

USAID | MIKOLO Quarterly Progress Report

Period: April 1st – June 30th, 2015

John Yanulis

July 30th, 2015

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

[Primary health care – USAID – Community health services]

This report was made possible through support provided by the US Agency for International Development and the USAID Madagascar, under the terms of Contract Number **AID-687-C-13-00001** and Jacky RALAIARIVONY. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

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

The USAID Mikolo Project

Quarterly Progress Report

Period: April 1 – June 30, 2015



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Prepared by John Yanulis, Project Manager

Contact : jyanulis@mikolo.org

Submitted to USAID by Management Sciences for Health

Villa Imaintsoanala III

Lot II K 72 Bis – Ivandry

Antananarivo – Madagascar

DATE : July 30, 2015

This document was prepared with the generous support of the U.S. Agency for International Development (USAID) under Contract No. AID-687-C-13-00001. Its contents are the responsibility of the Primary Health Care Project and do not necessarily reflect the views of USAID or the U.S. Government.

TABLE OF CONTENTS

LIST OF ACRONYMS	3
INTRODUCTION	4
EXECUTIVE SUMMARY	7
RESULTS	10
SUB-PURPOSE 1: SUSTAINABLY DEVELOP SYSTEMS, CAPACITY, AND OWNERSHIP OF LOCAL PARTNERS.....	10
SUB-PURPOSE 2: INCREASE AVAILABILITY AND ACCESS TO BASIC HEALTH SERVICES IN THE PROJECT'S TARGET COMMUNES	17
SUB-PURPOSE 3: IMPROVE THE QUALITY OF HEALTHCARE SERVICES AT THE COMMUNITY LEVEL 31	
SUB-PURPOSE 4: INCREASE THE ADOPTION OF HEALTHY BEHAVIORS AND PRACTICES ..35	
MONITORING AND EVALUATION	40
ENVIRONMENTAL COMPLIANCE	42
PROJECT MANAGEMENT	42
COORDINATION WITH USAID	42
OTHER COORDINATION MEETINGS	43
HUMAN RESOURCES AND FIELD OFFICE MANAGEMENT	44
FINANCIAL MANAGEMENT.....	44
ANNEXES	45
ANNEX 1: RESULTS MATRIX.....	45
ANNEX 2: SUCCESS STORIES.....	51
<i>Family Planning: Community-based use of pregnancy tests to reduce missed opportunities for family planning</i>	51
<i>Gender promotion leads to the construction of a health facility</i>	53
<i>Standard tools for IEC/BCC are now available!</i>	55
<i>The National Community Health Policy widely disseminated and operationalized</i>	57
ANNEX 3: FINANCIAL SUMMARY.....	58
ANNEX 4: UPDATED ORGANIZATIONAL CHART	59
ANNEX 5: COLLABORATION AND MEETINGS WITH OTHER HEALTH PARTNERS	61
ANNEX 6: SUMMARY OF TRAINING CONDUCTED BY THE PROJECT	66
ANNEX 7: TECHNICAL AND ADMINISTRATIVE ASSISTANCE VISITS.....	68
ANNEX 8: ENVIRONMENTAL MITIGATION AND MONITORING REPORT	69
ANNEX 9: MEDIA PLAN IMPLEMENTATION RESULTS	71

LIST OF ACRONYMS

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

INTRODUCTION

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

The project aims to increase the use of community-based healthcare services and the adoption of healthy behaviors among women of reproductive age, children under five, and infants. The project contributes to Madagascar's achievement of Millennium Development Goals 4 and 5 by improving maternal and child health services and access to information.

The USAID Mikolo Project revolves around two main objectives: (1) improving health by enhancing the quality of primary health services at the community level, as well as access to and demand for these services; and (2) strengthening the capacity of local NGOs to support quality community health services and to be direct recipients of funding in the future.

The project is designed to achieve these objectives through the following four sub-purposes:

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

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

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

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

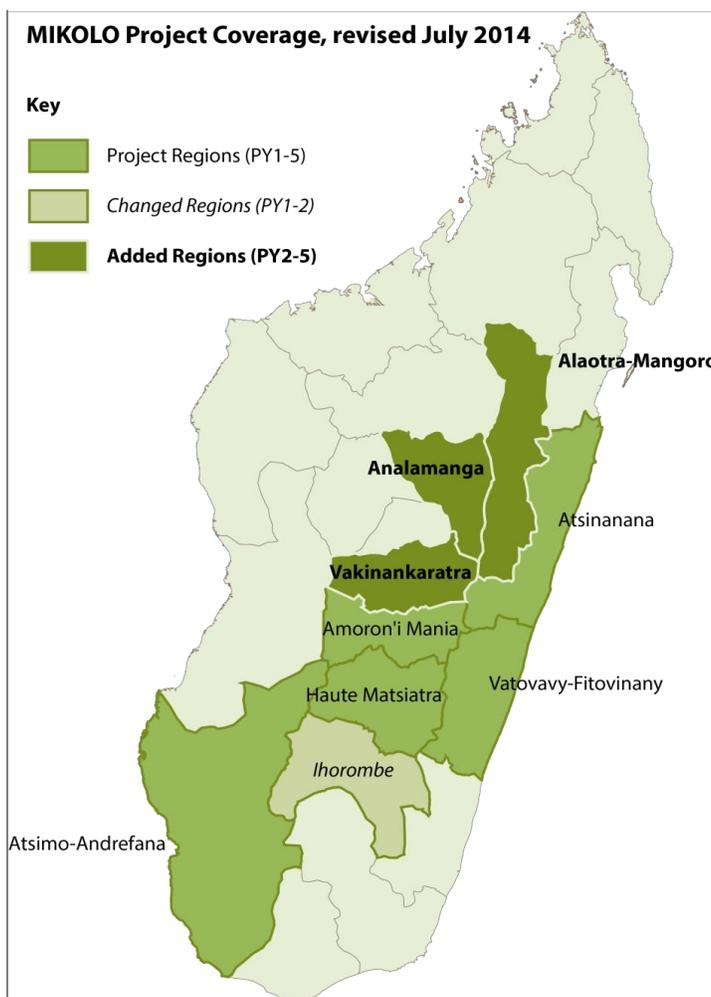
During the second year, the project is expanding coverage to work in 9 regions (of the 22 total regions nationally, see inset map), 46 districts, and 529 communes of Madagascar, targeting a population of about 6.5 million. The USAID Mikolo Project focuses on the villages more than 5 km from the closest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

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

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

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

Figure 1: USAID Mikolo Project Coverage Changes in Year 2



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

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

Executive Summary

The USAID Mikolo Project is a five-year project (2013-2018) implemented by Management Sciences for Health (MSH), with international partners, Catholic Relief Services (CRS) and Overseas Strategic Consulting (OSC), as well as Malagasy partners, *Action Socio-sanitaire Organisation Secours* (ASOS) and *Institut de Technologie de l'Education et du Management* (ITEM). The project aims to increase the use of community-based healthcare services and the adoption of healthy behaviors among women of reproductive age, children under five, and infants. The project is designed around four sub-purposes (SP):

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

During the third quarter of FY 15 (April - June 2015), the USAID Mikolo project continued to build its partnership with the Ministry of Health at central and district levels in all 9 target regions. Due to delays in the official modification of the USAID Mikolo Project contract (signed December 2, 2014), which impacted the timing of the submission and approval of the Impact grants at the end of the last quarter (March 2, 2015), The project had some delays in implementation of expanded activities within the original 375 communes in the 6 target regions as well as in the 3 new target regions.

With impact grantees fully in place during this third quarter of FY 15, the Project conducted refresher training of CHVs in critical primary health care themes and began the process of creating “polyvalent” CHVs capable of providing both maternal and child health support at the community level. In addition, Mikolo continued to conduct essential on-site supervision of CHVs, evaluating their performance and in many cases having CHVs certified by the Chef CSB. Together with the Ministry of Health, the UN agencies and other implementing partners completed the development and field testing of a bank of social and behavior change communications materials based on the life cycle from family planning to the care of the sick and well child. These materials are made available to all partners for use at community level.

The USAID Mikolo Project quarter 3 results include the following highlights:

Sub-purpose 1- Sustainably Develop Systems, Capacity, and Ownership of Local Partners:

- Partners trained in leadership and management, including 3,424 COSAN and CCDS members, 63 EMAD, and 61 NGO STs and supervisors in Q3.
- 109 new SILCs formed in the regions of Atsimo Andrefana, Amoron'I Mania, Vatovavy Fito Vinany, Vakinankaratra, Analamanga, and Atsinanana, with 59.6% female membership. 23 SILC Technicians, 9 supervisors, and 146 field agents trained in Q3.
- All 11 partner NGOs participated in the annual PACO self-assessment process and developed action plans for capacity building.

Sub-purpose 2- Increase Availability and Access to Basic health Services in the Project's Target Communes:

- The project reached 15,931 new and 69,179 continuing FP users, accounting for 17,165 couple years of protection (CYP). The result to date brings the total CYP to 92% of the FY 15 target. In addition, 2,077 clients were referred for long acting and permanent methods.
- A total of 54,312 children < 5yrs with fever received a RDT. Among them, 24,053 (44%) tested positive for malaria, of which 83% received ACT. The Q3 results bring the total achievement to date to 212% of its FY 15 target. The over-achievement reflects the national malaria epidemic, which disproportionately affected the project's target regions. The Project was able to respond swiftly to the sharp, and unexpected, rise in malaria cases. The FY 15 target did not anticipate the recent epidemic but was based on FY 14 data on the average number of malaria cases seen by CHVs, i.e. during a year that did not witness the same epidemic scale as was seen this quarter.
- 20,140 children < 5 y received treatment for ARI during Q3, which brings the total achievement to date to 42,413, or 134% of the FY 15 target. CHVs have demonstrated improved competence using respiration timers to diagnose pneumonia, particularly when it is seen as a co-infection with malaria. The availability of Pneumostop for CHV distribution has also increased treatment of pneumonia at the community level.
- 20,808 children <5 treated for diarrhea, bringing the total FY15 results to 107% of the annual target.
- CHVs exceeded the PY2 target for referrals to health centers, with 18,314 severe childhood illness referrals, 3,642 obstetric emergency referrals, and 1,780 neonatal emergency referrals. In addition, ANC referrals reached 91% of the PY2 target during Q3.
- 914 CHVs were trained in family planning service provision, including some child health CHVs who became polyvalent. These 914 CHVs were also the first to be trained to use pregnancy tests. An additional 407 CHVs were trained to provide child health services, including the provision of chlorhexidine to pregnant women for umbilical cord care after birth.

Sub-purpose 3- Improve the Quality of Healthcare Services at the Community Level

- The CHV monthly reporting rate was 81% this quarter, bringing the overall reporting rate to date to 82%, which surpasses the 75% FY 15 target.
- 417 Chefs CSB received training on CHV service quality assurance, meeting 84% of the FY 2015 target.

Sub-purpose 4- Increase the Adoption of Healthy Behaviors and Practices

- 285 radio spots aired at the end of June, launching a campaign of new BCC messages to air during the coming months on 16 local radio stations.
- The MOH validated the BCC messages and tools, and compiled them in an open-access virtual toolkit for shared access among health projects in Madagascar. The MOH used one radio spot developed by the Project to air on the national radio for the Week of Mother and Child Health in May.

The USAID Mikolo Project submitted two abstracts to the International Conference on Family Planning (ICFP) in Indonesia in November 2015, and both were accepted as poster presentations. In addition an abstract submitted to the 2015 Global Maternal Neonatal Health Conference (GMNHC) was accepted as an oral presentation.

The Project's innovative mHealth strategy was drafted, with support from two experts from Management Sciences for Health and OSC who conducted a joint field assessment during Q3.

RESULTS

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

➤ 352 communes have both functioning COSANs and CCDSs

N°	Indicator	PY2 Target	RESULTS Q1	RESULTS Q2	RESULTS Q3	Total Results	% Target Achieved
1.1	Number of Communes with functioning COSANs	506	350	350	352	352	70%
1.2	Number of Communes with functioning CCDSs	506	-	352	352	352	70%

Explanation:

In the original project regions, 100% of the communes (352) have functioning *Comités de Santé* (COSANs) and *Commissions Communale de Développement de la Santé* (CCDSs). Results under this indicator were expected to be largely achieved within the first quarter, as realized. Establishing functional COSANs and CCDSs is one of the preliminary steps in the PY2 workplan and will support the subsequent activities. With the expansion of activities in the new project regions, the USAID Mikolo Project began work establishing COSANs and CCDSs in new communes during Q3.

The final two communes finished the requirements for their COSANs, receiving their formal decree, and were included in the Q3 results.

Next Steps:

The project will continue to provide support to the COSANs and CCDSs, particularly to the new project communes. The Project anticipates that the new communes will complete the requirements for functional COSANs and CCDSs during Q4, including completing action plans and holding regular meetings, and will meet the PY2 target.

➤ 67% of CHVs attended at least one monthly COSAN meeting during the quarter

N°	Indicator	PY2 Target	RESULTS Q1	RESULTS Q2	RESULTS Q3	Total Results	% Target Achieved
1.4	Percent of CHVs in project areas attending a monthly COSAN meeting, out of the total # of CHVs in the health center catchment area	75%	93%	88%	67%	83%	111%

Explanation:

The majority of CHVs, 67%, attended at least one monthly COSAN meeting during the quarter as part of the USAID Mikolo Project's service quality assurance (SQA) strategy. CHVs are expected to attend the monthly COSAN meetings where they receive training, information, and supervision from the Chef CSB and the NGO Support Technicians. Although the overall PY2 participation rate exceeds the target for the COSAN monthly meetings, the results in Q3 were lower than earlier quarters. This reduction is the result of less frequent meetings held in some communes due to the conflicting project trainings conducted for NGOs, Chefs CSB Managers, CCDSs, and COSANs during the quarter. In some communes, the Chefs CSB have not yet committed themselves to participating in CHV supervision and coordination, and have not taken initiative to participate in the monthly meetings. And, in some other communes, the NGO STs were unable to attend the meetings to take attendance, and the Chefs CSB were unable to provide Mikolo with the attendance list of Mikolo CHVs, as these meetings consist of CHVs from Mikolo as well as other projects, and the attendance lists are not disaggregated, so the data has not been included in these results.

In the new communes, monthly meetings will begin in Q4 following the training. In addition, CHV site supervision by Support Technicians (STs) reinforces the importance of CHV attendance at the COSAN meetings for learning and for sharing of knowledge and experiences, so the reduced site visits may have also caused a decline in the CHV meeting attendance during Q3. This data trend was predicted, as mentioned in the Q2 report; as the USAID Mikolo Project expanded into new project communes, working with COSANs and CHVs new to the project, this achievement rate was expected to decline while refresher trainings were provided and both COSANs and CHVs were brought up to a functional level.

Next Steps:

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

➤ **3,424 additional COSAN and CCDS members trained in leadership and management**

N°	Indicator	PY2 Target	RESULTS Q1	RESULTS Q2	RESULTS Q3	Total Results	% Target Achieved
1.3.1	Number of people (COSAN, CCDS) trained with increased Leadership and Management knowledge and skills	6,348	2,352	-	3,424	5,776	91%
	male	3,066	1,627	-	2,285	3,912	128%
	female	3,282	725	-	1,139	1,864	57%

Explanation:

During Q3, the Project trained COSAN and CCDS members in leadership and management skills, primarily in the new project communes. The National Community Health Policy (NCHP) encourages communities to take charge of health and sanitation initiatives. The COSAN and CCDS leadership and management training curriculum was designed to develop the capacity of these entities to engage the population of their communes to take responsibility for health interventions, generating commitment to guarantee success of community activities. The Project has found that male members outweigh female members of COSANs and CCDSs, skewing the gender targets for this indicator. The project will work through its gender approach and other leadership and community engagement mechanisms to encourage the participation of women.

➤ **63 EMAD trained in leadership and management**

N°	Indicator	PY2 Target	RESULTS Q1	RESULTS Q2	RESULTS Q3	Total Results	% Target Achieved
1.3.4	Number of people (EMAD) trained with increased Leadership and Management knowledge and skills	230	124	41	63	228	99%
	male	112	69	27	31	127	113%
	female	118	55	16	32	103	87%

Explanation:

In Q3, 63 members of EMAR/EMAD in new project regions were trained with updated leadership and coaching curricula, and oriented to the implementation guide of the National Community Health Policy. The training was combined with sessions from the USAID Mikolo Project technical teams to present additional health topics. The trainings were conducted by the USAID Mikolo staff trainer pool and 19 MOPH technicians, who were trained during Q1. According to Mikolo's adopted training strategy, the project decided to involve first the central MOPH team (19 technicians trained in Q1) and then create a pool of trainers, comprised of MOPH Technicians and Mikolo staff to lead the EMAD training. No consultants were used in the training.

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

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

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

➤ **61 additional NGO Support Technicians and Supervisors trained in leadership and management**

N°	Indicator	PY2 Target	RESULTS Q1	RESULTS Q2	RESULTS Q3	Total Results	% Target Achieved
1.3.2	Number of people (NGO leadership) trained with increased Leadership and Management knowledge and skills	39	18	-	-	18	46%
	male	19	12	-	-	12	63%
	female	20	6	-	-	6	30%
1.3.3	Number of people (NGO field staff -STs and their supervisors) trained with increased Leadership and Management knowledge and skills	200	128	45	61	234	117%
	male	98	85	28	34	147	150%
	female	102	43	17	27	87	85%

Explanation:

Support Technicians and supervisors in both new and old regions participated in additional leadership, management, and coaching training during Q3. The STs participated in training in leadership and participatory planning. The total results for ST and supervisor training surpassed the PY2 target as staff from new NGOs MSIS Est, Sud, and AINGA benefitted from the initial training. In addition, NGO STs and supervisors participated in training on the implementation of the Commune Champion of Health approach, to reinforce their leadership, management, and coaching skills.

Next Steps:

During the final quarter of PY2, the USAID Mikolo Project will train 22 NGO staff on advocacy skills, an area identified during the PACO process. The targets are anticipated to be met or surpassed by the end of the year.

➤ **113 New SILCs established, with 59.6% female membership**

N°	Indicator	PY2 Target	RESULTS Q1	RESULTS Q2	RESULTS Q3	Total Results	% Target Achieved
1.5	Number of COSAN savings and loans funds (CSLF) established	13	-	-	-	-	0%
1.6	Number of Saving and Internal Lending Community (SILC) established at the community level	534	8	-	101	109	20%
1.7	Proportion of female participants in USG-assisted programs designed to increase access to productive economic resources (assets, credit, income or employment) (% of female SILC members)	70%	62%	-	59%	59%	85%

Explanation:

COSAN Savings and Loan Funds (CSLF) serve as a mechanism to leverage community resources to invest in health objectives, such as purchasing health commodities in bulk for CHV service provision, to avoid stock-outs. From June through July 2015, USAID conducted operational research on the CSLF methodology in Madagascar. Following this research, in Q4, the USAID Mikolo Project will establish 13 new CSLFs in four regions in the original project communes, where the capacity of the COSANs has been strengthened and sensitization activities completed.

Savings and Internal Lending Communities (SILCs) provide sensitization, training, and ongoing support for village residents to gain experience managing household finances, including both savings and loans of small amounts, and to leverage resources to improve their health and sanitation. CHVs are also encouraged to participate in the SILC activity to gain understanding of financial management and credit before participating in the CSLFs. The USAID Mikolo project established 101 new SILCs during the quarter in the regions of Atsimo Andrefana, Amoron'i Mania, Vatovavy Fito Vinany, Vakinankaratra, Analamanga, and Atsinanana.

Field agents are selected from within the communes and participate in one year of practical and theoretical training with Mikolo's partner NGOs, with three exams leading to certification. The

field agents will establish SILCs with the NGO staff, allowing for broad scale-up of the activity project-wide. During this process, the project compensates the field agents, but once certified, the field agents will provide services to the SILCs and CSLFs for a fee, establishing sustainable capacity and support for these financial groups at the community level. In Q3, 146 Field Agents were selected and trained. Following the approval for the new impact grants in Q2, 28 NGO SILC Technicians were recruited. In Q3, trainings for the SILC Technicians and their supervisors were completed in Atsinanana. The Field Agents and SILC Technicians collect monthly activity reports from the SILCs, and eventually also from the CSLF, and send the data to the NGO SILC supervisors to review and upload in the online reporting system.

The new SILCs have an average of 59% female membership. While this female majority is impressive, it has not yet reached the project's goal of 70% women members. SILC community sensitization activities are designed to reach women, in particular, often through platforms such as existing women's groups. In addition, SILC sensitization activities with traditional leaders and community leaders call on these authorities to promote women's participation in SILCs.

The project anticipates achieving the full targets for these indicators in PY2, with the remaining results to be achieved in Quarter 4.

Next Steps:

NGO SILC Technician and supervisor trainings will continue in the regions of Vatovavy, Amoron'i Mania and Atsimo Andrefana in Q4. Field Agents and SILC technicians will establish an additional 433 SILCs and 13 CSLFs during the next quarter. The project will build on the existing strategies for engaging women members, with emphasis on women's groups and through CHVs to female clients.

The project will develop an informative video on the SILC process and benefits that can be used for community sensitization or advocacy.

CRS Microfinance Specialist, Tom Shaw, will travel to Madagascar in August 2015 to review the CSLF and SILC strategy and implementation process. He will also contribute to the SILC advocacy workshop aimed at educating microfinance institutions to recognize SILCs.

➤ **PACO assessment process rolled out with all 11 NGOs**

N°	Indicator	PY2 Target	RESULTS Q1	RESULTS Q2	RESULTS Q3	Total Results	% Target Achieved
1.8	Number of NGOs eligible to receive direct awards made by USAID	-	-	-	-	-	NA
1.9	Number of local NGO awarded grants	13	-	11	-	11	85%

Explanation:

During Q3, the USAID Mikolo Project facilitated the PACO assessment with each NGO individually. The annual PACO process is comprised of a self-assessment for NGO staff to collect evidence of results in each category through facilitated focus groups and interviews, and to develop a consensus score for each category. Assessing the identified gaps in the assessment, the NGOs then develop an annual action plan to build capacity in those areas. The NGOs then implement the action plan throughout the year, with support and monitoring from the USAID Mikolo Project.

NGOs which received grants during PY1 and already completed their first full round of PACO were supported to take more responsibility to facilitate the self-assessment, as the ultimate goal is for the partner organizations to use the tool and process independently. More hands-on in-depth support was provided to the NGOs new to the USAID Mikolo Project this year. For this second annual round of the PACO, the Project team improved the tools for easier use by the partner NGOs.

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

Indicator 1.9 has a target of 13 for PY2, as 13 grant lots were planned. Once the grants were elaborated, they were divided into 14 lots, but awarded to 11 NGOs, as some of the applicant organizations were awarded multiple lots. Therefore, while 14 grants were made, the results under this indicator are calculated by number of organizations and therefore appear lower than the target.

Next Steps:

The USAID Mikolo Project will continue to supervise and support the NGOs to enable them to meet their respective benchmarks. The Project will continue to check in quarterly with each NGO to review the action plan progress and results and to lend any additional support that may be needed.

In Q4, a Management Sciences for Health specialist on the PACO tool will conduct an evaluation of the PACO process, experience, and results with a sampling of the USAID Mikolo Project NGOs. The results will be written into a technical brief to be disseminated. This evaluation will serve as the initial assessment in a planned longitudinal study of the Project's NGO capacity building approach.

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

As noted above, due to delays in the official modification of the USAID Mikolo Project contract (signed December 2, 2014), which impacted the timing of the submission and approval of the Impact grants at the end of the last quarter (March 2, 2015), The project had some delays in implementation of expanded activities within the original 375 communes in the 6 target regions as well as in the 3 new target regions. This had a direct effect on the training of partner staff which in turn affected the timing of the CHV training. It is anticipated, however, that the Project will achieve its intended results with regards to the training of CHVs by the end of the fiscal year.

➤ 914 CHVs trained during Q3 to become polyvalent and offer both child health and FP services

N°	Indicator	PY2 Target	RESULTS Q1	RESULTS Q2	RESULTS Q3	Total Results	% Target Achieved
2.1	Number of additional USG-assisted community health workers (CHVs) providing Family Planning (FP) information and/or services during this year	2,192	-	-	914	914	42%
	male	1,009	-	-	393	393	39%
	female	1,183	-	-	521	521	44%
2.8	Number of health workers trained in case management with artemisinin-based combination therapy (ACTs)	1,865	-	-	-	-	0%
	male	858	-	-	-	-	0%
	female	1,007	-	-	-	-	0%
2.9	Number of health workers trained in malaria laboratory diagnostics (rapid diagnostic tests (RDTs) or microscopy)	1,865	-	-	-	-	0%
	male	858	-	-	-	-	0%
	female	1,007	-	-	-	-	0%
2.13	Number of people trained in child health and nutrition through USG-supported programs	1,848	-	-	407	407	22%
	male	850	-	-	98	98	12%
	female	998	-	-	309	309	31%

Explanation:

Child health CHVs in the original project communes who met the necessary performance standards began training to become polyvalent, to be able to also offer family planning counseling and services. During Q3, an initial cohort of CHVs was trained in family planning. Additional eligible CHVs will be trained in Q4 to meet the PY2 target. In addition, CHVs in the new regions received refresher training on family planning services. These trainings also included the new curriculum for use of pregnancy tests in family planning counseling sessions when the client's current pregnancy status cannot be determined. This

During Q3, the Project worked with the MOH to update the malaria training materials and curriculum for CHVs, specifically to include the use of Amoxicillin (250mg DT). This process was put on hold while technical ministry staff was sent to support the District health teams following the cyclone and floods. As a result, the workshop to finalize these documents has been postponed and the materials are not ready for the USAID Mikolo Project to be able to provide training as planned, and may not reach this target until PY3.

During Q3, refresher trainings on child health and nutrition began in the new project communes to 407 current child health CHVs. These trainings followed the revised USAID Mikolo Project curriculum, which includes updates such as the revised WHO Child Growth Monitoring Standards and use of chlorhexidine. The gender imbalance in the trainings reflects the gender profile of the current child health CHVs in the new communes.

These child health refresher trainings will continue through August in the new communes, and the results for indicator 2.13 will increase in Q4. However, during the assessment in the new project communes, the USAID Mikolo Project found fewer active CHVs (1,355) than projected based on the Santenet2 project (1,848). As a result, indicator 2.13 results may not reach the target for PY2, as a new cohort of CHVs will need to be re-activated or recruited in the new communes in PY3.

Next Steps:

Additional CHVs in the original 352 communes where the project continues to work will be trained to be polyvalent in both FP/RH, including the provision of pregnancy testing, family planning counseling and services, and child health, with a focus on Community Integrated Management of Childhood Illness, as well as stock management, with sessions to provide the new information on Child Growth Standards and the use of chlorhexidine for newborn care.

During Q4, additional CHVs in the new communes will receive refresher training for family planning services through the partner NGOs and CSBs in each area.

The Project will contribute to planning the MOH workshop to validate the training curriculum and materials for community-based integrated management of child illnesses (C-IMCI). The Project will conduct a training of trainers (CSB, NGO STs and supervisors) who will conduct the trainings for the CHVs.

The USAID Mikolo Project will continue to plan to include the use of misoprostol in the CHV training, for when the product is available, to prevent hemorrhage after childbirth, reducing maternal mortality. In addition, the USAID Mikolo Project is prepared to include Sayana Press (Depo-Provera) into the CHV training and service provision, once available through USAID, anticipated in September 2015. In preparation, in Q4 the USAID Mikolo Project will develop the training curriculum, as well as advocacy and informational documentation to present to the MOH.

➤ **Stock-out rates of commodities remained below 14% during Q3.**

N°	Indicator	PY2 Target	RESULTS Q1	RESULTS Q2	RESULTS Q3	Total Results	% Target Achieved
2.5	Percent of service delivery points (CHVs) that experience a stock-out at any time of Oral contraception products	25%	9%	11%	5%	8%	166%
2.6	Percent of service delivery points (CHVs) that experience a stock-out at any time of DMPA products	25%	16%	21%	14%	17%	132%
2.12	Percent of service delivery points (CHVs) that experience a stock-out at any time of ACT	20%	5%	12%	13%	10%	175%
2.18	Percent of service delivery points (CHVs) that experience a stock-out at any time of ORS/Zinc	45%	16%	13%	10%	13%	171%
2.19	Percent of service delivery points (CHVs) that experience a stock-out at any time of Pneumostop©	35%	17%	17%	7%	14%	161%

Explanation:

The availability of health commodities for CHVs remained well within the target limits during Quarter 3. The targets set for stock-outs were based on the data of these indicators in FY14. At the end of FY 2014, several PSI supply points and public health centers experienced a stock out in contraceptives products (oral and injectable). As the project has no control over the supply from these structures, FY 2015 targets were set higher compared to the FY 14 results. For injectable contraceptives, for example, during FY14, 21% of CHVs experienced a shortage of stock, and 16% for the pills. Consequently, targets were set at 25% to be prudent.

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

The USAID Mikolo Project Supply Chain Specialist continued to focus on coordination and sharing data to ensure reliable supplies, including:

- monthly meetings, as well as ongoing informal coordination, with PSI to communicate about the availability of supplies at supply points;
- regular collaboration with the MOPH and the public Phagecom supply system from the national level down to CSBs;
- Malaria Committee meetings, with USAID DELIVER and other partners, to monitor the availability of malaria treatment supplies in the affected regions.

The USAID Mikolo Project hosted a Principal Technical Advisor for Pharmaceutical Management from Management Sciences for Health to conduct an evaluation of the supply chain management at the community level, in coordination with PSI and DELIVER. This process built on the earlier USAID Mahefa Project supply chain evaluation.

The Project is working with the Technical Unit of the Logistics Management Department of the MOH to develop a policy and procedures manual as well as a training curriculum for CHVs in stock management, and hosted a workshop during Q3. CHVs are piloting the new system and tools, which provide guidance for planning supply quantities. Under the new system, CHVs present their stock forms and resupply plan to the ST and Chef CSB for review and input prior to making purchases. The CHV supply management forms, developed with UNICEF and Mahefa, will be validated by the MOH. The USAID Mikolo Project trained the Chefs CSB and STs on the process and tools, and they trained the CHVs during Q3.

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

Next Steps:

The USAID Mikolo Project will continue to increase the rate of reporting of stock-outs and supply availability by CHVs to provide more comprehensive data to PSI and the public supply system for supply planning.

The USAID Mikolo Project will conduct a further evaluation and conduct a workshop in PY3, in cooperation with the MOH, to review the manual for supply management at the community level, and to present it to the MOH for validation.

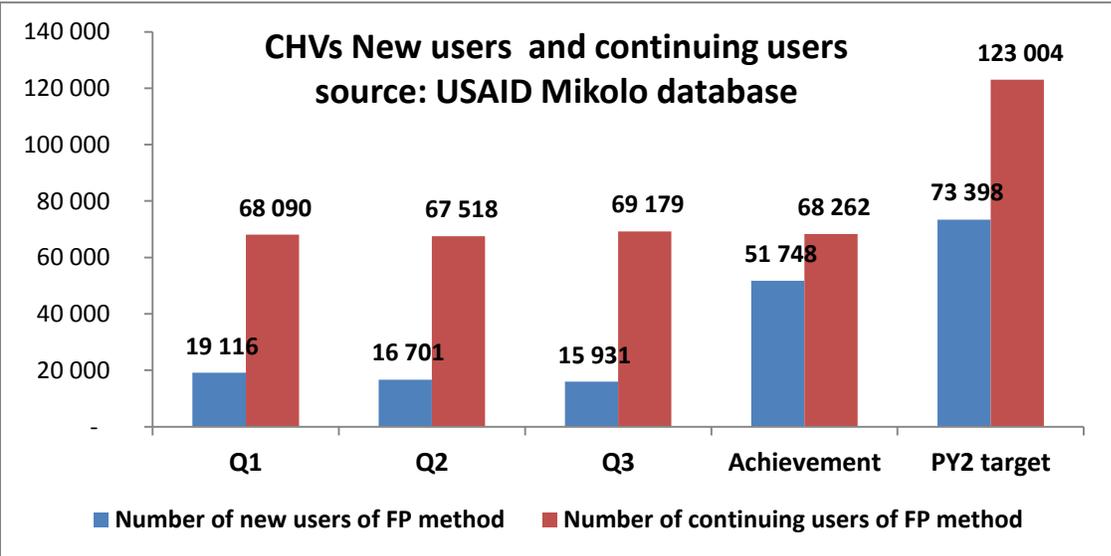
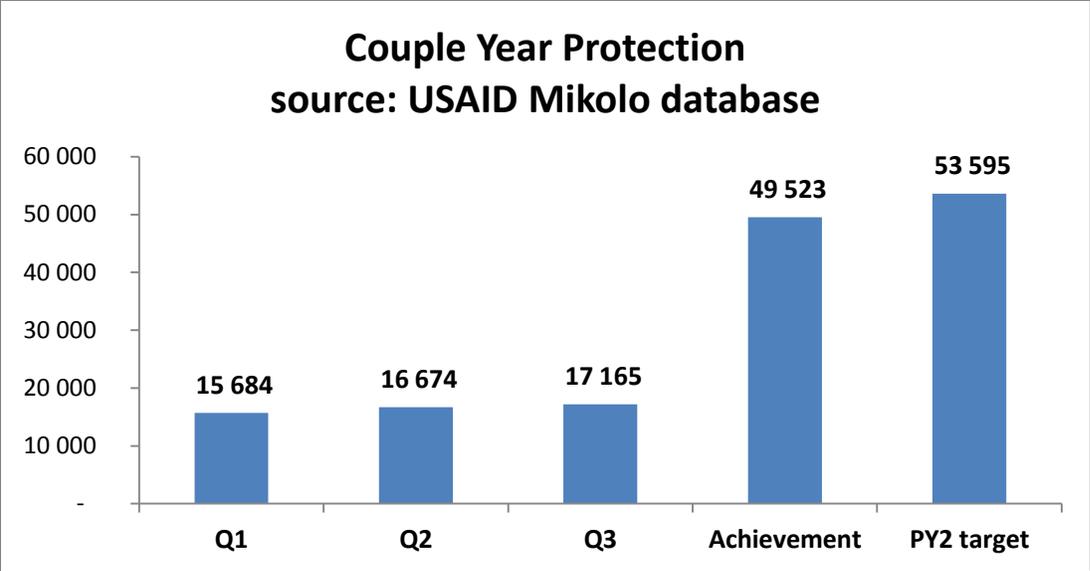
The USAID Mikolo Project Supply Chain Manager is also working to develop a system to track the supply distribution and CHV inventory of tools such as the infant weighing scales.

➤ **17,165 couple years protection added during Q3, reaching 92% of the PY2 target**

N°	Indicator	PY2 Target	RESULTS Q1	RESULTS Q2	RESULTS Q3	Total Results	% Target Achieved
2.2	Couple Years Protection (CYP) in USG supported programs	53,595	15,684	16,674	17,165	49,523	92%
2.3	Number of new users of FP method	73,398	19,116	16,701	15,931	51,748	71%
	15-19 years		6,671	5,448	5,046	17,165	
	20-24 years		6,284	5,405	5,584	17,273	
	25 years or older		6,161	5,848	5,301	17,310	
2.4	Number of continuing users of FP method	123,004	68,090	67,518	69,179	68,262	55%
	15-19 years		13,685	13,518	14,363	13,855	
	20-24 years		21,719	20,872	21,795	21,462	
	25 years or older		32,686	33,128	33,021	32,945	
2.7	Number clients referred and seeking care at the nearest health provider by CHV for LAPMs	6,105	1,553	1,760	2,077	5,390	88%

Explanation:

The USAID Mikolo Project has met 92% of the annual target for Couple Years Protection. New users continue to accumulate each month of the project, and continuing users has remained constant throughout PY2. Of note, the contribution of CHV services to overall uptake of FP is significant, around a third of all new users in the communes where Mikolo is operational.



However, the total new and continuing users are not as high as predicted. This is in part due to the later start of CHVs in the new communes, a result of the delayed grants, delayed procurement of CHV tools pending USAID’s Branding and Marking Plan changes and approval delays, and delayed cascade trainings to CSBs, NGOs, and to CHVs during PY2. In addition, the project had anticipated developing polyvalent CHVs earlier in the implementation timeline, however the need for refresher trainings and service quality assurance to bring CHVs to an eligible performance standard before they are cross-trained to become polyvalent. As a result, child health CHVs were not trained in family planning in order to provide those services during Q3.

Following the refresher trainings for CHVs in the new project areas, as well as the polyvalence training for CHVs in the original project areas, these results should increase.

In addition, the Project anticipates an increase in the number of users following the introduction of pregnancy tests during family planning counseling sessions. In the initial project pilot activity, CHVs were trained to use pregnancy tests during counseling sessions, providing confidence to women who test negative to consider family planning methods, or alternatively women who test positive will be referred to the CSBs for ANC visits. Operational research is being conducted on this pilot, and a poster will be presented by the USAID Mikolo Project at the 2015 Global Family Planning Conference in Indonesia.

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

Next Steps:

Following the Q3 trainings for CHVs to become polyvalent in the original communes, and refresher training for CHVs in the new communes, the numbers of FP services and users will rise further.

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

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

The USAID Mikolo project provided financial and technical support and resources for the *Week of Mother and Child Health* campaign, an initiative of the MOH, launching activities in 9 regions in May. The campaign focused on mothers or guardians of children under age 5, pregnant women, and the general population with the goal of reducing the proportion of children who are unvaccinated, without vitamin A supplements, malnourished, and not dewormed, as well as information on the importance of prenatal exams and giving birth at a health center. The Project plans to provide support for similar activities planned in October of 2015 and April 2016, further enhancing collaboration with the public sector toward our shared objectives.

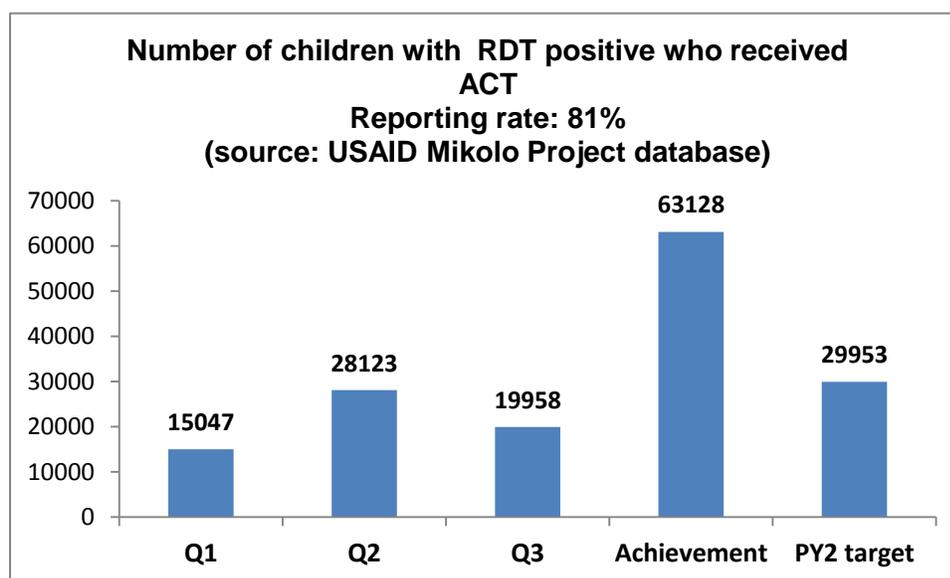
Integrated Community Case Management of Childhood Illness documents were updated and presented to the MOH during the quarter. Revised tools included the CHV training curriculum, individual case management form, technical form, referral form, and the children's register. These tools will be used during the Q4 training for polyvalent CHVs in the original project regions.

- **54,312 children with fever tested with RDT; 24,053 children tested positive, and 19,958 treated with ACT in Q3**

N°	Indicator	PY2 Target	RESULTS Q1	RESULTS Q2	RESULTS Q3	Total Results	% Target Achieved
2.10	Number of children with fever in project areas receiving an RDT	57,551	26,698	41,218	54,312	122,228	212%
	male	27,624	13,073	19,652	27,868	60,593	219%
	female	29,926	13,625	21,566	26,444	61,635	206%
2.11	Number of children with RDT positive who received ACT	29,953	15,047	28,123	19,859	63,128	211%
	male	14,378	7,384	13,343	9,566	30,293	211%
	female	15,575	7,663	14,780	10,392	32,835	211%

Explanation:

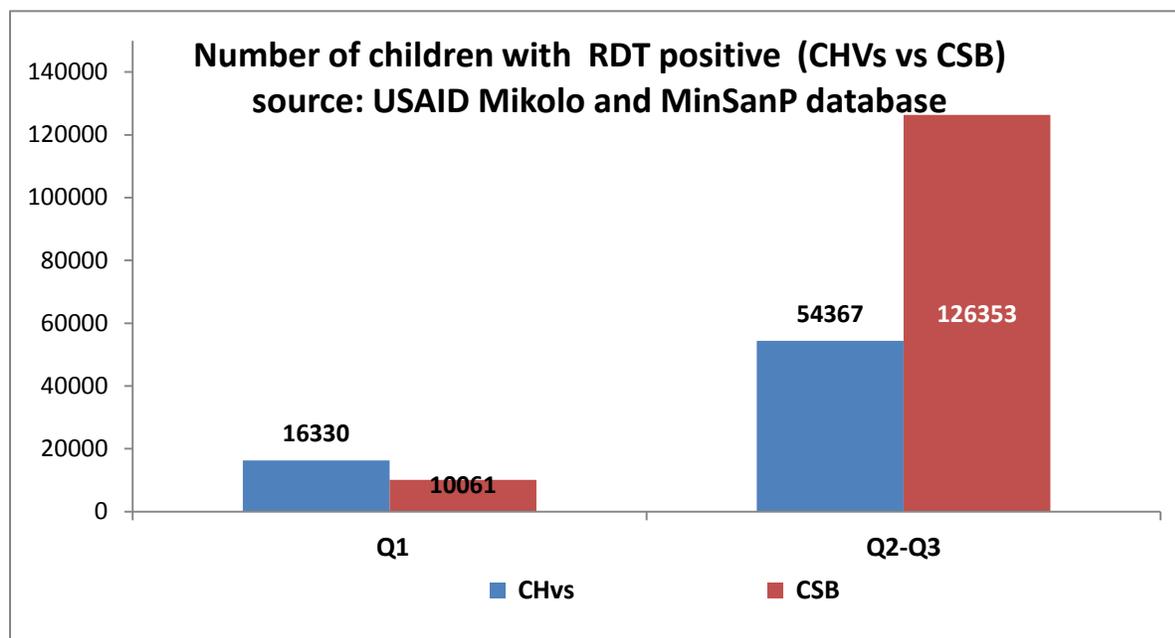
Due to an unusually high increase in the number of cases of fever detected during the last quarter, a significant number of children have been tested, diagnosed, and treated for malaria. The malaria epidemic began early, in September, and continued through the rainy season in Q2, rising further in Q3 until the season ended late, in June. Consequently, the Project far exceeded its annual targets which were based on similar numbers from the previous year.



The USAID Mikolo Project further strengthened coordination with PSI, partner NGOs, and CHVs to ensure the availability of RDTs and ACT for diagnosis and treatment of malaria in the malarial zones. National supplies of ACT and RDTs remained low during the quarter, but the Project coordinated with partners to ensure that stock was redistributed to affected regions.

Malaria rates were high in the regions of Atsinanana, and Vatovavy-Fitovinany during the quarter, as anticipated. Populations in the regions of Haute Matsiatra, Amoron'i Mania, Vakinankaratra, and Atsimo Andrefana were not prepared for malaria this season, and did not have bednets or other precautions. In addition, in the areas affected in the west which were emerging from a drought and famine, malnourished children were more vulnerable to malaria.

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



Next Steps:

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

➤ 20,208 children treated for diarrhea

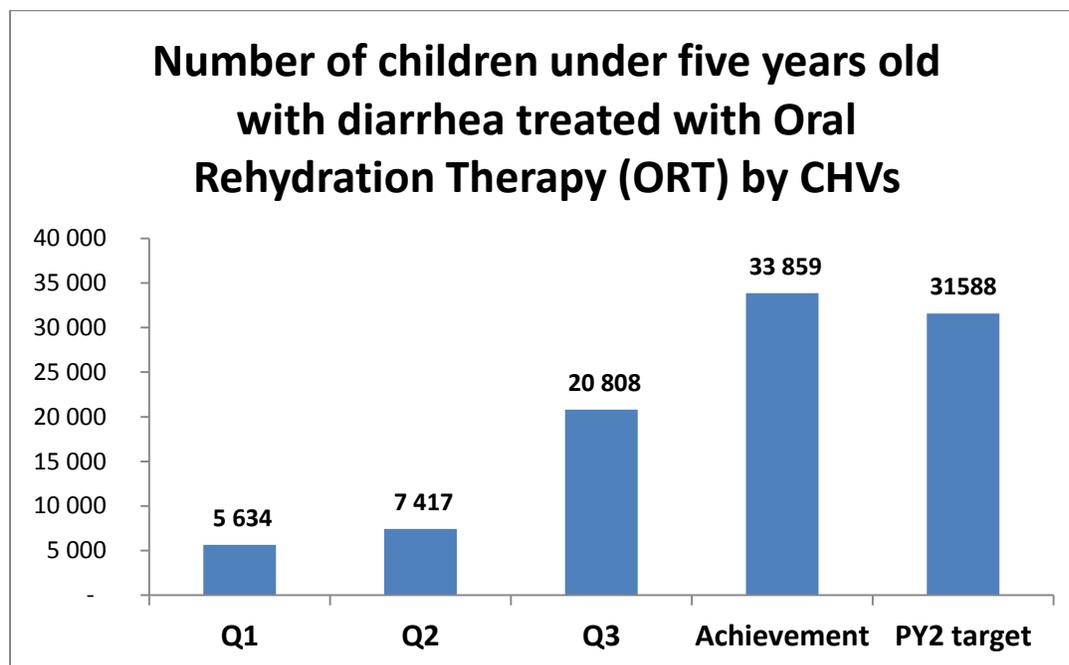
N°	Indicator	PY2 Target	RESULTS Q1	RESULTS Q2	RESULTS Q3	Total Results	% Target Achieved
2.14	Number of children under five years old with diarrhea treated with Oral Rehydration Therapy (ORT)	31,588	5,634	7,417	20,808	33,859	107%

male	15,162	2,724	3,544	7,988	14,266	914
female	16,426	2,910	3,878	12,810	19,593	119%

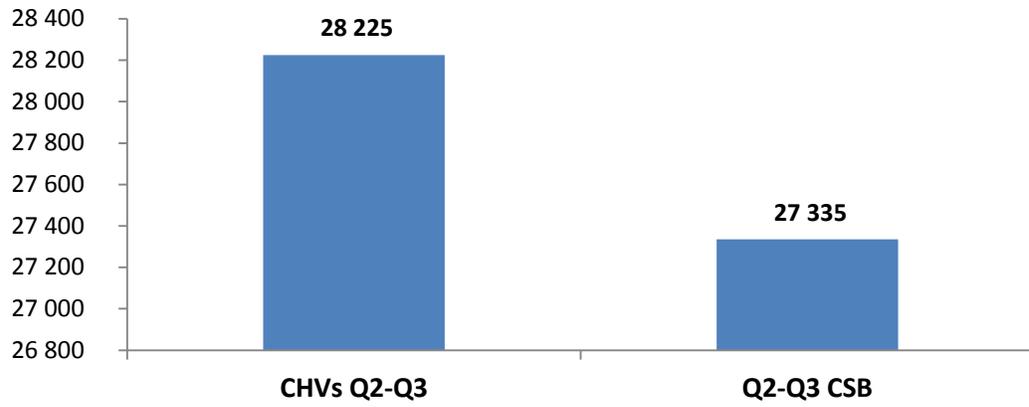
Explanation:

The results showed that diarrhea cases treated by CHVs reached a peak in Q3 especially during May 2015. During the cyclone season, almost of all communes were flooded. There were many of the population who joined the camps of the victims. Overcrowding and poor sanitation in these camps have resulted in the rapid spread of diarrheal diseases

The graph below showed this trend.



Number of children under five years old with diarrhea treated at CHVs and at CSB

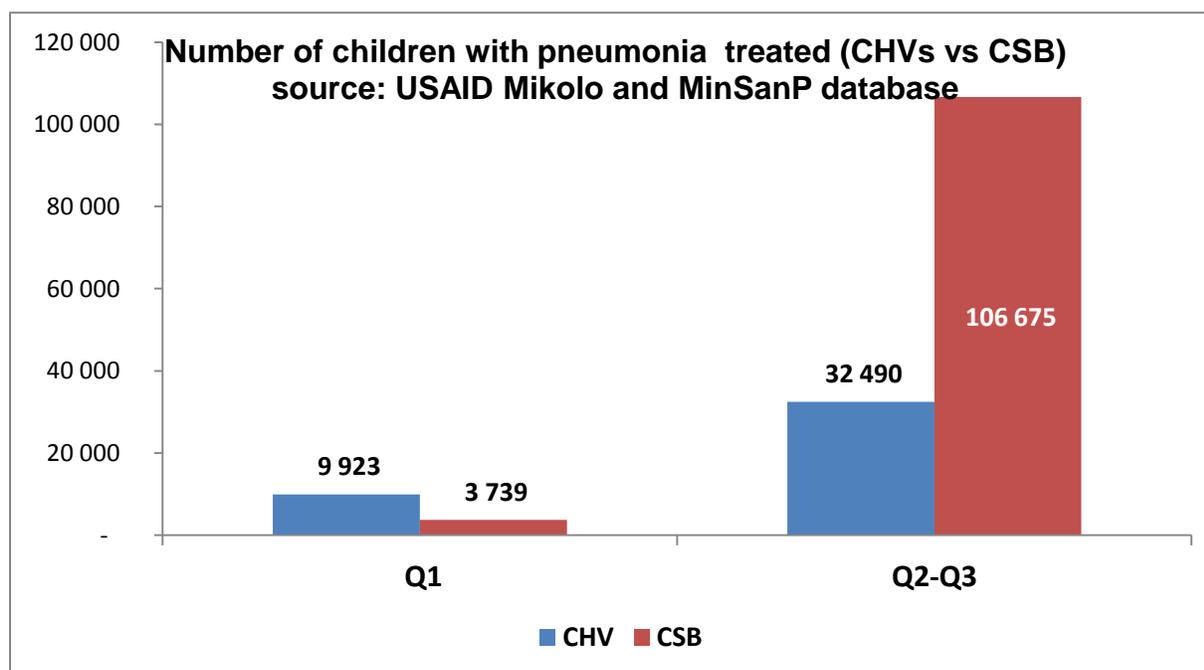


➤ 20,140 children treated for pneumonia

N°	Indicator	PY2 Target	RESULTS Q1	RESULTS Q2	RESULTS Q3	Total Results	% Target Achieved
2.15	Number of children with pneumonia taken to appropriate care	31,588	9,923	12,350	20,140	42,413	134%
	male	15,162	4,743	5,797	9,400	19,940	132%
	female	16,426	5,180	6,553	10,740	22,473	137%

Explanation:

The USAID Mikolo Project has surpassed the PY2 target for the number of children treated for pneumonia. Pneumonia cases reported by CHVs increased during the cooler winter months of Q3, and will likely further increase through Q4. The strong flu season likely influenced the pneumonia cases, as well as the impact from the intense malaria season. CHVs have demonstrated increased confidence and ability in using the respiration timer to diagnose pneumonia, and have increased their diagnosis of pneumonia as a co-infection with malaria. In addition, the availability of Pneumostop for CHV stocks has increased the treatment of pneumonia at the community level.



➤ **122,651 children received growth monitoring**

N°	Indicator	PY2 Target	RESULTS Q1	RESULTS Q2	RESULTS Q3	Total Results	% Target Achieved
2.16	Number of children reached by USG-supported nutrition programs (Number of children under 5 years registered with CHV for Growth Monitoring and Promotion (GMP) activities)	234,476	119,007	111,251	122,651	352,909	151%
	male	112,549	55,974	52,072	57,161	165,207	147%
	female	121,927	63,033	59,179	65,490	187,702	154%

Explanation:

CHVs continued to provide nutrition and growth monitoring services to children during Q3. CHVs monitored child growth, provided education to clients for proper maternal and child nutrition, and referred children to the CSB in cases of severe malnutrition. The results represent an intense effort by CHVs across project regions to launch growth monitoring and nutrition services in their *fokontanys*. CHVs held events, many in cooperation with other CHVs, and many coinciding with events held by other development programs (i.e. food security) where they could reach a wide number of families and children.

Next Steps:

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

➤ **CHVs made referrals to health centers for 5,235 children with severe illness, 3,630 pregnant women for ANC, 1,214 obstetric emergencies, and 564 neonatal emergencies.**

N°	Indicator	PY2 Target	RESULTS Q1	RESULTS Q2	RESULTS Q3	Total Results	% Target Achieved
2.17	Number of newborns who received umbilical care through the use of chlorhexidine	8,835	-	-	-	-	0%
2.20	Number ANC clients referred and seeking care at the nearest health provider by CHV	12,233	4,074	3,415	3,630	11,119	91%
		CPN1	2,386	1,936	2,044	6,366	
		CPN4	1,688	1,479	1,586	4,753	

2.21	Number cases referred and seeking care at the nearest health provider by CHV for neonatal emergencies	1,468	510	706	564	1,780	121%
2.22	Number cases referred and seeking care at the nearest health provider by CHV for obstetric emergencies	1,835	1,260	1,168	1,214	3,642	198%
2.23	Number cases referred and seeking care at the nearest health provider by CHV for severe illness episodes (CU 5 years)	18,248	2,200	3,052	5,235	18,314	100%
	male	8,760	1,108	1,479	1,723	8,081	92%
	female	9,489	1,092	1,573	3,512	10,233	108%

Explanation:

The role of the CHVs is to detect the signs of danger in pregnant women and newborns, and to recognize danger signs in sick children, and to refer them to the health centers. The USAID Mikolo Project has trained CHVs on these signs through the refresher trainings, and this reinforced information has resulted in these results. CHVs effectively referred clients to the CSBs for follow up care for complications and emergencies that they could not treat.

Chlorhexidine, treatment for umbilical cord care and infection prevention, has not yet been introduced to the CHV services, as it has not yet been made available in Madagascar. Once available, CHVs will train pregnant women on the use, and provide them with the single-use dose during their final trimester of pregnancy.

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

Next Steps:

Chlorhexidine will be introduced through CHV training if it is made available in Madagascar. PSI reports that the factory producing chlorhexidine in Nepal was damaged during the earthquake, and the availability in Madagascar is not yet certain. It is therefore possible that the USAID Mikolo project may not meet this PY2 target.

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

N°	Indicator	PY2 Target	RESULTS Q1	RESULTS Q2	RESULTS Q3	Total Results	% Target Achieved
3.1	Percent of CHVs achieving minimum quality score for community case management of childhood illnesses	40%	50%	68%	N/A	68%	170%
3.2	Percent of CHVs achieving minimum quality score for family planning counselling at the community level	35%	47%	68%	N/A	68%	194%

Explanation:

The USAID Mikolo Project established a new system for CHV supervision, including on-site supervision by NGO Support Technicians, and monthly COSAN meetings. The Project has also provided thorough refresher training to all CHVs. As a result, CHVs have demonstrated their knowledge and skills through their performance scores.

The percentage of CHVs achieving minimum quality scores far exceeded the target. These targets were based on the evaluation of CHV performance conducted by USAID (April 2013) which showed that 60% of CHVs trained exclusively in ICCM achieved a score above 80%. The USAID Mikolo Project found that only 25% of polyvalent CHVs achieved this score, so an average of 40% was set as a target for indicator 3.1. For indicator 3.2, based on the same USAID evaluation of performance, only 49% of CHVs trained in Family Planning had achieved a score of 75-80%. And only 25% of polyvalent CHVs were able to achieve that score, as well, so an average target of 35% was set for this indicator.

NGO partners conduct quarterly individual performance evaluations for every CHV. The third evaluation for PY2 will be conducted after this reporting period and the results will be described in the October 2015 Annual Report. Therefore, no new data is reported for indicators 3.1 and 3.2 for Q3.

The percentage of CHVs achieving the minimum score is anticipated to remain constant, or slightly decrease, as new NGOs, STs, and CHVs are brought into the USAID Mikolo Project. CHVs in the new project communes will not be eligible to attain the minimum quality scores until they have been supervised on site, as part of the quarterly supervision visits by STs. In addition, some NGOs and STs have changed with the new impact grants, and the new participants will need time to gain experience to implement routine quality assurance, and develop relationships

with the CHVs. The implementation of SQA activities was impacted by the accumulated delays of the new grants, CHV refresher training, and the procurement of NGO and CHV supplies held up by the changed branding and marking plan.

The first draft protocol for the implementation strategy for CHV peer supervision was developed, and the intervention strategy is under revision following a meeting with USAID. Following revisions, the protocol will be presented to the MOH for validation.

During Q3, a draft mHealth strategy was developed for the USAID Mikolo Project. This strategy aims to facilitate the decisions, data collection, reporting, referrals, and stock management of the CHVs through multiple functionality designs. The Project is seeking to collaborate with ADRA and other partner projects to align the application design for ease of use by CHVs who provide services on behalf of multiple projects concurrently. The application will also be designed as open source coding, on an open source platform, for other organizations or future projects to adapt for their use with little financial or time investments, assuring sustainability and continued use and support of the application by CHVs, NGOs, and the public health system.

Next Steps:

CHV evaluations will be repeated quarterly. The third evaluation of PY2 will be conducted early in Q4, due to the timing of training for new Chefs CSB and STs. Results from the third evaluation are not available for this report, and results will be included in the annual report at the end of the year. In addition, a fourth evaluation will be implemented later in Q4. The USAID Mikolo Project will conduct an independent evaluation to validate a sample of CHV quality scores during the upcoming evaluation cycle.

The CHV evaluations will also inform the process of selecting CHV Peer Supervisors and eventually toward CHV certification. CHVs who perform at a level two (i.e. a score of $\geq 80\%$) on two consecutive evaluations during a 6 month period will be eligible to become a CHV Peer Supervisor. The peer supervision system aims to increase the frequency of on-site supervision by bringing supervisors closer to CHVs. CHV Peer Supervisors will be supervised by STs in collaboration with Chefs CSB. Chefs CSB will be trained accordingly, and supervised by the EMADs. The CHV Peer Supervisor activity will be implemented in PY3, postponed to allow time for review and revision of the protocol, create a committee with the MOH, seek validation from the MOH on the protocol and tools, and to train the EMADs and health centers.

The Project will continue to distribute the client-centered job aid to CHVs during Q4, and will work to encourage ownership of the tool by health professionals at all levels. The production of the job aides was delayed during Q3 pending the requested changes to the project's branding and marking plan by USAID. The USAID Mikolo Project will develop a m-Health application for CHVs, including the client-centered job aid functionality in PY3.

➤ CHVs provided monthly activity reports at a rate of 78% during the quarter

N°	Indicator	PY2 Target	RESULTS Q1	RESULTS Q2	RESULTS Q3	Total Results	% Target Achieved
3.3	Percent of monthly activity reports received timely and complete	75%	82%	82%	81%	82%	109%
3.4	Number of CHVs supervised at the service delivery sites	4,926	3,746	3,729	0	-	76%
3.5	Mean frequency of activity supervision visits conducted by NGO partners to CHVs	3	1	1	0	2	67%

Explanation:

CHVs surpassed the quarterly target for monthly reporting with a total rate of 82% for the year to date.

The USAID Mikolo Project is on track to achieve the PY2 target for the mean frequency of site visits and the number of CHVs supervised, however these results will not be fully realized until Q4 when the third round of planned supervision visits are completed. Due to the overlapping activities, including trainings for CHVs, STs, Chefs CSB, and others, the 3-month cycle of supervision was not planned for Q3, but will resume throughout Q4. Some of the CHV supervision cycle may extend into October 2015, with data reported in the first FY16 report.

The USAID Mikolo Project submitted an abstract detailing the SQA approach, as a non-financial incentive to motivate CHVs, to both the 2015 International Conference on Family Planning in Indonesia, and the Global Maternal Newborn Health Conference 2015 in Mexico. The abstract presents the first cohort of 958 CHV peer supervisors, all polyvalent. This abstract has been accepted to be presented as a poster presentation at the 2015 ICFP, and as an oral presentation at the 2015 GMNHC.

Next Steps:

Support Technicians will continue to supervise CHVs with a final PY2 site visit during Q4. In addition, the USAID Mikolo Project staff will supervise the NGOs and STs, and will monitor the SQA indicator results and progress. The Project continues to develop more effective mechanisms and strategies for SQA, including an increase in the number of STs, given the low ratio of STs to CHVs, and the challenges for on-site supervision. The USAID Mikolo project is also assessing the feasibility of increasing supervision visits from three to five annually to increase the effectiveness in future years, as highlighted in the USAID evaluation of CHVs in Madagascar.

➤ **1,321 CHVs and 417 Chefs CSB received refresher training to improve service quality**

N°	Indicator	PY2 Target	RESULTS Q1	RESULTS Q2	RESULTS Q3	Total Results	% Target Achieved
3.6	Number of CHVs having received refresher training.	1,848	-	-	1,321	1,321	71%
	male	850	-	-	491	491	58%
	female	998	-	-	830	830	83%
3.7	Number of Chef CSB having received refresher training.	494	-	-	417	417	84%

Explanation:

During Q3, the Project trained an additional 104 STs in service quality assurance (SQA). In addition, the Project presented the SQA methodology to 60 EMAD members. The Project also completed trainings on SQA for 417 CSB across both original and new project communes.

The USAID Mikolo Project continues to strengthen the referral system between community health, CSBs, and other health services. The Project has collected, analyzed, and shared data on health service referrals. However, the effectiveness of the system is restrained based on the skepticism of community healthcare by some CSBs. The Project team will continue to familiarize the CSBs with the quality of care and of the quality of data from CHVs, demonstrating the CHVs' contribution to improving the health of the communes.

CHV refresher trainings began in Q3 by the CSBs and NGOs in the new project communes and additional results will be reported in Q4.

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

➤ Gender Strategy

A key component of SP4 is the USAID Mikolo Project's Gender Strategy. During the quarter, the Project conducted trainings for EMADs, CSBs and STs on the gender approach, particularly the development of men's groups and women's groups. Group management tools were improved and distributed, including the monthly discussion guide and evaluations.

Women's Groups:

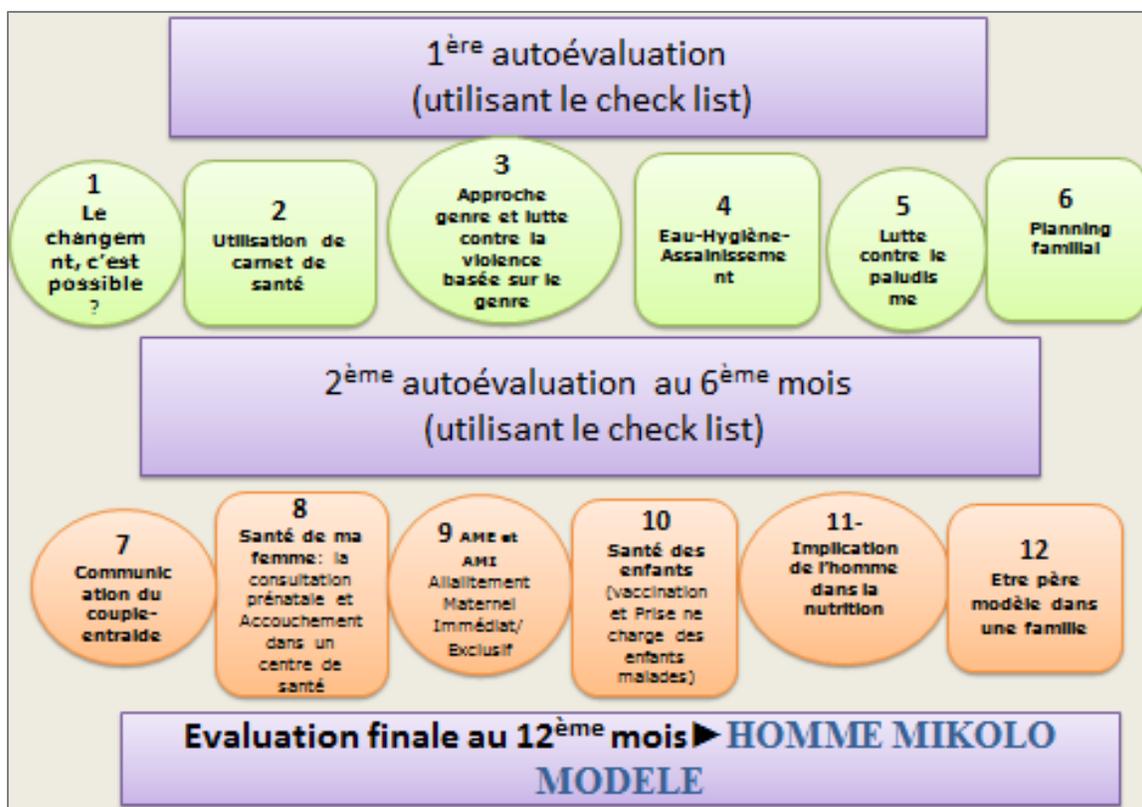
The project conducted site visits to see 4 of the women leaders during Q3. The success of one woman leader in particular, in Ambodifandra *fokontany*, has made an important contribution to her entire commune. She advocated the community and the Health Inspector to approve a brand new CSB in the Vohipeno district of Vatovavy Fitovinany to serve a commune located 15km from the nearest CSB. The community listened, and contributed the materials and labor to build a 4-room CSB, and the MOH agreed to send a Chef CSB to staff it. More information is included in the annexed Success Story.



The Vohipeno Women's Group.

Men's Groups:

During the quarter, the Project worked with STs to begin selecting leaders for the men's groups across 19 communes in the two regions where women's groups were already launched. The monthly discussion topics for the men's groups will mirror many of the same themes as the women's group, but will promote behaviors of model fathers (see the figure below). Training for the men leaders will be conducted in August with 121 participants.



➤ **Champions of Health**

N°	Indicator	PY2 Target	RESULTS Q1	RESULTS Q2	RESULTS Q3	Total Results	% Target Achieved
4.1	Number of Communes having the status of Commune Champion	317	-	-	-	-	0%
4.2	Number of certified Household Champions	3,168	-	-	-	-	0%

Explanation:

In previous quarters, the performance criteria for the Household, *Fokontany*, and Commune Champion classifications was defined, refining the prior Commune Champion qualifications, and developing an initial set of standards for the new *Fokontany* and Household Champion certifications. The household register was drafted for women leaders to use during home visits. Champion strategy implementation guides were developed and presented to the MOH during the quarter. In addition, the criteria was explained to the NGOs and integrated into the men leaders' training curriculum.

A total of 352 communes have been identified as eligible for consideration for the Champion status once they meet the criteria for the designation. During Q3, the Project provided NGOs with the Champion of Health concepts and updated criteria (see below), as well as a tool to use to assess the current status of the communes. Commune Champion of Health criteria was elaborated into three levels to encourage action to reach higher objectives.

Commune Champion of Health: Updated Criteria	
LEVEL 1:	
<ul style="list-style-type: none"> • Functional CCDS and COSAN • Community Action Plan 10-25% complete • 25% of <i>fokontany</i> constructed a health office and 25% established a system for medical emergency transport • 100% of <i>fokontany</i> >5km have 2 active CHVs • 10-25% of <i>fokontany</i> are Champions of Health 	
LEVEL 2:	
<ul style="list-style-type: none"> • Level 1 complete • Community Action Plan 25-50% complete • 25-50% of <i>fokontany</i> are Champions of Health • Functioning women and youth groups 	
LEVEL 3:	
<ul style="list-style-type: none"> • Level 1&2 complete • Community Action Plan 60% complete • 60% of <i>fokontany</i> are Champions of Health 	

Next Steps:

In order for communes to be counted under indicator 4.1, partner NGOs will compile the data and documentation and send to the USAID Mikolo Project team to verify. This final stage will be conducted during Q4 and results reported in the annual report. For households, verification of the champion criteria will be conducted through existing project mechanisms at the community level, including by CHVs, *fokontany* leaders, or youth peer educators.

➤ **New radio spots began to air, with 285 initial broadcasts**

N°	Indicator	PY2 Target	RESULTS Q1	RESULTS Q2	RESULTS Q3	Total Results	% Target Achieved
4.3	Number of interactive radio spots broadcast	4,700	574	-	285	859	18%
4.7	Number of women reached with education on exclusive breastfeeding	1,022	-	-	-	-	0%

Explanation:

Quarters 1 and 2 were used to develop the strategy, messaging, and materials for Mikolo BCC activities. In May, the messages and tools were validated by the MOH and added to the virtual toolkit hosted by the Director of Health Promotion at the MOH. There, the BCC materials have been made available to the MOH and partner organizations with open access. The USAID Mikolo Project developed partnerships with 16 local radio stations, with broadcast diffusions beginning in late June. Each station will run at least two diffusions each day.

During the quarter, the National Radio ran one of the spots developed by the Project for the Week of Mother and Child Health in May.

To harmonize health BCC across the sector in Madagascar, the USAID Mikolo Project established a coalition in Q2, with members including the MOH, USAID, UNICEF, and PSI, as well as the Ministry of Water, Hygiene, and Sanitation, Ministry of Population, Social Protection, and Women, and the Ministry of Youth and Sports. Mikolo has continued to organize coalition meetings to develop tools. This activity represented effective re-engagement with the public sector after the sanctions were lifted and the productive working relationship between the USAID Mikolo Project and the MOH. Read more in the annexed Success Story.

The CHV monthly reporting forms did not previously include a section to capture data on education on exclusive breastfeeding, so CHV counseling on this topic was captured within the child and infant nutrition data. This data will now be captured separately so that the Project will be able to report results under indicator 4.7.

Next Steps:

The breastfeeding education will be conducted primarily through the CHVs and Women's Groups. Results for this indicator are planned for the last quarter of PY2, beginning in July.

➤ **194 villages are achieving ODF status and 2,134 people gained access to an improved sanitation facility**

N°	Indicator	PY2 Target	RESULTS Q1	RESULTS Q2	RESULTS Q3	Total Results	% Target Achieved
4.4	Number of villages achieving Open Defecation Free (ODF) status	720	158	452	194	804	112%
4.5	Number of people gaining access to an improved sanitation facility	7,775	1,708	4,885	2,134	8,727	112%
	male	3,732	820	2,345	1,024	4,189	112%
	female	4,043	888	2,540	1,110	4,538	112%

Explanation:

The WASH messaging is conducted primarily through the CHVs, the Women's Groups and Men's Groups (refer to the Gender section below), as well as through the promotion of the Household and *Fokontany* Champions of Health. The USAID Mikolo Project collaborates with FAA (Fonds d'Appui à l'Assainissement) to promote key BCC activities, including: Open Defecation Free, use of improved latrines, and promotion of the 3 key WASH messages WASH (water, sanitation, hygiene). The BCC materials, such as posters, image boxes, and counseling cards are being developed with the new messages and images, and will be included in the training materials provided to CHVs in PY3. Data here are based on reports from FAA.

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

N°	Indicator	PY2 Target	RESULTS Q1	RESULTS Q2	RESULTS Q3	Total Results	% Target Achieved
4.6	Number of people (peer youth, youth leader) trained in Adolescent Reproductive Health (ARH) with increased knowledge and skills	2,174	-	-	-	-	0%
	male	1,022	-	-	-	-	0%
	female	1,152	-	-	-	-	0%

Explanation:

Training for Youth Peer Educators (YPE) will begin in July 2015, following previous layers of cascade trainings to 506 EMADs, CSBs, and NGO STs. The individuals have been selected to serve as Youth Peer Educators in the project communes, recruited by the Chefs CSB and NGO STs. Discussion themes for the youth include life skills, health and hygiene, leadership, drugs and violence, nutrition, family planning, cervical cancer and HPV, STDs and HIV. Once active, JPEs will promote healthy behaviors among youth in their communities, including informing them about family planning methods and providing referrals to CHVs and CSBs. These youth clients will further increase the Projects service delivery results.

Results for this indicator are planned to be accomplished in Q4.

Next Steps:

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

MONITORING AND EVALUATION

Training of NGOs

This quarter, the project continued the training of six NGOs on Monitoring and Evaluation, convening 120 of their staff members during three days (89 support technicians, 19 supervisors, 5 M&E Officers, and 7 Technical Officers). The training were facilitated by USAID MIKOLO's M&E team, regional coordinators and district-level support technicians and addressed the topics of data collection, data processing systems, roles at every level, use of management tools for M&E, data processing and use for decision-making, quality assurance system, and data acquisition and forwarding from the community stakeholders (using mobile technology).

On the other hand, the training of CHWs on M&E started in May with the reporting process and requirements being first addressed.

The management tools used by CHWs were updated to take into account the new protocol and to include innovations such as pregnancy tests and use of chlorhexidine. The updated versions were distributed to CHVs during training sessions.

Data quality

In the area of Data Quality Assurance, RDQA activities continued in the five regions, benefiting 27 CHVs (including 13 Child Health CHVs, 9 Maternal Health CHVs, 5 full service CHVs) from 22 fokontanys over this period.

The findings were similar to those of Quarter 2 as regards the CHVs visited: some of them did not have the management tools required; they had difficulties using properly the registers; and most found it hard to fill management tools. In response, the project conducted on-the-job training on filling management tools, putting the sessions to profit to sensitize the CHVs on the importance of management tools and presenting to NGOs the information contained in the files.

As these issues seemed to concern almost all CHVs, the project decided to plan refresher trainings on the filling of management tools in FY2016.

The next steps will consist in monitoring the implementation of RDQA among CHVs through supervision visits conducted by support technicians and to perform a quality assessment by sampling CHVs' data.

Operations research

The project's operations research strategy is now available. Two research activities are underway, namely the one on using peer CHV supervisor to ensure closer supervision and the introduction of pregnancy tests as a way to potentially encourage early use of prenatal care by pregnant women. The research protocols have been developed and the resulting databases are now available. The next steps will be to follow-up with these activities among CHVs, collect and process data, and share findings, especially those relating to the use of pregnancy tests.

Communications

During Quarter 3 of project year 2, the project's branding and marking plan was updated and several graphic tools for communication were designed.

The project's communication team worked on developing standard tools to ensure that the staff complies with USAID's regulations on identity and visibility. As a result of the work, the tools and documents under the project's marking and branding plan were approved.

During the quarter, the project strengthened its cooperation with the press and organized a press trip with six journalists from various press bodies, in continuation of the training on community health organized for a first group of journalists.

The project was visible in the media during this quarter through a series of newspaper articles and video reportages prepared by journalists as part of the media plan developed in Quarter 1.

The project was also invited to take part in the Open Talk session jointly organized by the US Embassy and the Press Center. During this meeting, a dozen journalists had the opportunity to listen and discuss with the Chief of party during one hour.

Achievements

Membership on the project's Facebook page increased from 1,515 to 2,639 and the number of targeted people was 319.

The Twitter page is followed by 36 individual and organizations and 177 tweets have been shared.

About ten newspaper articles, video and audio reportages on the project were produced during Quarter 4.

The journalist training concept initiated by the project has been replicated by MSH in Haiti and ideas are being shared with the organization on this topic.

The project's blog, which is regularly updated with the last developments, has been visited more than 21,800 times.

- Promotion of project visibility

The project took part in several public events, including the following:

- Partners' Fair with the Peace Corps: this offered an opportunity to make the project and its activities known to the volunteers based in its intervention regions;
- The World Malaria Day, which received good media coverage;
- The Maternal and Child Health Weeks at the regional level, which received good media coverage as well.

The visit by the US Ambassador to the intervention commune of Ambalakely in Haute Matsiatra on June 18, 2015 was one of the highlights of this quarter. A large ceremony was organized with the media attending and positive feedback from USAID and the Embassy was received.

- **Results documentation**

During this quarter, the project team often went to the field to collect information on project outcomes. Four success stories were drafted and are included in this report.

- **Next steps**

- Prepare the project's quarterly newsletter and work according to a plan to dispatch copies to the commune and CSB levels;
- Organize sessions to train on success stories development;
- Initiate documentation procedures, putting to profit the visit by MSH team in Madagascar to ask for an orientation session;
- Identify international forums where the project can be present to enhance its visibility.

ENVIRONMENTAL COMPLIANCE

The project will introduce an additional service in the CHVs' service package this year, namely the use of pregnancy tests to confirm the findings of the pregnancy checklist and thereafter provide FP counseling and methods for non-pregnant women or refer for antenatal care at health facilities in case of confirmed pregnancy.

The project has submitted the updated plan to USAID and is waiting for its approval. Meanwhile, this component has already been included in the CHVs' training curriculum.

The actions will be monitored during supervisory visits at CHVs' service delivery points conducted by USAID MIKOLLO's regional offices and partner NGOs' support technicians. (The results in the area of environmental compliance during Quarter 3 are presented in a table in Annex xx).

PROJECT MANAGEMENT

Coordination with USAID

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

The Project enjoyed multiple opportunities to collaborate and coordinate with USAID during the quarter. The Mikolo team met regularly with the USAID COR, and hosted the USAID COR on a

field visit in Vakinakaratra (Betafo) to supervise field activities, meeting with EMAD and CSBs. The Project leadership team met with the COR and the USAID Contracting Office to discuss the changes to the Branding and Marking Plan, as requested by USAID. This led to delays in the production or reproduction of essential materials for CHVs at the community level.

At the implementing partners meeting at USAID, the Project presented the BCC strategy. This led to several partners requesting access to the materials developed and tested during the 9-month process. The Project also met with Dan Baker, the USAID Immunization Specialist to discuss the response to the recent polio outbreak..

The USAID Mikolo Project welcomed the U.S. Ambassador, the USAID Mission Director and USAID and Embassy colleagues in Haute Matsiatra where the Project celebrated CHV completion of pregnancy test training.

During the last quarter of FY 2015, the USAID Mikolo Project will hold an annual workplan retreat, with the participation of USAID. The workplan for FY 2016 will then be drafted and submitted August 30, 2015, according to the contractual requirements.

Other Coordination Meetings

The USAID Mikolo Project coordinated with international and Malagasy partners during the quarter, and most importantly, with the Government of Madagascar. USAID Mikolo Project technical teams collaborated closely with MOH to validate BCC messaging and materials, and to coordinate the malaria response. Project staff continue to participate and present project updates and inputs during Roll Back Malaria and PMI meetings as well several National Technical Working Groups for maternal and child health.

USAID Mikolo Project staff met with the other USAID funded projects, such as JSI's Mahefa Project and PSI, the new Food for Peace projects, Asotry, implemented by ADRA, and Fararano, implemented by CRS, to coordinate interventions and activities in overlapping project communes and identify synergies. In addition, Mikolo held meetings with Jhpiego/MCSP, IPPF – ARO, and H3-C.

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

Discussions were held with Orange, Dimagi, and ADRA on potential collaboration on m-Health initiatives. The area of m-Health presents unique opportunities for public private partnerships, and for closer collaboration between USAID implementing partners. The USAID Mikolo Project and the Asotry project, for instance, are exploring the possibility of collaborating on the development of an application that CHVs would use to track client records, and which the projects could use to capture and aggregate the relevant data. Building a shared app, or joint apps on the same platform would reduce the burden on the CHVs, and would simplify the reporting process through DHIS-2 to the MOH. The activity is also attractive to corporations such as Orange which can invest in such an activity to promote the health of its target client population, while gaining a broader client base.

Human Resources and Field Office Management

In the central Antananarivo project office, the new SP4 Team Leader began work in May 2015. Recruitment began for M&E and Knowledge Exchange positions.

Financial Management

The USAID Mikolo Project team uses a monthly financial reporting process to track expenses against the workplan budget.

Project spending remained high as trainings were implemented throughout the quarter, with an average monthly burn rate of \$547,805.50. Monthly spending increased when NGO grant payments were made, according to the grant schedule. Late in the quarter, the USAID Mikolo Project began to incur expenses as part of a large procurement of materials and supplies for the CHVs, including printed reports and job aides, infant weighing scales, and other essential supplies. This procurement had been delayed pending approval of the Branding and Marking Plan by USAID.

ANNEXES

ANNEX 1: Results Matrix

N°	Indicator	PY2 Target	RESULTS Q1	RESULTS Q2	RESULTS Q3	Total Results	% Target Achieved
Sub-purpose 1- Sustainably Develop Systems, Capacity, and Ownership of Local Partners							
1.1	Number of Communes with functioning COSANs	506	350	350	352	352	70%
1.2	Number of Communes with functioning CCDSs	506	-	352	352	352	70%
1.3.1	Number of people (COSAN, CCDS) trained with increased Leadership and Management knowledge and skills	6,348	2,352	-	3,424	5,776	91%
	male	3,066	1,627	-	2,285	3,912	128%
	female	3,282	725	-	1,139	1,864	57%
1.3.2	Number of people (NGO leaders) trained with increased Leadership and Management knowledge and skills	39	18	-	-	18	46%
	male	19	12	-	-	12	63%
	female	20	6	-	-	6	30%
1.3.3	Number of people (NGO field staff - TA and supervisor) trained with increased Leadership and Management knowledge and skills	200	128	45	61	234	117%
	male	98	85	28	34	147	150%
	female	102	43	17	27	87	85%
1.3.4	Number of people (EMAD) trained with increased Leadership and Management knowledge and skills	230	124	41	63	228	99%
	male	112	69	27	31	127	0%
	female	118	55	16	32	103	0%
1.4	Percent of CHVs in project areas attending monthly COSAN meetings out of the total # of CHVs in the health center catchment area	-	93%	88%	67%	248%	171%
1.5	Number of COSAN savings and loans funds (CSLF) established	13	-	-	-	-	0%

N°	Indicator	PY2 Target	RESULTS Q1	RESULTS Q2	RESULTS Q3	Total Results	% Target Achieved
1.6	Number of Saving and Internal Lending Community (SILC) established at the community level	534	8	-	109	109	20%
1.7	Proportion of female participants in USG-assisted programs designed to increase access to productive economic resources (assets, credit, income or employment) (% of SILC members that is female)	70%	62%	0%	59%	0%	0%
1.8	Number of NGOs eligible to receive direct awards made by USAID	-	-	-	-	-	NA
1.9	Number of local NGO awarded grants	13	-	11	-	11	85%
Sub-purpose 2- Increase Availability and Access to Basic health Services in the Project's Target Communes							
2.1	Number of additional USG-assisted community health workers (CHWs) providing Family Planning (FP) information and/or services during this year	2,192	-	-	914	914	42%
	male	1,009	-	-	393	393	39%
	female	1,183	-	-	521	521	44%
2.2	Couple Years Protection (CYP) in USG supported programs	53,595	15,684	16,674	17,165	49,523	92%
2.3	Number of new users of FP method	73,398	19,116	16,701	15,931	51,748	71%
	NU 15-19 years	-	6,671	5,448	5,046	17,165	
	NU 20-24 years	-	6,284	5,405	5,584	17,273	
	NU 25 years or older	-	6,161	5,848	5,301	17,310	
2.4	Number of continuing users of FP method	123,004	68,090	67,518	69,179	68,262	55%
	CU 15-19 years	-	13,685	13,518	14,363	13,855	
	CU 20-24 years	-	21,719	20,872	21,795	21,462	
	CU 25 years or older	-	32,686	33,128	33,021	32,945	
2.5	Percent of service delivery points (CHVs) that experience a stock-out at any time of Oral contraception products	0%	9%	11%	5%	8%	166%

N°	Indicator	PY2 Target	RESULTS Q1	RESULTS Q2	RESULTS Q3	Total Results	% Target Achieved
2.6	Percent of service delivery points (CHVs) that experience a stock-out at any time of DMPA products	0%	16%	21%	14%	17%	132%
2.7	Number clients referred and seeking care at the nearest health provider by CHW for LAPMs	6,105	1,553	1,760	2,077	5,390	88%
2.8	Number of health workers trained in case management with artemisinin-based combination therapy (ACTs)	1,865	-	-	-	-	0%
	male	858	-	-	-	-	0%
	female	1,007	-	-	-	-	0%
2.9	Number of health workers trained in malaria laboratory diagnostics (rapid diagnostic tests (RDTs) or microscopy)	1,865	-	-	-	-	0%
	male	858	-	-	-	-	0%
	female	1,007	-	-	-	-	0%
2.10	Number of children with fever in project areas receiving an RDT	57,551	26,698	41,218	54,312	122,228	212%
	male	27,624	13,073	19,652	27,868	60,593	219%
	female	29,926	13,625	21,566	26,444	61,635	206%
2.11	Number of children with RDT positive who received ACT	29,953	15,047	28,123	19,958	63,128	211%
	male	14,378	7,384	13,343	9,566	30,293	211%
	female	15,575	7,663	14,780	10,392	32,835	211%
2.12	Percent of service delivery points (CHVs) that experience a stock-out at any time of ACT	0%	5%	12%	13%	10%	175%
2.13	Number of people trained in child health and nutrition through USG-supported programs	1,848	-	-	407	407	22%
	male	850	-	-	98	98	12%
	female	998	-	-	309	309	31%
2.14	Number of children under five years old with diarrhea treated with Oral Rehydration Therapy (ORT)	31,588	5,634	7,417	20,808	33,859	107%
	male	15,162	2,724	3,544	7,998	14,266	94%
	female	16,426	2,910	3,878	12,810	19,593	119%

N°	Indicator	PY2 Target	RESULTS Q1	RESULTS Q2	RESULTS Q3	Total Results	% Target Achieved
2.15	Number of children with pneumonia taken to appropriate care	31,588	9,923	12,350	20,140	42,413	134%
	male	15,162	4,743	5,797	9,400	19,940	132%
	female	16,426	5,180	6,553	10,740	22,473	137%
2.16	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)	234,476	119,007	111,251	122,651	352,909	151%
	male	112,549	55,974	52,072	57,161	165,207	147%
	female	121,927	63,033	59,179	65,490	187,702	154%
2.17	Number of newborns who received umbilical care through the use of chlorhexidine	8,835	-	-	-	-	0%
2.18	Percent of service delivery points (CHVs) that experience a stock-out at any time of ORS/Zinc	0%	16%	13%	10%	13%	170%
2.19	Percent of service delivery points (CHVs) that experience a stock-out at any time of Pneumostop®	0%	17%	17%	17%	17%	151%
2.20	Number ANC clients referred and seeking care at the nearest health provider by CHV	12,233	4,074	3,415	3,630	11,119	91%
	CPN1		2,386	1,936	2,044	6,366	
	CPN4		1,688	1,479	1,586	4,753	
2.21	Number cases referred and seeking care at the nearest health provider by CHW for neonatal emergencies	1,468	510	706	564	1,780	121%
2.22	Number cases referred and seeking care at the nearest health provider by CHW for obstetric emergencies	1,835	1,260	1,168	1,214	3,642	198%
2.23	Number cases referred and seeking care at the nearest health provider by CHW for severe illness episodes (CU 5 years)	18,248	5,934	7,145	5,235	18,314	100%
	male	8,760	2,903	3,455	1,723	8,081	92%

N°	Indicator	PY2 Target	RESULTS Q1	RESULTS Q2	RESULTS Q3	Total Results	% Target Achieved
	female	9,489	3,031	3,690	3,512	10,233	108%
Sub-purpose 3 - Improve the Quality of Healthcare Services at the Community Level							
3.1	Percent of CHVs achieving minimum quality score for community case management of childhood illnesses	40%	50%	68%	0%	68%	170%
3.2	Percent of CHVs achieving minimum quality score for family planning counselling at the community level	35%	47%	68%	0%	68%	194%
3.3	Percent of monthly activity reports received timely and complete	75%	82%	82%	81%	82%	109%
3.4	Number of CHVs supervised at the service delivery sites	4,926	3,746	3,729	-	-	76%
3.5	Mean frequency of activity supervision visits conducted by NGO partners to CHWs	0%	100%	100%	0%	200%	67%
3.6	Number of CHWs having received refresher training.	1,848	-	-	1,321	1,321	71%
	male	850	-	-	491	491	58%
	female	998	-	-	830	830	83%
3.7	Number of CSB manager having received refresher training.	494	-	-	417	417	84%
Sub-purpose 4- Increase the Adoption of Healthy Behaviors and Practices							
4.1	Number of Communes having the status of Commune Champion	317	-	-	-	-	0%
4.2	Number of certified Household Champions	3,168	-	-	-	-	0%
4.3	Number of interactive radio spots broadcast	4,700	574	-	285	859	18%
4.4	Number of fokontany achieving Open Defecation Free (ODF) status	720	158	452	194	804	112%
4.5	Number of people gaining access to an improved sanitation facility	7,775	1,708	4,885	2,134	8,727	112%
	male	3,732	820	2,345	1,024	4,189	112%
	female	4,043	888	2,540	1,110	4,538	112%

N°	Indicator	PY2 Target	RESULTS Q1	RESULTS Q2	RESULTS Q3	Total Results	% Target Achieved
4.6	Number of people (peer youth, youth leader) trained in Adolescent Reproductive Health (ARH) with increased knowledge and skills	2,174	-	-	-	-	0%
	male	1,022	-	-	-	-	0%
	female	1,152	-	-	-	-	0%
4.7	Number of women reached with education on exclusive breastfeeding	5,500	-	-	-	NA	NA

ANNEX 2: Success Stories

Family Planning: Community-based use of pregnancy tests to reduce missed opportunities for family planning

Over the recent years, the contraceptive rates have been stagnating in Madagascar. As studies show, one of the reasons for this situation is the many opportunities missed by Community Health Volunteers (CHVs) to provide family planning to women of reproductive age during their meetings. Indeed, CHVs do not, or are very reluctant to, initiate the provision of FP services to women who are not currently menstruating, or when the CHVs cannot visually verify that a woman is not pregnant, though they have been equipped with checklists to rule out pregnancy.

In 2013, USAID commissioned a study on the use of free pregnancy tests by CHVs to ascertain women's pregnancy status. In areas where the approach was implemented, the use of hormonal contraceptives increased by 24% per month.

The USAID Mikolo Project believes that community-based use of free pregnancy tests can be an effective approach to reduce missed opportunities for family planning provision, and decided to scale up the approach and set up a working group to this end, comprised of the Ministry of Public Health and technical and financial partners.



© USAID Mikolo/ Fanja S: A CHV during the practical training in the BHC of Ambalakely

To begin, the plan is to train more than 4,000 CHVs providing FP services in MIKOLo's intervention zones on the use of pregnancy tests and those who demonstrate adequate skills will be certified. In June 2015, ten CHVs in the rural commune of Ambalakely were certified during a ceremony attended by the U.S. Ambassador, Mr. Robert Yamate, who thus showed the U.S. Government's commitment to improve family health in Madagascar.

The trained CHVs will include pregnancy tests in the package of services they offer to women, specifically to women who are not visibly pregnant, are not currently menstruating, and who wish to begin family planning methods. In addition, as pointed out by the U.S. Ambassador, "Pregnancy tests can also be a way to increase early prenatal consultations as women can be referred for prenatal care where their tests are positive."

In parallel with the pilot use of pregnancy tests for promoting family planning, the USAID Mikolo Project will conduct operations research in five communes in Haute Matsiatra and in five communes in Atsimo Andrefana on how pregnancy tests can help in increasing facility-based prenatal consultations.

Gender promotion leads to the construction of a health facility

This is a commendable initiative! Living in a very remote village away from social services, the people in Amboafandra in the rural commune of Vohitrindry, district of Vohipeno in southeast Madagascar decided to take matters in their own hands and build their own health facility: the construction started in November 2014 and will be soon completed, with the local people providing the materials.

“This new health center will be comprised of four rooms: one for deliveries, one to accommodate patients, one for drug storage, and one to serve as office for the head of the facility” explains Dr. Tsiaforitra Ramahefalahy, the Medical Inspector of the health district of Vohipeno, who is very appreciative of this local initiative. He expresses his will to ensure



that the level 1 basic health center has adequate material and human resources once completed.

© USAID Mikolo/Fanja S.: Babera Georgette, a pioneer of change in Vohitrindry

A woman stands behind this laudable initiative: Georgette Babera. She is a community health worker in the village as well as a woman leader trained by the USAID Mikolo Project. After she was trained on the gender approach in sensitizing her community on being in charge of their own health, she set up a women’s group (Ampela Mikolo) called Maharitra with 25 other women. Being convinced of the importance of health, the disseminate health messages around them.

“In 2013 and 2014, five mothers and six newborns died further to complicated delivery. They could not reach the nearest health facility on time as it is 17 km away. And there is malaria that still kills people here,” points out Georgette Babera. “So, we decided that we needed to do something about this and the women talked their husbands into building a health center. And that’s how we got this basic health center!” she adds proudly.

The fokontany’s 5,000 inhabitants, and especially mothers and children, will benefit from a range of healthcare services provided by the center, including immunization, malnutrition screening, family planning, prenatal consultations.

“The Ministry of Health has approved the building of this new health center after it was informed of this laudable community initiative. All the administrative procedures have been initiated for its establishment,” notes Dr. Tsiaforitra Ramahefalahy.

Standard tools for IEC/BCC are now available!

One of the objectives of the USAID Mikolo Project is to promote the adoption of healthy behaviors by communities, which entails having well-rounded IEC/BCC strategy for the project. Since the USG restrictions on collaboration with the public sector have been lifted, the project fully cooperated with the Ministry of Public Health in the preparation of its strategy.

“We put the Ministry into the forefront of this endeavor, from the early stages of development to official validation,” explains Désiré Rakotoarisoa, the USAID Mikolo Project IEC/BCC consultant. “Other ministries, such as the Ministry of Population and the Ministry of Youth and Sports also came on board, through their technicians.”



© USAIDMikolo/Fanja S. : Participants, including public partners, at the message development workshop

The process of developing the strategy was facilitated by the setting of a coalition grouping the Ministry of Health, the USAID Mikolo Project, UNICEF, and PSI, offering a model of cooperation and harmonization. Some of the partners, namely UNICEF and PSI, went as far as contributing financially to the message development workshop. Working together through weekly meetings, the partners developed and carried out joint actions plans.

The role of the Ministry of Health in the process was that of advisor, facilitator of materials development workshop, lead in field pre-testing and especially in the technical and official validation of materials and resources.

“We believe that we were successful in developing the Ministry’s ownership of this activity and its outputs and in pooling strengths in conducting the activity,” states Désiré Rakotoarisoa, the project’s consultant.

Liva Nandrasana, the Director of Health Promotion at the Ministry of Health, expressed her satisfaction with the collaboration and praised the USAID Mikolo Project’s effectiveness: “This is a groundbreaking initiative as it provides for the first time a behavioral change strategy that covers the entire life cycle. The Minister intends to disseminate the materials produced in all regions of Madagascar.”

In support of this plan, a bank of the messages and materials developed was set up and is now available to the Directorate of Health Promotion as well as to the other partners who may use,

add and/or update the materials available. A user's guide helps health actors in making the most effective use of the materials, including adaptation to their own contexts.

The USAID Mikolo Project strategy for community mobilization, youth and gender has got off to a good start!

The National Community Health Policy widely disseminated and operationalized

With the lifting of USG restrictions on cooperation with the Government of Madagascar, one of the highlights of the USAID Mikolo Project cooperation with the Ministry of Public Health was the revitalization of the National Community Health Policy.

This policy aims to encourage communities to be in charge of their own health development and provides a framework for actors working in the field. However, since its publication in 2009, it has never been fully operationalized; hence, the USAID Mikolo Project initiative to support the Ministry through its Health District Development Directorate and the District Management Teams to disseminate it. Specifically, the project worked to orient the District Management Teams, its implementing NGOs and the CCDS and COSANs in its 529 intervention communes on the policy and on the implementation guide.

For more impact through the community-based approach, the project also developed job aids in Malagasy for the CCDS and COSANs that are designed to support them in remaining functional. With this support, these committees have now action plans for health promotion in their respective communes.

“This strategy has helped us better target CCDS and COSANs,” says Zo Ratsimandisa, Training Advisor at the USAID Mikolo Project. “They have developed a better understanding of their roles and have updated action plans, now”.

To promote ownership, the project involved the Ministry’s central team in training sessions and has set up a pool of trainers among the Ministry’s and the USAID Mikolo Project teams. In all, 19 technicians from the public sector are taking part in training.

“Cooperation with the USAID Mikolo Project has been successful at reducing the Ministry’s workload on the way to achieving our health objectives. We are aware that a community health policy is useful and that CHVs play an important role among their communities,” notes Hanta Nirinarisoa Raveloson, Head of the Staff Training and Development Department at the Ministry of Health. “This capacity-building approach strengthens the heads of basic health centers in their roles.”

The Ministry is appreciative of the USAID Mikolo Project’s effort to spearhead the implementation of the National Community Health Policy Guide in its intervention communes and plans to expand sensitization on the Guide to all regions, as reported by Dr. Fenosoa Andriamahalanja, Head of the Community Health Department who adds: “What the project did strongly contributes to this work.”

The USAID Mikolo Project’s collaboration with the Ministry of Health goes well beyond the orientation on the National Community Health Policy as part of capacity-building for community workers. Indeed, the project adopted a cascade training approach to capacity-building, involving the Ministry’s technicians from the very beginning of the process to develop ownership. The regional and district management teams are briefed on the project’s Kaominina Mendrika Salama approach as well as on its gender and youth approaches.

ANNEX 3: Financial Summary

FY 15 Budget Update Management Sciences for Health The USAID Mikolo Project Project Budget Update June 30, 2015

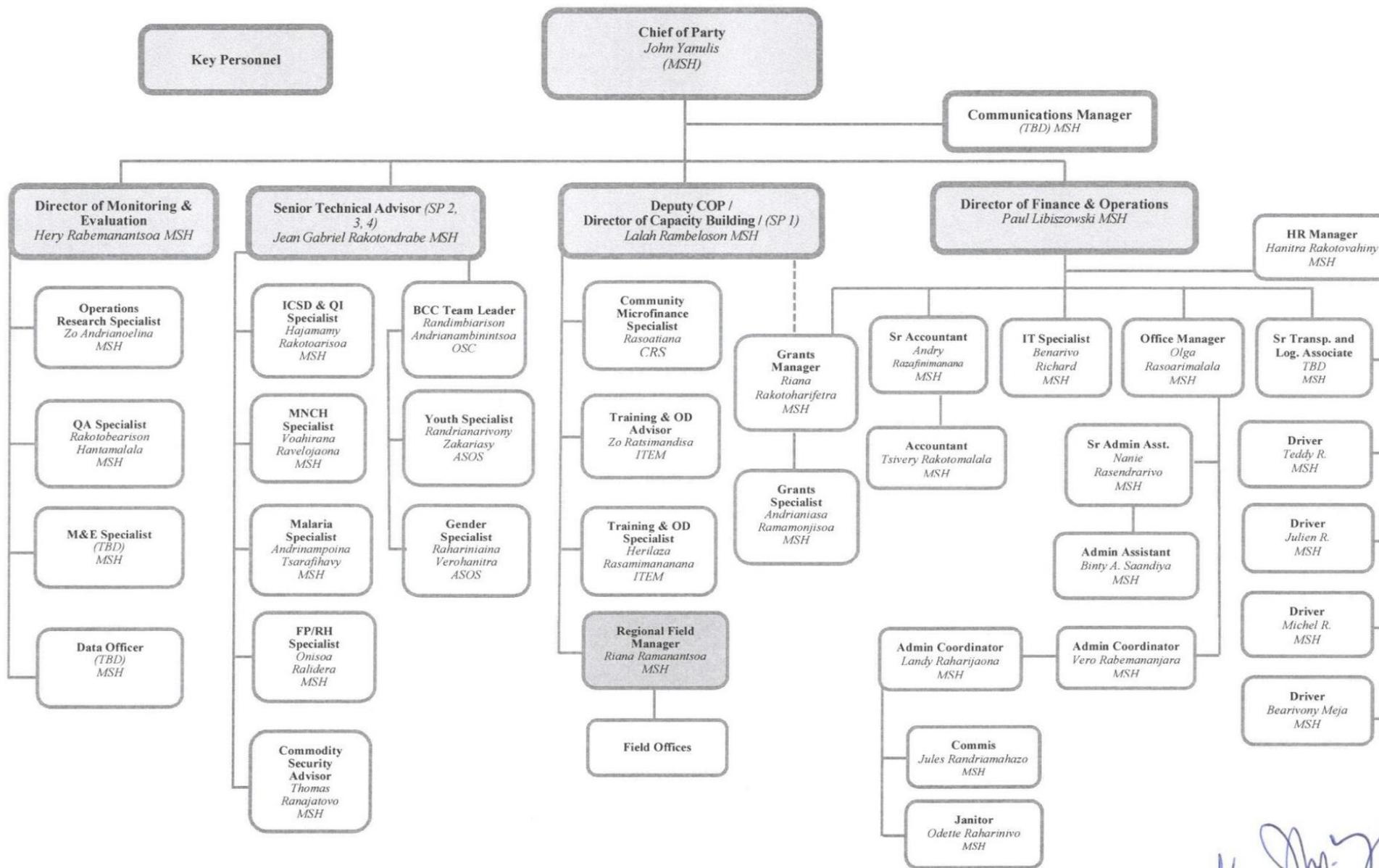
Line item	FY 15 Budget	FY 15, Q3 (April-June)	FY 15	FY 15
		Actual Costs	to Date	Budget Balance Remaining
I.Salaries & Wages	\$1,209,713	\$345,589	\$858,590	\$351,123
II. Consultants	\$25,842	\$8,040	\$8,040	\$17,802
III.Overhead	\$584,156	\$178,235	\$442,747	\$141,409
IV.Travel & Transportation	\$319,264	\$125,314	\$232,725	\$86,539
V. Allowances	\$185,027	\$56,230	\$125,232	\$59,795
VI.Subcontracts	\$440,840	\$116,934	\$360,218	\$80,622
VII. Training	\$595,546	\$259,864	\$632,993	(\$37,447)
VIII.Equipment	\$16,846	\$0	\$0	\$16,846
IX.Grants	\$800,000	\$273,763	\$708,808	\$91,192
X. Other Direct Costs	\$1,175,180	\$238,455	\$425,564	\$749,616
Subtotal of I to X	\$5,352,414	\$1,602,423	\$3,794,916	\$1,557,498
XI.Fee	\$204,736	\$40,993	\$142,227	\$62,510
Grand Total + Fee	\$5,557,150	\$1,643,416	\$3,937,142	\$1,620,008

The average monthly burn rate for the third quarter is \$547,805.50.

Obligation Report

Current Obligation	FY 14 Actual Costs	FY 15 Costs to Date	FY 15 Accruals as of 30-Jun-15	Balance Remaining Current Obligation
\$11,503,641	\$4,299,475	\$3,937,142	\$318,000	\$2,949,024

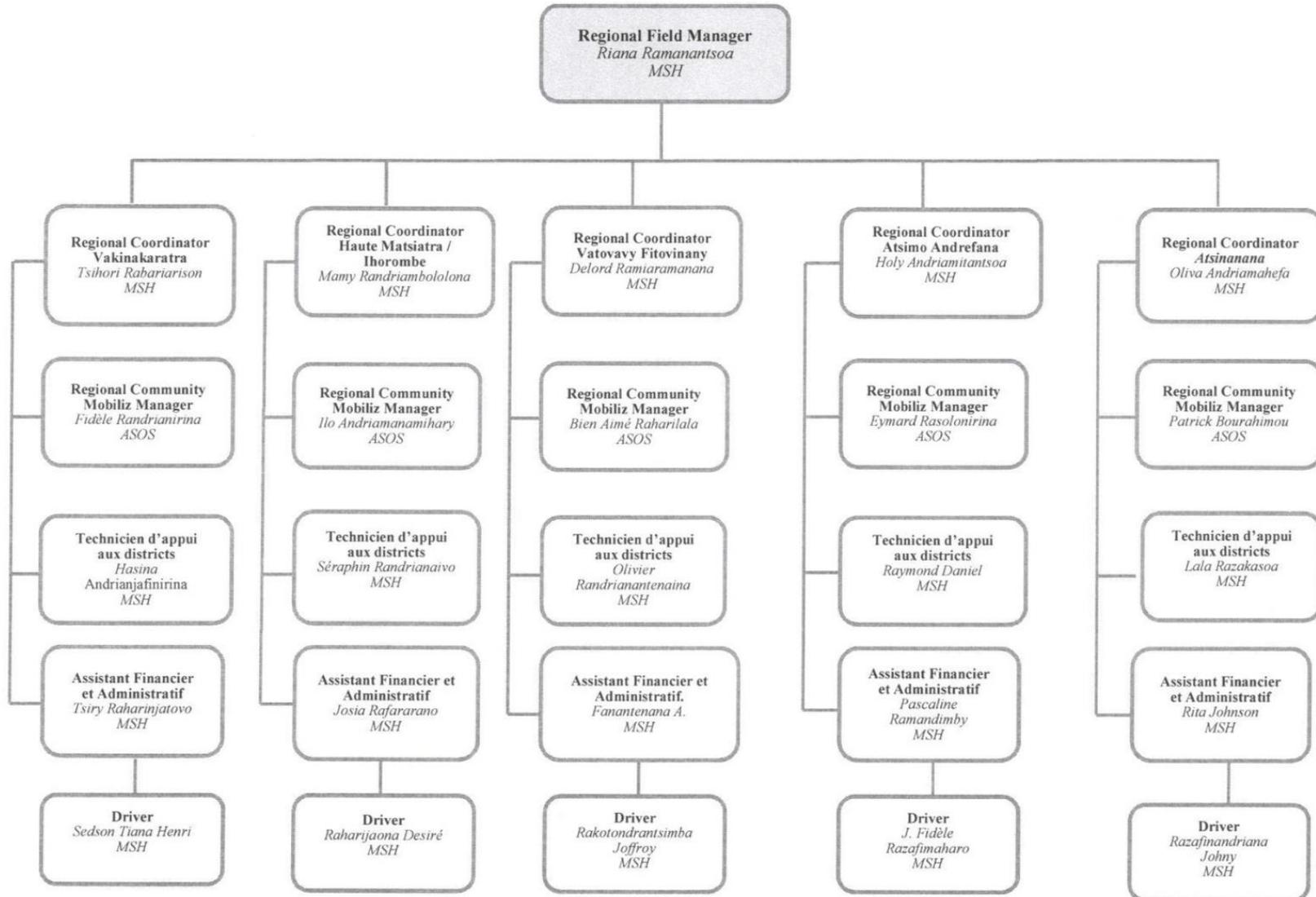
ANNEX 4: Updated Organizational chart



Handwritten signature in blue ink.

Juillet 2015

FIELD OFFICES



Juillet 2015

ANNEX 5: Collaboration and Meetings with Other Health Partners

MEETINGS	OBJECTIVE / AGENDA OF THE MEETING	NEXT STEPS	PARTICIPANTS
REPRODUCTIVE HEALTH / FAMILY PLANNING			
Technical Work Group on harmonization of F reference documents (May 29, 2015)	Review of harmonized documentation to date Training on postpartum LTPM	Meeting of the Subcommittee on harmonization of CHVs' FP documents (training curriculum) Training on postpartum LTPM for pools of regional trainers Training on Implanon NXT by Merck for all partners	MoHP (DSFA) and technical and financial partners (USAID, UNFPA, USAID Mikolo, MAHEFA, MSM, PSI FISA)
Technical Working Group on CHV FP document (June 4, 2015)	Harmonization of the CHVs FP document (training curriculum)	Finalization of the CHV FP documents	MoHP (DSFa) and technical and financial partners (USAID, UNFPA, USAID Mikolo project, MAHEFA, MSM, PSI FISA)
June 4, 2015: Introduction of Sayana Press in Madagascar at the CSB and community levels	Discussion focused on the introduction of the Sayana Press Strategy	Meeting of the FP subcommittee on July 2, 2015 at 9 am at the DSFa conference room of DSFa. Include in the agenda of the meeting the preparation of the meeting on health inputs logistics: supply pipeline, cost of contraceptives.	DSFa, USAID, MSI, PSI, MAHEFA, USAID Mikolo project
Training on Implanon NXT by Merck	Training of trainers on Implanon NXT, handling		Merck USAID Mikolo, MAHEFA, PSI, FISA, MSM
MATERNAL, NEWBORN, AND CHILD HEALTH			
April 3, 2015: Meeting for the preparation of the MCHW from May 11 to 15, 2015	-Present the progress of each committee's activities -Present funding gaps to allow partners to position	Presentation of financial gaps and partners' positioning. USAID MIKOLO decided to contribute to pre-event mobilization and advertisement for the Regional launch of the MCHW as well as to supervision in its intervention regions and	DSFa, DDS, DGS, partners funded by USAID (MAHEFA, USAID Mikolo Project, PSI), UNICEF, ASOS, management teams regions (EMAR) and EMAD

MEETINGS	OBJECTIVE / AGENDA OF THE MEETING	NEXT STEPS	PARTICIPANTS
		districts and the production of management tools and guides for mobilizers Organization of working meetings for the implementation of activities supported by USAID MIKOLO in its intervention zones.	
April 8-10: Workshop to validate CHVs' curriculum on child health improving practices as part of growth promotion	Develop and validate the CHV curriculum on child health improving practices as part of growth promotion	Insertion of partners logos -Holding of training of trainers in the ASOTRY's intervention zones - Training of CHVs	MoHP with DSFa- SFP-DDS-DRS Haute Mahatsiatra- FARARANO and ASOTRY projects-
May 5, 2015: Meeting to prepare the MCHW with the Regional Directorate of Analamanga	Finalize the request addressed to MIKOLO for its support to MCHW Discuss the organization and implementation of MCHW activities in the Analamanga region	Implementation of MCHW activities including the regional launch which will take place in the commune of Bemasoandro Itaosy Supervisions in some communes in the districts of North Tana -Ankazobe Anjozorobe- Manjakandriana- Ambohidratrimo-	Analamanga regional management team – Heads of the following health districts: North Tana, Ankazobe Anjozorobe- Manjakandriana- Ambohidratrimo
May 5, 2015: Coordination meeting with USAID MCSP- MIKOLO and MAHEFA	Identify potential areas of collaboration with MCSP Discuss immunization-related activities that can make significant impact on improving child health	Sharing of MCSP's activities that support those of MIKOLO and MAHEFA Sharing of immunization strategies and activities to strengthen routine immunization and immunization campaigns	USAID Mikolo, MAHEFA
May 7, 2015: Regular H4 + meeting	- Validate the minutes of the H4+ meeting on February 26, 2015. - Report on the meeting with DSFa for EmONC activities -Finalize H4+ annual work plan	Monitoring throughout Madagascar (monitoring of the EmONC management system: location, region with indicators) to feed into the existing RH database: - Meet for an in-depth review of MAR - Establish an information and document sharing system for the MoHP - MCSP to compile and send the H4+ annual work plan to the others	WHO - UNFPA - -Project USAID USAID Mikolo- MCSP - UNICEF
May 20: Coordination meeting with CRS' Fararano Project	Review the possibility of collaboration between CRS and USAID MIKOLO See coverage with materials and	Development of a Memorandum of Understanding (MoU) between CRS and USAID MIKOLO → Draft developed by CRS	USAID Mikolo, CRS Fararano

MEETINGS	OBJECTIVE / AGENDA OF THE MEETING	NEXT STEPS	PARTICIPANTS
	equipment for MIKOLO and Fararano (measuring rod, scale, MUAC, health cards) Identify topics on which USAID MIKOLO may train Fararano.	Planning for joint visit in Morombe Participation of CRS MG in the workshop to revise the c-IMCI training curriculum in Antsirabe Develop a summary table of materials to be procured by the project to know who buys what.	
22-24Jun: Workshop for the harmonization and standardization of the Nutrition Training Curriculum, specifically on its Growth Monitoring and Promotion component	Finalize the harmonized and standard curriculum, specifically on child health improving practices as part of growth promotion	<ul style="list-style-type: none"> - Incorporating last feedback - Multiplication of materials - Training the staff of FARARANO Project and its partners - Training heads of BHC in Fararano's intervention zones - Training of CHVs 	MoHP with DSFa (Nutrition Unit) SFP; Medical Inspectors in Brickaville, Toamasina II, Mananjary and Ifanadiana, the partners of the project Fararano- Asotry USAID MIKOLO, ONN, WHO, PIVOT Project
June 30: Working meeting with FISA	<ul style="list-style-type: none"> - Discuss technical aspects of CHVs upgrading - Discuss the list of CHVs to upgrade 	Starting training with the list of CHWs surveyed during stock taking: 400 AC - AC 4AC = 396 Plan training for a possible second group of CHVs included in the databases and confirmed by the Heads of the supervising BHC in order to have the full number of 520 CHVs	FISA, USAID Mikolo
MALARIA			
April 21, 2015: Meeting with Dr. Solo from the NMCP on the introduction of epidemiological surveillance at the community level	Discuss the availability of the base and reference documents during the meeting to plan the training of CHVs on the curriculum.	Participate in ToT session organized by the Directorate of Malaria Control	USAID Mikolo Regional Team.
May 20, 2015: Coordination meeting with CRS ASOTRY	Discussion focused on the implementation of c-IMCI	Share databases (list of fokontany and CHVs in the 44 intervention communes of ASOTRY)	CRS ASOTRY, USAID Mikolo project
May 21, 2015: JMP preparatory meeting on May 28, 2015	Sharing the progress on JMP preparation Positioning of partners	Broadcasting of TV and radio spots on the national TV and radio channels (TVM and RNM)	DLP, PSI, PACT, FAS / FJKM

MEETINGS	OBJECTIVE / AGENDA OF THE MEETING	NEXT STEPS	PARTICIPANTS
June 1, 2015: Meeting with the Director of Health Promotion at the MoHP	Introduction of and advocacy for m-Health	Forwarding of documents on M-Health	USAID Mikolo, DPS Director
June 5, 2015: Meeting with Child Health Service	Checking all the documents needed for the workshop Validation of the agenda		USAID Mikolo, SSE
USAID WORKING GROUP			
April 29, 2015: Preliminary meeting with the M-Health team to Malawi	Share information about the mission in Malawi <ul style="list-style-type: none"> • Program • Travel Logistics • Preparation of a country presentation 	Sending travel itinerary Sending presentation slides on the four M-Health activities.	USAID MAHEFA, MSI, USAID Mikolo project
May 26, 2015:	Review of new contexts in malaria control and BCC activities: next LLIN campaign, next IRS campaign, misuse. - Harmonization of malaria data	Participate in the regular meetings with the BCC Working Group / PMI June 3, 2015	USAID Mikolo Project, USAID / PMI, USAID Deliver Project, PSI, MAHEFA
June 3, 2015: Periodic meeting of the PMI BCC working group	- Reminder on the IEC action plan for the LLIN campaign and presentation of tools for this campaign, - Inclusion of LLIN campaign activities, use of LLIN and management of plastic bags, and new IPT objectives in the activities of CHVs	Share implementation schedules and monitoring tools	SCOM / DLP, PSI, Abt Associates, MAHEFA, Peace Corps, USAID / PMI, USAID MIKOLO project, Blue Ventures / PHE Network Madagascar.
26.05.15: Meeting with PMI	Information on LLIN campaigns	- Participation of CHVs in community mobilization - Involving CCSD COSAN malaria control - Preparation of the single sensitization program for all CHVs	USAID, JSI / MAHEFA, Peace Corps, USAID Mikolo project
Meeting with USAID	Presentation of the BCC strategy to USAID		USAID, USAID Mikolo project
Meeting with PSI	Information on the existence of demand	Using I-Kit tools for strategy development	MoHP, USAID, JIS / MAHEFA,

MEETINGS	OBJECTIVE / AGENDA OF THE MEETING	NEXT STEPS	PARTICIPANTS
	creation kit		PSI, UNFPA, ASOS, Ainga-Madagascar, Ny Tanintsika, USAID MIKOLO project
	<p>Identify areas of collaboration:</p> <ul style="list-style-type: none"> -Presentation of the PSI's integrated social marketing program -(PSI / M) - "Model father and mother ": PSI / M program - "Education through listening - ETL": training for CHVs - (PSI / M) - "Listening group": a possible pilot project in relationship with the series "Tia miaina" of the Integrated Social Marketing Program - (PSI / M) 	<p>PSI / M:</p> <ul style="list-style-type: none"> - Propose a concept for the ToT FDF on ETL - Send a presentation on ETL to USAID MIKOLO -Contact AWR for training in relation to future collaboration between MIKOLO and PSI/M - Send a presentation on the bonus system (collective bonus? Bonus for household?) <p>Identify the budget available for the listening group -Send the list of 19 communes</p>	PSI, USAID Mikolo project,

ANNEX 6: Summary of Training conducted by the project

ACTIVITES	Training topics	Training Objectives	Total Number of participants
Refresher training for ST, ST supervisors, NGO technical managers and M&E managers	<ul style="list-style-type: none"> - Informations channel and respective role for each actor at all levels. - Fill the management tools, - Analysis and data use for decision making, - System of data quality assurance - System of of data entrance and data transmission from community actors (use of smartphones) 	Improve skills of ST, ST supervisors, Technical managers and project M&E managers so that they can ensure their roles and responsibilities	120
CCDS/COSAN members refresher training	<ul style="list-style-type: none"> - NCHP 	Build capacity of CCDS and COSAN members to engage population in their intervention communes to participate in all actions of health promotion according to the NCHP	3,424
ST refresher training	<ul style="list-style-type: none"> - Coaching - Productive and relation-based Communication - Data channel - Orientation on CCDS and COSAN curriculum training - Orientation on primary project topics 	<ul style="list-style-type: none"> - Appropriate new knowledge on certain domains where they feel lacks in skills (related to self-evaluation results), - Conduct CCDS/COSAN refresher trainings. (Training curriculum on CCDS and COSAN as working tools). 	61
Orientation of EMAD and CSB chiefs	<ul style="list-style-type: none"> - Leadership and management - Implementation guide of the NCHP - Coaching - Primary health topics on health and topics on project innovating topics. 	Give all the requested informations so that they can strengthen health center chiefs and NGO's ST capacity building facilitating project implementation.	63

ACTIVITES	Training topics	Training Objectives	Total Number of participants
EMAD training (District managing team)	Strategy to improve quality service assurance (AQS)	To familiarize with the project AQS so that EMAD could facilitate orientation of CSB chiefs.	322

ANNEX 7: Technical and Administrative Assistance Visits

Traveler	Dates	Scope of Work
Karina Noyes MSH	April 2015	Provided support to analyze and document project implementation progress and results. Drafted quarterly report.
Elke Konings, Ph.D. MSH	April 2015	General supervisory visit of project; provided support to monitoring and evaluation, secondary data analysis strategy, and operational research protocols.
Robert de Wolfe MSH	April 2015	Performed assessment of service delivery and quality strategies and approaches.
Jane Briggs MSH	May 2015	Conducted supply chain assessment at the community level and developed a strategy for supply management.
Justin Maly MSH	May 2015	Conducted an assessment of m-Health needs and opportunities in Madagascar and on the m-Health project, drafted Mikolo m-Health Strategy. Participated in USAID regional m-Health workshop in Malawi as a member of the Mikolo team.
Paul Neely OSC, consultant	May 2015	Conducted an assessment of m-Health needs and opportunities in Madagascar and on the m-Health project, as they relate to BCC, drafted Mikolo m-Health BCC Strategy.
Bob Arsenault OSC	June 2015	Conducted supervisory visit to onboard the new SP4 BCC Lead.

ANNEX 8: Environmental Mitigation and Monitoring Report

ACTIVITY REPORT	POTENTIAL IMPACT	MITIGATION	MONITORING INDICATORS	FREQUENCY OF MONITORING AND REPORTING	QUARTERLY RESULTS
Supervision of waste management	After training, CHVs handle equipment and commodities that can generate waste. Therefore, it is essential to train/advise all community actors to minimize/avoid environmental impacts of this waste	Monitor the conformity to the mitigation of environmental impact during the implementation of the activity.	- Supervision Report / monitoring, namely the number of CHVs supervised by category (NGOs/TA, CCDS, COSAN)	Quarterly and annual project reports include information on profits and losses of CHVs on waste management.	For this fiscal, CHV session training began during the third quarter. CHVs supervision activities will restart on July 2015.
Management and disposal of waste by CHV	Pollution Infection due to contaminated objects Contamination of drinking water sources	Medical waste is managed in accordance with the National Policy on Medical Waste Management and environmental guidelines from USAID for small-scale activities in Africa, Chapters 8 and 15. The CHVs will be trained on waste management and the safety of injections, and equipped accordingly. The training will cover the risk assessment, injection safety, the management of medical waste (use and disposal of sharps boxes). Each CHV will receive a sharps box at the end of training and	Environmental compliance and safety of injections is integrated into training programs and CHV tools. CHVs trained on the subject of environmental compliance, equipped with sharp boxes and supervised for compliance with practices prescribed for injections and the use and disposal of sharps boxes.	Quarterly and annual project reports include availability and use of sharps box. Mitigation measures will be monitored during supervision visits and supervision reports provide the information base to assess the effectiveness of mitigation measures.	During this quarter, 914 mother CHVs were trained and equipped with safety box.

ACTIVITY REPORT	POTENTIAL IMPACT	MITIGATION	MONITORING INDICATORS	FREQUENCY OF MONITORING AND REPORTING	QUARTERLY RESULTS
		<p>instructions on its removal and replacement.</p> <p>CHVs will be instructed to bring the sharps box to the CSB once 3/4 full. Otherwise, they can dig a pit 1.5 to 2m deep and 1.5m wide (Source: National Waste Management Policy) and incinerate all sharp objects and other products after use.</p>			
<p>Activities implemented by the new impact grant recipients</p>	<p>Since they are primarily responsible for the implementation of project activities, including community activities, it is important to train, inform, and supervise the grant recipients on environmental compliance so they can implement the PASE.</p>	<p>The project will provide training to NGOs on their responsibilities for environmental protection and waste management in the conduct of their activities.</p> <p>The project will establish a letter of agreement signed by grant recipients as part of their agreement to demand compliance with the plan developed by the project in the implementation of any activity.</p>	<p>The signed letter is included in the grant agreement.</p> <p>The recipients reflect the mitigation of environmental impacts, in accordance with PASE, in their quarterly reports.</p>	<p>The project integrates information on the results of environmental activities in the quarterly reports and annual progress reports.</p> <p>Compliance with PASE will be monitored each quarter.</p>	<p>NGOs training on the environmental compliance plan for the project and their roles and responsibilities in the implementation of this plan have been held in March 2015.</p>

ANNEX 9: Media Plan Implementation Results

ACTIVITY	DATE	TARGETGROUP	CHANNEL	RESPONSIBLE	ACHIEVEMENT
3rd edition of quarterly bulletin Mikolo	End of January	Project beneficiaries and development partners	Hay zara, Public area in commune	Fanja	The 3rd edition will be devoted to malaria, finalization is pending the change in project branding as requested by USAID. Dissemination is scheduled for Q4.
Launch of multi-year impact grants	End of January	Public	Facebook, Twitter, all media	Fanja/ Grant Manager	Activity achieved in Q2 (cf USAID Mikolo project Q2 report).
Open talk of Mikolo project	February	Friday Talk club	Facebook, Twitter	Fanja	The project was among the guests in Q3.
Empowering women in community	March 8: International Women's day	National and international	Facebook, All media	Fanja	Activity achieved in Q2 (cf USAID Mikolo project Q2 report).
Use of drinkable water saves lives	March 22: World Water Day	Public	Facebook, All media	Fanja	Statements on the use of water were updated on social media sites in Q2 (cf USAID Mikolo project Q2 report)