIKOLO

6-month project		project	training of CHVs and replenishment lots at the third months -Provide support and IEC/BCC tools for CHVs - Conduct project evaluation Under discussion: Support the training of CHVs		
MALARIA					
Regular meeting of Roll Back Malaria	**March 21, 2014**	Overall presentation of NSA2 by PSI, who is the prime recipient Discussion of strategic issues and challenge at the national level	- NSA2 Plan to be submitted to the Global Fund for AIDS, Tuberculosis, and Malaria (GFATM) Country Coordination Mechanism by May 30, 2014 - Addressing policy issues	- Implementation of the project will begin in July 2014 and will end in September 2015 - Concerning the malaria in pregnancy component: Implementation of the WHO recommendation that involves the gradual introduction of SP 4 times during pregnancy (previously 2 doses of SP in Madagascar)	PSI, NMCP, USAID|MIKOLO, PACT, DDS, USAID, CDC Atlanta, Institute Pasteur, Telma Foundation, PMU, SALAMA
PMI/ GAS (Gestion d'approvisionnement, Achat et Stock) meeting	January 13, 2014	Share progress on the distribution of health commodities developed in November 2013	- Use a standard format for reporting during the quarterly meeting of PMI partners - USAID|MIKOLO cannot yet provide information on the consumption of commodities among CHVs	Monthly filling of the template	PSI, JSI/MAHEFA, USAID|MIKOLO
	February-March 2014	- Update data after arrival input - Present the new distribution plan health inputs. -Complete the terms of	Prioritize the remote areas and areas of high transmission to deal with a possible resurgence	Monitoring by each entity of commodities coming from the region level to their respective intervention zone	PSI, JSI/MAHEFA, USAID|MIKOLO

		reference for the joint mission in Mahabo			
PMI quarterly meeting on progress reports	January 16, 2014	Sharing approach, achievements and challenges in the implementation of activities. USAID|MIKOLO shared priority activities for the next quarter and the strategy for launching field activities	- PMI offered to provide management tools for CHVs as soon as possible - See how to ensure the sustainability of community activities	Things to do by USAID|MIKOLO: - Share SILC and the health SILC approach as an incentive for community actors - Share results on the functioning of CHVs	PMI partners: PEACE CORPS, USAID|MIKOLO, JSI/MAHEFA, PSI, CRS, Abt, IPM, PMI, CDC
IEC committee's meeting for the preparation of the World Malaria Day (25 April 2014)	March 18, 2014	- Prepare the celebration of the WMD on April 25, 2014 in Antananarivo - Prepare the campaign celebration that will take place in Mampikony (Sofia region) on May 14 to 15, 2014	USAID|MIKOLO will participate in the World Day celebration	- Distribution into sub-committees to prepare: finance, logistics, entertainment, etc. - Budgeting activities	ASOS, TOTAL Madagascar, IEC unit at NMCP, USAID|MIKOLO, JSI/MAHEFA, PSI, DRS Analamanga

Réunion périodique du GAS/PMI	-	- Récupération des lots de démarrage auprsè de PSI régional.
		- Partage du planning de formation
		  - Promotion de le réunion de coordination PSI-MIKOLO régional et ONG de mise en œuvre.
		  - Suivi
		- Mise à jour des données sur les intrants de santé prévues dans le circuit
			- Suivi effectivité dotation des lots de démarrage
			- Suivi effectivité des réunions périodiques au niveau région.
			- Remplissage du canevas de suivi intrants
				DELIVER, PSI, MAHEFA,MIKOLO	Réunion périodique du GAS/PMI

		d'approvisionnement - Validation de dotation des lots de démarrage pour USAID|MIKOLO La décentralisation des activités GAS/PMI au niveau régional			
Periodic meeting of GAS/PMI	April 25, 2014	- Update data on health inputs provided in the supply pipeline - Validate starting lots for USAID | MIKOLO - Decentralization of GAS/PMI activities at the regional level	- Obtain starting lots from regional PSI. - Share training schedule - Promote the regional coordination meeting between PSI, MIKOLO and NGOs. - Monitoring	- Monitoring the effectiveness of starting lots distribution - Monitoring effectiveness of regular meetings at regional level. - Filling the template for monitoring inputs	DELIVER, PSI, Mahefa, MIKOLO
Meeting to prepare the 2015 MOP of USAID-funded PMI partners MOP: Malaria Operational Plan	27/05/2,014	- Discuss challenges and strategies/activities to meet the challenges - Suggest activities for the 2015 MOP	-Train community actors in the KM salama on the IEC/BCC strategies adopted following formative research conducted by USAID | MIKOLO -Promote standard TPI intake by pregnant women - Train CHVs on c-IMCI, stock management, by refresher training (old CHVs) or initial training (new CHVs) -Supervise CHVs	-Discuss activities to establish epidemiological surveillance at the community level (USAID | MIKOLO, IPM, NCP, USAID Madagascar) - Individual meetings between (1) PMI Washington, CDC, USAID and (2) each agency if necessary	PMI Washington, CDC, USAID, Partners RBM: USAID | MIKOLO, Mahefa, DELIVER, PSI, Abt IRS
Restitution workshop on the stakeholder consultation for the preparation of	May 30, 2014	- Presenting the draft MOP to RBM partners - Discuss activities to be funded by USAID/PMI	- Malaria control activities at the community level will be implemented by the MIKOLO and Mahefa projects. - This calls for	- Coordination meeting between PACT, Mahefa MIKOLO for harmonization of activities	PMI Washington-CDC-USAID-RBM Partners: USAID/MIKOLO-Mahefa-DELIVER-PSI-

the FY15 MOP			coordination with NSAII that is funding the country. - Harmonization with NSA on the following points: o Case management o Provision of management tools and equipment for CHVs in the country. o Coverage zone o Reporting pipeline o Harmonization on formative supervision approach and evaluation.		IRS, NMCP, UNICEF, UNFPA, SARN, PACT
Workshop for the dissemination of the National Community Health Policy	June 24, 2014	- Presentation of the guide for the implementation of the NCHP by DDDs and PSI. - Version inn French and Malagasy	- Dissemination to the staff of DRS, and SSD and BHC - Position of project as regards the multiplication of the guide implementation. - Promotion of NCHP with all stakeholders especially the CHVs and COSAN celebrating the national day of community workers 5 December 2014 in our area of intervention	- Incorporation of the promotion of NCHP in the FY15 AWP	
Gender Working Group (GWG)					
Meeting of the Gender Task Force of projects funded	March 13, 2014	Sharing among members on the gender activities		- Establish the "Gender Working Group" (GWG) - Develop ToRs of the GWG	- Discussion of monitoring and evaluation of the

by USAID				gender program - Discussion of the ToRs of the GWG
GENDER WORKING GROUP	29/04/14	- Define the terms of reference of the group: development of the group's ToR and an outline of annual plan - Present the model of JSI/Mahefa gender tool intended for the Menabe region - Discuss ways Monitoring and Evaluation activities such	- Include other projects funded by USAID - Ask USAID to appoint a focal person to lead the group - Make an inventory of gender activities led by other agencies such as UNFPA, PMS and CAR - Solicit Ms. Vonifanja as a Gender consultant to present the bsasics of Gender M&E	- Consider a joint activity for the celebration of March 8, 2015 - Prepare a synthesis of ToRs for the next meeting - Presentation of Gender Monitoring and Evaluation activities on July 3, 2014 at JSI/Mahefa's office
Support IEC-CCC des activités Genre		Présentation de la maquette de support genre de MAHEFA destinée pour la région de Menabe Présentation de la carte conseil de Mahefa (format final A3 plié) suite à feedbacks de la réunion précédente Inclure le feed back des partenaires sur la maquette		- JSI/MAHEFA - USAID|MIKOLO - ISM - MSI - PSI - SALOHI - MCHIP - CARE - CRS
Suivi-Evaluation des activités Genre : comment suivre, documenter et évaluer les résultats en matière de		Discussion sur les modalités de Suivi-Evaluation des activités genre Partage de la politique genre/indicateurs à obtenir de l'USAID Information sur ce qui est important à savoir en matière de Suivi Evaluation Genre : toujours penser quels sont les effets de changement au niveau des cibles (projet sensible en genre) donc désagrégé les résultats en sexe Partage de l'USAID sur les actualités concernant les indicateurs		- JSI/MAHEFA - USAID|MIKOLO - ISM - MSI - PSI - SALOHI - MCHIP - CARE

genre ?		de genre		- CRS
Partage d'expérience des membres du GWG		Partage des Expériences en Genre du Programme SALOHI Présentation de MSI sur l'impact de l'utilisation de PF chez leurs clients Partage de USAID|MIKOLO sur l'empowerment des femmes : Groupes de femmes Partage de MAHEFA sur le guide Genre « HITA sy RE » (divers scénario d'intégration de genre dans les activités communautaires) -Recherche formative sur l'impact d'utilisation du PF chez les clients de MSM 2012-14. En attente de validation de MSI Londres.		- JSI/MAHEFA - USAID|MIKOLO - ISM - MSI - PSI - SALOHI - MCHIP - CARE - CRS
Partage d'informations diverses		Partage informel des événements de la Journée mondiale de la Femme Partage entre les membres des sites concernant le Genre tels qu'AWID, MenEngage, WORLD PULSE Point focal Genre USAID : Mme Corinne Rafael		- JSI/MAHEFA - USAID|MIKOLO - ISM - MSI - PSI - SALOHI - MCHIP - CARE - CRS
AUTRES REUNIONS				
Réunion de préparation de la validation de la stratégie Amélioration de la Qualité de Services (AQS)		**<u>Pour la validation de la grille de supervision</u> :** le projet et JSI/Mahefa vont se concerter et intégrer les feed-back sur les grilles de supervision puis les finaliser avant la réunion de validation **<u>Pour la validation de la stratégie AQS</u> :** Le projet USAID|MIKOLO va présenter sa stratégie AQS au niveau communautaire et sur ce modèle que le MINSAN et les autres partenaires vont mettre en place la stratégie AQS au niveau communautaire. Cette stratégie va être valider également. **<u>Pour la définition des rôles parties prenantes</u> :**	Réunion de validation de la stratégie AQS prévue le 04 et 05 Novembre 2014	SMSR/DSEMR PNLP DDDS MCSP JSI/MAHEFA PACT/DCD USAID|MIKOLO

		C'est le MINSAN qui va définir leur rôle à chaque activité définie dans le paquet de stratégie AQS validée pendant la réunion de validation le 04 et le 05 Novembre prochain à notre bureau (Ivandry)		
Réunion sur l'étude de faisabilité de la mise en place de la prime à la performance dans la Région Atsimo Andrefana		Le projet PASSOBA UNICEF va mener un projet pilote sur le système de prime à la performance en contractualisant : - avec l'EMAD sur la gouvernance et leadership, Disponibilité des intrants, supervision - avec CSB sur les offres de services de qualité - et agents communautaires sur la mobilisation de la demande et référence. Proposer une méthodologie complète et opérationnelle de mise en place d'un système de prime à la performance qui sera expérimenté dans la région d'Atsimo Andrefana incluant les aspects financiers et technique	Définition des indicateurs à contractualiser	UNICEF SG/MINSAN DGS/MINSAN DSEMR/MINSAN AFD UGP DRH/MINSAN DRS Atsimo Andrefana FNUAP USAID|MIKOLO
Meeting of the USAID Communication Group	February 4, 2014	Concepts of branding and marking specific to USAID and U.S. agencies.	Meetings will be held on a monthly basis addressing the issues and themes relating to communication. Each communication officer must attend or host the meeting.	USAID, PSI, USAID|MIKOLO, MCHIP, CI

Annex 6: Summary of activities implemented in the Kaominina Mendrika Salama

ACTIVITIES	Total number of communes	Number of communes completing the activity	Percentage	Number of participants attending events
ADVOCACY / INTRODUCTION	375	375	100%	4 991
CCDS/ COSAN TRAINING	375	375	100%	4 405
CHV TRAINING	375	375	100%	4 489
CHV SUPERVISION	375	231	61%	1 613

Annex 7: Summary of the NGO training conducted by the project

Activities	Topics	Objective of the training/orientation	Participants	Dates
Orientation of NGOs staff members	- Vision of the project, - Outline of the contract and restrictions on working with the public sector, - Branding and marking - Environmental compliance plan - Sharing the values of USAID|MIKOLO, - Sharing on the self-assessment process for NGOs - Administrative and financial procedures - Project's various topics, including health topics covered. - Monitoring and evaluation activities	Ensure that the leadership and managers of the NGOs have a same understanding of the project's expectations and their roles and responsibilities to allow for proper implementation of activity resumption.	38	February 24 to 25, 2014
Orientation of STs and ST Supervisors	- Concepts and purpose under the Kaominina Mendrika Salama approach - Tips for NGOs' STs	Acquire skills and competencies required to perform their roles in their commune of assignment	148	March 3 to 7, 2014 March 10 to 14, 2014
Training on SILC for STs	Savings and internal lending communities	Know and apply the various SILC techniques	29	March 17 to 21, 2014
Training of CHV trainers	Seven (7) modules composed of : 1- Course on the following subjects : KMs approach, Management of community sites, BCC, Gender approach, Youth approach, SILC and WATSAN	Give the necessary skills to trainers so that they can transfer to CHV required knowledge to provide a quality of community-based health services	293	May and June 2014

Activities	Topics	Objective of the training/orientation	Participants	Dates
	2- ToT including: personal development andragogy, practice of animation, training evaluation, team building and training logistic organization. 3- Maternal, child and New Born health 4- Integrated Management of Child Illnesses 5- Reproductive Health/ Family Planning 6- Supervision 7- Management Tools			
Trainings of FT, FT supervisors and NGOs M&E manager on project database (Datawinners)	-USAID|MIKOLO Project information Channel - FT roles in M&E system - Data quality and Data collection - use of smartphones to share collected data - Data transmission via Datawinners	Orientate FT on the project M&E system	142	End June – Beginning of July
- Refresher trainings for FT, supervisors and NGOs M&E Managers on project database (Datawinners)and verification of data quality **- on data use for decision making**		- Update the CHV list and the Datawinners questionnaires in the FT smartphones - Resolve most frequent problems related to quality data entry, data transmission, use of smartphones related to issues raised by the M&E system (completeness, timeliness, respect of data quality dimensions …) - Analyze MAR indicators, data on CHV products supply and information on CHV training conducted	152	End September

Annex 8: List of management tools, equipment and starting kits for CHVs

ARTICLE	SPECIFICITIES	TOOLS AND EQUIPMENTS	STARTING KIT
Standard tools			
– CHV monthly report – Sensitization register – Mother's register – Stock register – Referral slip			
Maternal and Child Health program			
– Pregnant women monitoring form – Grorth monitoring and promotion form		Pregnancy Checklist MUAC	Sur eau
RH/FP Program			
– CHV's individual form – CHV's job aids		Checklist	Pilplan Confiance Condom Sur eau Cycle beads Safety box
IMCIc program			
– Case management form – IMCIc referral form		Job aids RDT Fiche technique Timer	Rdt Act Gloves Pneumostop Viasur Safety Box

Annex 9: Copy of 2nd edition of project quarterly-produced Bulletin MIKOLO (English Version) Sept 2014

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MIKOLO NEWSLETTER

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USAID | MIKOLO NEWSLETTER - ISSUE NO. 2 - SEPTEMBER 2014

NEWS CORNER

THE SURTEAU WATER TABLET AVAILABLE FROM COMMUNITY HEALTH WORKERS: In the framework of the promotion of hygiene, a new Sur'Eau water tablet product has been launched by PSI at the beginning of October. Vatomandry is the pilot district for this product, which will be available through the community agents of USAID|MIKOLO.

CAMPAIGN: USAID|MIKOLO participated in the inter-African campaign for the acceleration of the reduction of maternal mortality. An initiative launched on September 15 will be relayed by the community agents of the project.

PACO: During September, USAID|MIKOLO organized a three-day institutional strengthening workshop for 9 NGO partners.. This workshop, which focused on leadership and strategic management, was offered based on the results of the self-assessment of organizational capacity (PACO) that the project conducted with the NGOS during the last 4 months.

ROLES OF YOUNG PEER EDUCATORS

Establish groups of young people at the level of the fokontany (15 to 20 young people per group).

Support the development of the group's action plan.

Hold advocacy meetings at the level of the community of young people.

Make referrals to CHWs and the health center. Implement the planned activities

Participate in the monthly/quarterly meetings with the CCSD/CoSan and AC.

Participate in the different health activities related to young people in their commune.

Send reports to the field technicians and CSB.

ROLE OF WOMEN LEADERS

MIKOLO's women leaders have been identified by their communities and trained by the project. They will animate women's groups (AMPELA MIKOLO) in each fokontany.

These groups will serve as a platform for transmitting messages about healthy behaviors through health outreach activities.

The messages will cover 12 themes including gender equity and the impact of empowering men to be more involved in their families' health.

A baby, pride of the population in Mizilo Gare commune

SUCCESS STORY

With the signature chubby cheeks and plump thighs of a well-fed, healthy baby, Justina charms the villagers in Mizilo Gare, the small Malagasy commune where she lives. They admire Justina's good health and consider her mother, Justine, a role model for other mothers in the community.

However, there is no special recipe for Justina's good health. Since pregnancy, Justine has followed the recommendations of Felinisoa Razafindramaro, Mizilo Gare's community health volunteer (CHV).

Justine abided by the CHV's advice to attend prenatal appointments at the health center, ensured her whole family slept under insecticide-treated bed nets every night, and exclusively breastfed Justina during the baby's first six months of life.

Once Justine began offering Justina complementary food, she followed nutritional guidelines outlined in a book provided by Felinisoa.

Justine brings Justina to Felinisoa's monthly growth monitoring sessions to closely follow the baby's weight, and never misses a vaccination day. *"It is very important for me to keep my baby in good health. That's why I never miss a vaccination and always try to stick to Felinisoa's advice on baby food"* explained Justine.

For all of her hard work and attention to Justina's care, Justine is rewarded with a happy, healthy, thriving baby.

Originally trained by USAID's Santéné2 project, Felinisoa attended a five-day refresher held by USAID|MIKOLO in 2014. The training covered community sensitization and the management of malaria, pneumonia, and diarrhea in children under five years of age.

USAID|MIKOLO is implemented by Management Sciences for Health (MSH) and works in 6 of Madagascar's 22 regions to empower the Malagasy people to adopt healthier behaviors and access integrated family planning, reproductive health, maternal, newborn, and child health, and malaria services.

The communal Commission for Health Development (CCSD)

The commune level platform meets periodically - at least once every 3 months - to discuss all topics that are related to improving local health. Participants in this communal discussion are as follows:

- The Mayor of the Commune
- The leaders of the fokontany
- The office of the CoSan commune (or if possible all leaders of the CoSan fokontany)
- The leader of the CSB
- All partners (projects)
- All potential groupings for support including religious associations and others.

The platform focuses on the priority local health problems and objectives in relation to the objectives of the National health policy

- Coordination of activities
- Sharing of responsibilities
- Focus on the mechanism of information, its circuit and its importance (reporting)
- Monitoring of the progress of activities:

* Collaboration between the different actors
* The impact of activities on the overall health or life of the community
* The achievement of objectives
- Support based on the needs or issues raised and decisions from each person concerned

The **Committee of Health (CoSan)** is the structure which constitutes the basis of the health pyramid and therefore it is the interface of the system of health care in the community. It is both the referral structure to any other health programs approved by the Municipality and the health care system at the community level, and a structure of dialogue in health between the community itself.

The CoSan Fokontany is responsible for any activity of health development that is achieved at the level of the fokontany.

The members of the CoSan Fokontany are composed of 1 representative per village or assimilated structure.

The members of the CoSan Fokontany are elected from a General Assembly of each village convened by the Chief of the Fokontany. The minutes from the meeting are reviewed at the end of the General Assembly and signed by the Chief of the Fokontany.

The mandate of the CoSan Fokontany is renewable every three years.

The profile of the member of the Committee of Health is defined as follows:

- **From the local community;**
- **Male or female;**
- **18 years or older;**
- **Able to read and write ;**
- **Knowing the meaning of humanitarian;**
- **Available and motivated;**
- **Dynamic and sociable;**
- **Deemed to be honest.**

COMMUNITY HEALTH WORKERS

OUTREACH ACTIVITIES

Among newborns from 0 to 6 months: immunization, nutrition, growth monitoring, detection of signs of danger.

Among children from 6 months to 5 years: growth monitoring using MUAC, nutrition, deworming medication, vitamins, malaria prevention, hygiene awareness, use of safe drinking water.

Monitoring of pregnant women: prevention of malaria, nutrition advice and inputs, recognition of danger signs, family planning information on contraceptive methods for women of childbearing age from 15 to 49 years, prevention of teenage pregnancies and high-risk pregnancies.

SUPPORT ACTIVITIES

Treatment of umbilical cord with Chlorhexidine in newborns.

Support for childhood diseases (malaria, diarrhea, pneumonia).

Use of the "Famonjy" if CSB doesn't have oxytocin.

REFERRALS

Referrals to the CSB in case of danger signs.

Referrals of women of childbearing age within the CSB for those who choose IUD and implant methods.

EDITORIAL

John Yanulis
Project Director

Innovate to "entertain and educate"

USAID|MIKOLO is a project funded by USAID / Madagascar and implemented by Management Sciences for Health (MSH). The goal of the project is to reduce maternal and child morbidity and mortality. To achieve this ambitious goal, USAID|MIKOLO works in six regions of Madagascar to increase the level of access to quality primary health care that is offered by over 5,000 community health workers (CHW) in the communities over 5 km from a primary health center CSB.

Working in close collaboration with national NGOs and the Ministry of Public Health, MIKOLO supplies the CHWs with implementation kits and provides technical assistance so that the CHWs can prevent or treat diseases at the community level. The CHWs are volunteers who are the real stars of our program and they earn our appreciation daily.

In recent months, and with the different partners, including Ministries of Public Health, Youth and Environment, MIKOLO has been able to develop its communication strategy for behavior change. The project will use mass communication through radio spots, interpersonal communication, and innovative initiatives to *"entertain and educate."* Also, USAID|MIKOLO targets youth between the ages of 15-24 years to improve their reproductive health and use of modern family planning methods so they can space births and avoid unwanted pregnancies.

Greater involvement of men in family health will serve as the main axis in the transformation of social norms that could be more favorable to community health. Finally, through savings and credit groups (called SILC), MIKOLO will continue to lend a hand in the daily lives of CHWs and remote communities.

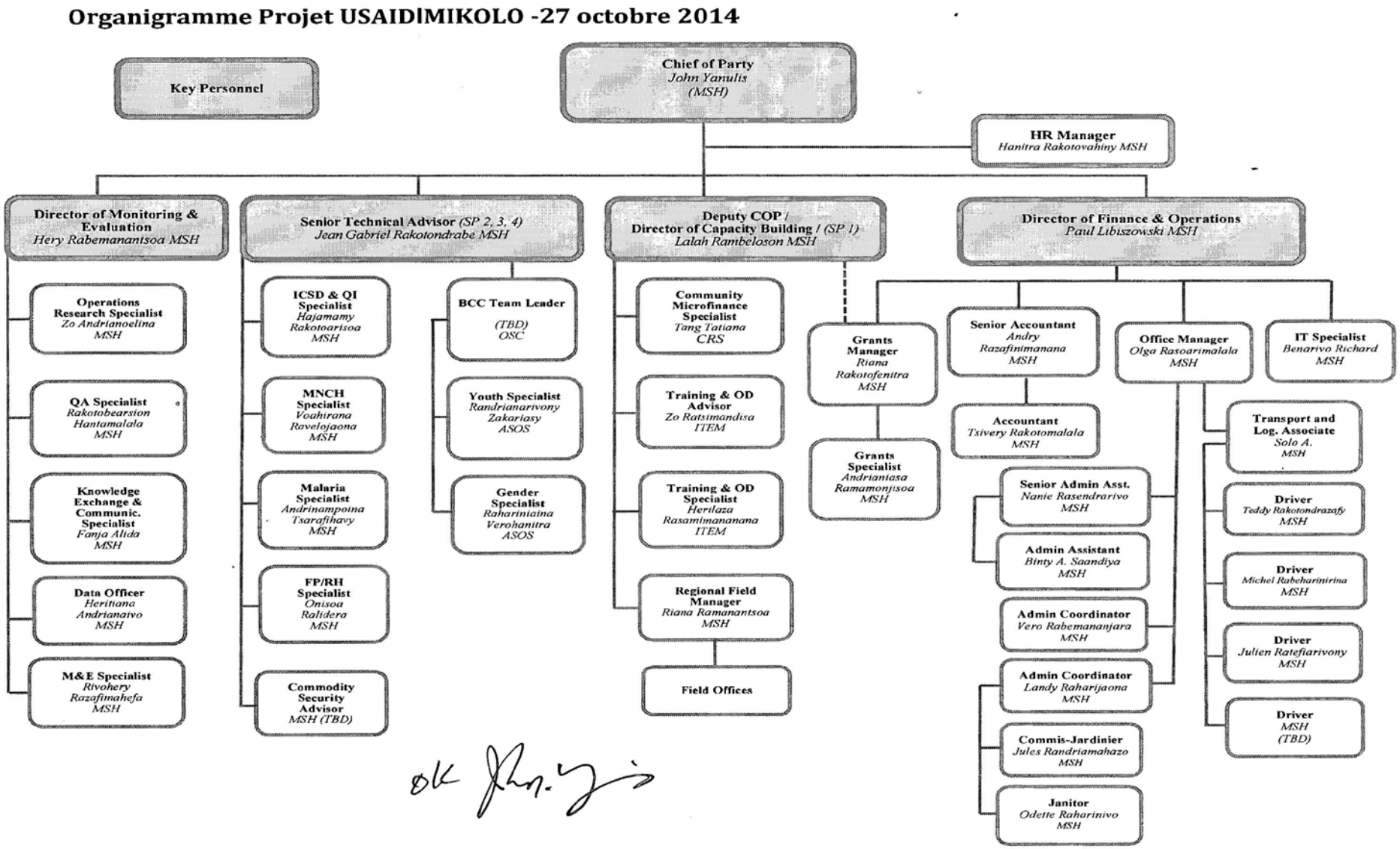
MIKOLO and its partners support a population that is well informed, aware, responsible and engaging in healthy behavior, attitudes, and practices that are good for the welfare of the family.

Annex 10: Administrative and Technical Assistance Visits

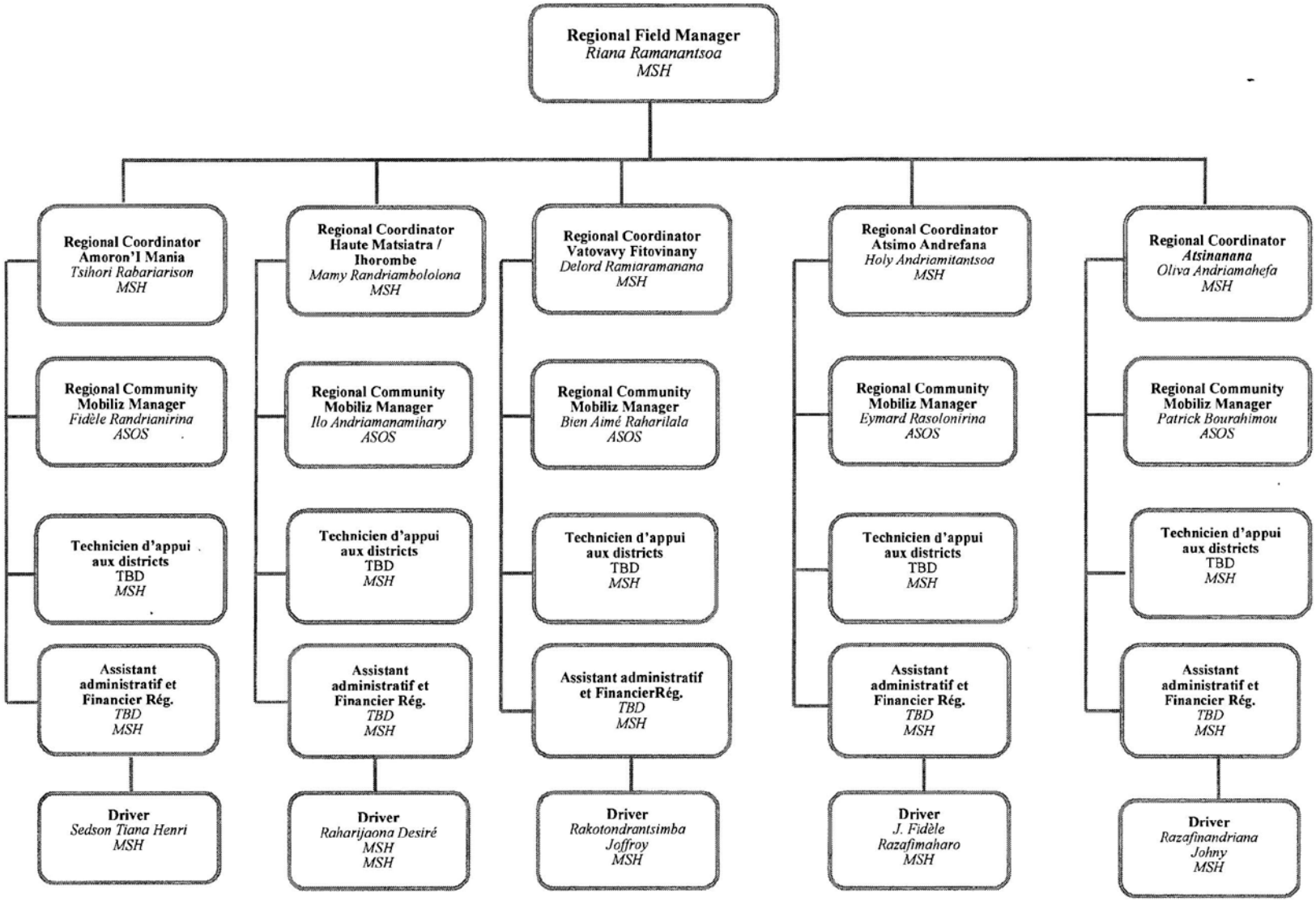
STTA/Consultant	Type of SSTA	Dates *	Terms of Reference
Elke Konings	Management	August 3 - 8, 2013	Provide assistance and coordination of technical project start-up and finalize initial technical deliverables for submission to USAID
Ashley Marks	Management	August 3 - 16, 2013	Coordinate rapid project start-up and finalize initial technical deliverables for submission to USAID
Amber Jamanka	Management	August 7 - 24, 2013	Coordinate rapid project start-up and finalize initial technical deliverables for submission to USAID
Veronique Mestdagh	Management	August 19 - 30, 2013	Coordinate rapid project start-up: recruitment of staff
Carolyn Smith (OSC)	Management	August 25 - September 12, 2013	Participate in PY1 work planning workshops; provide inputs to PY1 deliverables to USAID; assist with project start up; recruit staff
Elke Konings	Management	September 1 - 11, 2013	Project Director Supervisor support and project work planning support
Yen Lim	Management	September 9 - 27, 2013	Coordinate rapid project start-up and finalize initial technical deliverables for submission to USAID
Mahamadou Thiam	Management	September 9 - 27, 2013	Coordinate rapid project start-up and finalize initial technical deliverables for submission to USAID
Kevin Fitzcharles	Management	September 18 - October 1, 2013	Finance and Administration support
Amber Jamanka	Management	October 5 - 26, 2013	Operational start-up; coverage of Director of Finance & Operations
Natalie Gaul	Administrative	October 22 - November 3, 2013	Installation of QuickBooks and training of field accounting team
John Shin	Management	November 2 - December 5, 2013	Support and training in finance and operations
Jana Glenn Ntumba	Management	January 17 - February 1, 2014	Facilitate visioning and team building workshop; facilitate staff training on the OCAT process and pilot tool with partner organization
Elke Konings	Management	January 19 - 30, 2014	Participate in the strategic planning/visioning and team building workshop; provide M&E support and monitor project's progress; assist M&E team in rolling out M&E Plan
Carolyn Smith (OSC)	Management / Technical	January 18 - February 8,	Participate in strategic planning/visioning and team building workshop; advance

		2014	project BCC strategy
Randy Wilson	Technical	March 16 - 22, 2014	Explore options for HMIS and mHealth products and systems, make recommendations and outline next steps
Rabin Khadgi	Administrative	March 15 - 27, 2014	Technical assistance in the implementation of computer media, internet and Cisco phone
John McKenney	Management	April 12 - 22, 2014	Security assessment and plan
Amber Jamanka	Management	May 5 – 23, 2014	Operations and administration coverage
Elke Konings	Management	May 10 - 17, 2014	Strengthen M&E and research functions, conduct field site visits of project operations
Chris Welsh	Management	July 12 - 25, 2014	Work planning and project strategy review
Sara Holtz	Management	July 15 - 28, 2014	Work planning and project strategy review
Amelie Sow-Dia (Consultant)	Technical	August 5 - 16, 2014	Facilitate BCC strategy development workshop with focus on gender and youth; develop BCC strategy document
Sylvia Vriesendorp	Technical	September 10 – 26, 2014	Technical assistance for public sector support for community health services

Annex 11: Updated project organizational chart



FIELD OFFICES



Annex 12: Technical Strategies

IE/BCC, Gender, Youth Strategies provided under separate cover.

Annex 13: Project Formative Research Document

Formative Research document provided under separate cover.