

USAID | MIKOLO Annual Progress Report

Period: October 1st 2014 – September 30th, 2015

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October 30, 2015

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

[Primary health care – USAID – Community health services]

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Annual Report

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LIST OF ACRONYMS

ACT	Artemisinin-based Combination Therapy (Malaria)
ASOS	Action Socio-sanitaire Organisation Secours
ANC	Antenatal Care
BCC	Behavior Change Communications
BHC	Basic Health Center
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
GMNHC	Global Maternal Newborn Health Conference
IPTp	Intermittent Preventive Treatment in Pregnant Women
LAPM	Long Acting and Permanent Methods (Family Planning)
LLIN	Long-Lasting Insecticide-treated Nets
MAR	Monthly Activity Report
M&E	Monitoring and Evaluation
MOPH	Ministry of Public Health
MSH	Management Sciences for Health
NCHP	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

Executive Summary

The USAID Mikolo Project is a five year project (2013-2018) implemented by Management Sciences for Health (MSH), with international partners, including *Catholic Relief Services* (CRS) and *Overseas Strategic Consulting* (OSC), as well as Malagasy partners, including Action socio-sanitaire Organisation Secours (ASOS) [Socio-Health Rescue Action Organization] (ASOS) and the Institut de Technologie de l'Education et du Management (ITEM) [Institute of Education and Management Technology]. The project aims to increase the use of community-based health care services and the adoption of health-promoting behaviors among women of childbearing age, children under five and infants. The project is based on four sub-objectives:

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

During this fiscal year 2015 (FY2015), the USAID Mikolo Project strengthened its partnership with the Ministry of Health at the central and district levels in the nine target regions. Due to delays in the formal amendment of the USAID Mikolo Project contract (signed on December 2, 2014), which resulted in the postponement of the submission and approval of the impact grants until the end of the last quarter (March 2, 2015), the project is lagging behind in implementing the expanded activities in the 375 municipalities as well as in the three new target regions.

During this FY 2015, the project has organized sessions to upgrade the CHVs on the themes of primary health care in the 154 new municipalities and began the process of setting up polyvalent CHVs, able to provide maternal health care as well as child health care services at the community level in the 375 original municipalities. In addition, Mikolo has continued the onsite supervision of the ACs, evaluating their performance and in many cases asking the Heads of the BHC to certify the CHVs.

In collaboration with the Ministry of Health, the United Nations agencies and other implementing partners, a communication materials bank for social and behavioral change that make reference to the lifecycle, from family planning to care for sick children and healthy children was created. These materials are made available to all the partners for use at the community level.

The main results for this year are as follows:

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

- 5,847 members of COSAN and CCDS (i.e. 92% of the target FY 2015), 228 EMAD (99% of the target), and 234 ST and ST supervisors (117% of the target) have been trained in Leadership and Management.
- 562 SILC (i.e. 105% of the target) have been created and 67% of the members are women (i.e. 96% of the target). In addition, 23 SILC technicians, 9 supervisors and 146 field agents have been trained.
- All the 11 NGO partners have participated in the annual PACO self-assessment process and have prepared action plans for capacity-building.

Sub-objective 2: Increase availability and access to primary health care services in the project's target communes

- The project reached 76,011 (104% of the target FY 2015) new users in FP and 88,300 regular users (72% of the target), which represents 71,592 couple years of protection (CYP). With the results obtained to date, 134% of the CYP target for the FY15 has been achieved. In addition, 6,421 clients were referred for the long-term and permanent methods (105% of the target).
- A total of 157,643 children under the age of five who presented with fever have benefited from rapid diagnostic tests (RDT). Among them, 58% have tested positive for malaria and 84% of them received the ACT. The total achievement to date is 274% of the target established for FY2015. The overachievement of the objectives results from a significant malaria epidemic noted at the national level but which disproportionately affected the project's target regions. The project was able to quickly respond to the unexpected surge in malaria cases. The target for FY2015 was set without anticipating the recent outbreak, but was based on the average number of malaria cases seen by the CHVs during FY2014, i.e. a period that did not see an epidemic on a scale of the one that occurred during Q3.
- 68,113 children under the age of five have received a treatment for ARI, i.e. 216% of the target for FY2015. The CHVs have demonstrated better skill in using a stopwatch to count the respiratory rate as part of the pneumonia diagnosis, especially as a co-infection with malaria. The availability of Pneumostop for distribution by the CHVs has also increased the treatment of pneumonia at community level.
- 42,515 children under the age of five have been treated for diarrhea, i.e. 135% of the annual target.
- The CHVs have exceeded the target for FY2015 with regard to referrals to the health centers, with 21,564 referrals for serious childhood illnesses (i.e. 118% of the target FY 2015), 5,397 referrals for obstetric emergencies (i.e. 294% of the target) and 2,764 referrals for neonatal emergencies (188% of the target). In addition, the referrals for the CPN reached 132% of the annual target.

- 1,772 CHVs have been trained in providing family planning services (81% of the target FY 2015), including some CHVs responsible for child health who have become multi-purpose. These 1,772 CHVs are also the first to have been trained in the use of pregnancy tests. Some additional 1,275 CHVs have been trained to provide child health services (69% of the target), including the provision of chlorhexidine to pregnant women for umbilical cord care after birth.

Sub-objective 3: Improve quality of community-level primary healthcare services

- The reporting rate for the CHVs is 78% for this quarter, bringing the overall reporting rate to date to 81%, in excess of the 75% target set for FY2015.
- 779 Heads of BHC have been trained in quality assurance for the CHVs' services, which corresponds to a 158% fulfillment of the set target.

Sub-objective 4: Increase the adoption of health-promoting behaviors and practices:

- 50 communes have the status of Commune Champion. Only 16% of the target FY 2015 was achieved
- 3,533 households were certified "Household champion" (i.e. 112% of the target FY 2015).
- 5,813 broadcasts of spots have been made since late June i.e. 124% of the target FY 2015.
- 804 villages are achieving ODF status (i.e. 112%) and 8,727 people gained access to an improved sanitation facility (i.e. 112%)
- 1,743 youth leader are trained in Adolescent Reproductive Health (i.e. 80% of the target FY 2015)

The Ministry of Public Health has approved the BCC messages and tools and has incorporated them into a virtual free-access cupboard to share access among the health projects in Madagascar. The MOPH used a radio commercial developed by the project and broadcast it on national radio for the Mother and Child Health Week in May.

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

An innovative mHealth strategy was developed for the project with the support of two experts from Management Sciences for Health and from OSC that led a joint in-the-field assessment during T3.

INTRODUCTION

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

The project aims to increase the use of community-based health care services and the adoption of health-promoting behaviors among women of childbearing age, children under five years old and infants. The project is contributing to achieving the Millennium Development Goals 4 and 5 in Madagascar by improving mother and child health services and the access to information.

The USAID Mikolo Project hinges on two main objectives: (1) improving health through improving the quality of primary health care services at the community level, as well as increased access and demand for these services; and (2) strengthening the capacity of local NGOs to support quality community health services and receive direct financing in the future.

The project seeks to achieve these objectives through the following four sub-objectives:

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

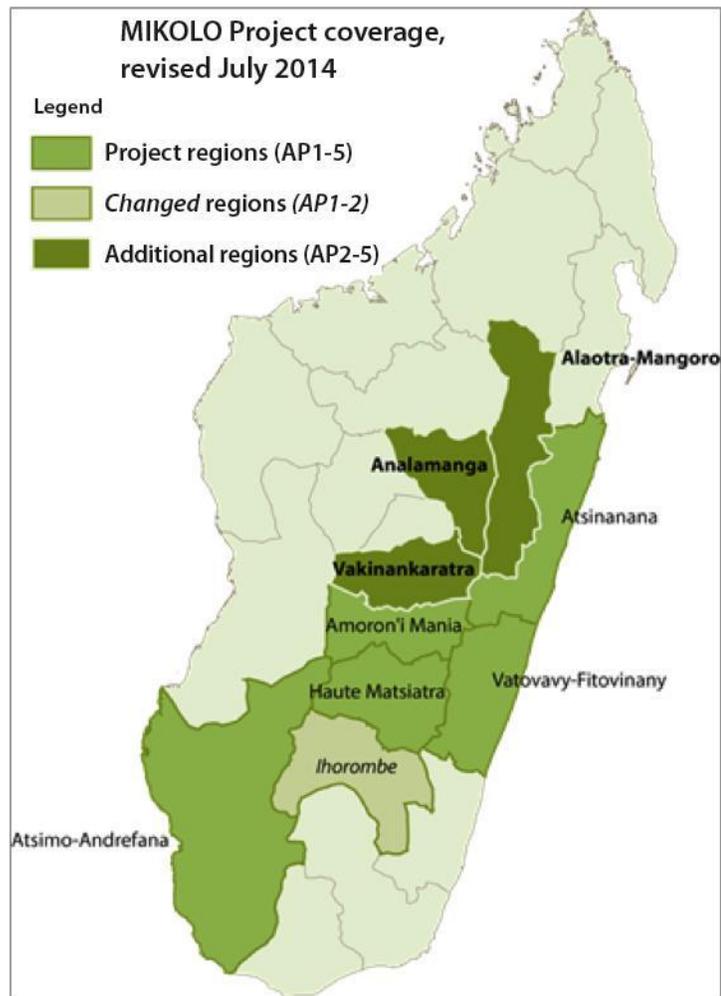
To improve the living conditions of the poorest and most vulnerable women, youth, children and infants, the project uses a community-based approach that integrates approaches to reducing gender inequality and to maximizing sustainability. By giving the Malagasy the ability to adopt health-promoting behaviors and guaranteeing them access to services such as integrated family planning (FP), reproductive health (SR), maternal, newborn and child health (MNCH) and the fight against malaria, and by actively involving civil society, the USAID Mikolo Project will help put Madagascar back on the road to health and development.

The project focuses on the participation and development of the NGOs, community-based organizations and a set of community health volunteers (CHV) who provide quality services and serve as agents of change 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 the local institutions (sub-objective 1); to increase the number of CHVs, to strengthen the relationships with the providers of permanent long-term FP methods (MLDP) and to improve the FP products' safety (sub-objective 2). The project is implementing a system to improve the quality (sub-objective 3) and activities of communications for behavioral change (BCC) (sub-objective 4) to encourage the Malagasy people to

adopt health-promoting behaviors and to ensure them access to services that meet norms and standards.

At the time the project was being planned, collaboration with the Government of Madagascar was impossible due to U.S. Government sanctions. However, in the middle of 2014, the U.S. Government lifted the sanctions following free and fair elections in the country at the end of 2013. In the second year of the project, after request and approval from USAID, the project began to work directly with the Government of Madagascar.

During the second year, the project expanded its coverage, working in 9 regions (out of the 22 that exist in the country, see map in the side box), 46 districts and 529 municipalities in Madagascar, targeting a population of about 6.5 million. The USAID Mikolo Project focuses on villages located more than 5 km from the nearest health center, thus targeting a population of 3.5 million.



Initially, the USAID Mikolo Project was to support 506 municipalities in six regions.

Given the new opportunity to collaborate with the Government of Madagascar as of the 2nd year, it was considered more effective for the USAID Mikolo Project to consolidate and strengthen the gains made in the municipalities previously supported by USAID. Following USAID's approval, the project began to expand into three new regions in the second year. In parallel, the project gradually put an end to activities in the Ihorombe region, the least populated of the 22 regions of Madagascar, where the permanent lack of security does not allow the project to access and provide assistance to 23 municipalities. All the activities there will be terminated at the end of this fiscal year.

After discussion with the Ministry of Public Health (MPH), the USAID Mikolo Project adopted a district-focused approach in support of the National Community Health Policy in all its areas of intervention. The project is collaborating with the heads of the District Health Services (DHS) and the Basic Health Centers (BHC) to train the CHVs and to collect and use the data for decision-making in order to improve the access and the quality of the services offered at the community level. However, recognizing that all the elements of the National Community Health Policy are not yet operational and that the current application is insufficient in terms of support for the CHVs, the USAID Mikolo Project is continuing to work through the local implementing NGOs in all the regions and municipalities targeted in order to ensure the training and oversight of the CHVs (with the Ministry of Public Health).

Activities in Ihorombe:

Quarter 1 through NGO:

- Refresher training for existing FT and CCDS/COSAN members at the same time as the other regions during Q1.

Quarter 2 - 3 - 4 through public sector:

- Capacity building of EMAD and heads of CSB in leadership, advocacy; training for field agents to enable them to fully accomplish their role to support CCDS/COSAN and CHV in the region

The USAID Mikolo Project is putting into place measures to ensure that the local structures and systems to support community health volunteers are sustained beyond the life of the project. Strengthening CCDS and COSANs to become viable players in support of community health is a central theme of our program. Strengthening the links between Health Centers and CHVs through regular and improved monthly review meetings and supervisory actions at the health center level are designed to further deepen the foundations of the community health system. The USAID Mikolo Project is at the forefront of the promotion of the National Community Health Policy. Mikolo is building the capacity of District Health Management Teams to work with CSB staff to train, supervise and manage community health volunteers. The Project has for the first time introduced a quality assurance approach at the community level that is improving the quality of services provided by CHVs. This system can be continued and institutionalized beyond the life of the Project, implemented by the Ministry of Health. The Project is also providing ongoing training and materials to support behavior change communication at the community level that will continue beyond the life of the project.

This annual report covers the project's achievements during the fiscal year 2015 from October 1, 2014 to September 30, 2015, obtained through the activities carried out in the 375 municipalities of the original intervention that began in the first year, and the expansion to 154 new municipalities in three new regions (Analamanga, Vakinankaratra and Alaotra Mangoro).

RESULTS

SUB-OBJECTIVE 1: SUSTAINABLY DEVELOP THE SYSTEMS, CAPACITY AND APPROPRIATIONS OF THE LOCAL PARTNERS

➤ 100% of the project's municipalities for intervention have both a COSAN and a CCSD that are functional

N°	Indicator	Objective FY15	Results				Total Results	% of Results Achieved
			T1	T2	T3	T4		
1.1	Number of communes with functional COSANs	506	350	350	352	154	506	100%
1.2	Number of communes with functional CCDSs	506	-	352	352	154	506	100%

The COSAN (Commune level Health Committee) is a municipal structure that is responsible for the technical supervision of the Community Agents through grouped or individual monitoring. Their establishment, organization, functioning and attributions were enacted by Ministerial Order No. 8014-2009.

Towards the end of the project's first year, 307 i.e. 82% of the 375 of the project's municipalities were functional. However, at the end of this project's 2nd year, the COSANs for the 506 intervention municipalities, new municipalities included, are functional: official implementation by a communal order at the municipal level and Fokontany, have a Health Action Plan that is updated at least every 6 months, and have held periodic meetings with the CHVs with systematic reporting.

The CCDSs (Communal Health Development Commissions) are structures for coordinating the health interventions in each municipality. The CCDS members provide the leadership in developing the health planning and provide its monitoring. To this end, the CCDS's role is to ensure the achievement of the medium- and long-term vision for all the health interventions in the municipality and to ensure the sustainability of the project's community health activities.

For this 2nd year of the project: the 506 municipalities had functional CCDSs according to the two criteria defined for judging it, namely:

- having an action plan available that is updated at least every 6 months,
- having organized a periodic coordination meeting with the service providers and/or the community stakeholders (COSAN, CHV, SILC, PA).

At the end of the first year, this indicator of the CCDs' functionality was 286, i.e. 79% of the 375 municipalities.

Furthermore, since the project resumed cooperation with the Ministry of Health, the challenge has been not only to make all the CCDs and COSANs functional in the outlying areas of the project's intervention, but also to formalize their functionality according to the Ministry of Health's criteria.

Thus, through its implementing NGOs, the Project has been able to have copies available of the implementation orders for these CCDs and COSANs in each municipality of intervention. The support technicians at the NGO level have supported the mayors in preparing these orders according to the standards required in the National Community Health Policy. Copies of these community orders were subsequently sent to the Ministry of Health through the District Sanitary Department to be taken into account in their database.

For the next year, the challenge will be to ensure the sustainability of the CCDs and COSAN's functioning. For this purpose, biannual meetings are required in all municipalities of intervention in order to monitor and assess the implementation of the health action plans.

>75% of the CHVs attended at least one monthly COSAN meeting during the quarter

N °	Indicator	Objective FY15	Results				Total Results	% of Results Achieved
			T1	T2	T3	T4		
1.4	Percentage of CHVs who participated in monthly COSAN meetings out of the total number of CHVs in project intervention zones	75%	93%	88%	69%	56%	75%	100%

75% of the CHVs attended at least one monthly meeting with the COSANs during this FY 2015.

These monthly meetings serve as a platform for the CHVs' discussions of experiences. These meetings seek to ensure (1) the monitoring of the CHVs' technical results, (2) the coordination of the CHVs' supply with the supply points established by PSI at the municipal level and (3) the continuous upgrading of the CHVs following the results of their performance evaluation.

Although the target set for this year was reached, results for the 3rd- 4th quarter are lower than those for the previous quarters. This decrease is the result of delay in the upgrades at the CHV level in the 154 new municipalities (month of July 2015), causing a delay in starting the meeting with the COSANs. Similarly, many activities overlapped including the vaccination campaigns at the public sector level.

It should be noted that CHV monthly reviews are organized and conducted by the heads of the CSB supported by the Mikolo NGO TAs. It was found that many heads of CSB have not taken this activity seriously. Also, each ST supports 3 communes therefore is not always present during these reviews. To address this, starting from FY 2016, the project will increase the number of TAs based on a ratio of one TA for 25 CHVs. The head of the CSB will be informed about their role described in the National Community Health Policy for the organization and conduct of these monthly reviews.

➤ **5,847 COSAN and CCDS members have been trained in leadership and management**

N°	Indicator	Objective FY15	Results				Total Results	% of Results Achieved
			T1	T2	T3	T4		
1.3.1	Number of people (COSANs, CCDSs) trained in improving their knowledge and skills in leadership and management	6348	2 352	-	1 072	2423	5 847	92%
	Men	3 066	1627	-	658	1 666	3 951	129%
	Women	3 282	725	-	414	757	1 896	58%

Most of the CCSDs and COSANs are not yet familiar with the National Community Health Policies (NCHP). Thus, the project conducted activities to inform the COSANs and CCDSs on this NCHP and on their roles in this plan. In fact, the NCHP serves as a reference framework for all the Socio-Sanitary actions that call for community participation.

During this FY 2016, the project trained the COSAN and CCDS members in leadership and management focused on the National Community Health Policy (NCHP). The percentage of women participating among the CCSDs during FY15 increased from 29% to 58% compared to FY14, which is due to the fact that the Project raised the awareness of the support technicians who lead the training of the CCDS / COSAN on the importance of the effective and balanced participation of men and women in community activities, with preparation of the technical support guide.

The goal of the training is to develop these entities' ability to engage their municipalities in taking on health interventions and to stimulate a commitment to ensure the community activities' success.

Various themes have been provided this year, in complement with different themes provided in FY 2014, namely:

- NCHP
- Commune and Household Champion Criteria
- Stages of implementation of Youth Peer Educators and Ampela Mikolo
- MSH's Challenge Model in order to develop or to evaluate and to revise health action plans

➤ **228 EMAD are trained in leadership and management**

N°	Indicator	Objective FY15	Results				Total Results	% of Results Achieved
			T1	T2	T3	T4		
1.3.4	Number of people (EMAD) trained in improving their knowledge and skills in leadership and management	230	124	41	63	0	228	99%
	Men	112	69	27	31		127	113%
	Women	118	55	14	32		101	85%

Given the lifting of restrictions on assistance to Madagascar, the USAID Mikolo Project has worked in close collaboration with the Ministry of Health, through the 3DS and the District Health Management Team (EMAD) as part of the community activities.

In total, 228 members of EMAR/EMAD were trained in leadership and coaching and were focused on the NSCP implementation guide. Themes on the community health project's priority health issues and innovative interventions were also provided during these sessions.

The innovative interventions refer to the new health interventions that were to be introduced throughout the year by the USAID Mikolo Project. These included the introduction of pregnancy test kits, Sayana Press contraceptive, Chlorhexidine, misoprostol as well as the behavior change communication strategies to be rolled out in the field.

The project opted for the cascading approach to training by involving technicians from the Ministry of Health early in the process, for a better appropriation of the public sector. The number of men and women is roughly balanced (respectively 55% and 45%); however, further efforts should be made this year to raise more women's awareness.

➤234 support technicians for the NGOs and supervisors are trained in leadership and management

N °	Indicator	Objective FY15	Results				Total Results	% of Results Achieved
			T1	T2	T3	T4		
1.3.2	Number of people (NGOs) trained in improving the knowledge and skills in leadership and management	39	18	-	-	22	40	103%
	Men	19	12	-	-	11	23	121%
	Women	20	6	-	-	11	17	85%
1.3.3	Number of people (TAs and supervisors) trained in improving their knowledge and skills in leadership and managements	200	128	45	61	0	234	117%
	Men	98	85	28	34	0	147	150%
	Women	102	43	17	27	0	87	85%

During FY15, leadership and management training and advocacy training were provided to the implementing NGOs'. These trainings were conducted following the capacity strengthening needs expressed in the PACO (Processus d'Auto-évaluation des capacités Organisationnelles of NGOs). This indicator has been 100% achieved, however, the number of men exceeds the number of women, because even if recommendations were made in respect of the NGOs to increase women's participation, the leadership of the NGOs are made up in majority of men, by 9 out of 11, and the administrative and financial leaders as well as the members of the Board of Directors, who should benefit from such training, are made up in large part of men.

The NGO support technicians play an important role in conducting and implementing activities and ensuring the community activities' success (advocacy, training for COSAN, CCSD and CHV, participatory planning within the municipalities, training of women's groups, CHV supervision, etc.).

The number of trained STs exceeds the 200 planned. The official upgrading of the STs in the 352 former of Mikolo intervention municipalities took place during Q1 with the original NGOs. In March 2015, the project conducted the selection of NGOs to implement activities in the 506 municipalities. There were 3 NGOs were more renewed and 4 new NGOs have been selected for the new 154 municipalities. Given the remoteness of the project's areas of intervention (and the associated security concerns), the STs consist largely of male agents, thus, the number of men hired by the NGOs largely exceeds the number of women.

The themes of the training curricula for the STs were identified following their self-evaluation conducted early in FY 2015 (difficulties encountered in the field, good practices, and any suggestions). An assessment of their performance was conducted in Q4 based on the supervision activities performed on site, and the analysis of the data received at the Mikolo project, among others the completeness, timeliness, accuracy and quality of the reports related to the STs' responsibilities. The result of this performance evaluation will be reported in Q1FY16.

In addition to the orientation of TA on their roles, technical and thematic training of trainers (TOT), leadership training is provided for them on an ongoing basis. For the FY15, activities were mainly focused on their "on the job" supervision. (See the table below for a summary). The goal is to have capable technicians to ensure the implementation activities on time and with quality.

	PERIOD	THEMES
TRAINING	FY 14	Leadership and Management ; Advocacy
	FY 15	Planning based on «CHALLENGE” model
	FY 15	Coaching
	FY 16	Productive relational communication
PERFORMANCE EVALUATION	FY 15/ FY16/ FY17	Based on activities carried by ST, analyze completeness, timeliness, accuracy and quality of ST report
STs Supervision and Coaching	FY15, FY16	During training and CHVs on site supervision

➤ 562 SILC have been established, of which 67% of the members are women

N °	Indicator	Objective FY15	Results	Total Results	% of Results Achieved
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			T1	T2	T3	T4		
1.5	Number of COSAN savings and loans funds (CSLF) established	13	-	-	-	13	13	100%
1.6	Number of Saving and Internal Lending Community (SILC) implemented at the community level	534	8	13	147	394	562	105%
1.7	% of women with access to a community savings and loan system (% of SILC members who are women)	70%	62%	-	59%	68%	67%	96%

In order to motivate the community stakeholders and the community to improve their living conditions and to invest in their health needs, the project has implemented the SILC (Saving and Internal Lending Community).

Access to credit by SILC members contributes to an improvement in the household income by enabling members to conduct various agricultural, livestock, and/or mercantile income generation activities, which has an impact on health, food security, and education of children. At the end of each SILC cycle fund sharing allows each recipient (member) to make even larger investment in agriculture (rice production), and another concern of household. Instead of borrowing from loan sharks with a more than 100% interest rates, members of the SILC have access to loans from its group with a lower interest rate their rightful end cycle. Many SILC groups have been found to be on their 5th or longer cycle.

To achieve the objectives in the implementation of the SILC, the project implemented a management structure through the T-SILC with one technician for 2 municipalities. Thus, to ensure the continuation of the SILC, Field Agents (FA) were established at the community level. They will ensure the ongoing implementation of the T-SILC's activities. These FA are from the community and will be operational independently from the project's presence.

The COSAN Savings and Loan Funds (CSLF) is a mechanism to mobilize community resources to invest in the health goals, such as the bulk purchase of health products for the provision of the CHV services in order to avoid inventory shortages. CSLF is also an opportunity for discussions, learning and mutual aid for the members.

From June to July 2015, USAID conducted operational research on the CSLF methodology in Madagascar. Following this research, in the 4th quarter, the USAID Mikolo Project created 13 CSLF in four regions in the previous municipalities where the COSAN's capacity was strengthened and awareness-raising

activities carried out. USAID (through FHI360) also conducted a baseline evaluation prior to the establishment of the CSLF's which delayed the setup of the CSLFs until the last quarter of the fiscal year.

562 SILC groups were set up with 9,433 members during the fiscal year. These members received 8 training modules including leadership. About 67% of the SILC members are women. SILC community awareness activities aim to reach women, often through platforms such as the existing women's groups. Outreach activities are conducted with traditional leaders and community leaders to encourage them to promote women's participation in the SILC.

At the end of the month of September, these SILC groups had a net profit of Ar 3,496,992 with Ar 563,900 as property at the beginning of the cycle. Membership in these SILC groups has improved the households' living conditions and their access to the CHVs' services, among other things, the purchase of medicines.

The internal by-laws of each SILC group is one of the ways to reduce the risk of non-repayment of credits (knowledge, respect of the internal regulation which was established by the general Assembly of the Group). Mikolo is also introducing the private sector provider (PSP) approach whereby locally trained providers (not NGO staff members) provide ongoing support to SILCs on an as needed basis is one of the strategies for the sustainability of the intervention in SILC. During FY15, no problem of non-repayment was detected, a delay of reimbursement exist but just a delay of one month.

A workshop on the standardization of the community savings and loan activity in Madagascar was organized by the Project in the month of August 2015 with the participation of the MinSanP, the Department of Budget and Finance and the Central Bank of Madagascar. A first draft of the code of ethics and rules of procedure for community savings and loan stakeholders will be presented in the month of April 2016.

➤ **11 local NGOs have benefited from grants to implement the Community approach**

N°	Indicator	Objective FY15	Results				Total Results	% of Results Achieved
			T1	T2	T3	T4		
1.8	Number of NGOs eligible to receive direct funding from USAID	-	-	-	-			
1.9	Number of local NGOs benefiting from grants	13	-	11	-	-	11	85%

During this FY 2015, the project awarded multi-year grants (2015-2018) to local NGOs to implement the community activities whose first round covers the period from 2015-2016. There were 11 NGOs selected to cover 14 municipality Lots. Each Lot includes a number of municipalities determined by

geographic location and accessibility. 4 of these beneficiaries are new NGOs. 3 NGOs received 2 Lots each.

A goal of 13 Lots of grants was planned. Once the grant lots were developed, they were structured into 14 Lots. 14 grants were issued but allocated to 11 NGOs through a competitive RFA process. This explains the non-achievement of the goal (indicator 1.9).

➤ 11 NGOs were able to complete the PACO process

In order to strengthen the NGOs' capacity, the project initiated the PACO process (organizational capacity self-assessment process), a participatory process implemented by the Project in order to assist the NGOs. This process identifies the areas where they need institutional support, in order to improve their performance and empower them to achieve their organizational objectives. This process allows the NGOs to improve their governance and to institutionalize a transparent internal control system according to international standards by the end of the project. At the end of the process, each NGO develops an annual plan of action for capacity-building in the areas at issue.

During FY15, the strategy of withdrawal at the NGO level, i.e. declining support was practiced for NGOs who received their grants during FY 2014 and completed their first full PACO cycle. Thus, the PACO Committee team at the level of each NGO was structured, organized and coached to carry out the process in a periodical, lasting and autonomous manner... The ultimate goal being that the partner organizations use the tool and implement the process independently. Subsequently, the network of NGOs should gradually assume the training and capacity building

More practical and in-depth support was provided to the new NGOs this year. For this second round of the annual PACO, the project's team has improved the tools to facilitate the NGO partners' implementation of the process.

Current grant recipient NGOs capacities are assessed in three aspects:

- A review of the quality of deliverables submitted by NGOs in accordance with its contractual obligation. Once the NGO achieves its milestones required in the grant agreement and the associated deliverables meet the requirements of the contract, this is reviewed and approved by USAID Mikolo Project. The approval of milestones and deliverables requires the capacity of NGOs to honor its contractual obligation.
- Each NGO undergoes a Participatory Organizational Assessment Process (PACO: Processus d'Auto-évaluation de la Capacité Organisationnelle) on an annual basis. The PACO is a facilitated self-assessment conducted by the Mikolo Project with the NGOs which examines 10 key areas of organizational capacity and performance. The outcome of this self-assessment leads to the development of an institutional improvement plan (PLARCO: Plan de Renforcement de Capacité Organisationnelle) which is monitored by USAID Mikolo Project.
- Each NGO is evaluated on an annual basis towards the of the grant agreement period. Evaluation criteria, developed and shared with USAID, focus on the programmatic implementation, organizational capacity and financial management of NGOs. The assessment

itself will be conducted by an internal review committee which will see the participation of all departments of the USAID Mikolo project.

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

During FY15, the project continued to strengthen CHVs to deliver primary health care services in both the original project areas and the additional 3 regions following USG re-engagement with the GOM. The results, as shown in the Tables below, show a significant reach among the target population. However, results are variable vis-a-vis the set indicator targets, with some indicators under-achieving against target and others over-achieving. In large part, under-achievements are the result of delays in issuing new grants with NGOs caused by delays in the project contract amendment, which was signed on 2 December 2014.

Hence, the project was delayed in the implementation of expanded activities in the 375 original municipalities in the six target regions as well as in three new target regions. This had a direct effect on the training of the staff and partners and consequently on the scheduling of the CHVs' training over time. At the same time, there are a number of indicators where the project exceeded its annual targets, in part due to unforeseen circumstances, such as a national malaria epidemic, and in part, due to project innovations, that proved more successful than anticipated. The details are described below.

➤ **1,772 CHVs have been trained to become versatile and offer services related to both childhood health as well as PF services**

N °	Indicator	Objective FY15	Results				Total Results	% of Results Achieved
			T1	T2	T3	T4		
2.1	Number of new CHVs providing family planning information/services during the year	2 192	-	-	914	858	1 772	81%
	Men	1 009	-	-	393	343	736	73%
	Women	1 183	-	-	521	515	1 036	88%
2.8	Number of CHVs trained in treating malaria with ACT	1 865	-	-	-	1 009	1 009	54%
	Men	858	-	-	-	322	322	38%
	Women	1007	-	-	-	687	687	68%
2.9	Number of CHVs trained in RDTs	1865	-	-	-	1 009	1 009	54%
	Men	858	-	-	-	322	322	38%
	Women	1007	-	-	-	687	687	68%
2.13	Number of people trained in child health and nutrition	1848	-	-	407	868	1 275	69%
	Men	850	-	-	98	248	346	41%
	Women	998	-	-	309	620	929	93%

The setting of the objectives for indicators 2.1 and 2.8 was based on the fact that 60% of the effective CHVs in the 352 original municipalities should receive training to complete their provision of services. The mother CHVs will receive training on the PCIME-c and the child CHVs will be trained in FP.

The objectives were not met because of the following facts:

- The results of the CHVs' performance evaluation showed that only 40% of them were effective (i.e. achieving an 80% score or better)
- The non-availability of the BHC heads who are the facilitators of these trainings due to the overlap of activities with the various campaigns and activities organized by the MPH (polio, malaria net campaign, family planning, etc.)
- In addition, for the PCIME-c component, the training curriculum has been updated by the MPH by integrating the use of amoxicillin as a treatment for pneumonia. This activity has been postponed and without its documents, the Project could not organize the CHVs' training. The entire schedule already established for the implementation of this training has experienced a delay.

In FY 15, following the evaluation of performance of CHVs, 54% of CHVs were eligible to be trained in ACT and RDT. In addition, CHVs who were trained were not able to access RDTs and ACT due to stock outs during the period of high transmission. However, due to the high transmission, the Project was able to exceed its objectives due to the high number of cases treated by both past CHVs trained in PCIME-c and those newly trained in the management of malaria. Additional trained CHVs are expected to be operational from October 2015. This functionality will depend on the availability of RDT and ACT inputs from CBS (SALAMA circuit).

The initiative on the CHVs' use of pregnancy tests during family planning counseling sessions, when a client's pregnancy status cannot be determined, was included in the CHV FP training curriculum.

During Q3, refresher courses for the CHVs on child health and nutrition began in the new municipalities intended for 407 Child CHVs. This training was conducted according to the revised curriculum for the USAID Mikolo Project which includes refresher courses such as the revised standards for child growth monitoring and the use of chlorhexidine. The imbalance between the sexes in the training reflects the profile in terms of the gender of CHV children in the new municipalities. The results concerning the CHVs' functionality in the new municipalities found fewer functional CHVs than projected (2 CHVs by Fokontany, which was the basis for calculating the objective for this indicator. Some CHVs dropped out because there has not been any follow-up or support during the past 2 years (March 2013-March 2015). New CHVs will be recruited during FY 2016.

➤ **Less than 20% of the CHVs have reported health product inventory shortages**

N °	Indicateur	Objectif FY15	RESULTATS				Total des réalisations
			T1	T2	T3	T4	
2.5	Percentage of service delivery points that reported a stock out of	25%	9%	11%	12%	7%	11%

N °	Indicateur	Objectif FY15	RESULTATS				Total des réalisations
			T1	T2	T3	T4	
	oral contraceptives						
2.6	Percentage of service delivery points (CHVs, CSBs) that reported a stock out of Depo-Provera	25%	16%	21%	13%	8%	17%
2.12	Percentage of service delivery points (CHVs, CSBs) that reported a stock out of ACT	20%	5%	12%	9%	6%	8%
2.18	Percentage of service delivery points (CHVs, CSBs) that reported a stock out of SRO/Zinc (Viasur®)	45%	16%	13%	10%	4%	11%
2.19	Percentage of service delivery points (CHVs, CSBs) that reported a stock out of Pneumostop®	35%	17%	17%	15%	5%	14%

The targets set for inventory shortages were based on the data for these indicators in FY 2014. At the end of 2014, several PSI supply points and the public health centers were out of stock on contraceptives (oral and injectable). As the project has no control over the provisioning of these structures, the 2015 goals were set at a higher level compared to FY 2014. Consequently, the objectives were set at 25% out of caution.

The data tracking the availability or the inventory shortages of health products and inputs at the CHV level is collected on a monthly basis by the USAID Mikolo Project. The project is working regularly in coordination with PSI and the district public procurement system through the BHC to improve the reliability of supply for CHVs at the municipality/BHC level in all of the project's regions. The trained CHVs have access to two supply points, including the PSI supply points at the municipality as well as at the BHC level, in order to obtain the essential health products they need. In some municipalities, the USAID Mikolo Project has led advocacy activities so that the CHVs can access the products in the BHC, which was not the case previously.

To ensure reliable supplies, the Project has strengthened this coordination and the sharing of data through:

- Monthly meetings, as well as the ongoing informal coordination with PSI to communicate about the availability of supplies at the supply points;
- The regular cooperation with the MPH and the public procurement system (Phagecom) from the national level all the way up to the BHC level;
- The meetings between the Fight against Malaria Committee and the USAID| DELIVER project and other partners, to monitor the availability of the malaria treatment products and supplies in the regions affected by this disease.

This coordination has improved the inventory shortage situation at the CHV level because most of the inputs were available at the PA level despite delivery delays.

An assessment of the supply chain management at the community level in order to improve the CHV supply chain and to reduce inventory shortages was conducted during this FY 2015.

During Q4, the EMOI acquisition process (Equipment, Materials, Tools and Inputs) was implemented. At the end of the quarter, deliveries were beginning to be made to the NGO offices as stipulated in the suppliers' contracts. The Community Agents for the new municipalities have been trained based on the updated procurement records and have begun to use them pending the implementation of the new system. Following the Logistics Management System design workshop for health commodities at the community level that took place in Toamasina in late June early July, the following documents were finalized: the logistical procedures handbook, the trainers' curricula, the participant's manual and the tools offered, the health commodities management sheet and the quantification register in addition to tables 9 and 10 of the already approved community Monthly Activity Report (MAR).

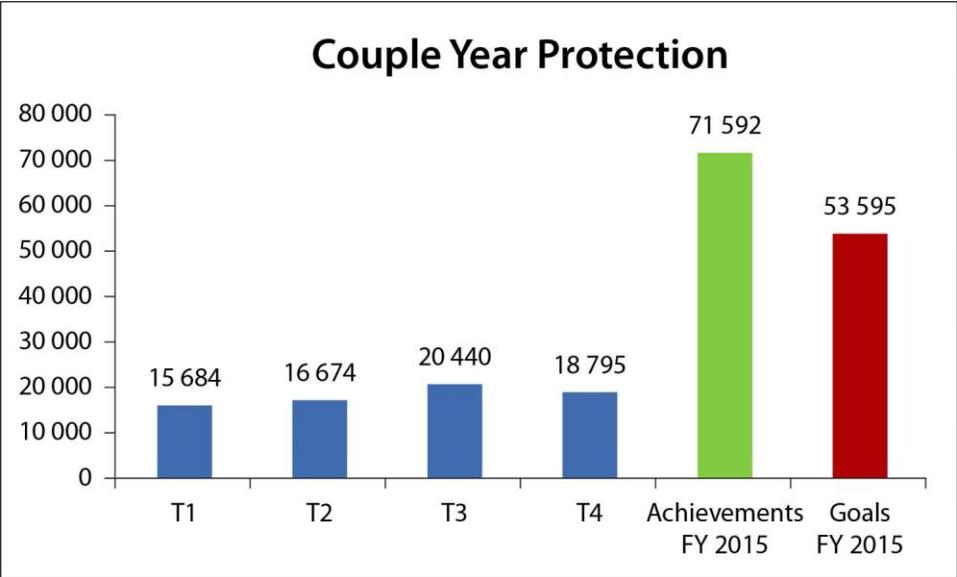
Two workshops for familiarization with the curriculum have been held in Antananarivo for the benefit of the central level. Just after the cascade training began at the regional level to familiarize the NGOs, EMAR/EMAD and the BHC as well as the CHV training that is scheduled by the NGOs in coordination with the BHC and EMAD following the availability of practice time.

➤ **71,592 couples are protected by contraceptive methods during this FY 2015**

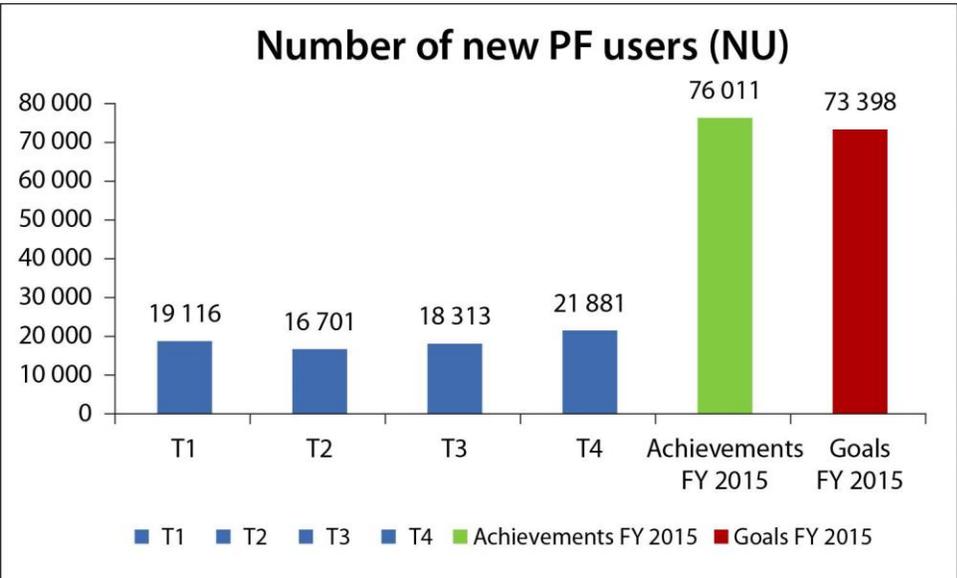
N °	Indicator	Objective FY15	Results				Total Results	% of Results Achieved
			T1	T2	T3	T4		
2.2	Couple protection years	53 595	15 684	16 674	20 440	18 795	71 592	134%
2.3	Number of new users (NU) of family planning	73 398	19 116	16 701	18 313	21 881	76 011	104%
	15-19 years		6 671	5 448	5 955	6 953	25 027	

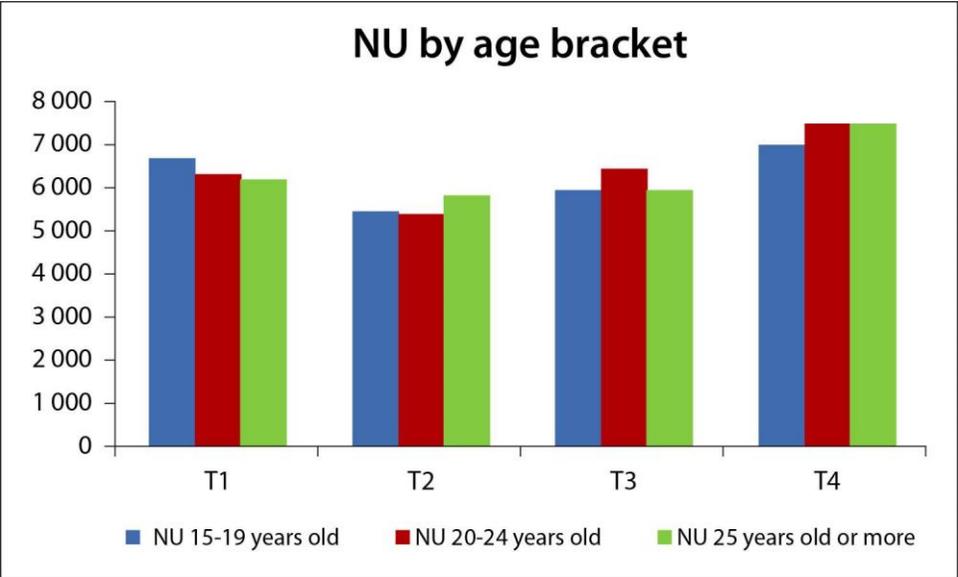
N °	Indicator	Objective FY15	Results				Total Results	% of Results Achieved
			T1	T2	T3	T4		
	20-24 years		6 284	5 405	6 469	7 476	25 634	
	25 years or older		6 161	5 848	5 889	7 452	25 350	
2.4	Number of regular users (UR) of family planning	123 004	68 090	67 518	69 179	79 315	79 315	64%
	15-19 years		13 685	13 518	14 363	16 822	16 822	
	20-24 Years		21 719	20 872	21 795	24 947	24 947	
	25 years or older		32 686	33 128	33 021	37 546	37 546	
2.7	Number of clients referred by CHVs for long acting family planning methods and who sought out these services at the nearest provider	6 105	1 553	1 760	2 077	1 031	6 421	105%

The USAID Mikolo Project achieved 134% of the annual target for couple-years of protection. At the end of this FY, the number of NU saw a 13% increase over Q1. This is the result of the awareness-raising activities carried out by the project. 43, 283 awareness-raising sessions (CIP, group or mass awareness-raising) were conducted this year in which 324,113 people participated (with 64% of women and 36 % of men). The CHV awareness-raising was supported by the broadcasting of commercials on the couple and family planning. Indeed, 14% of the radio broadcasts were focused on this topic.



The NU goal has been reached. 66% of the NU are young people 15 to 24 years of age.



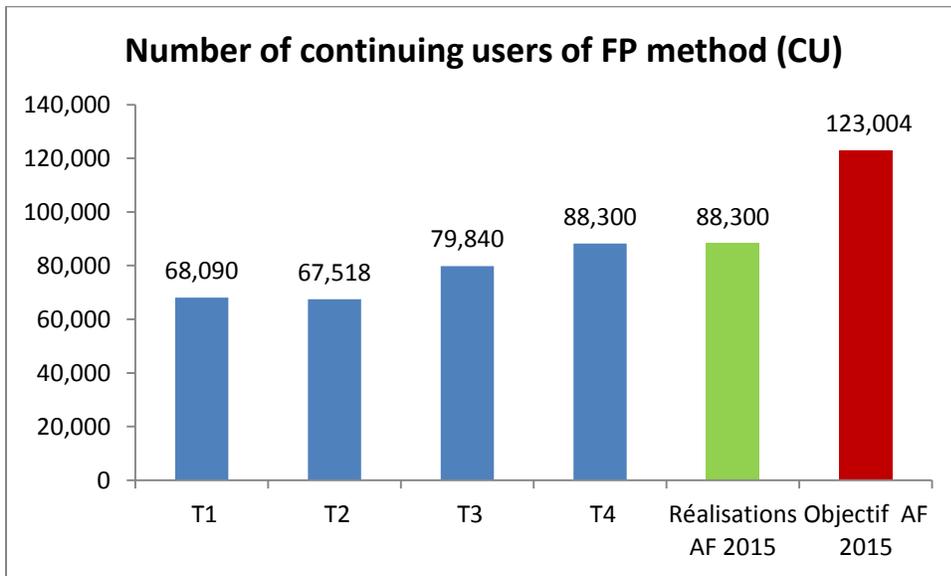


However, the number of RU is not as high as expected. 52% of the RU are young people 15 to 24 years of age of which 21% are 15 to 19 years of age. The most used method is the injectable contraceptive (73% vs. 24% for pills).

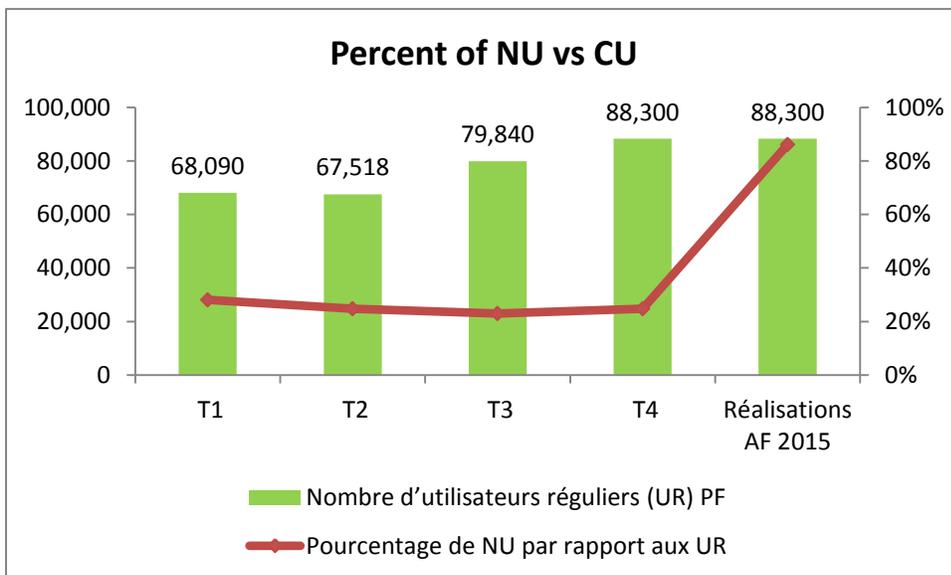
This is due in part to the fact that the CHVs for the new municipalities were only trained towards the end of Q3 and only began to report their activities at the beginning of Q4. Several reasons influenced the delay in starting the implementation in the new municipalities, among others, the delay in awarding the grants, the delay in acquiring the tools for the CHVs pending changes and the USAID's approval of the Branding and Marking plan and the non-availability of the public sector facilitators.

These results are due in part to the clients' choice in choosing the LAPM (Long Acting and Permanent Methods) after having adopted short-term contraceptive methods with the CHVs. The CHVs refer the clients to Marie Stopes International (MSI) for the LAPM in the areas where the services are available. It should be noted that MSI has recruited the CHVs supported by Mikolo that have a high number of RU to carry out the community awareness-raising on MLDP.

The findings during the Routine Data Quality Assessment (RDQA) visits to the CHVs showed that some of them have had problems with RU counting due to the non-availability of timetables. These timetables will be available from the CHVs no later than November.



The analysis of FP data shows that 86% of the RU of the CHVs are new users, i.e. people who have used contraceptive methods for the first time.



In addition, the project is projecting an increase in the number of users following the introduction of the pregnancy tests in the context of family planning counseling sessions. In the project's initial pilot activity, the CHVs were trained in using the pregnancy tests during the counseling sessions, in order to assure women who test negative that they can consider using family planning methods, or even to be able to refer women who test positive to the BHC for prenatal consultations. Operational research is underway on this pilot project, and a poster will be presented by the USAID Mikolo Project at the International Conference on Family Planning in Indonesia 2015.

The CHVs provided the family planning counseling, ensuring a free and informed choice as well as access to information on the various methods available in their health commune, in accordance with the Tiaht Amendment.

➤ **Mother, newborn and child health outcomes**

The USAID Mikolo Project has provided support and financial and technical resources for the Mother and Child Health Week, an initiative of the Ministry of Health, launching the activities in the nine regions in May. The campaign was focused on the mothers or guardians of children under five years old, pregnant women and the population in general and was designed to reduce the proportion of unvaccinated children, who have not received vitamin A supplements, who are malnourished and/or who have not been de-wormed, as well as to disseminate information about the importance of prenatal consultations and childbirth in a health center. The project plans to provide support for similar activities in October 2015 and April 2015, thus enhancing the collaboration with the public sector to achieve common objectives.

The documents on the Integrated Management of Childhood Illness at the community level have been updated and submitted to the Ministry of Health during the quarter. The revised tools include the CHV training curriculum, the individual care sheets, the technical sheet, the reference sheet and the children's registry.

A pool of trainers has been set up to provide guidance to 122 CSB, 21 EMAD, 9 EMAR, 136 ST and ST supervisor.

1,009 CHVs have been trained in the management of malaria and PCIME-c. The introduction of amoxicillin 250 mg DT for the new recommendation on the management of pneumonia cases has been integrated into this training.

NGO's and USAID Mikolo regional teams attend regular quarterly meeting with DRS and SSD as well other meetings whenever possible i.e. when there is no overlap with community activities. During these meetings, Mikolo shares community data and perspectives are shared for planning and ongoing coordination.

➤ 157,643 children with fever tested using RDT; 58% of these children were tested positive of which 77,059 of them were treated with ACT

N °	Indicator	Objective FY15	Results				Total Results	% of Results Achieved
			T1	T2	T3	T4		
	Number of children under five years with fever		27 751	49 898	64 783	34 809	177 241	
2.10	Number of children under 5 years old with a fever who received a RDT	57 551	26 698	41 218	59 355	30 372	157 643	274%
	Boys	27 624	13 073	19 652	30 251	14 440	77 416	280%
	Girls	29 926	13 625	21 566	29 104	15 932	80 227	268%
2.11	Number of children under 5 years old with a RDT (+) who received ACT	29 953	15 047	28 123	22 344	11 545	77 059	257%
	Boys	14 378	7 384	13 343	10 713	5 515	36 955	257%
	Girls	15 575	7 663	14 780	11 631	6 030	40 104	257%

Number of children under five years with fever per month

Month	Total Fever
Sep-14	7 141
Oct-14	8 189
Nov-14	12 421
Dec-14	15 864
Jan-15	19 201
Feb-15	14 833
Mar-15	21 586
Apr-15	23 963
May-15	19 234
Jun-15	13 286
Jul-15	12 326
Aug-15	9 197

The goals for management of malaria cases have been exceeded.

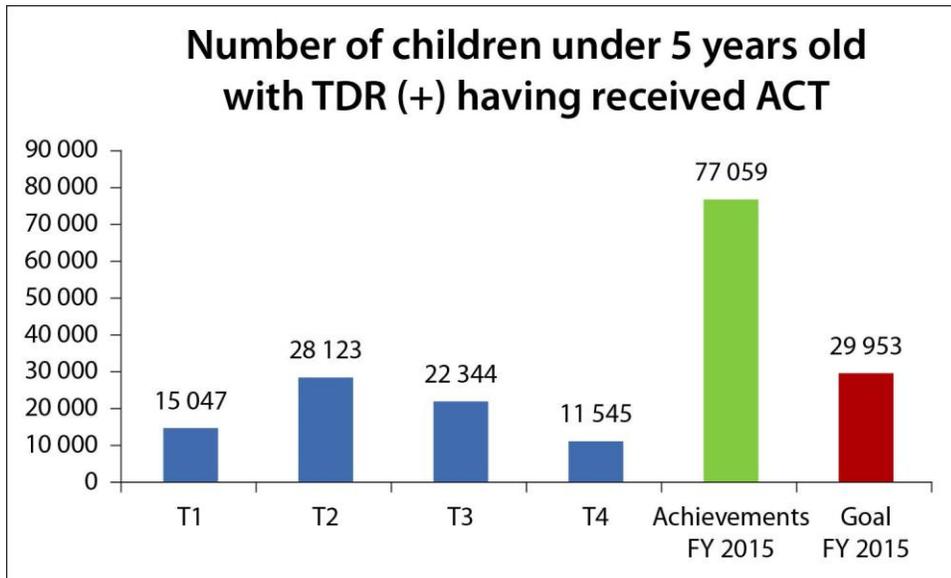
Due to an unusually high increase in the number of fever cases detected in the last quarter, a large number of children have been tested, diagnosed and treated for malaria. The malaria epidemic started early, in September, and extended over the rainy season into Q2, with a further increase in Q3 until the season ends late in June. Widespread shortages of ACT countrywide only worsened this epidemic situation.

Malaria cases were detected in the Central Uplands regions (Upper Matsiatra, Amoron'i Mania). The municipalities bordering the Atsimo Andrefana region were the most affected with migratory population movements.

The USAID Mikolo Project strengthened the coordination with PSI, the NGO partners and the CHVs to ensure the availability of the RDT and the ACT for the diagnosis and treatment of malaria in the malaria-prone areas. National procurement of ACT and RDT remained low during Q3, but the project worked in coordination with its partners to ensure that the inventory is redistributed to the regions that are most

affected by malaria. Project vehicles were even involved in distribution of ACT in its zones in emergency situations.

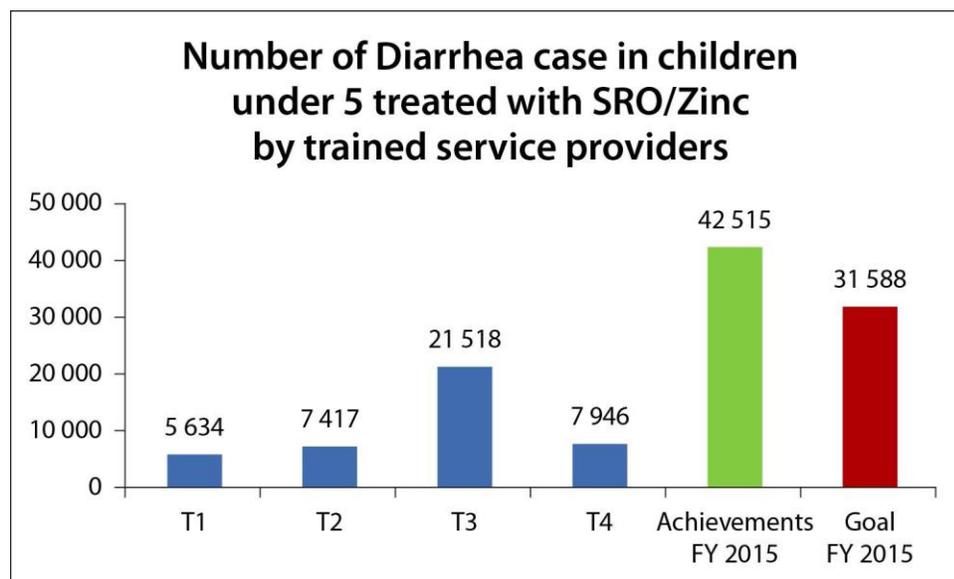
Malaria rates were high in the Atsinanana and Vatovavy-Fitovinany regions during the quarter, as expected. The populations of the Haute Matsiatra, Amoron'i Mania, Vakinankaratra, and Atsimo Andrefana regions were not prepared for malaria this season and did not have nets or other means of precaution. In addition, in the affected areas in the West, areas that were just coming out of a drought and famine, children suffering from malnutrition were the most vulnerable to malaria.



➤ 42,515 children have been treated for diarrhea

N °	Indicateur	Objectif FY15	RESULTATS				Total des réalisations	% de réalisations
			T1	T2	T3	T4		
2.14	Number of cases of diarrhea among children under 5 years old treated with SRO/Zinc by trained services providers	31 588	5 286	6 930	21 518	7 946	42 515	135%
	Boys	15 162	2 539	3 323	8 372	3 855	18 495	122%
	Girls	16 426	2 747	3 607	13 146	4 091	24 020	146 %

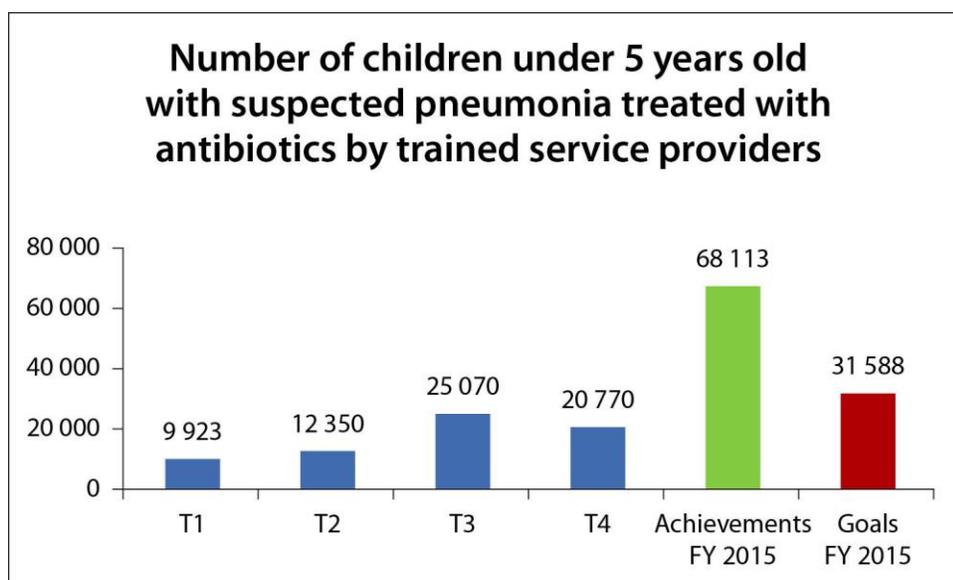
Results for the CHVs' management showed that diarrhea cases peaked in the third quarter of this fiscal year, especially from the month of May, 2015 onwards. During the cyclone period, almost all of the municipalities were flooded. Many disaster victims sought refuge in camps for disaster victims. Crowded living conditions and lack of sanitation in the camps resulted in the rapid spread of diarrheal illnesses.



➤ 68,113 children have been treated for pneumonia

N °	Indicator	Objective FY15	Results				Total Results	% of Results Achieved
			T1	T2	T3	T4		
2.15	Number of children under five years old with pneumonia symptoms treated with antibiotics by trained service providers	31 588	9 923	12 350	25 070	20 770	68 113	216%
	Boys	15 162	4 743	5 797	11 562	9 884	31 986	132%
	Girls	16 426	5 180	6 553	13 508	10 886	36 127	137%

The USAID Mikolo Project exceeded the FY 2015 target for the number of children treated for pneumonia. Pneumonia cases reported by the CHVs increased during Q3, which corresponded to the winter period. It was noted that even during Q4, the number of cases did not decline significantly. A severe flu season probably had an impact on the number of pneumonia cases, as did an intense malaria season. The CHVs demonstrated greater reliability in diagnosing pneumonia by using a stopwatch to count respiratory frequency and were able to increase their diagnoses of pneumonia as a co-infection of malaria. In addition, the availability of stocks of Pneumostop (an antibiotic used in the treatment of pneumonia) at the CHV level made it possible to increase pneumonia treatment at the community level.



➤ 490,092 children were monitored for growth

N°	Indicator	Objective FY15	Results				Total Results	% of Results Achieved
			T1	T2	T3	T4		
2.16	Number of children covered by nutrition programs (Number of children under 5 years old registered by CHVs during Track and Growth Promotion activities)	234 476	119 007	111 251	134 908	124 926	490 092	209%
	Boys	112 549	55 974	52 072	62 803	58 903	229 752	204%
	Girls	121 927	63 033	59 179	72 105	66 023	260 340	214%

The CHVs monitor children's growth, educating clients about proper nutrition for mother and child, and referring children to the BHC in the event of severe malnutrition. The results reveal an intense effort on the part of the CHVs to begin monitoring growth and nutrition services in their fokontany. The CHVs organized events, often in cooperation with other CHVs and at the same times as events organized by other development programs (such as food security) at which they were able to reach a large number of families and children. In addition, the SSME held in the month of May 2015 to strengthen malnutrition screening is supposed to have boosted the growth monitoring and promotion activities.

The ASOTRY and FARARANO projects, which are funded by USAID and specifically dedicated to nutrition and food security, work in municipalities in the USAID Mikolo Project's areas of intervention. These projects generally recruit community agents already working with the Mikolo Project. These CHVs perform many GMP activities as part of ASOTRY and FARARANO, which helped to increase the number of targets reached.

➤ **21,564 children with serious illnesses and 16,182 pregnant women in need of PNC, 5,397 cases of obstetric emergencies, and 2,764 neonatal emergencies were referred by the CHVs to the BHC**

N °	Indicator	Objective FY15	Results				Total Results	% of Results Achieved
			T1	T2	T3	T4		
2.17	Number of newborns who received umbilical cord care through the use of Chlorhexidine	8 835	-	-	-			
2.20	Number of pregnant women referred by CHVs for prenatal consultations (PNCs) to the nearest health center	12 233	4 074	3 415	3 991	4 702	16 182	132%
	CPN1		2 386	1 936	2284	2664	9 270	
	CPN4		1 688	1 479	1707	2038	6 912	

N °	Indicator	Objective FY15	Results				Total Results	% of Results Achieved
			T1	T2	T3	T4		
2.21	Number of emergency neonatal cases referred by CHVs who to the nearest health center	1 468	510	706	840	708	2 764	188%
2.22	Number of emergency obstetric cases referred by CHVs to the nearest health center	1 835	1 260	1 168	1 316	1 653	5 397	294%
2.23	Number of cases of severe illnesses in children under 5 years old referred by CHVs to the nearest health center	18 248	2 200	3 052	9 294	7 018	21 564	118%
	Boys	8 760	1 108	1 479	4 336	3 406	10 329	118%
	Girls	9 489	1 092	1 573	4 958	3 612	11 235	108%

To promote mother and newborn health, the Project planned to include innovative topics such as the use of Chlorhexidine in newborns. Indeed, as a product used for treating the umbilical cord, Chlorhexidine falls under the category of infection prevention. This program has not yet been included among CHV services since the product was not available to PSI until the end of the month of September 2015. Starting in November 2015, the CHVs will be trained on when to distribute and how to use this product. These CHVs will then train pregnant women and their families in how to use the product.

Furthermore, concerning pregnant women and newborns, for the number of pregnant women referred by the CHVs to receive pre-natal consultation (PNC) who sought care from the nearest health centers, referrals for obstetric and neonatal emergencies exceeded the expected objectives. Indeed, the first training was aimed at achieving lower-risk maternity on referrals of cases of pregnant women for PNC. Contributing to these results was the ability to identify danger signs in pregnant women, the references

made by all CHVs throughout FY14, and the re-emphasizing of these topics in the third quarter of FY15, in addition to the Mother and Child Health Week held in May 2015. We should note that during the Mother and Child Health Week, awareness among pregnant women was increased by the CHVs and by spot advertisements for referrals to health centers in benefit of the PNCs, and all the related services offered. It should also be noted that advanced strategies for deworming pregnant women were conducted.

The role of the CHVs is to detect danger signs in pregnant women and newborns and to recognize the danger signs in sick children and then refer them to health centers. The USAID Mikolo Project trained CHVs to recognize these signs in refresher sessions, which led to the results presented. The CHVs referred treatment to the CSBs for cases involving complications and emergencies that they could not treat.

The high number of cases referred to health care providers may reflect the increasing self-assurance of the CHVs when it comes to detecting actual or potential danger signs in women and children and making appropriate recommendations. In addition, the number reflects the growing confidence that people have in the CHVs' competence.

The objective concerning the referrals of severe cases of childhood illnesses has largely exceeded the goals. This is linked to the resurgence of diseases noted in Q3 and Q4.

SUB-OBJECTIVE 3: IMPROVING THE QUALITY OF HEALTH CARE AT THE COMMUNITY LEVEL

➤ 68% of the CHVs have achieved the minimum quality score for FP counseling and childhood diseases support

N °	Indicator	Objective FY15	Results				Total Results	% of Results Achieved
			T1	T2	T3	T4		
3.1	% of CHVs who attained a minimum quality score for community case management of childhood illnesses	40%	50%	68%	N / A	63%	68%	170%
3.2	% of CHVs who attained a minimum quality score for family planning counseling at the community level	35%	47%	68%	N / A	59%	68%	194%

The results have far exceeded the objectives for the following reasons:

- The major difference between the results and the annual targets is due to the biases in the IPE methodology. The baseline from the results of the evaluation carried out by USAID in 2011 and the consequent results were obtained through a systematic process implemented by the Project. The implementation of an activity package (monthly aggregation, SS, certification) could gradually improve the CHVs' performance.
- Objectives 3.1 and 3.2 were based on the CHVs' performance assessment conducted by USAID (April 2013), as follows: 60% of the CHVs trained exclusively in the integrated management of childhood diseases achieved a score above 80%. The USAID Mikolo Project found that only 25% of the polyvalent CHVs achieved this score, so an average of 40% was set as a target for indicator 3.1. With respect to indicator 3.2, based on the same USAID performance assessment, only 49% of family planning-trained CHVs achieved a score of 75-80%. Similarly, only 25% of the multi-skilled CHVs were able to achieve this score, so an average target of 35% was set for this indicator.

However,

- The Q2 results for these indicators are representative because they were derived from the individual performance evaluations (IPEs) performed for 80% of the CHVs.
- The Q3 result is not applicable because the CHVs were in a training phase, on-site supervision was in the startup phase during this period, and the performance evaluation will be conducted 3 months after these SQA cycle upgrades are put in place by the Project.
- The Q4 result showed a decrease because the IPE process was performed on only 17% of the CHVs. The process is underway and the final results will be obtained at the end of October.
- The NGOs were only able to begin the performance evaluation in September because the IPE will be carried out only 3 months after the refresher courses for the CHVs. This is due to the various delays that have accumulated, including (among others), those due to modification of the Project contract, changes in branding marking, and NGO start-up delays because continuing the activities was not initially set to include the former NGOs.

Certifications of the high-performing CHVs identified during the 2nd performance evaluation were also organized and conducted in the 352 existing communes with the BHC Heads and the COSANS.

The percentage of CHVs who obtained the minimum score should remain constant or decrease slightly since new NGOs, STs, and CHVs will be introduced in the USAID Mikolo Project. The CHVs in the new communes to be included in the Project will not be able to obtain minimum quality scores until receiving on-site supervision as part of the quarterly supervisory visits by the TAs. In addition, some NGOs and STs have changed with the new impact grants, and the new participants will need time to gain the experience to implement routine quality assurance and to develop relationships with the CHVs.

As for the process for the pilot phase for CHV peer, a Technical Committee is being formed under the leadership of the DDS of the Ministry of Health, to be followed by the protocol validation and implementation strategy for the pilot project with the startup of the various training activities.

➤ **The Monthly Activity Reporting (MAR) rate for CHVs is 80%**

N °	Indicator	Objective FY15	Results				Total Results	% of Results Achieved
			T1	T2	T3	T4		
3.3	% of Monthly Activity Reports received complete and on time	75%	82%	82%	82%	78%	81%	105%
3.4	Number of CHVs supervised at the service delivery sites	4926	3746	3729	0	3 968	3 968	81%
3.5	Mean frequency of supervision visits conducted by CHV supervisors	3	1	1	0	1	3	100%

To-date, the CHVs have exceeded the quarterly target for monthly reporting with a total rate of 81% for the year (i.e. 105% of the target for FY 2015).

Regarding indicators 3.4 and 3.5, the results of the process concerning the number of CHVs supervised at service provision sites and the average frequency of supervisory visits were achieved.

The result for the number of CHVs supervised on site is within the 80% limit, since it is also an ongoing process that experienced a start-up delay for the same reasons as the CHVs' performance evaluation. The full results will be available at the end of October. This slowing of results is also explained by the overlapping of the activities, including the training of the CHVs, youth, BHC Heads, and the various campaigns (SSME, FAV Polio and MID campaign) organized by the MPH.

A USAID Mikolo Project summary describing the SQA approach as a non-financial incentive to motivate the CHVs was submitted both at the 2015 International Conference on Family Planning in Indonesia and the 2015 Global Maternal Newborn Health Conference 2015 in Mexico. This summary was accepted to be presented in poster form at the 2015 IPCF, and orally during the 2015 GMNHC.

The USAID Mikolo Project will increase the number of supervisory visits by four starting in fiscal year 2016 and will increase the ratio of STs to CHVs in order to be more effective.

➤ **2,189 CHVs and 779 BHC Heads received refresher training to improve their service quality**

N °	Indicator	Objective FY15	Results				Total Results	% of Results Achieved
			T1	T2	T3	T4		
3.6	Number of CHVs who received refresher training	1 848	-	-	1 321	868	2189	118%
	Men	850	-	-	491	248	739	87%
	Women	998	-	-	830	620	1450	145%
	Number of health center chiefs who received refresher trainings	494	-	-	417	362	779	158%

This year, the project trained 104 additional STs in Service Quality Assurance (SQA), introduced the SQA methodology to 60 members of EMAD and trained 779 BHC Heads in SQA.

FY15 is the first year in which the Project began to support the Ministry of Health. When the objectives were formulated, it was intended that only the BHC2 Heads would be invited to participate in these SQA training sessions because they are the ones to cover the monthly groupings. But when the training was implemented, the SSDs requested that the BHC 1 Heads to attend. This explains the big difference between the objective and the result.

The Project will continue to support the local health system by integrating the SQA approach through sharing the results with the central Directors and then supporting the DRSs and SSDs to include into their plans the activity package that is feasible for the BHC Heads. The SSDS' training in analyzing the CHVs' performance will be also carried out for the new fiscal year.

SUB-OBJECTIVE 4: INCREASING THE ADOPTION OF HEALTH-PROMOTING BEHAVIORS AND PRACTICES

➤ 50 Communes and 3,533 households have achieved “Champion” status

The Project established groups of women and men believed to be able to influence changes in certain behaviors at the household level, i.e. the proper use of the health guidebooks, malaria prevention through the use of MIDs, the three WASH messages (the use of latrines, drinking water arrangements, hand washing with soap), Exclusive and Immediate Maternal breastfeeding, vaccination, care of sick children, prenatal consultations, childbirth in health centers, nutrition, and specifically for men, the involvement of men in their families’ health.

These groups meet monthly. Women or men in the group who adopt these health-promoting behaviors may then become models for their neighbors and friends.

During this FY, 1,759 women in 352 existing communes were trained, as well as 111 men in 19 communes in two regions (Atsimo Andrefana and Vatovavy-Fitovinany).

N °	Indicator	Objective FY15	Results				Total Results	% of Results Achieved
			T1	T2	T3			
4.1	Number of communes that achieved the status of Commune Champion	317	-	-	-	50	50	16%
4.2	Number of households certified as “Household Champions”	3 168	-	-	-	3 533	3 533	112%

During this fiscal year, the performance criteria for the classification of households, fokontanys, and Municipal Champions were defined. During Q3, the Project provided the NGOs with updated concepts and criteria for Health Champions (see below), as well as a tool for assessing the current status of the communes. These Health Champion Municipality criteria were developed in three levels to spur the action necessary to achieve higher goals. Tools were developed to facilitate the collection of information by the women and men leaders through home visits. The Health Champions Strategy Implementation Guide was developed and submitted to the Ministry of Health. In total, 352 communes are eligible for the Health Champion Municipality awards, subject to evaluation according to these criteria.

Evaluation criteria have been set to measure the progress by level of intervention

Households that meet the level II criteria will receive three invitation cards and will raise the awareness of three other households so that they too practice the same behaviors. In effect, this is a strategy in which one household brings in three others.

112% of the 2015 target has been achieved. The newly-trained community stakeholders (women and men leaders, JPEs) participated in the implementation process, the monitoring, and the collection of AMS data from the households.

Household Champion of Health

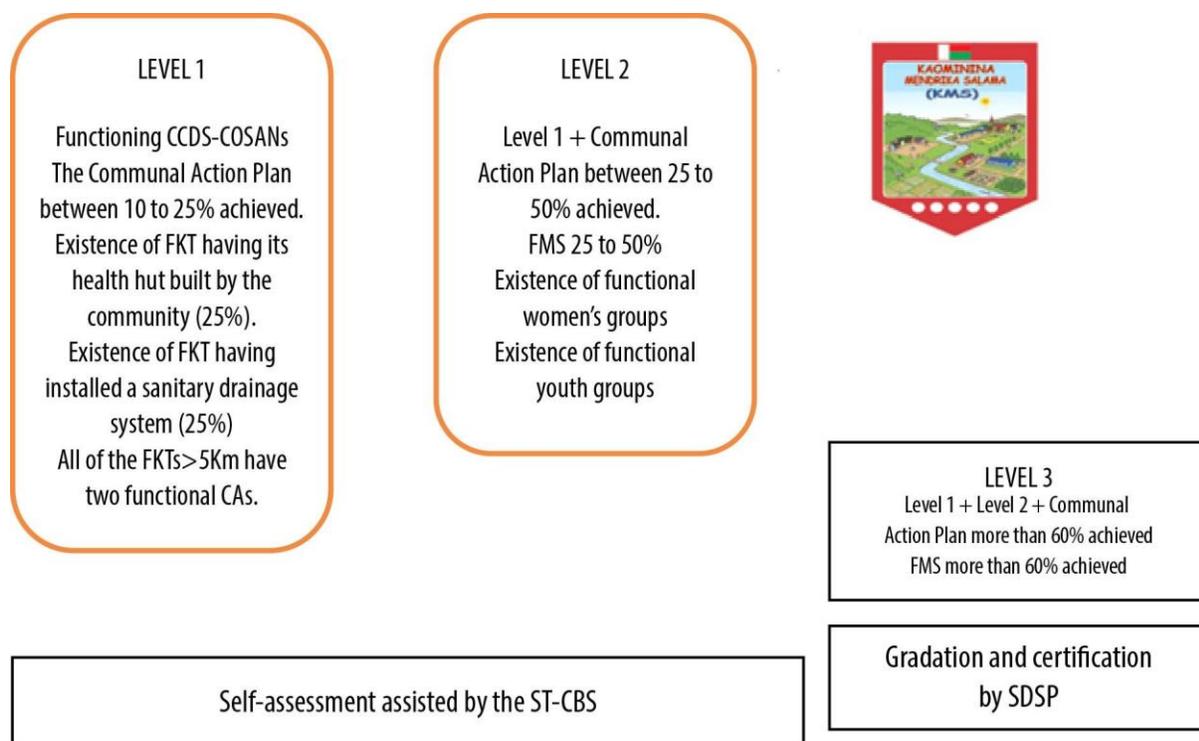
ELIGIBILITY CRITERIA:

- Correct use of maternal health book for relevant topics for the household
- Proper use of child health book for topics relevant to children in the household

ADMISSION CRITERIA (at least 2 of 4):

- Use of bed net
- Water conservation equipment
- Use of latrine

Commune Champion CRITERIA



16% of the target set for this FY2015 has been reached.

The criteria for evaluating the KMS were subject to changes following the workshop on the Project's BCC, Youth, and Gender Strategies, which took place towards the end of FY 2014. These criteria were only approved by the MPH in July 2015. After approval, the CCSD/COSAN members were briefed on these criteria, and the effective implementation of the approach began only as of mid-July.

➤ **5,813 broadcasts were made through local radio stations**

➤ **5,437 women were made aware of EMB**

N °	Indicator	Objective FY15	Results				Total Results	% of Results Achieved
			T1	T2	T3	T4		
4.3	Number of radio spots broadcast	4 700	574	-	285	4 954	5 813	124%
4.7	Number of women sensitized on exclusive maternal breastfeeding	5 500	-	-	-	5 437	5 437	99%

Quarters 1 and 2 were used to develop the strategy, messages, and the supporting materials for the USAID Mikolo Project's BCC activities. The messages and tools were approved by the Ministry of Health and added to the virtual toolbox installed in the offices of the Director of Health Promotion at the Ministry of Health in order to be available to the MPH and to the other health care partners.

To broadcast the messages, the Project developed partnerships with 24 local radio stations in the 8 regions covered by the Project. To have wide coverage, 14 new stations were identified during the month of May, 2015, increasing the number of radio partners to 24. Broadcasts began towards the end of June at the rate of at least two broadcasts per day per station.

The set target was exceeded due to (1) the increase in the number of radio stations, and (2) the bonus broadcasts offered by the radio stations (which were beyond the contracted amount stipulated) and the massive number of messages during the FAV Polio campaign.

The table below shows the distribution of the broadcasts by topic:

TOPICS	NUMBER OF BROADCASTS
Adolescent Reproductive Health	122
CHV services	168
MNCH/FAF, benefits and dosages	144
Malaria and research on care	140
Youth	748
Sick child	800
Individual Couple and Family Planning	808
Pregnant women-new mothers and babies	873
Gender	832
Healthy child	868
Polio	310
TOTAL	5813

During the process of developing the strategy and the BCC tools, a Working Group under the leadership of the Ministry of Public Health was created, composed of the following entities: MinSanP, USAID, UNICEF, PSI, Ministry of Water, Hygiene and Sanitation, the Ministry of Population and Social Protection and Women, and the Ministry of Youth and Sports.

➤ 804 villages have achieved ODF status and 4,189 people have access to improved latrines

N °	Indicator	Objective FY15	Results				Total Results	% of Results Achieved
			T1	T2	T3	T4		
4.4	Number of Fokontany who achieved ODF status (Open Defecation Free)	720	158	452	194	ND		
4.5	Number of people with access to an improved latrine	7,775	1708	4 885	2 134	ND	804	112%
	Men	3,732	820	2,345	1,024	ND	4,189	112%

N °	Indicator	Objective FY15	Results				Total Results	% of Results Achieved
			T1	T2	T3	T4		
	Women	4,043	888	2,540	1,110		4,538	112%

➤ 1,743 young peer educators (YPEs) trained

N °	Indicator	Objective FY15	Results				Total Results	% of Results Achieved
			T1	T2	T3	T4		
4.6	Number of people (young peer educators, youth leaders) trained in adolescent reproductive health	2,174	-	-	-		1,743	80%
	Men	1,022	-	-	-		1,090	
	Women	1,152	-	-	-		653	

This year, we were able to create pools of trainers in the 352 existing communes, which have provided the YPE training.

The YPE training has been 80% achieved. These results are still unsatisfactory since certain NGOs did not provide training on the scheduled training dates. This could be due to several reasons: the overlapping of regional and/or NGO (ST) activities, the unavailability of the BHC Heads who are also among the trainers, and finally the national activities and events, such as the Polio campaign and SSME, which are priority activities, especially for the public sector. It is worth noting that some training is still underway, namely that of the NGOs: ODDIT, AINGA and ODEFI.

A plan to catch up these training plans was drawn up by the NGOs at the Project's request. This plan must be carried out before the end of October.

After training, the YPEs will have one month to form their groups. We are waiting for the September activity reports from those who were trained in July and August, 2015, so that we can retrieve the data concerning the number of groups created; and during their meeting in the month of September, these groups shall develop their action plans, including the implementation and the achievement reports, which will be analyzed by the STs.

Besides the awareness raising that they will provide to the youth community, the YPEs trained in August and September have already participated in the collection of AMS data and will participate in the process of implementing this approach.

MONITORING AND EVALUATION

The M&E system for the USAID Mikolo Project was designed so that the monitoring and evaluation results as well as the entire process of planning, collecting, managing and synthesizing the information, of discussion and report presentation will make a constructive contribution to decision-making and will capitalize on the lessons learned.

➤ The project database is operational

During its first year, the USAID Mikolo Project carried out the design and implementation of the monitoring and evaluation system. The management tools were designed and distributed to manage the Community Agents' activities. A database through Datawinners was created to collect the data from the community. The STs were equipped with smartphones to ensure the transmission of data to the Project's central level. The CHV's reporting rate was 70%. Currently this reporting rate is 81% at TA and CSB level. Note that the CHV's MAR is in trifolio. At the end of the month, one sheet is sent for CBS, another one for TA and one sheet remains at the CHV level.

During this second year, training sessions with HNI were held in order to strengthen the M&E team's capacity to use the Datawinners application to transmit, collect, and compile data. After this training, the team members were able to solve the problems encountered by the STs relating to the collection and transmission of data by the STs. Due to the frequent problems encountered by the STs, including recharging batteries in communes without electricity and entering data with smartphone keys that were too small, the Project provided them with tablets equipped with power bank. 158 STs use the tablets to collect and transmit data. So far, the Project has not received any complaints from the STs concerning the functionality of the system or the tablets.

In order to ensure the continuous improvement of the M&E system, the Project will use the DHIS-2 platform, which is freeware for the collection, approval, analysis and presentation of the data. This platform is also suitable for the integrated health information management activities. The implementation of the system was launched during Q2 with the support of an HISP specialist (a Norwegian NGO that designed the DHIS-2 system). A group of system administrators consisting of the members of the M&E team, the IT specialist, and the Malaria specialist were trained to operate this software. As of the end of September, the software has been installed but is not yet operational for users. Making the system operational is underway, and the system will be functional for all users towards the end of November 2015. Training sessions on the use of DHIS-2 for the USAID Mikolo Project's staff, the NGO field teams, as well as EMARs and EMADs will be conducted during FY 2016.

➤ **158 TAs, 31 STAs, 14 NGO RTs/CSRs were trained on the Project M&E system**

During this FY 2015, the Project held 2 training sessions attended by 14 NGO RTs/CSRs, 31 STAs, and 158 STs. The training topics focused on Project data circuit, the respective role of each person at each level of this circuit, the use and data population of the CHV management tools, the analysis and use of data for decision-making, the quality assurance system, and the system for collecting and transmitting data from community stakeholders (use of smartphones and tablets).

The management tools used by the CHVs were updated to reflect the new updates to the MPH for the community activities and included innovative topics such as pregnancy tests and the use of Chlorhexidine. These tools were made available to the CHVs during the training sessions.

➤ **The Project's data quality assurance system is operational**

The operationalization of the data quality assurance system at all levels has helped the Project, on the one hand, to link the field realities to the data recorded in the database and to thus assess the various dimensions of the data's quality such as: the data's completeness, reporting rates, and data reliability (precision, accuracy). On the other hand, the evaluation and analysis of the data in the database also allowed the Project to develop enhancement plans to improve data quality.

This year, 133 CHVs were visited, including 52 ACEs, 40 ACMs and 41 ACPs in 6 regions, 16 districts, 68 communes and 100 fokontanys. Data reliability has been one of the most essential factors in the quality of the data. Indeed, data reliability allows the Project to make the right decisions and to implement the most appropriate strategies. Data reliability in general may be summed up by the availability of source documents at all levels, and by the completeness of both the reports and the contents of the data appearing in these source documents.

During the conduct of the RDQA, facts were observed, recommendations issued, and decisions made.

1) **At the CHV level**

Although the CHVs' report filing rate for the monthly activity reports (MARs) is fairly high, this does not guarantee the reliability of reported data. Indeed, entering data in the management tools made available to the CHVs is essential to ensuring that the data reported by the CHVs are reliable.

The paragraphs below summarize the findings and recommendations issued for each management tool.

In general, the CHVs either 1) do not fill out the records on a daily basis, (through omission, limited competence in data entry, insufficient training, negligence/ignorance of the importance of management tools, the volume of management tools to be filled out), or 2) do not record on a monthly basis the totals of the data that they enter into the records every day (awareness-raising, child, SPC, mother, and supplies). And in both cases, the transcription of these data into the MAR is neither complete nor reliable, given the absence of source information.

Also, to rectify this situation, the RDQAs' conduct, in practice, was focused mainly on improving the of the CHVs' on-the-job abilities, as much in respect to filling out the MTs as to the level of service quality.

2) At the NGO level

At the NGO level, this was primarily encompassed by the participation of the STs, STAs and/or technical managers/Monitoring & Evaluation Managers (TM/MEM).

During the first quarter of the FY, while the RDQA was being conducted, it was noted that those with primary responsibility for supervising the CHVs (ST/STA) had not mastered data entry and were not comfortable with filing this data into the management tools (due to lack of practice, competence problems, insufficient mastery of the MTs and the kinds of services provided by the CHVs), thus leading to problems in analyzing the data, in verifying the logic behind the consistency of data, and subsequently in formulating appropriate recommendations and also in making decisions at their level in order to address the various problems encountered.

Furthermore, the NGOs' Technical manager, Monitoring and Evaluation manager and ST supervisor were not very involved in verifying the quality of the data reported, but concentrated mainly on report collection, in the effort to achieve the objective set by the Project on the reporting rate. The STs' supervision in order to improve the data quality was not successfully carried out.

Following these findings, in the second quarter of the year, a 4-day orientation was held for the RT, CSRs, STAs and STs from all of the NGOs. The objectives of this orientation were:

1. To improve the ability of the NGOs' technical teams to enter data into the Management Tools used by the CHVs,
2. To improve the ability of the TAs, STAs, RTs, and CSRs to exploit and use the data (DU) in the Project database.

Nevertheless, providing management tools and products at the CHV level remains a challenge. Indeed, certain problems are still associated with this effort: lack of funds to deliver the tools and products to the CHVs and poor organization of distribution at the NGO/ST levels. On the other hand, the STs' data entry into the Project database is still subject to quality problems since the STs must enter large amounts of data. Quality control during data entry and the harmonization of the forms are important in the data collection and data entry system. Switching from Datawinners to DHIS2 will largely resolve of verifying data entry at the TA level.

2) At the level of the Project's regional offices

The Project's regional team plays an important role in the quality assurance for the data reported by the CHVs through the NGOs via the Project's data collection system. This role consists of the synthesis,

analysis and verification of the quality of the data and especially the use of such data so that the team can provide as much support as possible to the NGOs in order to improve the data quality.

In order to provide the best management framework for the NGOs as a whole, the regional team's ability to support the NGOs/STs in M&E matters (including how to use the data, advanced use Excel, and conducting RDQA with the CHVs), was strengthened during the 3rd quarter of the fiscal year. During the systematic support of the regional team by M&E, it was also recommended to the regional team that it return results to the NGOs during coordination meetings and that it systematically provide refresher training to the NGOs/STs at each coordination meeting, in order to help the NGOs to better understand the Project's M&E system and to improve the data quality.

Since data quality assurance is an integral part of the M&E system, the capacity enhancements, whether at the level of the NGOs/ST/CHVs or at the regional team level, can only be beneficial for improving the quality of the data reported at all levels. It was also recommended to the regional team that it conduct a systematic audit/monitoring of the availability of the management tools at the CHV level. Obviously, no management tool - no report.

3) **At the level of the Project M&E team**

As part of the promotion of a results-oriented management culture, the support for the Project's regional offices' technical teams is necessary for the systematization of the data utilization processes in order to achieve the Project's results, and do so while adhering to the standard data quality characteristics. Also, in this context, in the 3rd quarter of the fiscal year, the M&E team paid a visit to the Project's regional team. The purpose of these visits is to familiarize the latter with the Project's M&E Procedures Manual (indicators and PIRS) and how to use it.

Granted, the improvement of data quality is still a long-term process, and although the M&E team, in collaboration with the Project's regional team, is already conducting RDQA at the CHV level, the reliability of the data depends a great deal on the quality of the data reported from the source, i.e., from the MTs populated by the CHVs, notwithstanding the training sessions provided to the regional team (RB and NGO) by the M&E team throughout the year.

For the next steps in fiscal year 2016, the following recommendations have been issued:

- It is essential for the Project to improve the CHVs' ability to populate the management tools in order to ensure the quality of the data reported by the CHVs. This activity could also influence the CHVs' knowledge concerning the services they offer, since the logic behind populating the MTs is precisely to reflect the care and services which have been provided.

- The frequency of the RDQA conducted, whether scheduled or unannounced, should be increased in order to improve data quality at all levels, especially at the source (CHVs), and the use of the integrated monitoring tool during this download would allow an overall view of all of the programs in the field.

- The systematization of the processes for using the data remains one of the activities to be carried out each quarter by the M&E Team, in order to strengthen the ability of the regional teams and NGOs at all levels according to the needs identified during the RDQA conducted at the NGO and CHV levels.
- Coordination meetings based on the Project's results as well as those from conducting the RDQA must be systematically held with the NGOs, in order to better target the available support at all levels.
- The standardization of these MTs with the other partners remains a major challenge, since the CHVs at work in a given community have different donors.
- The MT's availability at the entire CHV level will be subject to continuous monitoring

➤ **Two innovative programs are the subject of an operational research study**

The Project's operational research strategy is available. Two studies are being conducted: the research on putting CHV peer supervisors in place as a strategy to provide local supervision of CHVs, and the introduction of the pregnancy tests at the CHV level as a factor that might influence the use of pre-natal consultation services by pregnant women. The research protocol has been developed. The basic data concerning these studies are available.

1. Study on the use of pregnancy tests

The USAID Mikolo Project conducted this research in order to improve the achievement of the objectives for the care of pregnant women and the use of contraception.

The operational research on the pregnancy test consists of examining the result of the introduction of pregnancy tests on the CPN1 registration performed by Community Agents (CHVs). In parallel, the Project will continue the study performed by Abt on the link between the use of pregnancy tests at the CHV level and the increase in the number of users of FP. The regions were chosen on the basis of the contraceptive coverage rate (CCR): a region with a high CCR contrasted with another with a low CCR. Two regions were selected: the Upper Matsiatra region with a CCR of 24% and the Atsimo Andrefana region with a CCR of 7%.

In each region, two districts were selected on the same basis. For Upper Matsiatra, the two districts were Isandra and Lalangina, with a CCR of 65.33%. In the Atsimo Andrefana region, the districts selected were Betioky (CCR 12.33%) and Toliara II (CCR 11.66%). For each district, five (5) communes were selected at random. The table below shows the communes selected.

Regions	Atsimo Andrefana		Upper Matsiatra	
Districts	Toliara II	Betioky	Isandra	Lalangina
Experimental Communes		Andranomangatsiaka · Ankilivalo · Belamoty · Bezaha · Lazarivo		· Sahambavy · Taindambo · Alatsinainy Ialamarina Ambalamahasoa · Ivoamba
Control Communes	· Ankililoaka I · Ambohimahavelona · Analamisampy · Betania Betsinjaka · Saint Augustin		· Ambondrona · Ankarinarivo Antonissaxas · Iavinomby Vohibola · Mahazoarivo · Soatanana	

The research was performed with all the CHVs in these communes. In all, 195 CHVs are included in the study (90 CHVs in the experimental communes and 105 CHVs in the control communes).

The study was planned to be carried out starting in June, with a duration of three months. However, the schedule was delayed because pregnancy tests were unavailable at the CHV level and their effective use only began towards the end of August and September 2015. Thus, the data for these communes will begin to be available only towards the end of September - October 2015. The results of this study will be circulated around the month of December 2015.

2. CHV Peer Supervisor Study

The establishment of CHV peer supervisors will facilitate the local supervision of the CHVs and ensure the sustainability of the CHVs' activities. The aim of the CHV peer supervisor study is to demonstrate the results of the latter's implementation to improve the quality of CHV services. Given the change that this strategy will have on the MPH community health system, several steps in the implementation of these CHV peer supervisors must be defined with the MPH and the other health care partners. (See section SP3, indic. 3.1 and 3.2)

The study protocol is being updated and will be approved by the Technical Committee in November 2015. Once this step has been completed, the pilot project will be implemented and the collection of information for the study will begin in December 2015.

➤ **The Project's results will be circulated at the national and international level**

1- **Branding and marking**

During this FY, the Project's Branding and Marking plan has undergone 2 updates as directed by USAID. Following this update, various visual tools to provide the Project's communication were developed: roll ups, banners, billboards, polo shirts, caps, etc.

2- **Sharing of the Project's results**

To ensure distribution, the Project used several channels such as the press, social networks

(Facebook Page: <https://www.facebook.com/USAIDMIKOLO>)

Twitter: <https://twitter.com/MSHMadagascar>.

Blog: usaidmikolo.wordpress.com

- This FY 2015 was also marked by the Project's re-engagement with the press. In Q1, the Project trained 15 journalists on community health and the Project's areas of intervention. The goal of the training is to give members of the press the opportunity to go further in-depth on the subject and to understand all the elements necessary in order to produce interesting reports, programs and articles about community health in general, with a focus on the community-based stakeholders in particular. They were focused on 4 themes including (1) the National Community Health Policy, (2) the services offered by the community agents, (3) the coordination with the implementing NGOs and (4) the reporting and monitoring of the community agents' results. Following this training, a press trip was organized.

The Project was present in the press through the series of articles and video and audio reports produced by the journalists themselves. All the major events organized by the Project have been covered. The latest to date is the ceremony to award certificates for the CHVs trained in the use of the pregnancy tests at Ambalakely in the Haute Matsiatra region. The links to access these articles are visible on the Project's Facebook and Twitter pages.

- The Project was also invited to the Open Talk session jointly organized by the Embassy and the Press Centre, at which about 15 journalists listened and held discussions with the head of the Project for an hour of discussions.

- The Project's success stories have been promoted by MSH worldwide through the Friday Forward.

- The number of visitors to the Project's pages on social networks continues to grow

- The number of followers on Facebook rose from 2,043 (during Q2) to 3,273.

- The Twitter page has 69 individual and organizational followers and 197 tweets have been shared.

- The Project's blog (<https://usaidmikolo.wordpress.com>) has received some 17,500 visits and has been updated with the latest information about the Project.

SITUATIONAL ANALYSIS OF THE 154 NEW COMMUNES

To reach the targeted 506 communes of intervention as stipulated in the contract, the USAID Mikolo Project will expand its areas of intervention into 154 communes in 3 regions of Madagascar, namely the regions of Analamanga, Alaotra Mangoro and Vakinankaratra in this fiscal year 2015. Before implementing the community activities in these communes, a situational analysis was performed in May 2015 in order to know more about the functionality of the existing community structures such as the CCSD/COSANs and the CHVs. It is worth noting that these communes are in the Santénet2 catchment area, and that the technical support ceased as of March 2013 (almost 2 years ago at the time of the survey).

The purpose of this situational analysis was to collect information on (1) the existence and functionality of the local structures (CCSDs, COSANs and CSBs) at the level of the 154 communes and (2) the services and resources (human, material, and health products) available in terms of health care in these target communes.

The results of this evaluation showed that:

- **¾ of the CHVs are women. Their average age is 43 years. 86% live in couples and have an average of 3 dependent children.**

There are many more women CHVs than men (75% are women compared with 25% men). On average, the CHVs completed 9 years of schooling. 86% of the CHVs are couples and the average number of children of the CHVs is 3. This profile is important because the CHVs must be role models for the community. The average age of the CHVs (age 43) is much greater than the average age of the general population. Only 27% of the CHVs have a telephone. Almost half of the CHVs have a permanent health hut (45%). 55% provide services in their place of residence.

- **The CHVs are motivated to continue their work. They still provide services at the community level**

84% of the CHVs who were interviewed offer services concerning maternal and newborn health, 56% offer the FP 4 methods, 39% FP 4 method with Depro Provera, 64% do the SPC, and 74% PCIMCI-c. 15% of them are multiple-service providers, i.e. offer mother and child health services.

- **Health products are available from the CHVs**

The products to care for illnesses in children under 5 years old (IRA, Malaria and Diarrhea) are available from more than 1/3 of the CHVs. With respect to FP products, the pills and injectables are available from over 50% of the CHVs interviewed.

However, some CHVs have experienced a depletion of the stock of their health care products. The causes frequently cited by the CHVs included financing and the unavailability of products from PAs or CSBs. Some CHVs mentioned that the PAs are no longer operating.

➤ **CHVs continue to be supervised by the CSBs and to send their MARs**

38% of the MARs were sent to the BHC between April 2013 and September 2013, and 30% participated in supervision sessions and group follow-up sessions organized by the BHC.

➤ **Management tools are available to the CHVs**

More than 50% of the CHVs have management tools in their possession. However, less than 50% have MARs, mother registries, individual FP forms, and FP calendars. It should be noted that after their refresher training, these CHVs will have all the management tools related to the services they provide.

➤ **The CCSDs and COSANs continue to hold meetings and have health action plans**

28% of the CCSDs reported having held meetings since the end of support by the Santénet2 project. 41% of the COSANs continued the meetings with the CHVs.

ENVIRONMENTAL COMPLIANCE

This year, the project will introduce new services at the CHV level. The CHVs will have to use the pregnancy tests in order to confirm the results of the check list and to state whether or not the client is pregnant, and according to the results, perform an FP counseling (if the test is negative) or refer the woman to the BHC to perform the CPN (in case the test is positive). The used pregnancy tests are medical waste that CHVs need to manage. The Project has submitted the updated plan to USAID.

The implementation of the actions defined in the Environmental Compliance Plan is evaluated during the oversight visits by the USAID Mikolo Project staff and by the NGO partners' Support Technicians at the CHVs' health care service delivery points. (The table in Appendix 8 presents the environmental compliance results for this FY).

PROJECT MANAGEMENT

In accordance with the contract requirements, all the quarterly reports for the current year and the Work Plan for Fiscal Year 2016 were submitted on time.

The contract underwent two changes in Fiscal Year 2015. Indeed, following the lifting of restrictions on collaboration with the public sector in May 2014, the contract was amended, and at the same time, the area covered by the Project was increased from 6 to 9 Regions, with the addition of 3 new regions: Analamanga, Alaotra Mangoro and Vakinankaratra. The number of communes thus increased from 375 in the first year to 529. Due to safety problems, it was agreed with USAID that the Project would gradually withdraw from the Ihorombe region. However, the number of communes will remain at 506 from the third year onwards as provided in the original contract. The second amendment to the contract was the marking (Branding). Following the finding that there existed a likelihood of confusion with the former USAID| MIKOLO branding, it was necessary to change the branding to now become "The USAID Mikolo Project." All media and visuals showing this branding have been changed and updated.

During Fiscal Year 2015, strategy coordination meetings and discussions between the COR and the project management were held on a regular basis. In addition, the COR conducted two field visits to Matsiatra Ambony and Vakinankaratra to see firsthand how the activities are conducted and to issue its recommendations.

The United States Ambassador and the Director of USAID made two joint visits to two regions of the Project. The first, in March 2015, to Milenaky (Atsimo Andrefana region), took place on the occasion of the inauguration of a water tower and the BHC's visit to the locality. The second, to Ambalakely (Ambohy Matsiatra region) was to award certificates to the CHVs who had completed pregnancy test training at the community level. A film was produced by USAID about this visit and the importance of improving contraceptive coverage with this approach.

The Project managers were actively involved in the search for harmonization of the *per diem* rates within USAID's partner organizations. This has been effective and official for the public sector and the Community Agents since December 2014.

In collaboration with the Ministry of Public Health, the Project contributed to the completion of the Health Sector Development Policy (HSDP) by financing the workshop for this purpose.

The project attended meetings organized by health partners and the various Technical Working Groups (see table in Annex 9).

For better coordination and visibility, we have transferred the Ambositra RO to Antsirabe while continuing to cover the region of Amoron'i Mania along with Vakinakaratra. The Tamatave RO was also moved, within the same city, to a more accessible and visible area. This RO covers the two regions of Atsinanana and Alaotra Mangoro.

Human resources:

We have strengthened our regional office teams by recruiting for each office:

- A District Support Technician (DST) who, as the title indicates, is our focal point for collaboration with the public sector;
- A Financial and Administrative Assistant (FAA), who provides support to the office, but also close support to the subsidized NGOs.

There were also changes in the Monitoring & Evaluation department, and the recruitment drive was launched for an M&E Manager, Database Administrator, and Communications Manager. Interviews and hiring will be continued at the beginning of FY16.

Financial Management

The Project USAID Mikolo spent **\$5.50 million** in fiscal year 2015. This amount compares with the forecast expenditure for the year which amounted to **\$5.56 million**, as reflected in the budget approved by USAID. Allowances (allowances) were slightly higher than expected. This was due to the relatively unpredictable and discretionary nature of the timing of allowances.

The project has invested heavily in the regional structure in order to ensure better monitoring of activities in the regions, including supervision of NGOs with grants. Financial and Administrative Assistants were recruited in all regions for deploying activities at regional level. This contributed to a net increase of average monthly expenditure during the second half of the year.

A significant amount of expenditures should have been made in September for the fourth milestone payment on Grants. This has been delayed pending the final completion of milestones. The amounts of budgetary commitments include a significant amount of purchases (approximately \$250,000) to equip Community Agents. Orders for this have been made but not yet paid.

The project completed its second year having spent **39.6%** of the LOP budget after 26 months of 60 months, representing **43.3%** as of 1 October 2015. It is estimated that the consumption of the budget will grow significantly in fiscal year 2016 before dropping the following years as the project consolidates gains and focusses on monitoring and supervision.

For the third year of the project, the approved budget is \$ 6.4 million. Key elements of project infrastructure are in place to support the work plan of the year 3, which will be the culminating project year.

USAID's obligations amount (see table below) to \$ 11.5. With the expenses recorded for the year 2 of the project, there were only **14% of obligations remaining** at 1 October 2015. A request for increase in the obligation amount was submitted to USAID in early September when the project registered a disbursement rate of 75% of overall obligations.

FY 2015 Budget Report

#	Budget Categories	FY 2015				
		Budget	Expenditures as of 09/30/15	Encumbrances Outstanding*	Balance Remaining	% Budget Spent
1	Salaries and Wages	\$1,209,713	\$1,068,986	\$0	\$140,727	88.4%
2	Consultants	\$25,842	\$8,062	\$0	\$17,780	31.2%
3	Overhead	\$584,156	\$624,224	\$0	(\$40,068)	106.9%
4	Travel	\$319,264	\$291,265	\$19,577	\$8,421	97.4%
5	Allowances	\$185,027	\$216,015	\$9,986	(\$40,974)	122.1%
6	Subcontracts	\$440,840	\$399,690	\$27,257	\$13,894	96.8%
7	Training	\$595,546	\$620,784	\$0	(\$25,238)	104.2%
8	Equipment	\$16,846	\$0	\$0	\$16,846	0.0%
9	Grants	\$800,000	\$804,285	\$0	(\$4,285)	100.5%
10	Other Direct Costs	\$1,175,180	\$976,715	\$249,255	(\$50,790)	104.3%
11	Fee	\$204,736	\$188,390	\$0	\$16,347	92.0%
TOTAL		\$5,557,150	\$5,198,417	\$306,075	\$52,658	99.1%

* 2015 budgetary encumbrances remaining to be paid.

Life of Project Budget Report

#	Budget Categories	Life of Project			
		Total Budget	Total Expenses	Budget Balance 10/1/2015	% Budget Spent
1	Salaries and Wages	\$6,046,868	\$1,859,412	\$4,151,977	30.8%
2	Consultants	\$316,114	\$220,041	\$96,613	69.6%
3	Overhead	\$3,103,262	\$1,230,916	\$1,865,742	39.7%
4	Travel	\$1,689,440	\$618,156	\$1,057,060	36.6%
5	Allowances	\$1,226,071	\$446,251	\$779,820	36.4%
6	Subcontracts	\$2,107,097	\$818,253	\$1,081,669	38.8%
7	Training	\$2,022,406	\$947,913	\$1,005,620	46.9%
8	Equipment	\$217,433	\$0	\$211,534	0.0%
9	Grants	\$3,566,359	\$1,322,274	\$2,082,074	37.1%
10	Other Direct Costs	\$3,632,682	\$2,050,946	\$1,551,355	56.5%
11	Fee	\$839,758	\$289,804	\$538,754	34.5%
TOTAL		\$24,767,490	\$9,803,967	\$14,422,217	39.6%

LOP consumed (26 months out of 60)

43.3%

Status Report USAID Obligations October 1, 2015

Total Obligations	\$11,503,641
Total Expenses	\$9,803,967
Remaining Obligation 10/1/2015	\$1,647,016
% Obligation remaining 10/1/2015	14%

ANNEX 1 : RESULTS MATRIX

N°	Indicator	Target FY15	Results Q1	Results Q2	Results Q3	Results Q4
Sub-purpose 1- Sustainably Develop Systems, Capacity, and Ownership of Local Partners						
1.1	Number of Communes with functioning COSANs	506	350	350	352	154
1.2	Number of Communes with functioning CCDs	506		352	352	154
1.3	Number of people (COSAN, CCDs) trained with increased Leadership and Management knowledge and skills	6348	2352		1072	2423
	male	3066	1627		658	1666
	female	3282	725		414	757
	Number of people (NGO leaders) trained with increased Leadership and Management knowledge and skills	39	18	0	0	22
	male	19	12	0	0	11
	female	20	6	0	0	11
	Number of people (NGO field staff - TA and supervisor) trained with increased Leadership and Management knowledge and skills	200	128	45	61	0
	male	98	85	28	34	
	female	102	43	17	27	

N°	Indicator	Target FY15	Results Q1	Results Q2	Results Q3	Results Q4
	Number of people (EMAD) trained with increased Leadership and Management knowledge and skills	230	124	41	63	0
	male	112	69	27	31	0
	female	118	55	16	32	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	75%	93%	88%	67%	56%
1.5	Number of COSAN savings and loans funds (CSLF) established	13	0	0	0	13
1.6	Number of Saving and Internal Lending Community (SILC) established at the community level	534	8	13	147	394
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%		59%	68%
1.8	Number of NGOs eligible to receive direct awards made by USAID	0				
1.9	Number of local NGO awarded grants	13	0	11	0	

N°	Indicator	Target FY15	Results Q1	Results Q2	Results Q3	Results Q4
Sub-purpose 2- Increase Availability and Access to Basic health Services in the Project's Target Communes						
REPRODUCTIVE HEALTH/FAMILY PLANING						
2.1	Number of additional USG-assisted community health workers (CHWs) providing Family Planning (FP) information and/or services during this year	2192	0	0	914	858
	male	1009			393	343
	female	1183			521	515
2.2	Couple Years Protection (CYP) in USG supported programs	53595	15 684	16 674	20 440	18 795
2.3	Number of new users of FP method	73398	19 116	16 701	18 313	21 881
	NU 15-19 years		6 671	5 448	5 955	6 953
	NU 20-24 years		6 284	5 405	6 469	7 476
	NU 25 years or older		6 161	5 848	5 889	7 452
2.4	Number of continuing users of FP method	123004	68 090	67 518	79 840	88 300
	CU 15-19 years		13 685	13 518	16 329	19 051
	CU 20-24 years		21 719	20 872	25 084	27 278

N°	Indicator	Target FY15	Results Q1	Results Q2	Results Q3	Results Q4
	CU 25 years or older		32 686	33 128	38 427	41 971
2.5	Percent of service delivery points (CHVs) that experience a stock-out at any time of Oral contraception products	25%	9%	11%	12%	7%
2.6	Percent of service delivery points (CHVs) that experience a stock-out at any time of DMPA products	25%	16%	21%	13%	8%
2.7	Number clients referred and seeking care at the nearest health provider by CHW for LAPMs	6105	1 553	1 760	2 077	1 031
MALARIA						
2.8	Number of health workers trained in case management with artemisinin-based combination therapy (ACTs)	1865	0	0	0	1 009
	male	858				322
	female	1007				687
2.9	Number of health workers trained in malaria laboratory diagnostics (rapid diagnostic tests (RDTs) or microscopy)	1865	0	0	0	1 009
	male	858				322
	female	1007				687
2.10	Number of children with fever in project areas receiving an RDT	57551	26 698	41 218	59 355	30 372
	male	27624	13 073	19 652	30 251	14 440
	female	29926	13 625	21 566	29 104	15 932
2.11	Number of children with RDT positive who received ACT	29953	15 047	28 123	22 344	11 545

N°	Indicator	Target FY15	Results Q1	Results Q2	Results Q3	Results Q4
	male	14378	7 384	13 343	10 713	5 515
	female	15575	7 663	14 780	11 631	6 030
2.12	Percent of service delivery points (CHVs) that experience a stock-out at any time of ACT	20%	5%	12%	9%	6%
MATERNAL, NEONATAL, CHILD HEALTH						
2.13	Number of people trained in child health and nutrition through USG-supported programs	1848	0	0	407	868
	male	850	0	0	98	248
	female	998	0	0	309	620
2.14	Number of children under five years old with diarrhea treated with Oral Rehydration Therapy (ORT)	31588	5 634	7 417	21 518	7 946
	male	15162	2 724	3 544	8 372	3 855
	female	16426	2 910	3 873	13 146	4 091
2.15	Number of children with pneumonia taken to appropriate care	31588	9 923	12 350	25 070	20 770
	male	15162	4 743	5 797	11 562	9 884
	female	16426	5 180	6 553	13 508	10 886
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)	234476	119 007	111 251	134 908	124 926
	male	112549	55 974	52 072	62 803	58 903

N°	Indicator	Target FY15	Results Q1	Results Q2	Results Q3	Results Q4
	female	121927	63 033	59 179	72 105	66 023
2.18	Number of newborns who received umbilical care through the use of chlorhexidine	8 853				
2.19	Percent of service delivery points (CHVs) that experience a stock-out at any time of ORS/Zinc	45%	16%	13%	10%	4%
2.20	Percent of service delivery points (CHVs) that experience a stock-out at any time of Pneumostop©	35%	17%	17%	15%	5%
	Number ANC clients referred and seeking care at the nearest health provider by CHV	12233				
	CPN Total		4 074	3 415	3 991	4 702
	CPN1		2386	1936	2284	2664
	CPN4		1 688	1479	1707	2038
2.21	Number cases referred and seeking care at the nearest health provider by CHW for neonatal emergencies	1468	510	706	840	708
2.22	Number cases referred and seeking care at the nearest health provider by CHW for obstetric emergencies	1835	1 260	1 168	1 316	1 653
2.23	Number cases referred and seeking care at the nearest health provider by CHW for severe illness episodes (CU 5 years)	18248	2 200	3 052	9 294	7 018
	male	8760	1 108	1 479	4 336	3 406

N°	Indicator	Target FY15	Results Q1	Results Q2	Results Q3	Results Q4
	female	9489	1 092	1 573	4 958	3 612
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%	63%
3.2	Percent of CHVs achieving minimum quality score for family planning counselling at the community level	35%	47%	68%	0%	59%
3.3	Percent of monthly activity reports received timely and complete	75%	82%	82%	82%	78%
3.4	Number of CHVs supervised at the service delivery sites	4926	3746	3729	0	3968
3.5	Mean frequency of activity supervision visits conducted by NGO partners to CHWs	3	1	1	0	1
3.6	Number of CHWs having received refresher training.	1848	0	0	1321	868
	male	850			491	248
	female	998			830	620
	Number of CSB manager having received refresher training.	494	0	0	417	362
Sub-purpose 4- Increase the Adoption of Healthy Behaviors and Practices						
4.1	Number of Communes having the status of Commune Champion	317	0	0	0	50
4.2	Number of certified Household Champions	3168	0	0	0	3533
4.3	Number of interactive radio spots broadcast	4700	574	0	285	4954

N°	Indicator	Target FY15	Results Q1	Results Q2	Results Q3	Results Q4
4.4	Number of fokontany achieving Open Defecation Free (ODF) status	720	158	452	194	ND
4.5	Number of people gaining access to an improved sanitation facility	7775	1708	4885	2134	
	male	3732	820	2345	1024	
	female	4043	888	2540	1110	
4.6	Number of people (peer youth, youth leader) trained in Adolescent Reproductive Health (ARH) with increased knowledge and skills	2174	0	0	0	1743
	male	1022				1090
	female	1152				643
4.7	Number of women reached with education on exclusive breastfeeding	5500	NA	NA	NA	5437

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.



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

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

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.

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.”

The process of developing the strategy was facilitated by the setting of a coalition grouping the Ministry of Health, the USAID Mikolo



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

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!

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

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

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

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



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

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

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

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

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

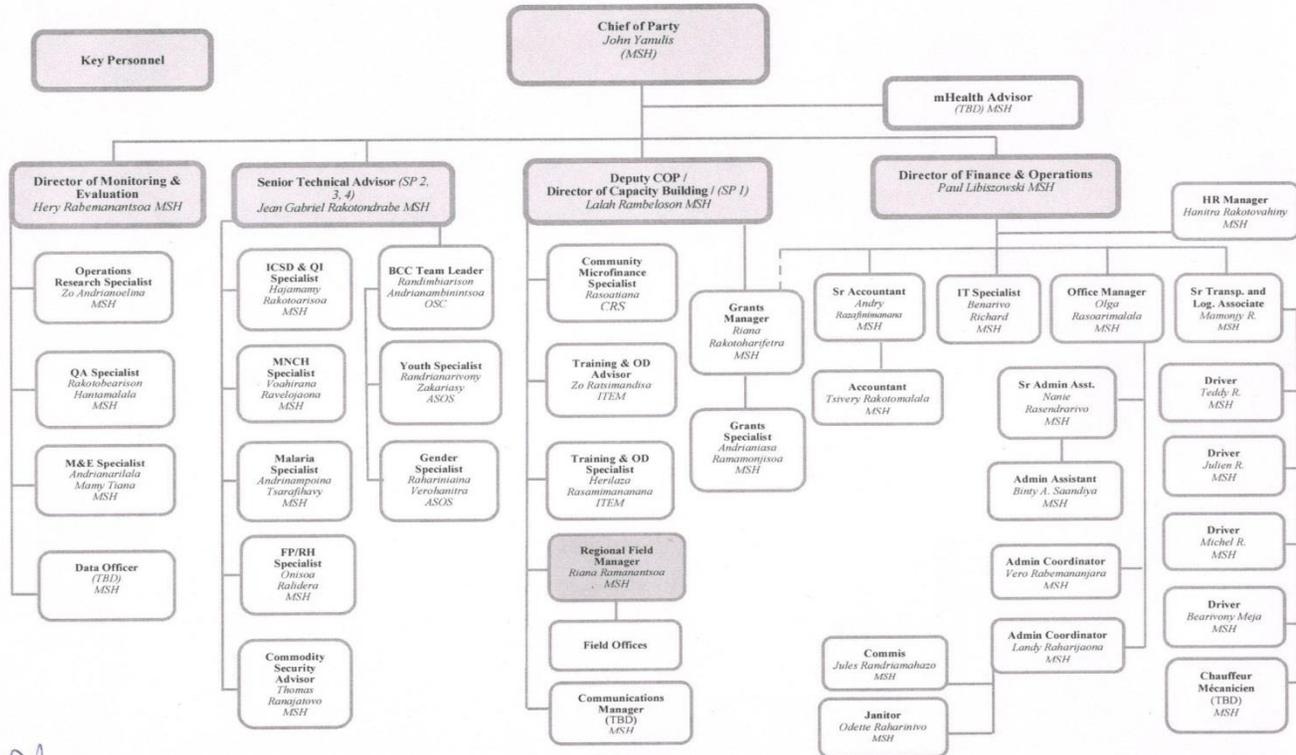
Health is an increasingly important issue for the population of Ankililaoka. Local officials are establishing partnerships to engage community health volunteers, primarily in an effort to inform households about good hygiene practices. CHVs strengthen awareness-raising activities on the use of bed nets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

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

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

ANNEX 3: Updated Organizational chart

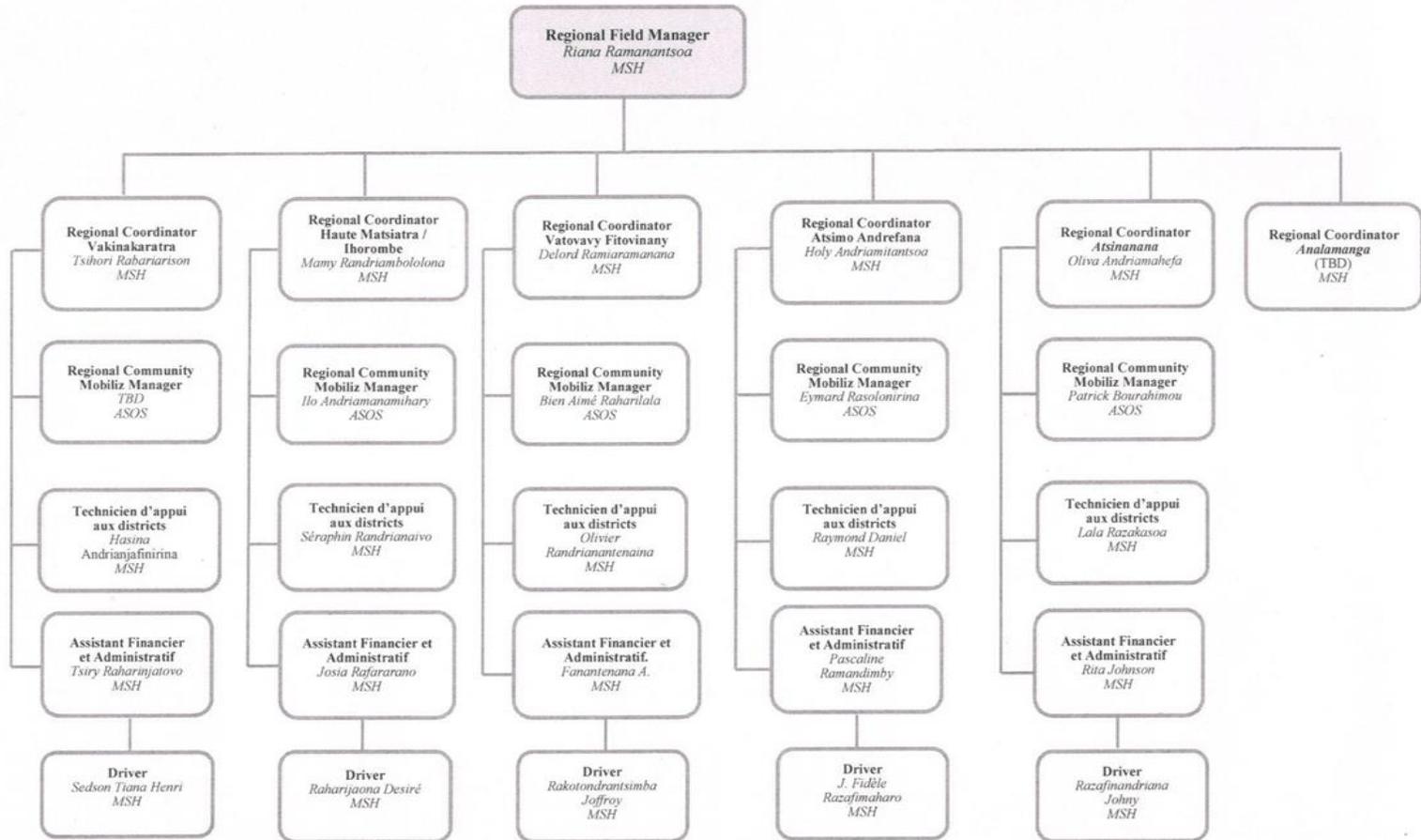
Organigramme Le Projet USAID Mikolo -octobre 2015



JG

Octobre 2015

FIELD OFFICES



Octobre 2015

ANNEX 4: 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 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	203 (158 ST, 31 supervisor ST, 14 RT/RSE)
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	5,847
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 	234

ACTIVITES	Training topics	Training Objectives	Total Number of participants
		tools).	
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 information so that they can strengthen health center chiefs and NGO's ST capacity building facilitating project implementation.	228
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.	779

ANNEX 5: ACTIVITY GENDER ANALYSIS

1- Leadership and management training

	CCDS/COSAN		ST		EMAD	
MALE	3 951	68%	147	63%	127	56%
FEMALE	1 896	32%	87	37%	101	44%
TOTAL	5847	100%	234	100%	228	100%

2- SILC

	Homme		Femme	
544 group trained with 9433 members	3064	32.48%	6354	67.52%

3- CSLF

	Homme		Femme	
13 groups set up with 273members	111	40.66%	162	59.34%

ANNEX 6: STTA

Voyageur	Dates	Termes de référence
Paul Libiszowski, USAID MIKOLO Director of Finance and Operations	Staff	October 5 th – 18 th
Elke Konings, Ph.D., Project Director Supervisor	Staff	October 25 th – November 8 th
Karina Noyes, MSH	January 2015	Provided support to analyze and document project implementation progress and results. Drafted quarterly report.
Yen Lim, MSH	February 2015	Contributed to the review of grant applications, finalized grant agreements, and conducted training to grant recipients.
Jessica Trask, MSH	February 2015	Provided support to subcontract partners to ensure that timesheets, financial invoices and supporting documentation are accurate and aligned with regulations.
Jerry Aziawa, HISP	March 2015	Consultant expertise for the customization of DHIS-2.
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 mHealth needs and

Voyageur	Dates	Termes de référence
		opportunities in Madagascar and on the mHealth project, drafted Mikolo mHealth Strategy. Participated in USAID regional mHealth workshop in Malawi as a member of the Mikolo team.
Paul Neely OSC, consultant	May 2015	Conducted an assessment of mHealth needs and opportunities in Madagascar and on the mHealth project, as they relate to BCC, drafted Mikolo mHealth BCC Strategy.
Bob Arsenault OSC	June 2015	Conducted supervisory visit to onboard the new SP4 BCC Lead.

ANNEX 7: Environmental Mitigation and Monitoring Report

ACTIVITY REPORT	POTENTIAL IMPACT	MITIGATION	MONITORING INDICATORS	FREQUENCY OF MONITORING AND REPORTING	FY 2015 RESULTS
<p>Training/ Supervision on waste management</p>	<p>After receiving training, CHVs handle equipment and consumer goods that can generate waste. As a result, it is essential to train/ inform all community actors involved in activity implementation to minimize/ avoid the environmental impacts of this waste.</p>	<ul style="list-style-type: none"> - Incorporate environmental impact awareness into training curricula and all job aids used by community actors (NGO/TA, CCDS, COSAN) to sensitize on the importance of environmental impact mitigation. - Ensure monitoring of compliance with environmental impact mitigation during activity implementation. - Trainers will ensure that all waste generated during the training event is disposed of according to project protocol following 	<ul style="list-style-type: none"> - Environmental protection component relating to CHV activities incorporated in training curricula and working tools of NGO/TA, CCDS, and COSAN - Training report and list of participants available, i.e. number of participants per category (NGO/TA, CCDS, COSAN) - Supervision/ monitoring report available i.e. number of agents 	<p>Project quarterly and annual reports will include information on trainings held, topics addressed during these trainings, as well as the number of participants.</p>	<p>For this fiscal, 4,056 CHV are trained training began during the third quarter. CHVs supervision activities will restart on July 2015.</p>

ACTIVITY REPORT	POTENTIAL IMPACT	MITIGATION	MONITORING INDICATORS	FREQUENCY OF MONITORING AND REPORTING	FY 2015 RESULTS
		WHO guidelines and Madagascar National Policy on Medical Waste Management.	supervised per category (NGO/TA, CCDS, COSAN)		
CHV waste management and disposal	Pollution Infection due to soiled dirty objects Contamination of drinking water sources	The project will manage health care according to international best practices in WHO guidance and the Madagascar National Policy on Medical Waste Management. Healthcare waste procedures will be posted at the work site. USAID's Environmental Guidelines for Small-Scale Activities in Africa, Chapters 8 and 15. CHVs will be trained on and equipped for	<ul style="list-style-type: none"> - Topics relating to environmental compliance and safe injections integrated into training curricula and CHV working tools - CHVs trained on the topic of environmental compliance, equipped with sharps boxes and supervised for compliance with prescribed safe injection, management of used pregnancy 	Project quarterly and annual reports will include information on the availability and use of sharps boxes. Mitigation measures will be monitored during supervision visits conducted every 3 months and supervision reports will form the information base for assessing the mitigation measures' effectiveness.	The objective is to supervise CHVs once a quarter. During this fiscal year, 3,968 CHVs are supervised (i.e. 71% of functional CHVs) 286 of them have used pregnancy tests and 224 of them have used the safety box to dispose contaminated tests (i.e. 78%). 88% of mother CHVs and 86% of child CHVs used safety boxes. Once filled ¾ full, the boxes must be brought to the CSB or AC must incinerate them in

ACTIVITY REPORT	POTENTIAL IMPACT	MITIGATION	MONITORING INDICATORS	FREQUENCY OF MONITORING AND REPORTING	FY 2015 RESULTS
		<p>proper waste management and safe injections. Trainings will cover risk assessment, safe injections, medical waste management (i.e. the use and disposal of sharps boxes), and CHV sensitization.</p> <p>Each CHV will receive sharps boxes at the end of the training and instructions for disposal and replacement.</p> <p>CHVs will be instructed to bring sharps boxes to BHCs once they are 2/3 full, and resupply at the BHC or the Supply Point. Otherwise, they may dig a covered safety pit of 1.5-2m deep and</p>	<p>tests and sharps box use and disposal practices.</p> <p>Demonstration that staff is following the project procedures for health care waste management.</p>	<p>Review of training records at least annually.</p>	<p>discharge pits by themselves. 26% of supervised AC brought these boxes at the CSB. During the field visits, the AC reported that the CSB chiefs refuse to take the boxes filled due to the lack of incinerators at their level.</p>

ACTIVITY REPORT	POTENTIAL IMPACT	MITIGATION	MONITORING INDICATORS	FREQUENCY OF MONITORING AND REPORTING	FY 2015 RESULTS
		<p>1.5m wide (Source: National Waste Management Policy) to incinerate all sharp materials and other products after use.</p> <p>During this fiscal year 2015, the project will introduce the use of pregnancy test at the CHV level. The target of this activity is to inform the women in their status in term of pregnancy: (1) if the test is negative (i.e. woman is not pregnant), the CHV conduct immediately FP counseling; (2) if the test is positive (i.e. woman is pregnant), the CHV refers this pregnant woman to the CSB for ANC</p>			

ACTIVITY REPORT	POTENTIAL IMPACT	MITIGATION	MONITORING INDICATORS	FREQUENCY OF MONITORING AND REPORTING	FY 2015 RESULTS
		<p>visit. Note that use of these pregnancy tests will be managed along with other project medical waste So, in order to reduce this risk, used pregnancy tests will be thrown into the safety box. CHVs will be oriented on this procedure during their training. CHVs' training curriculum will integrate this component.</p>			
<p>Activities implemented by new grantees</p>	<p>As the prime is responsible for implementing project activities, including community-based activities, it is important to train, inform and supervise grantees on environmental compliance during activities</p>	<ul style="list-style-type: none"> - The project will ensure the training of grantees on their environmental protection and waste management responsibilities when conducting activities. - The project will develop a letter of 	<p>The signed letter of agreement is included in the contract document of grantees. Grantees reporting on environmental mitigation measures, in</p>	<p>The project will include information on the results of environmental activities in project quarterly and annual progress reports. Compliance with the EMMP will be</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>

ACTIVITY REPORT	POTENTIAL IMPACT	MITIGATION	MONITORING INDICATORS	FREQUENCY OF MONITORING AND REPORTING	FY 2015 RESULTS
	<p>implementation to enable them to ensure the relating EMMP plan's implementation when performing their tasks.</p>	<p>agreement which grantees shall sign and attach to their contract. This letter demonstrates the beneficiaries' commitment to comply with the plan developed by the project when implementing any activity.</p>	<p>accordance with the EMMP, in their quarterly reports.</p>	<p>monitored on a quarterly basis. Review records of trainings and attendees.</p>	

ANNEX 8: Collaboration and Meetings with Other Health Partners

Meetings	Objective/Meeting agenda	Next steps	Participants
REPRODUCTION HEALTH / PLANNING FAMILIAL			
FP committee at national level	<ul style="list-style-type: none"> - FP campaign September 2015 and Madagascar engagement on FP 2020 - Finalization of the CHV Integrated FP curriculum 	<p>Continuation of the FP campaign each year and agreement already signed</p> <p>Elaboration in the first quarter of FY16</p>	DSFa, technical partners, and donors
Sous-Comité de planification familiale, sous-comité communautaire : Sayana Press	Introduction of Sayana Press in Madagascar at CSB and community level : Discussion focused on the introduction of the Sayana Press Strategy	Preparation of the meeting on health inputs logistics: supply pipeline, cost of contraceptives	DSFa, USAID, MSI, PSI, MAHEFA, Projet USAID Mikolo,
	Elaboration of the harmonized Sayana press curriculum	Validation of the curriculum	DSFa, DDS, SFPP, MAHEFA, Mikolo
	Presentation of Sayana Press and its introduction in Madagascar	Document validation meeting	USAID (PF Washington), JSI/MAHEFA, USAID Mikolo
	Document feedback on Sayana Press introduction in Madagascar with the FP program manager from USAID Washington		USAID, JSI/MAHEFA, USAID Mikolo, MSM, PSI
Technical Work Group on harmonization of FP reference documents	<p>Review of harmonized documentation to date</p> <p>Training on postpartum LTPM</p>	<p>Meeting of the Subcommittee on harmonization of CHVs' FP documents (training curriculum)</p> <p>Training on postpartum LTPM for pools of regional trainers</p> <p>Training on Implanon NXT by Merck for all partners</p>	MSANP (DSFa), technical partners, and donors (USAID, UNFPA, Project USAID Mikolo, MAHEFA, MSM, PSI, FISA)

Meetings	Objective/Meeting agenda	Next steps	Participants
Technical Working Group on CHV FP document: Harmonization of the CHVs FP document	<ul style="list-style-type: none"> - Harmonization of FP in-service training curricula and refresher training of health workers and community workers - Harmonization of FP management tools <p>Harmonization of IEC BCC tools for FP</p>	Finalization of all documents in the near future, currently on standby due to various events (MCHW, Polio, etc.)	MSANP (DSFa) et partenaires techniques et financiers (USAID, UNFPA, Projet USAID Mikolo, MAHEFA, MSM, PSI, FISA)
CHVs Pregnancy Test (PT) use	<ul style="list-style-type: none"> - Making operational of the use of Pregnancy Test (PT) - Pilot sites (USAID MIKOLO) - PT supply mode - Job aid on PT use - Development of the pilot project's monitoring sheet 	<ul style="list-style-type: none"> - Implementation of the pilot project for PT use on all USAID MIKOLO sites for 3 months - Use of the PT use monitoring sheet - Finalization of the job aid on PT use 	Members of the GTT : MSANP, USAID, MAHEFA, MIKOLO, UNFPA, UNICEF, MSI, ONM, ONSFM, ANSFM ...
	Development of advocacy documents, strategy, operational plan, monitoring and evaluation and technical form on pregnancy test at the community level	Validation of available documents by the Working group	DGS, DSEMR, DPLMT, DAMM, DDDS / MSANP USAID, USAID Mikolo, MSM, MCSP, ONSFM, ANSFM, PSI, ONM
	Validation of documents (advocacy, strategy and operational plan, monitoring and evaluation and technical form) on pregnancy test use	Detailed development of operational plan and advocacy organization	MSANP ou la DSEMR est le leader USAID, PSI, JSI/MAHEFA, MSM, MCSP, USAID Mikolo, ONSFM, ANSFM, ONM
Compliance in FP	<ul style="list-style-type: none"> - Information on USAID FP requirements - Presentation of FP compliance 	Elaboration of the monitoring plan of USAID-funded partners	USAID, USAID Mikolo, PSI, JSI/MAHEFA, MSM

Meetings	Objective/Meeting agenda	Next steps	Participants
MATERNAL HEALTH, NEW BORN AND CHILD			
Meeting for the preparation of the MCHW from May 11 to 15, 2015	<ul style="list-style-type: none"> -Present the progress of each committee's activities -Present funding gaps to allow partners to position 	<p>Presentation of financial gaps and partners' positioning.</p> <p>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 districts and the production of management tools and guides for mobilizers</p> <p>Organization of working meetings for the implementation of activities supported by USAID MIKOLO in its intervention zones.</p>	DSFa, DDS, DGS, partenaires financés par USAID (MAHEFA, Projet USAID Mikolo, PSI), UNICEF, ASOS, Les équipes de mangement des régions(EMAR) et les EMAD
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-	Equipe de mangement de la région d'Analamanga les chefs SSD Tana-Nord-Ankazobe-Anjozorobe-Manjakandriana-Ambohidratrimo

Meetings	Objective/Meeting agenda	Next steps	Participants
		Ambohidratrimo-	
Elaboration of Care Group training curriculum	<ul style="list-style-type: none"> - Care group approach presentation -Elaboration of the different parts of the curriculum 	<ul style="list-style-type: none"> - Validation of the curriculum - Train women leaders 	CRS and its implementation partners- MSANP/DSFa/SNUT- ONN-ADRA-USAID Mikolo- PIVOT-VALBIO-
Fight again Polio committee meeting	<ul style="list-style-type: none"> - Sharing actual situation about this activity - Sharing progress status of campaign preparation by subcommittees 	<ul style="list-style-type: none"> - Data collection for inaccessible zones by Immunization direction /DSFa - Find specific strategies to reach very remote areas - Mobilize all CHVs supported by USAID Mikolo to participate in FAV POLIO campaigns 	MSANP, Ministre de la Santé, SG, représentant DG, DSFa, Service Vaccination- USAID-OMS-UNICEF- UNFPA-USAID Mikolo- JSI/MAHEFA- PSI-ASOS- COMARES-CRS-TELMA- Croix-Rouge- Lions Club- AFD-
Meeting of H4+ members (FNUAP-UNICEF-USAID-USAID MIKOLO-MAHEFA-MCSP)	Discussions of the draft of the TDR monitoring evaluation SONU organized by UNFPA and JHPIEGO in Sept 2015	<p>Direction de la santé familiale (Dsfa) will finalize the TDRs and submit a financial request to our partners for their positioning.</p> <p>Courtesy visit from the UNFPA – Jhpiego delegation, as well as the Minister of Health, and the Ministry of Health monitoring mission</p>	MSANP/DSFa/SMSR-UNFPA-OMS-UNICEF-USAID-USAID Mikolo- JSI/MAHEFA-MSM-PSI- AFD-
	<ul style="list-style-type: none"> - 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:	OMS – UNFPA – USAID – USAID Mikolo Project - MCSP – UNICEF

Meetings	Objective/Meeting agenda	Next steps	Participants
		<ul style="list-style-type: none"> - 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 	
	<ul style="list-style-type: none"> - Reprise of the production of quarterly-bulletin H4+ - CARMMA campaign implementation - Surveillance of maternal and neonatal death 	<ul style="list-style-type: none"> -Sending stories to UNFPA before October 22nd - Workshop on roadmap development for CARMMA campaign in Antsirabe from 13 to 17 October 2014) -Strengthening the surveillance of maternal and neonatal death during next meeting 	<p>USAID-USAID Mikolo- FNUAP- UNICEF – MAHEFA- MCSP</p>
	<ul style="list-style-type: none"> - Preparation of H4+ bulletin - Calendar review of H4+ events - Assistance of H4+ at the development of updated roadmap for CARMMA in Antsirabe -Joint field trip of partners in Vohemar to see the integrated implementation of the pilot study on Chlorhexidine- Misoprostol 	<ul style="list-style-type: none"> - Review and validation by members of H4+ of all articles before duplicating the bulletin. - Sharing of table to ask the 2014 activity reports and the H4+ action plan 2015 -Training of one committee to prepare the field trip and to see the SG -Preparation of a presentation note on the review in 	<p>USAID-USAID Mikolo-FNUAP- UNICEF – MAHEFA- MCSP</p>

Meetings	Objective/Meeting agenda	Next steps	Participants
		Vohemar	
Strengthening SONU monitoring system	Design a SONU monitoring system adapted to the needs of the MSP Concept of SONUB and SONUC Develop and pre-test the SONU monitoring record Positioning partners with respect to the use of this information	<ul style="list-style-type: none"> - Updating the monitoring record with technical user guide (including data collection and data analysis system) - Prioritization SONUB and SONUC activities to do with the Regions - Develop an intervention mapping with the positioning of the partners - Implement the monitoring system - Assess the results 	DSfa , SIS, SR responsible for SSD (Vatovavy, Alaotra Mangoro, Boeny, Anosy, Melaky, Haute Matsiatra, Vakinankaratra, Sofia, Diana, Sava, Betsiboka, Atsimo Andrefana, Androy, Anosy, Analamanga), FNUAP, UNICEF, OMS, World Bank, AFD, Médecins du Monde, USAID (MCSP, Mikolo, Mahefa), Ordre des obstétriciens , chief doctors of the university hospitals.
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 	
Workshop to validate CHVs' curriculum on child health improving practices as part of	Develop and validate the CHV curriculum on child health improving practices as part of growth promotion	<ul style="list-style-type: none"> - Insertion of partners logos - Holding of training of trainers in the ASOTRY's intervention zones 	MSANP dont DSFa- SFP-DDS-DRS Haute Mahatsiatra-Projet FARARANO-PROJET ASOTRY-

Meetings	Objective/Meeting agenda	Next steps	Participants
growth promotion		- Training of CHVs	
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
Coordination meeting with Fararano Project	Review the possibility of collaboration between CRS and USAID Mikolo See coverage with materials and equipment for MIKOLO and Fararano (measuring rod, scale, MUAC, health cards) Identify topics on which USAID MIKOLO may train Fararano.	Development of a Memorandum of Understanding (MoU) between CRS and USAID MIKOLO → Draft developed by CRS 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.	USAID Mikolo, CRS Fararano
Coordination meeting with ASOTRY and Fararano project	Information sharing on approaches, IEC/BCC tools and management tools between ASOTRY-FARARANO and USAID MIKOLO	- Holding of periodic meetings between ASOTRY-FARARANO and USAID MIKOLO every 2 months at the central level - Holding of quarterly meetings	USAID- USAID Mikolo - FARARANO- ASOTRY

Meetings	Objective/Meeting agenda	Next steps	Participants
		<p>with implementing NGOs in common intervention areas</p> <ul style="list-style-type: none"> - Participation of USAID MIKOLO in the care-group training organized by FARARANO/CRS - Sharing of the information and management system and periodic sharing of data on services provided at the community level between the 3 parties 	
<p>TWG meeting on chlorhexidine and misoprostol extension</p>	<ul style="list-style-type: none"> - Supply in CHX 7.1% gel - Identification of support measures to the extension of misoprostol use in postpartum hemorrhage management 	<ul style="list-style-type: none"> - Delivery of the product in the country for community distribution expected in March 2015. VSC trainings in the USAID MIKOLO intervention zone will start as soon as products for the community level become available - Development of the extension strategy of MISOPROSTOL use. Compliance of USAID MIKOLO with established strategies, according to the mission entrusted to it in 	<p>DSFa- MCSP-USAID MAHEFA - USAID/MIKOLO UNFPA UNICEF – MSM – PSI</p>

Meetings	Objective/Meeting agenda	Next steps	Participants
		<ul style="list-style-type: none"> - Involvement of DGS in TWG meetings and invitation of MPH to take the TWG's lead 	
<p>Meeting with ONN regarding the nutrition village</p>	<ul style="list-style-type: none"> - Sharing of the "nutrition village" approach experimented by ONN in the Analamanga Region 	<ul style="list-style-type: none"> - Advocacy by ONN with Health-Nutrition partners on their contribution to activity under the village – Nutrition approach. USAID MIKOLO will share its approach, IEC/BCC tools and management tools, as well as experiences with VSC. 	<p>ONN- MINSANP- Ministère de l'agriculture-</p>
<p>Periodic meeting for EPI data review</p>	<ul style="list-style-type: none"> - Sharing of challenges relating to the EPI program - Sharing of routine EPI data per region 	<ul style="list-style-type: none"> - To improve the timeliness and completeness of BHC reporting with SDSP, identify BHCs with problems and ask for BHC reports that did not reach SDSP - Reinforce community participation in the referral of children who are not immunized or have not been fully immunized and the search of drop outs. 	<p>MINSANP- USAID Mikolo- UNICEF</p>
<p>National coordination</p>	<p>- Presentation of 2014 achievements</p>	<p>Strengthening of collaboration</p>	<p>DGS, DSEMR, technical</p>

Meetings	Objective/Meeting agenda	Next steps	Participants
workshop on maternal and child and reproductive health	<ul style="list-style-type: none"> - Presentation of each partner and their achievements in terms of maternal and child health - Presentation of achievements of each regional health Department (DRS) - Recommendations for DRS for 2015 	between project regional offices and DRS	partners, and donors (USAID et UN), all the DRS medical inspectors.
World Pneumonia Day	Preparation and Celebration of that Day		PSI, DSMER, MAHEFA, PNLP, USAID PMI, ASOS, DDDS, USAID Mikolo
Workshop to validate questionnaires on evaluation of economic advantages of integration of Amoxicilline to treat pneumonia	Compilation of feedbacks and validation		UNICEF, OMS, USAID, PSI, MAHEFA, DSMER, SOMAPED, DPLMT, USAID Mikolo
Meeting with CCIA (Coordination Committee intra-agency)	Presentation of Accounting and Financial Audit of the Program for strengthening Health System (RSS) and assistance to the vaccination department (SSV) funded by par Global Alliance for Vaccination and Immunization (GAVI) from January to December 2013	Validation of external audit report for fiscal year 2013 of RSS and SSV GAVI by CCIA members	USAID-MCSP-MSANP- Minister of Finance and Minister of Population SAF/FJKM- Voahary Salama-UNICEF- Ambassador of France- BAD-OMS- USAID Mikolo - JSI/Washington- MSI- MAHEFA- Cabinet MAZARS – ASOS
Annual review health	-Presentation of UNICEF planning	Strengthening the coordination	MSANP- DSMER, DEP,

Meetings	Objective/Meeting agenda	Next steps	Participants
cluster UNICEF and partners	<p>process</p> <p>-Group Presentation of major strategic areas as a response to PDSS</p> <p>-Working Group sessions :</p> <ul style="list-style-type: none"> • Review and discussion of the planning 2008- 2014 • Diagnostic of health cluster (major problems/ challenges) • Actions to overcome challenges 	aspect in the USAID Mikolo and UNICEF intervention communes to coordinate activities	DDDS, DPLMT, UNICEF, UNFPA, OMS, USAID Mikolo, PSI, SALAMA
Development workshop on the CARMMA roadmap	- Preparation of the advocacy document on CARMMA roadmap	Prevalidation workshop on CARMMA roadmap and preparation of the official launch of the campaign	MINSANP- OMS- UNICEF- UNFPA- USAID- USAID Mikolo- PSI- MCPS-MAHEFA
Prevalidation meeting of CARMMA document	<p>-Presentation of CARMMA roadmap</p> <p>- Pre validation of CARMMA roadmap of MOPH and technical and financial partners</p>	<p>-Validation de la feuille de route</p> <p>-Signature of CARMMA roadmap by the prime Minister</p>	MINSANP-UNICEF- UNFPA - OMS - USAID- USAID Mikolo - PSI- MCPS- MAHEFA- ASOS- BANQUE MONDIALE- BAD
Meeting Task Force Nutrition ANJE-NdF	<p>- Presentation of mapping of the intervention of nutrition partners (ANJE/NdF) by the SPPCM (Service de la prévention et de la Prise en Charge de la malnutrition)</p> <p>-Presentation of implementation guide of the National Politics for Community Health under the</p>	<p>-Sending the template to fill to all partners</p> <p>-December 19th 2014 : television debate on celebration of national week for maternal breastfeeding</p> <p>-Updating of legislative texts on maternal breastfeeding of Year 1962</p>	MSANP- DSMER SPPCM (Service of the Prevention of malnutrition)- Public Minister- DRSP Analamanga-UNICEF- USAID Mikolo - ONN- ORN Analamanga SEECALINE INSPC

Meetings	Objective/Meeting agenda	Next steps	Participants
	direction of the Développement des Districts Sanitaires (DDDS) -Presentation of the activities of USAID Mikolo and of the project Action Against Hunger	-Organisation of meeting to discuss CHV motivation and sustainability of activities -Next meeting of Task Force : 3rd Wednesday of March 2015	University Hospital Tsaralalàna (Pediatric) Voahary Salama- ONG ACF (Action Against Hunger)
PALUDISME			
Coordination meeting with CRS ASOTRY	Discussion focused on the implementation of c-IMCI	Share databases (list of fokontanys and CHVs in the 44 intervention communes of ASOTRY)	CRS /ASOTRY, USAID Mikolo Project
Validation workshop of IMCI-c document	Finalization and validation of the documents	- Establishing the regional pool of trainers - CSB and STs training - CHVs training	Technical team MINSANP, SSE, DRS, EMAD
Validation workshop of the community register	Harmonization of the community register based on the integrated monthly activity report		MSANP (DSFa) et partenaires techniques et financiers (USAID, UNFPA, Mikolo, MAHEFA, MSM, PSI, FISA)
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, SAF/FJKM
	Sharing of the topic of the WMD celebration and activities planned in relation with partners	Budgeting of activities Development of relevant messages Validation of messages Development of materials identified	DLP, UNICEF, PACT, MAHEFA, USAID Mikolo, SIEC, PSI, HOMEOPHARMA
Monthly meeting of GAS/PMI on health	Monitoring of the distribution and	Regular monthly meeting Conducting of joint supervision	DLP, MAHEFA, PSI, USAID Mikolo

Meetings	Objective/Meeting agenda	Next steps	Participants
inputs	consumption of RDTs and ACT inputs	PSI-USAID MIKOLO and DELIVER April 2015	
Meeting on the MALARIA OPERATIONAL PLAN (MOP) with USAID and its projects	Identify activities to be implemented in fiscal year 2016		USAID/PMI, IPM, PSI, MAHEFA, USAID Mikolo, MCDI,
Periodic meeting of the PMI BCC working group	<ul style="list-style-type: none"> - Review of new contexts in activities against malaria and BCC: next campaign LLINs, IRS next campaign diversions. - Malaria data harmonization 	Participate in the BCC Working Group / PMI regular meeting	SCOM / DLP, PSI, Abt Associates, MAHEFA, Peace Corps, USAID / PMI, USAID Mikolo project, Blue Ventures / PHE Network Madagascar.
	<ul style="list-style-type: none"> - 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.
	Information on LLIN campaigns	<ul style="list-style-type: none"> - 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
GROUPE DE TRAVAIL USAID			
GENDER working group	- Development of gender image box	- Filling the canvas on Gender image box and send it to Mahefa'	USAID, CARE, MAHEFA,

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	<ul style="list-style-type: none"> - Mapping of interventions: - Presentation of the first draft of the concept note for celebration of March 8th 2015 	<ul style="list-style-type: none"> - Filling the form for "Mapping gender intervention" and send it to USAID MIKOLO for compilation of information - Feedbacks to be sent to CRS 	<p>CRS, Mikolo, intraHealth/PSI</p>
	<p>Preparation of the world day for girl</p>	<p>Date to define and communicate</p>	<ul style="list-style-type: none"> • Peace Corps. • CCC et Communication Officer / MAHEFA • PF /SR, Genre, PSI/M. • Mikolo • Youth First. • UNDP. • IntraHealth International/PSI • Programme Santé des Jeunes, Ministère de la Jeunesse et Loisirs.
<p>Meeting with PSI</p>	<p>Information on the existence of demand creation kit</p>	<p>Using I-Kit tools for strategy development</p>	
	<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": 	<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 	

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	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)	collaboration between MIKOLO and PSI/M - Send a presentation on the bonus system (collective bonus? Bonus for household?) Identify the budget available for the listening group -Send the list of 19 communes	

