

USAID | MIKOLO Quarterly Progress Report

Period: October 1 – December 31, 2015

John Yanulis

January 29, 2016

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

[Primary health care – USAID – Community health services]

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USAID Mikolo Project
Quarterly Progress Report
Period: October 1 to December 31, 2015



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LIST OF ACRONYMS

ACT	Artemisinin-based Combination Therapy (for the treatment of malaria)
ANC	Antenatal Care
ARI	Acute Respiratory Infection
ASOS	<i>Action Socio-sanitaire Organisation Secours</i>
BCC	Behavior Change Communication
CCDS	Health Development Communal Commission, <i>Commission Communale de Développement de la Santé</i>
CCH	Commune Champion of Health, <i>Kaominina Mendrika Salama</i>
CHV	Community Health Volunteer
CHX	Chlorhexidine (for newborn umbilical cord care)
COSAN	Health Committees, <i>Comités de Santé</i>
CRS	Catholic Relief Services
CSB	Basic Health Center, <i>Centre Santé de Base</i>
CSLF	COSAN Saving and Loan Fund
DDS (2DS)	Health Districts Directorate, <i>Direction des Districts Sanitaires</i>
DHIS	District Health Information Software
DLP	Direction for the Fight Against Malaria, <i>Direction de la lutte contre le paludisme</i>
DMPA	Depo Medroxyprogesterone Acetate / Depo-Provera™ (Family planning injection)
DMT	District Management Team
DRS	Regional Health Directorate, <i>Direction Régionale de la Santé</i>
DSFa	Direction for Family Health, <i>Direction de la Santé Familiale</i>
FA	Field Agent
FCH	Fokontany Champion of Health, <i>Fokontany Mendrika Salama</i>
FP/RH	Family Planning and Reproductive Health
FY	Fiscal Year
HCH	Household Champion for Health, <i>Ankohonana Mendrika Salama</i>
IPE	Individual Performance Evaluation (of CHVs)
IPTp	Intermittent Preventive Treatment in Pregnancy
ITEM	<i>Institut de Technologie de l'Education et du Management</i>
ITN	Insecticide-treated Nets
LAPM	Long-Acting and Permanent Methods
M&E	Monitoring and Evaluation
MCHW	Maternal and Child Health Week
mHealth	Mobile Health Technology
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
Q	Quarter
PACO	Self-Evaluation Process for Organizational Capacity, <i>Processus d'Auto-évaluation des Capacités Organisationnelles</i>
PSI	Population Services International (USAID-funded social marketing program)
RDQA	Routine Data Quality Assessments
RDT	Rapid Diagnostic Test (for malaria)
RHD	Regional Health Directorate
RO	Regional Office
SILC	Saving and Internal Lending Community

ST	Support Technicians
TM	Technical Manager
T-SILC	SILC Technician
USAID	U.S. Agency for International Development
WASH	Water, Sanitation, and Hygiene
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)* 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.

During the first quarter (Q1) of fiscal year (FY) 2016, the USAID Mikolo Project strengthened its partnership with the Ministry of Health (MOH) at central and district levels in the eight target regions while implementing its core program to reduce maternal, child and infant mortality.

Significant results of this quarter include:

Sub-Objective 1: Develop sustainable systems, capacity and ownership among local partners

- 24 members of NGOs, 198 support technicians (ST) and supervisors were trained in Leadership and Management.
- 183 SILC groups have been formed. 63% of members are women.
- Past performance of the 11 NGO partners was evaluated, before awarding new grants for the next six months.
- 14 members of the USAID Mikolo Project regional offices benefited capacity strengthening in training techniques.

Sub-Objective 2: Increase the availability and access to basic health care services in project target communes

- The project has reached 21,156 new users and 87,999 regular users with family planning services. With the results achieved to date, 33% of the FY 2016 target has been reached. In addition, 2,649 clients were referred for long-acting and permanent methods (LAPM).
- 27,148 children under five with fever received rapid diagnostic tests (RDT). Among them, 48% tested positive for malaria, and 62% of those were treated with Artemisinin-based Combination Therapy (ACT).
- 16,816 children under five received treatment for pneumonia, achieving 32% of the FY 2016 target. Community health volunteers (CHVs) have demonstrated improved skill in the use of a stopwatch to calculate respiratory rate for the diagnosis of pneumonia, particularly as a co-infection with malaria.
- 7,912 children under five were treated for diarrhea, 32% of the annual target.
- 2,271 CHVs were trained to provide chlorhexidine to pregnant women for the care of the umbilical cord after birth.
- 176,029 children under five received growth monitoring services.
- CHVs referred 10,766 children to health centers for serious illness, reaching 83% of the annual target.

- However, results for neonatal and obstetric emergency referrals are lower, reaching 17% of the annual target for neonatal emergency referrals and 13% of the target for obstetric emergencies. The reporting of such referral cases is a challenge for CHVs. The project will conduct an investigation to determine the root of that problem.
- Referrals for antenatal care (ANC) for pregnant women reached 26% of the annual target.

Sub-Objective 3: Improve the quality of basic health services at community level

- The CHV monthly reporting rate was 88% for the quarter.
- 4,516 of 5,100 total CHVs (89%) received a supervisory visit on site during the quarter.
- 91% of CHVs participated in monthly *Comités de Santé* (COSAN) meetings

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

- 5,611 radio spots were broadcast during first quarter, reaching 43% of the annual target. This is due in part to the support of the project during the various campaigns organized by the Ministry of Health (MOH).

During Q2 of this fiscal year, the USAID Mikolo will migrate to DataWinners to DHIS2 (interactive database) to facilitate access, analysis, and decision-making at all levels. Therefore, during this first quarter, the monitoring and evaluation (M&E) team focused on the operationalization process of DHIS2. 202 NGO staff were trained on using this platform to they can perform analysis and use data for decision making.

INTRODUCTION

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

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

The purpose of the USAID Mikolo Project is to increase the adoption of community-based primary healthcare services and healthy behaviors. The project has developed the following four sub-objectives:

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

To improve the lives of the poorest and most vulnerable women, youth, children, and infants, the project uses a community-based approach incorporating strategies to reduce gender inequality and maximize sustainability. By empowering the Malagasies to adopt healthy behaviors and ensuring their access to integrated family planning (FP), reproductive health (RH), maternal, newborn and child health (MNCH), and malaria control services, and by actively involving the civil society, the USAID Mikolo Project will help Madagascar return to the path of health and development.

The project emphasizes the involvement and development of NGOs, community organizations and a team of community health volunteers (CHV) providing quality services and serving 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 local institutions to play their role in implementing the National Community Health Policy (sub-objective 1); increases the capacity of CHVs to offer a range of primary health care services, (sub-objective 2); implements a quality improvement system (sub-objective 3) and behavior change communication (BCC) activities (sub-objective 4) to encourage Malagasies to adopt healthy behaviors and ensure their access to services compliant with norms and standards.

Several interventions proved to be effective during fiscal year (FY) 2015 and constitute the basis of project interventions during FY 2016. These include a renewed commitment with the public sector through the dissemination and implementation of the National Community Health Policy (NCHP), the project expansion to three new regions, and the introduction of innovative services such as pregnancy tests, Sayana Press, chlorohexidine, and misoprostol. During FY 2015 the project also began the transition to a data collection software program, DataWinners, and DHIS2. FY 2015 was

also the first year in which multi-year grants were awarded under the project to 11 local NGOs for implementing community health activities.

Our strategies for the FY 2016 work plan rely on previous achievements/shortcomings, reflected in our updated monitoring and evaluation plan and in the results of our quarterly and annual reports.

During FY 2016, the project will build upon the last two years' achievements, including the improvement of the technical and organizational capacity of subsidized local NGOs and the motivation of implementing partners to support the development of community health volunteers (CHVs) into efficient and versatile health agents. The project will strengthen and expand its cooperation with the public sector, and, by working with district management teams (DMT) and heads of the health centers (CSB), it will promote the implementation of community activities, striving for CSB ownership of the training and supervision of CHVs. The project will improve the quality of care and data collection by developing and managing a new mHealth application for CHVs. We will consolidate our initiatives on gender and youth-focused activities and the Household Champion of Health (HCH, Ankohonana Mendrika Salama), Fokontany Champion of Health (FCH, Fokontany Mendrika Salama) and Commune Champion of Health (CCH, Kaominina Mendrika Salama) certifications, which constitute the foundation of the Mikolo approach for behavior change. The implementation of our Behavior Change Communication (BCC) strategy and the dissemination of BCC supporting documents prepared during FY 2015 are also planned under the project.

The project will also strengthen data quality assurance at all levels with the implementation of DHIS2 and the use of data for evidence-based decision making with the implementing partners, including the NGOs, the public sector (districts and CSB) and the communities. Systematic supervision and quality assurance will be strengthened at all levels (central, regional, NGO, district, CSB, CCDS/COSAN and CHV) to continue to improve and maintain the quality of community-based interventions. Another highlight of FY 2016 will be the graduation of implementing NGOs, in particular the transition of two NGOs to the status of potential direct USAID funding recipients at the end of the year.

The USAID Mikolo Project also recommends efficiency strategies for a wider impact this coming year. In FY 2016, the project is phasing out from six communes in the Marolambo district, Atsinanana region, for the safety of our staff and of the implementing NGOs in charge of managing and supervising local activities. In addition to logistics and accessibility issues, two main factors account for this decision taken together with the USAID COR, who approved the 2016 annual work plan, namely, safety and cost to results ratio. The extremely difficult 100 kilometer-drive from Mahanoro to Marolambo to perform an activity takes *five* days and the return trip takes another *five*. The project staff and the partner NGOs are exposed to dangers while traveling. The safest mode of transport would be to rent a plane, which would be very expensive for the project in the next few years. Because of this, it is also difficult to plan a difficult emergency evacuation, if needed. In addition, because the project staff cannot make frequent visits to the communes in this district, the quality of services, supervision, and data reported by the CHVs may not be sufficiently reliable.

The USAID Mikolo Project also proposed, again for efficiency purposes, to rationalize activities in the Ifanadiana district (in eight intervention communes) in the Vatovavy Fitovinany region, in order to avoid service redundancy. The NGO "PIVOT" offers the same set of community health care services

as the USAID Mikolo Project in this district. The USAID Mikolo Project would have a greater impact if project resources were assigned to other communes which do not already benefit from such services.

As a result, the project will select 6 new communes in other regions to replace those in the Marolambo districts from which the project intends to withdraw. This activity will be carried out in cooperation with USAID, the Regional Health Directorate (*Direction régionale de la santé*, DRS) and the District Health Service. The USAID Mikolo Project staff will continue to carry out activities in a total of 506 communes, as required in its contract.

The USAID Mikolo Project also opens new positions during FY 2016. To ensure high-quality interventions in the Analamanga region, the project will recruit a regional coordinator. It will also seek to recruit a specialist to coordinate and implement the new mHealth-related activities.

As specified in the work plan description for the project's third year and as detailed in the timeline and budget, the project will continue and build upon ambitious and effective strategies that had a significant impact during the first two years of its implementation.

This report covers project achievements during the first quarter of FY 2016 in the 506 intervention communes.

RESULTS

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

Summary of Results

This quarter, the Communal Health Development Commissions (CCDS) and Health Committees (COSAN) initiated the process of ensuring the sustainability of community activities. Three situational analysis meetings were held in 3 sample communes. Recommendations will emerge at the end of these analyses and the results will be shared once the report has been issued.

Activities to create village Saving and Internal Lending Community (SILC) groups continued (183 new groups established, i.e. 27% of the annual target), as a preliminary step in order to establish COSAN Saving and Loan Funds (CSLFs) later in the year.

For the purposes of NGO graduation near the end of this fiscal year, the process began to develop graduation criteria, and will continue in Q2. Performance evaluations were conducted for current NGO grant recipients, and the results will be compiled and shared at the beginning of Q2. In regards to NGO capacity strengthening, 24 NGO members (54% of the objective) received training on the preparation of successful funding applications; and 198 members improved their knowledge and skills in management and leadership, i.e. 69% of the objective.

In addition, 14 project employees (regional office staff) strengthened their capacity to conduct training. District Management Team (DMT) -related activities are planned for Q2.

Results

1.1. Strengthening COSANs and CCDSs

- 506 communes have established a communal decree for the creation of COSANs and CCDSs.

N	INDICATOR	FY2016 TARGET	Q1 RESULT	% ACHIEVED
1.1	Number of Communes with functioning COSANs	506	N/A	N/A
1.2	Number of Communes with functioning CCDSs	506	N/A	N/A

Three criteria define CCDS and COSAN as being functional: they are officially implemented through a communal decree, at the level of communes; they have developed a Health Action Plan, which is updated at least every 6 months; and they hold regular meetings supported by systematic reports. The meetings to review action plans for FY 2016 will not take place until the beginning of the second quarter. It should be noted that the evaluation of the COSAN and CCDS functional criteria is conducted yearly, mainly for organizing meetings and semi-annual updates of action plans.

A CCDS/COSAN situational analysis was conducted in three sample communes: Mangily (South-West), Vohipeno (East Coast) and Betafo (Central Highlands) in December 2015. The objective of this analysis was to identify the opportunities and challenges of CCDSs/COSANs in fulfilling their roles

according to the National Community Health Policy (NCHP). In addition, this analysis is also intended to provide recommendations for ensuring the sustainability of CCDS/COSAN activities. These recommendations will be among the topics on the agenda of the semi-annual meetings for CCDS/COSAN action plan monitoring. The results of this situational analysis will be shared with USAID once the report is written.

Next steps:

- Analysis and summary of the results of the CCDS/COSAN situational analysis at the beginning of the second quarter (Q2).
- Collection and analysis of action plan data during Q2.
- Semi-annual meeting for CCDS/COSAN action plan monitoring.
- Monitoring CCDS/COSAN activities starting in Q2.

1.2. Creation of Saving and Internal Lending Communities (SILC)

- **The CSLF implementation process is ongoing**
- **183 SILCs established; 63% of its members are women**

N	INDICATOR	FY2016 TARGET	Q1 RESULT	% ACHIEVED
1.4	Number of COSAN savings and loans funds (CSLF) established	16	N/A	N/A
1.5	Number of Saving and Internal Lending Community (SILC) established at the community level	684	183	27%
1.6	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)	60%	63%	103%

According to the Annual Work Plan approved by USAID, the implementation of CSLFs is planned for the third quarter of fiscal year 2016. The CSLF implementation process is supported by the creation of SILCs, of which CHVs are members for one cycle. This is intended to familiarize them with the saving and lending mechanisms. SILCs were created during FY 2015 and the cycle will close by the end of Q2 of this fiscal year.

A total of 183 SILCs have been established, which represents 27% of the annual objective. The rollout is on track to meet the annual target. It should be noted that SILC implementation is one of the tasks performed by Field Agents (FAs), who are supported by SILC Technicians (T-SILC). These Field Agents were recruited and trained during FY 2015.

Of the SILC members, 63% are women; the objective set for FY 2016 was exceeded by 3% among current membership. The indicator result shows it is on the right track and is expected to meet the annual objective. Women are increasingly motivated to join SILC groups because of community awareness activities aimed at women, often through platforms such as current women's groups. Awareness activities are carried out through traditional chiefs and community leaders to promote the participation of women in SILCs.

Next steps:

- Strengthening T-SILC and FA competence during Q2.
- Strengthening awareness activities to maintain the women's participation in SILCs.

1.3. Grants for Local NGOs

- 11 partners implementing NGOs were evaluated for their past performance before new grants were allocated for implementation of project activities in the next 6 months.

N	INDICATOR	FY2016 TARGET	Q1 RESULT	% ACHIEVED
1.7	Number of NGOs eligible to receive direct awards made by USAID	2	N/A	N/A
1.8	Number of local NGO awarded grants	11	N/A	N/A

NGO graduation will be done as late as FY 2016 Q4. However, in this first quarter, we have begun the development of NGO graduation criteria. This activity will continue during Q2, the criteria will be validated during Q3 and the actual selection will be made in Q4.

During FY 2015 the USAID Mikolo Project awarded grants to eleven (11) local NGOs operating in 14 areas encompassing 506 communes. The first twelve-month grant agreements came into effect in March 2015. The USAID Mikolo Project plans to renew the grants for another year in March 2016, based on the performance evaluation results for each NGO. Evaluation criteria were developed by the project and validated by USAID. The evaluation was conducted in December 2015. The results will be shared with USAID and the NGOs in February 2016.

Next steps:

- Completing and validating NGO graduation criteria during Q2-Q3.
- NGO graduation during Q4.
- Sharing performance evaluation results in February 2016.
- Finalizing the terms of reference for NGOs (intervention areas, budget outline, contract documents) starting March 2016.

1.4. Increasing the Technical and Institutional Capacity of Local NGOs

- 24 NGO delegates attended competence strengthening training on how to prepare a successful application
- 198 support technicians and supervisors from NGOs attended refresher training courses

N	INDICATOR	FY2016 TARGET	Q1 RESULT	% ACHIEVED
1.3.2	Number of people (NGO) trained with increased Leadership and Management knowledge and skills	44	24	55%
	male	29	13	45%
	female	15	11	73%
1.3.3	Number of people (TA and supervisor) trained with increased Leadership and Management knowledge and skills	288	198	69%
	male	181	119	66%
	female	107	79	74%

Twenty four staff members of the local partner NGOs (i.e. 55% of the target) attended a capacity strengthening training course on how to prepare a successful application for funding, and how to respond to a USAID request for proposals from local NGOs. Another training is scheduled for quarter 4 and the topic will be defined according to the needs identified at the end of the Self-Evaluation Process for Organizational Capacity (PACO).

NGO Support Technicians (ST) and their supervisors, 198 in total, attended refresher training courses on how to lead a training session and on training topics related to the project intervention areas; this represents 69% of the annual target. A new refresher strategy was adopted, a group coaching session for each NGO, integrating the various topics relevant to their work on the project.

The lessons learned on the basic management and leadership training of CCDS/COSAN members were strengthened by the simulation of transaction methods they utilize with other community players and on relationship management, which allows them to cope with the daily challenges associated with their tasks.

Next steps:

- Management and leadership training for NGO representatives at the end of Q2.
- New ST training around the end of Q2 – beginning of Q3.

1.5. Strengthening the Leadership Capacity of District Management Teams (DMT)

N	INDICATOR	FY2016 TARGET	Q1 RESULT	% ACHIEVED
1.3.4	Number of people (EMAD) trained with increased Leadership and Management knowledge and skills	148	N/A	N/A
	male	83	N/A	N/A
	female	65	N/A	N/A

This activity is scheduled for Q2.

1.6. Strengthening the Training Capacities of the USAID Mikolo Project Staff

- **14 members of the USAID Mikolo Project technical staff attended a capacity building course on training techniques**

Fourteen regional technical staff members of the project benefited from a capacity building course focusing on training techniques. This training was included in the refresher sessions for NGO technicians and supervisors. In addition, a “Tantsoroka” technical support sheet on how to lead and organize training courses has been sent to all the staff members of the USAID Mikolo Project.

Next steps:

- Strengthening the capacity of the central-level technical and administrative staff of the USAID Mikolo Project in terms of leading and organizing training courses at the beginning of Q2.

1.7. Coordination and Monitoring of Regional Activities

The activities carried out by regional offices during this first quarter were mainly focused on the following:

- Coordinating the implementation of project activities. A coordination meeting of the regional offices took place, presided by the Regional Field Manager. In addition, regional offices held monthly coordination meetings with the technical managers (TM) and ST supervisors (STS) of the partner implementing NGOs. The purpose of these meetings is to analyze monthly achievements and plan the activities for the next month.
- Supervising of staff responsible for implementation (ST and supervisor). Initially, this activity could not be carried out in all the regions because it overlapped with other activities requiring regional office staff participation.
- NGO activity monitoring was performed through the analysis of activity dashboards and NGO weekly reports. CHV monitoring visits and routine evaluation activities of data quality were conducted by the Regional Office (RO) team. However, using the information collected during these visits is still a significant challenge for ROs. To overcome this challenge, strengthening of the central team support is planned from Q2.
- In terms of project representation and visibility, the ROs supported (technically and financially) the various campaigns organized by the MoPH, such as MCHW (Maternal and Child Health Week) and FAV Polio, and the various events taking place in their areas (malaria cases in Atsimo Andrefana, participation in the International Volunteer Day, preparation of the national CHV day).

Next steps:

- Annual regional office review at the beginning of Q2. One of the objectives of this review is sound planning, taking into account the various activities in the field.
- Hiring and providing orientation to the Regional Coordinator for Analamanga for the coordination of activities with the implementing NGO.
- Creation of Regional Steering Committees for the project consisting of the project's central and regional team members. This committee will be in charge of supporting and supervising regional offices monitoring the implementation of project activities in the field. This will be an opportunity to make sure the players are monitored.
- Updating activity monitoring tools so that they can provide support in an in-depth analysis and effective decision-making.
- Prioritization of RDQAs (Routine Data Quality Assessments) to ensure reliable data.
- Identification of actions to be carried out by ROs to increase the project visibility in the intervention communes.

SUB-OBJECTIVE 2: INCREASE THE AVAILABILITY OF AND ACCESS TO BASIC CARE SERVICES IN THE PROJECT'S TARGET COMMUNES

Summary of results

During this first quarter, the project continued to supervise the CHVs so that they could offer primary healthcare services that meet the standards. Innovative themes, such as the use of Chlorhexidine (CHX) for umbilical care, the use of pregnancy tests and the introduction of Sayana press as an injectable contraceptive method were given to the CHVs. Moreover, in order to avoid product stock-outs and manage efficiently their service delivery sites, CHV training on product logistics and community site management was organized beginning this quarter.

The results in the tables below show a significant impact of the activities on the target population.

Results

2.1. REPRODUCTIVE HEALTH AND FAMILY PLANNING

N	INDICATOR	FY2016 TARGET	Q1 RESULT	% ACHIEVED
2.1	Number of additional USG-assisted community health workers (CHWs) providing Family Planning (FP) information and/or services during this year	1,380	N/A	N/A
	male	635	N/A	N/A
	female	745	N/A	N/A

Training for the additional CHVs, who are CHV Children, is planned to begin in Q2.

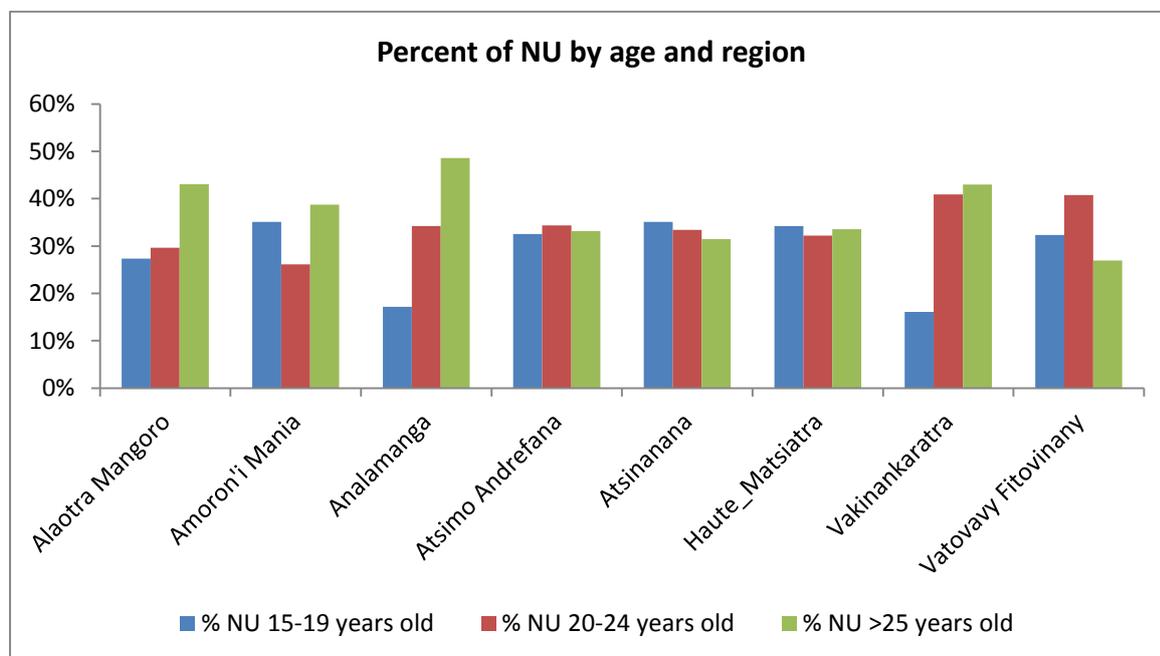
- **23,228 couples protected**
- **21,156 new users (NU) of family planning (FP) methods during this quarter**
- **87,999 continuing users (CU) of FP methods**

N	INDICATOR	FY2016 TARGET	Q1 RESULT	% ACHIEVED
2.2	Couple Years Protection (CYP) in USG supported programs	69,500	23,228	33%
2.3	Number of new users of FP method	70,500	21,156	30%
	NU 15-19 years		6,716	
	NU 20-24 years		7,179	
	NU 25 years or older		7,261	
2.4	Number of continuing users of FP method	94,000	87,999	94%
	CU 15-19 years		17,445	
	CU 20-24 years		27,475	
	CU 25 years or older		43,079	

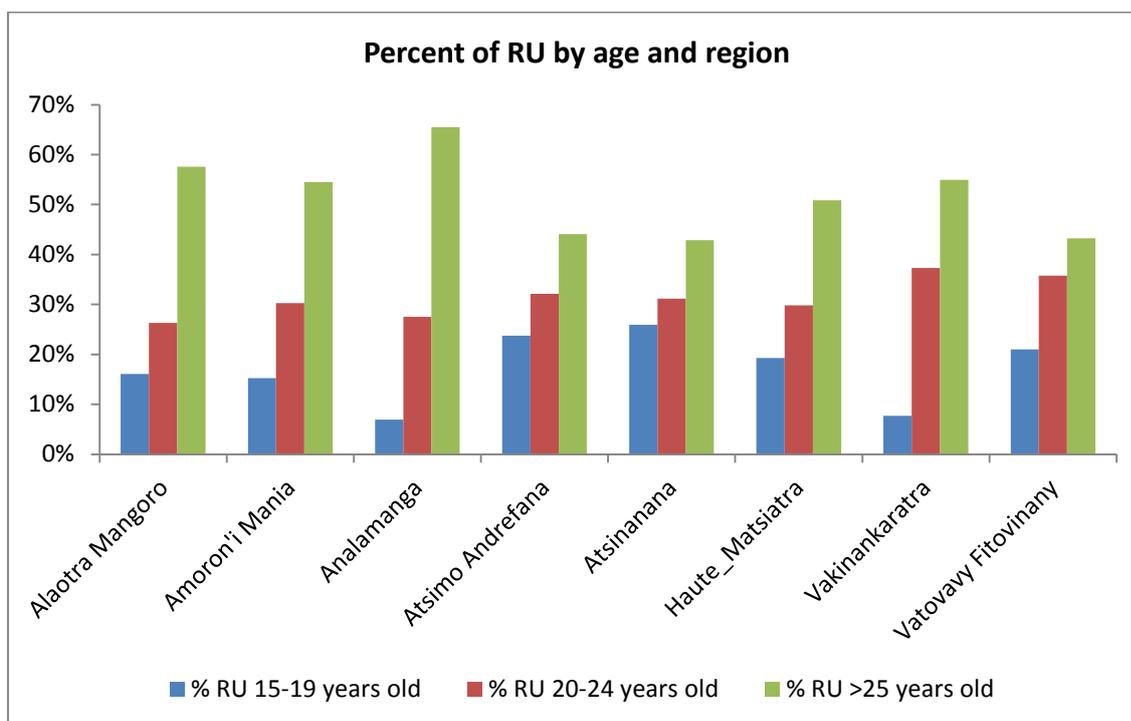
During this first quarter, the results of the indicators related to the delivery of FP services (CYP, NU and CU) by the CHVs are well on their way to reaching the annual targets, reaching 33% of the objective for CYP, 30% for NU and 94% for CU, respectively.

The results by region have shown that one third of the CUs are NUs, and that 66% of the NUs and 51% of the CUs are young people between the ages of 15 and 24 years. One of the reasons for these achievements has been introducing pregnancy tests at the CHV level. The pregnancy tests are used to avoid missed opportunities to provide services. It has been observed that since these pregnancy tests became available to the CHVs, the latter have actively looked for people lost to treatment. Likewise, the CHVs have raised awareness regarding FP to 188,840 people through 27,775 awareness raising activities. Another possible explanation for these strong results is the provision of schedules to the CHVs, which has made RU counting easier. During this first quarter, 63% of the CHVs received these tools. Likewise, CHV supervision as well as follow-up on FP data reporting were strengthened.

The graph below shows the difference between the regions regarding the breakdown of NUs by age bracket. In the Vatovavy Fitovinany region, the percentage of NUs is primarily concentrated in the 15 to 24 year age bracket. For Amoron'i Mania, the percentage of NUs in the 15-19 year and > 25 year age brackets is approximately the same. For all 8 project intervention regions, it has been observed that 66% of NUs are young people between the ages of 15 and 24 years.



51% of CUs are young people between the ages of 15 and 24 years.



Next steps:

- Strengthening CHV supervision.
- Providing all of the CHVs with FP schedules.
- Holding refresher training sessions on the use of schedules during supervision visits.

➤ **2,649 clients referred for long-term FP methods**

N	INDICATOR	FY2016 TARGET	Q1 RESULT	% ACHIEVED
2.7	Number clients referred and seeking care at the nearest health provider by CHW for LAPMs	9,079	2,649	29%

A total of 2,649 clients were referred for long-term FP methods, i.e., 29% of the annual target. The objective has been reached for this first quarter and is well on its way to reaching the annual objective.

Next steps:

- Strengthening the coordination of CHV activities with MSM (Marie Stopes Madagascar).
- Organizing a meeting with MCSP on the feasibility of collaborating with them regarding long-term FP methods referrals.
- Organizing periodic coordination meetings with the other entities that have activities focused on long-term FP methods.

2.2. MATERNAL, NEWBORN AND CHILD HEALTH (MNCH)

N	INDICATOR	FY2016 TARGET	Q1 RESULT	% ACHIEVED
2.13	Number of people trained in child health and nutrition through USG-supported programs	2,000	N/A	N/A
	male	960		
	female	1,040		
2.24	Number of CHVs who received refresher training	3,300	N/A	N/A
	male	1,584		
	female	1,716		

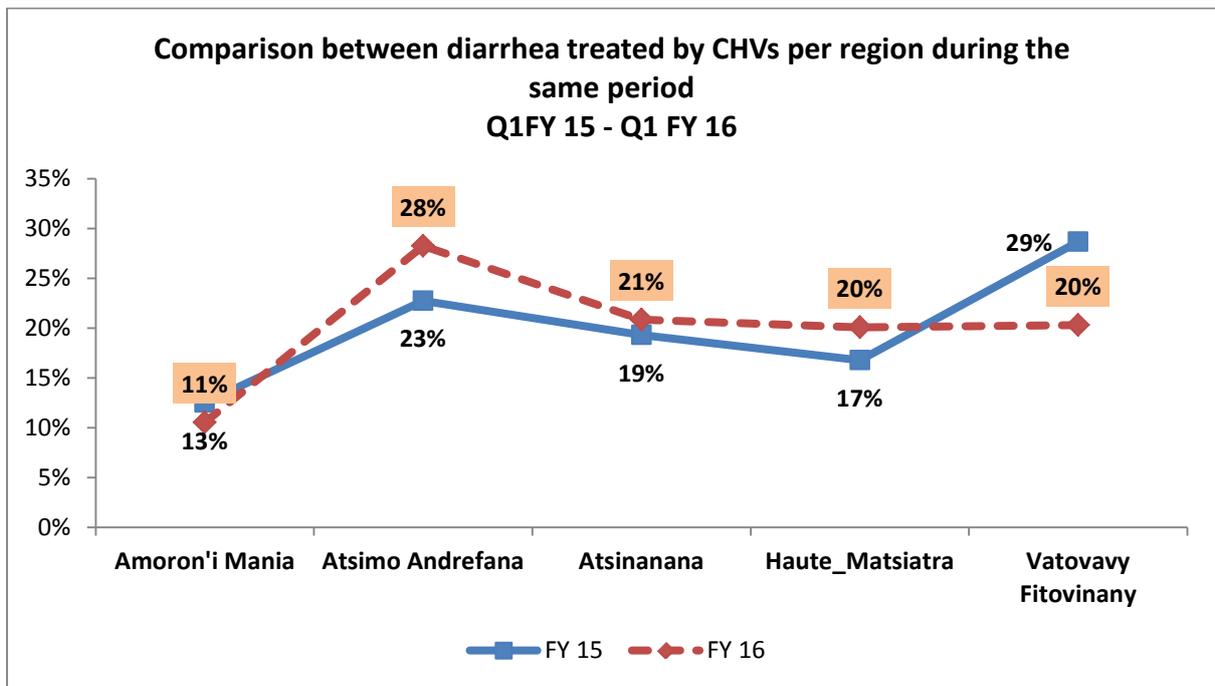
Training and refresher training sessions for the CHVs are planned during Q3.

- **7,912 children under the age of five treated for diarrhea**
- **16,816 children treated for pneumonia.**

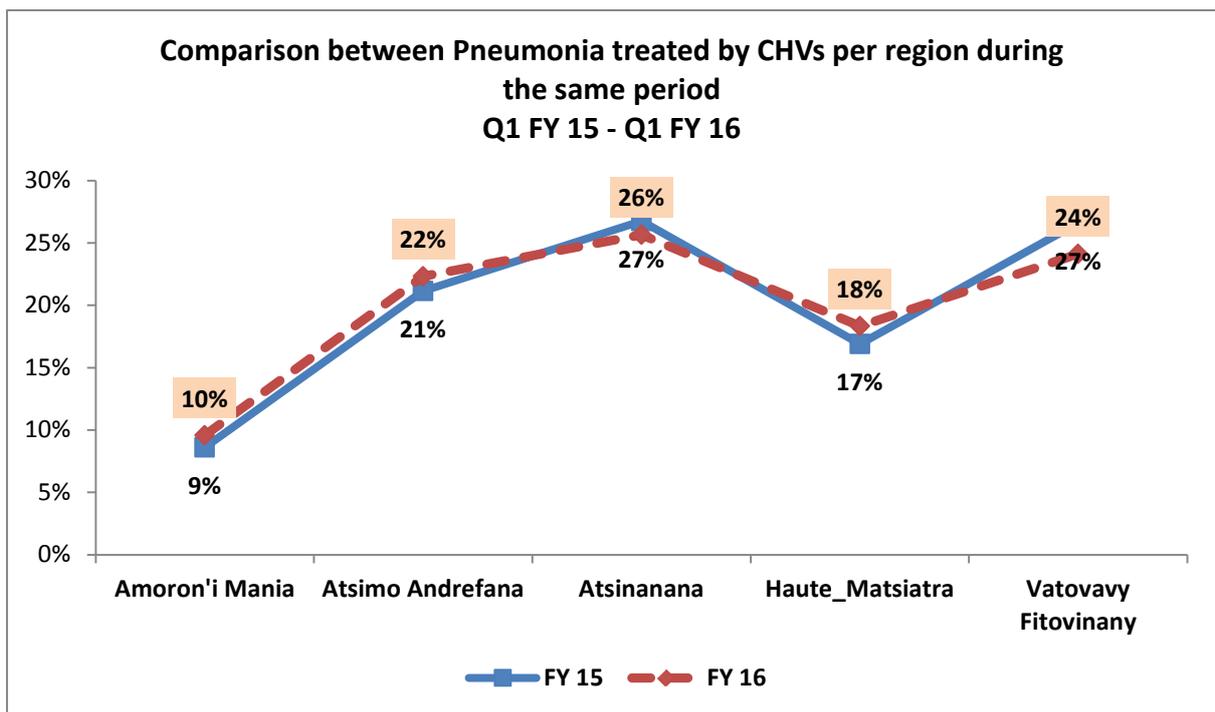
N	INDICATOR	FY2016 TARGET	Q1 RESULT	% ACHIEVED
2.14	Number of children under five years old with diarrhea treated with Oral Rehydration Therapy (ORT)	25,100	7,912	32%
	male	12,048	3,774	31%
	female	13,052	4,138	32%
2.15	Number of children with pneumonia taken to appropriate care	52,095	16,816	32%
	male	25,006	7,942	32%
	female	27,089	8,874	33%

The expected results for Q1 regarding diarrhea and pneumonia management using antibiotics have been marginally exceeded. Four regions are deeply affected by these two illnesses: Atsimo Andrefana, Vatovavy Fitovinany, Atsinanana and Haute Matsiatra.

The graphs below show a comparison of diarrhea and pneumonia cases managed by the CHVs for the same quarter between Q1 FY 2015 and Q1 FY 2016, by region. One can see that for the same period, the percentage of cases of diarrhea by region remained approximately unchanged, except for the Atsimo Andrefana region, which saw an increase for FY 2016.



The trend for the treatment of cases of pneumonia during Q1 FY 2015 and FY 2016 is the same in all 8 project intervention regions.



At the beginning of this FY 2016, the USAID Mikolo Project promoted optimal management for acute respiratory tract infection (ARI) cases, and more particularly for cases of pneumonia.

A workshop mobilizing all players (CHVs, health centers, district hospital centers, regional hospital centers of reference, NGOs, and the private sector) was held during World Pneumonia Day. Furthermore, a typhoid-malaria co-infection was recently discovered in the Toliara II district and warrants special attention.

Next steps:

- Implementing the action plan to combat pneumonia developed during the partners' workshop in the Vatovavy Fitovinany region.
- Supporting the MoPH in introducing amoxicillin 250mg DT as treatment for cases of pneumonia at the community level beginning in Q2.

➤ **202 newborns received umbilical care using Chlorhexidine**

N	INDICATOR	FY2016 TARGET	Q1 RESULT	% ACHIEVED
2.17	Number of newborns who received umbilical care through the use of chlorhexidine	15,065	202	1%

The FY 2016 objective has not yet been met (1% achievement of the annual target) regarding the number of newborns who received umbilical care using chlorhexidine (CHX). CHV training on the use of CHX only began in November 2015 (2,271 CHVs trained) and the products were available to them at the end of the training sessions. The project is confident that this objective will be achieved by the end of FY 2016.

It should be noted that CHX activities are being implemented in collaboration with PSI Madagascar. The product (CHX) and the BCC tools (advice cards, posters, flyers, job aids) are provided by PSI. The training sessions, follow-up, and supervision of the CHVs are implemented by the USAID Mikolo Project.

Next steps:

- CHV supervision. The supervision sessions will be an opportunity for chefs CSB and STs to remind the CHVs of the activities to carry out to promote CHX use in newborns.
- Follow-up on the availability of CHX from the community procurement points (PP).
- CHV training until Q3 (currently active CHVs and new CHVs).

➤ **176,029 children received growth monitoring and nutrition services**

N	INDICATOR	FY2016 TARGET	Q1 RESULT	% ACHIEVED
2.16	Number of children reached by USG-supported nutrition programs (Number of children under five years registered with CHVs for Growth Monitoring and Promotion (GMP) activities)	572,224	176,029	31%
	male	274668	82,219	30%
	female	297,556	93,810	32%

During the first quarter, 31% of the annual objective for this indicator was reached. Maternal and Child Health Week (MCHW), which took place in October 2015, contributed to exceeding the quarterly objective. One of the major activities conducted during this event is malnutrition screening, which increases the growth monitoring and promotion (GMP) activities conducted by the CHVs.

Furthermore, the other USAID projects working in the field of food security (ASOTRY and Farorano) involve the CHVs in their GMP activities.

Next steps:

- Integrated monitoring and supervision of the CHVs.
- **6,462 women referred to health centers for prenatal care**
- **749 referred cases of neonatal emergencies**
- **388 women referred to and seeking emergency obstetrical care**
- **10,766 children referred to and seeking care for serious illnesses**

N	INDICATOR	FY2016 TARGET	Q1 RESULT	% ACHIEVED
2.20	Number ANC clients referred and seeking care at the nearest health provider by CHV	25,212	6,462	26%
2.21	Number cases referred and seeking care at the nearest health provider by CHW for neonatal emergencies	4,520	749	17%
2.22	Number cases referred and seeking care at the nearest health provider by CHW for obstetric emergencies	3,051	388	13%
2.23	Number cases referred and seeking care at the nearest health provider by CHW for severe illness episodes (CU 5 years)	13,038	10,766	83%
	male	6,258	5,138	82%
	female	6,780	5,628	83%

The quarterly objective was met for referral of pregnant women to health centers for antenatal care (ANC); the CHVs are very experienced with this activity.

CHV referrals for cases of neonatal and obstetrical emergencies still remain a major challenge (annual objectives 17% and 13% met, respectively). This may be a result of the awareness raising activities conducted by the CHVs regarding the detection of danger signs in pregnant women and newborns. It is possible that, given the urgency of these cases, families go directly to the health outposts. When CSB data are available, the Project will investigate the correlation between these referrals and an uptake in case management at the CSB level. Furthermore, the emergency health evacuation system is not yet in place in all intervention fokontany of the project.

Concerning referrals for cases of serious illness in children under five to health centers, the results greatly exceeded the objectives. In fact, the ACT stock-outs at the CHV level prompted the CHVs to refer children with cases of simple malaria to acquire ACT from the health center. A change in the procurement system for the CHVs to obtain ACT caused ACT stock-outs at the CHV level. Currently, the CHVs must obtain these supplies from the health centers. In some cases, it has been observed that chefs CSB refuse to supply the CHVs. To resolve this, the project has distributed a letter from Central MoPH notifying the health centers, to which the CHVs are attached, of this change. Children under five referred to take ACT have been considered severe cases of illness, as without treatment these children will become much sicker, or could even die.

Next steps:

- Strengthening the referral and counter-referral system for the CHVs.
- Following up on the availability of products (ACT) at the level of CHVs.
- Community mobilization to establish a functional health evacuation system at the fokontany level.

2.3. MALARIA

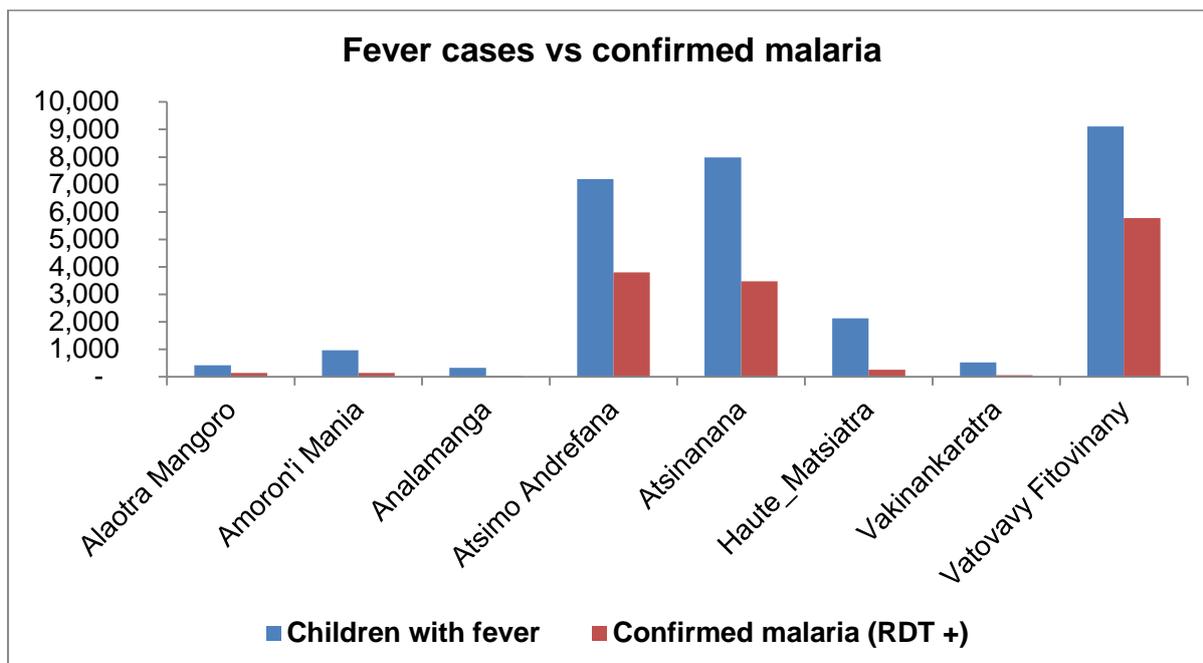
N	INDICATOR	FY2016 TARGET	Q1 RESULT	% ACHIEVED
2.8	Number of health workers trained in case management with artemisinin-based combination therapy (ACT)	1,500	N/A	N/A
	male	720		
	female	780		
2.9	Number of health workers trained in malaria laboratory diagnostics (rapid diagnostic tests (RDTs) or microscopy)	1,500	N/A	N/A
	male	720		
	female	780		

The training and refresher training sessions for the CHVs are planned beginning in Q2.

- **27,148 children with fevers received a RDT; 48% of them tested positive (simple malaria), and 8,556 (62%) of these cases of simple malaria received ACT.**

N	INDICATOR	FY2016 TARGET	Q1 RESULT	% ACHIEVED
2.10	Number of children with fever in project areas receiving a RDT	90,630	27,148	30%
	male	43,502	13,005	30%
	female	47,128	14,143	30%
2.11	Number of children with RDT positive who received ACT	60,295	8,556	14%
	male	28,942	4,099	14%
	female	31,353	4,457	14%

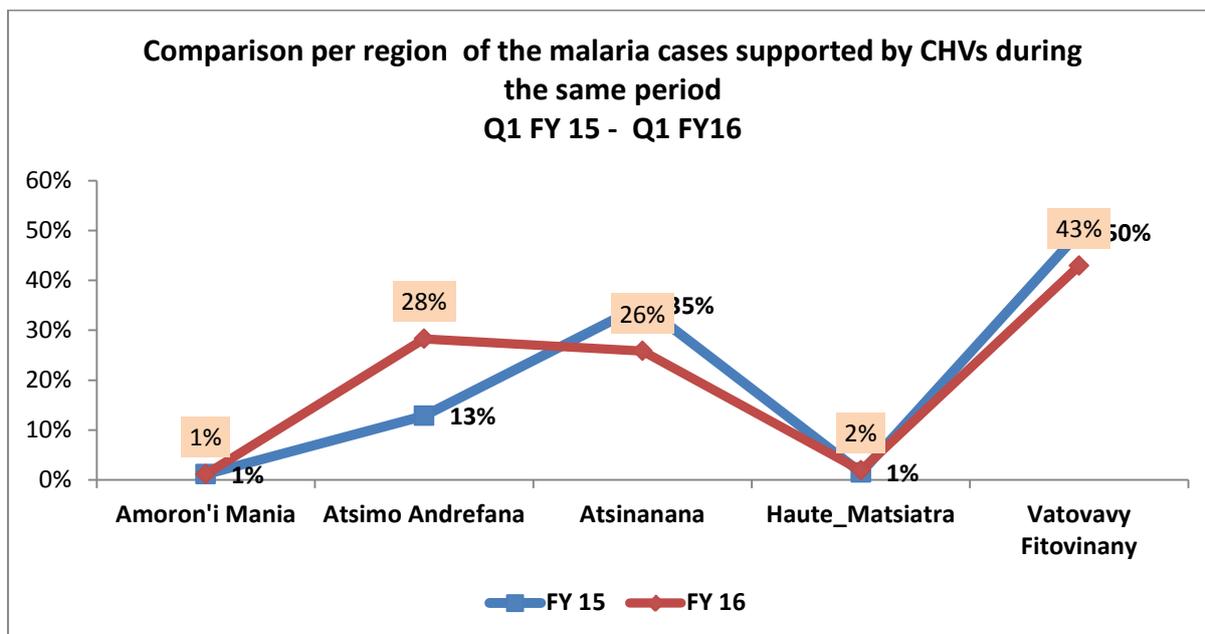
The quarterly objective regarding the use of RDTs for cases of fever has been marginally exceeded. However, the treatment objective for cases of simple malaria (case with positive RDT) with ACT is far from being reached (14% of the annual objective) due to stock-outs of ACT. 95% of children under the age of 5 with cases of fever were tested using RDTs; 48% of them had simple fever, and 62% of those were treated with ACT due to positive RDT results.



Since August 2015, the CHVs are required to procure RDT and ACT from the health centers. However, the health centers are not managing to fill the CHVs orders in time and without interruptions due to their limited inventory. The ministerial note was widely distributed toward the end of November 2015. Its effectiveness with the Regional Health Directorate, the District, and more particularly with the health centers is beginning to manifest itself, but very slowly. Health Center and CHV training on managing community sites, including product logistics for the CHVs, was not conducted until this quarter.

Another challenge is the handling of RDT by the CHVs trained in Q4 in the new communes. The project observed that the CHVs are having trouble using and reading the results of the RDT.

The number of cases of simple malaria is very high in the Atsimo Andrefana, Atsinanana and Vatovavy Fitovinany Regions, which account for 95% of the total cases. In Atsimo Andrefana, the Ankililaoka commune in the Toliara II district is primarily affected by malaria. Cases increased by 5 fold relative to the same period in 2015.



To address this concerning situation, actions were taken by the project jointly with the Regional Health Directorate (RHD) and the Toliara II district:

- Investigation in the fokontany.
- Dialogue with community leaders to optimize community mobilization and the promotion of preventive actions.
- Broadcast of radio spots in collaboration with PSI and local radio stations.
- Advocacy for continuous CHV procurement from health centers.

The same actions will be conducted in the Mahanoro district (Atsinanana Mananjary region) for follow-up and epidemiological monitoring.

Next steps:

- Strengthening the capacities of District Management Team (DMT) in quantifying community needs for products during Q2.
- Organization of quarterly coordination meetings for the analysis, quantification and monitoring of the availability of community products.
- Support for the health centers to organize ongoing practical workshops for CHVs on handling RDT, especially in the new communes.
- Data sharing with the MOPH using DHIS-2 for epidemiological surveillance.

2.4. LOGISTICAL MANAGEMENT OF HEALTH PRODUCTS

- 8 to 9% of CHVs experienced a stock-out of contraceptive products and 6-8% of products to manage diseases in children under the age of 5.

N	INDICATOR	FY2016 TARGET	Q1 RESULT
2.5	Percent of service delivery points (CHVs) that experience a stock-out at any time of Oral contraception products	8%	8%
2.6	Percent of service delivery points (CHVs) that experience a stock-out at any time of DMPA products	8%	9%
2.12	Percent of service delivery points (CHVs) that experience a stock-out at any time of ACT	8%	6%
2.18	Percent of service delivery points (CHVs) that experience a stock-out at any time of ORS/Zinc	8%	7%
2.19	Percent of service delivery points (CHVs) that experience a stock-out at any time of Pneumostop®	8%	8%

The USAID Mikolo Project began to establish a logistics system by performing cascading training sessions at the central, regional, district and commune levels regarding community site and inventory management. Although the training for CHVs has not yet been completed (this training began in November 2015), their supervisors (ST, RMT, DMT and chefs CSB) have started to implement the system. The coordination meetings with partners at the central level (public and partners funded by USAID) are continuing to monitor the inventory situation for health commodities used at the community level.

Notably, while the result for 2.12 is only 6% for the overall project stock outs of ACT, further investigation shows that in the zones most affected by the malaria outbreak there were the highest levels of stockout. For example, in Atsimo Andrefana there was a reported 21% stockouts of ACT, in Vatovavy Fitovinany there was a 38% stockout and in Atsinanana there was a 39% stockout of ACT.

Next steps:

- Implementation of the site management system by the CHVs beginning in Q2.
- Monitoring of the CHVs in particular regarding their mastery of inventory management and filling out of tools. This is intended to ensure the continuous availability of products to CHVs as well as data feedback. This data will be used to make decisions during partner meetings.

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

Summary of results

Seven indicators were defined for monitoring activities to improve the quality of community health services. The objectives have been met for 4 of them.

A major challenge is the decreasing performance of the CHVs in FP and c-IMCI due to their new roles as polyvalent agents. The CHVs are beginning to incorporate the new themes being given to them. STs are advising the CHVs on the issues identified during supervisory visits.

Results

- 46% of CHVs have achieved the minimum quality score for the management of childhood illnesses at the community level.
- 49% of CHVs have achieved the minimum quality score for family planning counseling.

N	INDICATOR	FY2016 TARGET	Q1 RESULT	% ACHIEVED
3.1	Percent of CHVs achieving minimum quality score for community case management of childhood illnesses	75%	46%	39%
3.2	Percent of CHVs achieving minimum quality score for family planning counselling at the community level	75%	49%	35%

A total of 46% of the CHVs supervised during this quarter achieved the minimum quality score for community management of childhood illnesses (i.e., 39% of the objective). Regarding the quality of FP counseling, 49% of the supervised CHVs achieved the minimum score (i.e., 35% of the target).

The expected targets for these two objectives have not been reached. Each quarter, the project has set an objective of 75% for these two indicators. CHV performance is evaluated each quarter. One explanation for these results is the issue of forwarding information from supervisory visits and individual performance evaluations (IPE) of the CHVs. Another contributing factor is that the STs in the 154 new communes from 2015 were trained on IPE during Q2 of FY 2015, but the first IPEs were not done until the end of Q4. The project team found that STs had forgotten certain information about how to conduct these IPEs.

Next steps:

- Changing the CHV supervision strategy during Q2 by involving the chefs CSB in the technical CHV supervision.
- Support for the MoPH in developing the strategy for harmonizing community activities beginning in Q2.
- Refresher training for the STs, STAs and TMs from the NGOs of the new communes on IPE beginning in Q2 during coordination meetings of the STs.
- Refresher training for CHVs identified as not having performed well in Q3.
- Change in the number of communes under the responsibility of the STs, beginning in Q2. The project will calculate the number of STs based on the number of CHVs who will be under their responsibility (1 ST for 25 CHVs, on average).
- Strengthening the data feedback system from on-site supervisory visits and IPEs.

- **88% of monthly activity reports have been filled out and submitted**
- **75% of active CHVs are supervised by STs on the service delivery sites, with an average of one visit per quarter.**

N	INDICATOR	FY2016 TARGET	Q1 RESULT	% ACHIEVED
3.3	Percent of monthly activity reports received timely and complete	80%	88%	108%
3.4	Number of CHVs supervised at the service delivery sites	5,100	4,516	89%
3.5	Mean frequency of activity supervision visits conducted by NGO partners to CHWs	4	1	25%

For this first quarter, the objectives set regarding the CHV Reporting Rate, the number of supervised CHVs, and the average frequency of supervision visits per CHV were reached.

Regarding the number of CHVs supervised once each quarter, the annual objective of 5,100 CHVs was based on 85% of the active CHVs being supervised during the quarter. The current achievement of 89% of the annual objective represents 75% of active CHVs.

A major effort was made by the STs in reporting on CHV activities. During FY 2015, this reporting rate was 81%. It should be noted that this is due in part to the ST refresher training sessions conducted in 2015 (four ST orientation sessions on monitoring/evaluation, including data reporting) and the fact that the reporting rate and the number of supervised CHVs are included in the milestones that the NGOs must achieve every quarter (at least 80% reporting rate of CHV monthly activity reports).

- **50% of health centers held monthly meetings with COSAN members and 91% of the CHVs attended these monthly meetings**

N	INDICATOR	FY2016 TARGET	Q1 RESULT	% ACHIEVED
3.6	Number of CSBs that organize a monthly meeting with COSAN members	TBD	50%	N/A
3.7	Percent of CHVs who participate in monthly COSAN meetings, of the total number of CHVs in the project intervention areas.	80%	91%	114%

The percentage of CHVs who participated in the monthly CHV meetings exceeded the estimated objective for the quarter.

With respect to indicator 3.6 regarding the number of health centers organizing monthly reviews, for this first quarter, 50% of the health centers in the project intervention zones organized these meetings. The leadership of the project have increased the health centers' commitment to community health. The chiefs CSB are also beginning to understand the importance of the National Community Health Policy (NCHP). Health center involvement in the monthly CHV/COSAN meetings is also a significant factor motivating the CHVs to attend these meetings.

The objective for this indicator will be set at the end of Q2 to be realistic. It should be noted that the target will be set based on the evolution of this indicator.

Next steps:

- Monitoring monthly meetings held by the chiefs CSB and participation by CHVs in the COSAN monthly meetings.

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

Summary of results

The approaches known as Ankohonana Mendrika Salama (Household Champion of Health, HCH), Fokontany Mendrika Salama (Fokontany Champion of Health, FCH) and Kaominina Mendrika Salama (Commune Champion of Health, CCH) have been extended to new communes. To implement these approaches, 736 young peer educators (YPE), 736 Women Leaders (WL) and 1,230 Men Leaders (ML) were identified. 89 WL (17%), 92 YPE (12.5%) and 145 ML (12%) were trained during this first quarter. Regarding HCH and CCH, this first quarter was dedicated to capacity building for the players.

In order to strengthen the awareness-raising activities of community players, spots were broadcast through the 24 radio stations.

The USAID Mikolo Project assumed a leadership role in preparing and organizing the National CHV Day celebration, originally scheduled to be held in Toamasina on December 16, but postponed by the Ministry of Public Health to a date that has not yet been determined.

HCH certification criteria

LEVEL I

- Correct use of the maternal health notebook for themes relevant to the household
- Correct use of one health notebook per child under the age of 5 for the themes relevant to the children in the household

LEVEL II

- Use of LLINs (suspended)
- Existence of water conservation supplies
- Use of latrines
- Existence of handwashing device

CCH status criteria

LEVEL I

- Functional CCDS/COSAN
- Communal action plan 10 to 25% achieved
- Existence of FKT with a dispensary built by the community (25%)
- Existence of FKT having established the health evacuation system (25%)
- All FKT > 5 km have 2 active CHVs
- 10 to 25% FCH

LEVEL II

- Level 1 + Communal action plan 25 to 50% achieved
- 25 to 50% FCH
- Existence of active women's groups
- Existence of active youth groups

LEVEL III

- Level 1 + Level 2 + Communal action plan achieved at more than 60%
- Over 60% FCH

Results

N	INDICATOR	FY2016 TARGET	Q1 RESULT	% ACHIEVED
4.1	Number of Communes having the status of Commune Champion (CCH)	405	N/A	N/A
4.2	Number of Certified Household Champions (HCH)	30,276	N/A	N/A

The evaluation of the criteria to achieve CCH status and to certify the HCHs is not scheduled until Q2. However, the STs received an orientation on HCH, FCH, and CCH approaches in November and December 2015.

Next steps:

- Collection of monthly data beginning in Q2.
- Monitoring of the progression of criteria.
- Monitoring of the actual implementation of the activities.

➤ 5,611 radio spots were broadcast by local radio stations

N	INDICATOR	FY2016 TARGET	Q1 RESULT	% ACHIEVED
4.3	Number of interactive radio spots broadcast	12,960	5,611	43%
4.4	Number of fokontany achieving Open Defecation Free (ODF) status	908	N/A	N/A
4.5	Number of people gaining access to an improved sanitation facility	13,613	N/A	N/A
	male	N/A	N/A	N/A
	female	N/A	N/A	N/A
4.7	Number of women reached with education on exclusive breastfeeding	75,325	14,009	19%

Already, 43% of the annual objective regarding the broadcast of radio spots was achieved during the first quarter. At the beginning of FY 2016, several campaigns were organized by the MoPH (FAV Polio Campaign, Exclusive Breastfeeding [EBF] Week, MCHW). One of the project's contributions during these campaigns is to provide support in terms of raising community awareness by broadcasting radio spots.

The data on ODF villages and the number of people with access to latrines is not available at the project level. SSF, which is the project's partner, was not able to provide this data until it is validated by the Ministry of Water. This validation was supposed to occur in December 2015, but could not be done.

The objective for the number of women made aware of EBF has not been met for this first quarter. The FY 2016 target was calculated based on the number of women educated by the CHVs during their awareness raising activities and women reached by the WG and MG as part of the HCH approach. Data feedback on these activities is a major challenge for the project.

Next steps:

- Monitoring of the broadcasts of radio spots in the field.
- Establishment and monitoring of activities by relay listeners, who will provide outreach monitoring of the broadcast by station.
- Revision of the collaboration contract with the stations for the remaining number of broadcasts for Q2 to Q4.
- Monitoring of data feedback from WG and MG. It should be noted that the activity reports from these WG and MG contain information on the number of people made aware regarding EBF.

➤ **92 Youth Peer Educators trained**

N	INDICATOR	FY2016 TARGET	Q1 RESULT	% ACHIEVED
4.6	Number of people (peer youth, youth leader) trained in Adolescent Reproductive Health (ARH) with increased knowledge and skills	736	92	13%
	male	400	44	11%
	female	336	48	14%

In Q1, 13% of the FY 2016 target has been achieved. Following overlaps in activities leading to facilitator unavailability (including the NGOs and chefs CSB), as well as the FAV polio campaigns, most of the training sessions planned for this first quarter were postponed to begin in Q2. During supervisory visits, it was observed that the training capacity of some STs was low.

Next steps:

- Capacity building for NGOs with new STs and/or STs presenting issues during monitoring visits.
- Making up training sessions during Q2.

ENVIRONMENTAL COMPLIANCE

For this first quarter, follow-up of the implementation of the actions defined in the Environmental Compliance Plan for environmental compliance activities was strengthened during on-site supervisory visits conducted by the STs and during field visits by project members (see results in Appendix 7).

FAMILY PLANNING COMPLIANCE

The essential points on FP compliance are being incorporated into the training curriculum for NGOs and CHVs. Method kits, already including the Sayana Press and Implanon NXT, were also distributed to the new CHVs who offer FP. During Q2, the TIAHRT poster will be updated to include Sayana Press and Implanon NXT and will be made available to all CHVs.

As noted in Appendix 7, a total of 4,516 CHVs were supervised this quarter (85%). 85% of CHVs working with mothers and 80% of those working with children used safety boxes to dispose of items contaminated with blood (needles, syringes and RDTs). Once three-quarters full, the safety boxes must be taken to the CSB or incinerated by the CHV in the landfill pits they have dug. A total of 60% of CHVs under supervision took these boxes to the CSB. During field visits, some CHVs reported that CSB managers refused to take filled boxes because they had no incinerators. However, compared with the last quarter of FY 2015, this rate increased (26%). Regarding pregnancy tests, 39% of trained CHVs discarded used pregnancy tests in a safety box.

MONITORING AND EVALUATION

For this first quarter, two main activities were carried out: implementation of DHIS2 (District Health Information Software 2) and Routine Data Quality Assessment (RDQA).

In order to foster ongoing improvements in the monitoring and evaluation system, the project will use the DHIS2 platform, which is a free program allowing the collection, validation, analysis and presentation of data, beginning in Q2 of FY 2016. This platform is also appropriate for integrated health information management activities.

During FY 2015, this platform was developed but not yet functional. As of this first quarter, DHIS2 is functional, but updates are still needed. The goal is for DHIS2 to be fully operational by the end of February 2016.

Orientation of members of the project Regional Offices (17 people) and the NGO field teams (TMs, MEMs, ST supervisors, and STs) was organized during the last 2 months of this quarter. The purpose of this orientation is to familiarize the STs with the handling of DHIS2. Each orientation was held for 3 days, during which the following points were addressed: (1) Resolution of various problems related

to the M&E system: filling out management tools, frequency of reports, sending data, data analysis, decision-making; (2) identification of the differences between DataWinners and DHIS2; and (3) training for STs on using tablets to collect and send data through DHIS2. The 11 NGOs responsible for the 14 areas were given an orientation, including 9 TMs, 10 MEMs, 28 ST supervisors, and 155 STs.

The next steps will be to (1) update all of the basic data to ensure that all data will be transferred into DHIS2, (2) provide an orientation on DHIS2 for central project staff, and (3) make DHIS2 operational for NGOs, the project and public partners. A DHIS2 access code will be assigned to DMTs, chefs CSB, and NGOs (central and field) so that they can access community data and use it for an efficient decision-making process. An orientation session for DMTs and chefs CSB will be conducted beginning in Q2 of this FY 2016. This orientation will focus on DHIS2 and using data to make decisions.

Regarding RDQA, during this first quarter, the STs from the NGOs conducted evaluations of data quality at the CHV level. These evaluations were conducted simultaneously with the on-site CHV supervision visits, thus during this quarter, NGOs will have evaluated the quality of data with each CHV at least once. The major challenge observed during these evaluations is that all of the CHVs visited are still having difficulties filling out the management tools and handling certain tools (schedules for counting RUs and those lost to follow-up regarding FP). As a result, during the RDQA, each evaluator is still focusing on building the capacities of each CHV. During this quarter, the STs from NGOs conducted a RDQA with 1,630 CHVs from 527 Fokontany.

The next step will be to develop a table summarizing all of the data collected in volume #2 after each RDQA, which will help the STs, ST supervisors, MEMs, and TMs from NGOs as well as the project staff to analyze the data, and to measure and assess the scope of the quality of the data at each level. This table will also be integrated into DHIS2 to facilitate reporting and analysis of data quality.

The activities regarding operations research on the use of pregnancy tests performed this quarter focused on collecting routine data from DataWinners, as well as pregnancy test usage sheets from the CHVs. The major challenge here is the reporting of pregnancy test usage. The follow-up sheets are not available from the CHVs, but additionally, some CHVs did not use these sheets. Recommendations on these observations were shared so that NGOs can be informed and jointly take the necessary measures. In order to meet these challenges, the data collection period will be extended to ensure reliable and high-quality data.

The next steps consist of:

- Ensuring the availability of collection tools (pregnancy test usage sheet);
- Strengthening information on the routing of these tools for reporting;
- Ensuring that pregnancy tests are always available from the CHVs.

The research on CHV peer supervisors, an update to the study protocol, was performed during this quarter following changes in the improved quality of service (IQS) strategy (change of study sites based on the willingness of chefs CSB to organize and conduct monthly reviews and define the scope of activity of CHV peer supervisors, revision of study indicators).

The next step consists of validating the research methodology with the technical committee from the Ministry of Health in January 2016. In November, a new update to the list of CHVs by NGO was carried out.

PROJECT MANAGEMENT

Coordination with USAID

The USAID Mikolo Project submitted its Annual Report covering fiscal year 2015 by the deadline, and also provided responses to the comments and questions from USAID within the required time frame. The project leadership participated in the regular meeting of USAID partners in October 2015. The project facilitated USAID Mission visits by Dr. Sobruto and Ms. Katherine Panther. When the members of the Board of Directors and MSH leaders visited Madagascar, they met with the American Ambassador and the Head of the USAID Health and Population Office after their field visits. The project leadership participated in the launch of the ITN distribution campaign alongside the PMI and USAID managers. This was also the case during the launch of the polio campaigns. USAID notified the project of a micro-finance project with Access Bank, but USAID then suspended this activity, which has not been resumed since that time. Following the decision by the Ministry of Health to change the terms of reference of the CHVs, the USAID Mikolo Project participated actively alongside USAID in formulating a joint stance and is part of the technical group developing the new harmonized community approach strategy with the DDS (Health District Directorates).

Other coordination meetings

With the Ministries of Health and of Water, Sanitation and Hygiene (WASH):

- The project leadership participated in the various coordination meetings, such as the joint review with the Ministry of Health and its partners. With the arrival of the new DDS Director, the project leadership made a courtesy visit to the Director. The project technicians participated in finalizing the annual work plan of the Ministry of Health by providing project activities that contribute to achieving the country's objectives. The same is true of their participation in various workshops and meetings: BCC on reproductive health; community dialogue; BCC on social mobilization against polio; Technical Working Group (TWG) on Misoprostol and Chlorhexidine; review of mother and newborn deaths; evaluation of health services for young people; BCC working group; validation of the CHV peer supervisor strategy.
- The project participated in celebrating various international days (Malaria, International day of the girl child and International Volunteer Day through the CHVs) and the MCHW event.
- The project leadership participated, alongside USAID and MAHEFA, in a meeting to present interventions in the WASH field with the staff from the Ministry of WASH.

With technical and financial partners (TFPs):

- The project actively participated in various coordination meetings with TFPs, such as: H4+; Roll Back Malaria; PMI; MCSP; PSI. It also participated in the ceremony on the eradication of polio in Africa organized by the WHO.

Finance and Operations

Human Resources and Regional Office Management

After the selection of its abstract proposal on Quality of Service Assurance, the project sent a participant to the MCHP Conference in Mexico City. The project sent its IT Manager to participate in a training session held in Paris to explore the use of telephone communication via the CISCO technology.

Furthermore, it bears mention that after USAID validated the 2016 Annual Work Plan, an operationalization workshop was held in November 2015. A new approach emerged from this workshop, which involves setting up a Steering Committee for the implementation of activities in each region. This approach will be developed and set up during Q2 and may lead to a revision of the terms of reference for some positions. This opportunity was also used to provide staff orientation on the Microsoft Project, which will be used to develop and follow up the operational plan.

The project is in the process of extending its capacity to monitor activities in the Analamanga region with the hiring of a Regional Coordinator. Positions in Atsinanana and the central office in Antananarivo were filled during the quarter.

A manager will be hired to better coordinate the application of new technologies, such as mHealth. Vacant administrative and financial positions were filled during this quarter.

The following hiring actions were performed during Q1 FY 16:

No.	Position	Status
1	Analamanga Regional Coordinator	Started in Q1 FY16
2	mHealth Coordinator	Started in Q1 FY16
3	Support technician for the Atsinanana Districts	Started in Q1 FY16
4	Driver-Mechanic	Started in Q1 FY16
5	Monitoring and evaluation specialist	Position filled Q1 FY16
6	Communications Manager	Position filled Q1 FY16
7	Atsinanana Financial and Administrative Assistant	Position filled in Tamatave early Q2 FY16
8	Antananarivo Data Officer	Position filled early Q2 FY16
9	Antananarivo Financial and Administrative Assistant	Position filled early Q2 FY16

Grant Management

The contribution of subcontractors to the project's management based on their respective assignments was satisfactory. For the implementing NGOs, a performance evaluation was conducted, and the results will be available in early Q2.

Looking ahead to the upcoming USAID call for direct funding for local NGOs, the project trained the directors and technicians of the implementing NGOs and local subcontractors on how to write a winning USAID proposal. Twenty-four people benefited from this capacity building exercise.

During the first quarter of FY 16, the project continued to execute 14 grants with 11 different NGOs. Submission of the fourth milestone was originally scheduled for the previous quarter, but was delayed due to the insufficient collection and reporting of data. A considerable effort was made to analyze reports and ensure that the milestone requirements were being met before payments were made for the milestone. At the end of the quarter, all of the milestones had been met and payment was made.

With the next round of grants, scheduled for the second quarter of FY 2016, the technical teams evaluated the performance of the current NGOs. The results of this evaluation should make it possible to determine whether the project should maintain or change the selection of the NGOs for the next round of grants in the second quarter of FY 2016.

Financial Management

The USAID Mikolo Project maintains an accounting system that makes it possible to monitor expenditures by budget section. The expenditures for the quarter were lower than anticipated, but they are in line with the projections for the year. Several major purchases are expected during Q2, which will contribute to a significant increase in the disbursement rate.

The various campaigns organized by the MoPH during this first quarter delayed the implementation of the activities planned by the project (FAV Polio, free ITN distribution, Maternal and Child Health Week).

Nevertheless, an increase in expenses was noted toward the end of the quarter with an anticipated total of more than \$1.5 million, which shows an increasing trend of the average disbursement rates per month.

Purchases

During this quarter, USAID Mikolo completed several significant purchasing activities to support the activities in the regions. Laptop computers were purchased for the Monitoring/Evaluation team (in order to ensure better monitoring of activities in the regions), the mHealth manager and the Analamanga Regional Coordinator.

Tablets were purchased in anticipation of the increase in Support Technicians from the NGOs. To support the SILC program, a large number of documents were printed, as well as management tools for the Community Agents. A large number of purchases were initiated during the quarter, but will appear in the next quarter. In addition to these, two major purchases are underway at the MSH headquarters. These relate to two new vehicles to replace old ones and scales for the committee agents. We intend to request permission to purchase two additional vehicles this year in order to guarantee the safety of our staff on the road and the actual replacement of our vehicle fleet, which is quite old.

APPENDICES

APPENDIX 1: TABLE OF INDICATORS

N	INDICATOR	FY2016 TARGET	Q1 RESULT	% ACHIEVED
SUB-OBJECTIVE 1: SUSTAINABLY DEVELOP SYSTEMS, CAPACITY AND OWNERSHIP OF LOCAL PARTNERS				
1.1	Number of Communes with functioning COSANs	506	N/A	N/A
1.2	Number of Communes with functioning CCDSs	506	N/A	N/A
1.3	Number of people (COSAN/CCDS) trained with increased Leadership and Management knowledge and skills	0	0	N/A
	male			
	female			
	Number of people (NGO) trained with increased Leadership and Management knowledge and skills	44	24	55%
	male	29	13	45%
	female	15	11	73%
	Number of people (TA and supervisor) trained with increased Leadership and Management knowledge and skills	288	198	69%
	male	181	119	66%
	female	107	79	74%
	Number of people (EMAD) trained with increased Leadership and Management knowledge and skills	148	N/A	N/A
	male	83	N/A	
	female	65	N/A	
1.4	Number of COSAN savings and loans funds (CSLF) established	16	NA	N/A
1.5	Number of Saving and Internal Lending Community (SILC) established at the community level	684	183	27%
1.6	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)	60%	63%	105%
1.7	Number of NGOs eligible to receive direct awards made by USAID	2	N/A	N/A
1.8	Number of local NGO awarded grants	11	N/A	N/A
SUB-OBJECTIVE 2: INCREASE THE AVAILABILITY OF AND ACCESS TO BASIC CARE SERVICES IN THE PROJECT'S TARGET COMMUNES				
REPRODUCTIVE HEALTH AND FAMILY PLANNING				
2.1	Number of additional USG-assisted community health workers (CHWs) providing Family Planning (FP) information and/or services during this year	1380	N/A	N/A
	male	635		
	female	745		
2.2	Couple Years Protection (CYP) in USG supported programs	69,500	23,228	33%
2.3	Number of new users of FP method	70,500	21,156	30%
	NU 15-19 years		6,716	
	NU 20-24 years		7,179	
	NU 25 years or older		7,261	
2.4	Number of continuing users of FP method	94,000	87,999	94%
	CU 15-19 years		17,445	
	CU 20-24 years		27,475	

N	INDICATOR	FY2016 TARGET	Q1 RESULT	% ACHIEVED
	CU 25 years or older		43,079	
2.5	Percent of service delivery points (CHVs) that experience a stock-out at any time of Oral contraception products	8%	8%	
2.6	Percent of service delivery points (CHVs) that experience a stock-out at any time of DMPA products	8%	9%	
2.7	Number clients referred and seeking care at the nearest health provider by CHW for LAPMs	9,079	2,649	29%
MALARIA				
2.8	Number of health workers trained in case management with artemisinin-based combination therapy (ACT)	1500	N/A	N/A
	male	720		
	female	780		
2.9	Number of health workers trained in malaria laboratory diagnostics (rapid diagnostic tests (RDTs) or microscopy)	1500	N/A	N/A
	male	720		
	female	780		
2.10	Number of children with fever in project areas receiving a RDT	90,630	27,148	30%
	male	43,502	13,005	30%
	female	47,128	14,143	30%
2.11	Number of children with RDT positive who received ACT	60,295	8,556	14%
	male	28,942	4,099	14%
	female	31,353	4,457	14%
2.12	Percent of service delivery points (CHVs) that experience a stock-out at any time of ACT	8%	6%	
MATERNAL, NEWBORN AND CHILD HEALTH (MNCH)				
2.13	Number of people trained in child health and nutrition through USG-supported programs	2000	N/A	N/A
	male	960		
	female	1040		
2.14	Number of children under five years old with diarrhea treated with Oral Rehydration Therapy (ORT)	25,100	7,912	32%
	male	12,048	3,774	31%
	female	13,052	4,138	32%
2.15	Number of children with pneumonia taken to appropriate care	52,095	16,816	32%
	male	25,006	7,942	32%
	female	27,089	8,874	33%
2.16	Number of children reached by USG-supported nutrition programs (Number of children under five years registered with CHVs for Growth Monitoring and Promotion (GMP) activities)	572,224	176,029	31%
	male	274,668	82,219	30%
	female	297,556	93,810	32%
2.17	Number of newborns who received umbilical care through the use of chlorhexidine	15,065	202	1%
2.18	Percent of service delivery points (CHVs) that experience a stock-out at any time of ORS/Zinc	8%	7%	
2.19	Percent of service delivery points (CHVs) that experience a stock-out at any time of Pneumostop©	8%	8%	
2.20	Number ANC clients referred and seeking care at the nearest health provider by CHV			
	ANC Total	25,212	6,462	26%
	ANC1		3,511	
	ANC4		2,951	

N	INDICATOR	FY2016 TARGET	Q1 RESULT	% ACHIEVED
2.21	Number cases referred and seeking care at the nearest health provider by CHW for neonatal emergencies	4,520	749	17%
2.22	Number cases referred and seeking care at the nearest health provider by CHW for obstetric emergencies	3,051	388	13%
2.23	Number cases referred and seeking care at the nearest health provider by CHW for severe illness episodes (CU 5 years)	13,038	10,766	83%
	male	6,258	5,138	82%
	female	6,780	5,628	83%
2.24	Number of CHVs who received refresher training	3300	N/A	N/A
	male	1584		
	female	1716		
SUB-OBJECTIVE 3: IMPROVE THE QUALITY OF BASIC HEALTHCARE SERVICES AT THE COMMUNITY LEVEL				
3.1	Percent of CHVs achieving minimum quality score for community case management of childhood illnesses	75%	46%	39%
3.2	Percent of CHVs achieving minimum quality score for family planning counselling at the community level	75%	49%	35%
3.3	Percent of monthly activity reports received timely and complete	80%	88%	110%
3.4	Number of CHVs supervised at the service delivery sites	5,100	4,516	89%
3.5	Mean frequency of activity supervision visits conducted by NGO partners to CHWs	4	1	25%
3.6	Number of CSBs that organize a monthly meeting with COSAN members	TBD	50%	
3.7	Percent of CHVs who participate in monthly COSAN meetings, of the total number of CHVs in the project intervention areas.	80%	91%	114%
SUB-OBJECTIVE 4: INCREASE THE ADOPTION OF HEALTHY BEHAVIORS AND PRACTICES				
4.1	Number of Communes having the status of Commune Champion (CCH)	405	N/A	N/A
4.2	Number of Certified Household Champions (HCH)	30,276	N/A	N/A
4.3	Number of interactive radio spots broadcast	12,960	5,611	43%
4.4	Number of fokontany achieving Open Defecation Free (ODF) status	908	N/A	N/A
4.5	Number of people gaining access to an improved sanitation facility	13,613	N/A	N/A
	male	6,534		
	female	7,079		
4.6	Number of people (peer youth, youth leader) trained in Adolescent Reproductive Health (ARH) with increased knowledge and skills	736	92	13%
	male	400	44	11%
	female	336	48	14%
4.7	Number of women reached with education on exclusive breastfeeding	75,325	14,009	19%

APPENDIX 2: SUCCESS STORIES

Betsako makes the difference with an outstanding community commitment

Health problems like diarrhea come from poor hygiene and unsanitary. In several regions of Madagascar, mostly in the South West, people are not using clean toilets due to traditional practices and lack of education. In addition, as several communities are isolated, raising awareness on the use of basic health services becomes a tough competition. However, thanks to ongoing communication campaigns, people gradually realize the importance of hygiene, like building clean toilets, despite the technical matters related to the nature of the soil (hard and rocky).

Based at 8 km from the closest health center, Betsako is a remote village with a total population of 960 persons. The whole community has joined effort to build the community site named “Toby Vonjy Taitra”. They took this initiative as everybody realized how important primary health services are. The site may look simple and small, but they all took their part in building this common structure, which reflects their devotion and the team-spirit. Behind this success lies a woman, an uncommon CHV who goes by the name of Togneso. The 43-year old woman has been a child-CHV since 2010, and has been certified as a “multi-skilled CHV” in May 2015 after a comprehensive training on PECIMEc and family planning. Togneso can perfectly take care of children and women, as well as young people. According to the project’s supporting technicians, they could literally feel her motivation to improve community health services during on-site supervisions.

This CHV’s willingness to improve community health services matches her commitment to raise awareness on the construction of clean toilets. In October 2015, Togneso built her own toilet and used it as a showcase for the community, since open defecation remains one of the hugest problems in Betsako. She is aware of this life-threatening issue and managed to convince 19 local households to build and use clean toilets in December 2015. Such a change is unique and the USAID Mikolo project strives to expand the adoption of good hygiene and healthy behaviors in remote communities.



Site communautaire « Vonjy Taitra » du Fokontany Betsako - Commune Maniry - District Ampanihy. Photo : Stephan R.

A CHV invests in a community health hut

Local health conditions are harsh in Ambodisakoana, a small hamlet in the commune of Maintinandry, district of Vatomaniry. Villagers, including women and children, can only rely on CHVs for services related to reproductive, maternal and child health.

With her strong experience in community health, Rasoanirina Clementine is bending over backwards to ensure a quality service for this remote community. She has been active since 2009 and is now multi-skilled. She always aimed at perfecting her voluntary work, by working closely with the local health center, and strengthening her skills with the support of community health projects. The USAID Mikolo Project has clearly succeeded at empowering CHVs like Rasoanirina, as she has recently built a proper health hut by herself. She invested Ariary 480,000 for the building; so much cash money that she was not supposed to pay as local communities should normally support the construction of community sites. Today, Clementine has 139 family planning users, and takes care of frequent cases of pneumonia and diarrhea in her village.

The 37-year-old mother of two is truly taking her responsibilities and the local community acknowledges her contribution, both for her life-saving services and for her incomparable commitment. “Being a CHV requires a lot of involvement and passion. Good time management and professionalism are also the two main keys to success”, she said.



Clémentine, a multi-skilled CHV, proud of her community health hut.

Photo : Eliner

APPENDIX 3: FINANCIAL REPORT

FY 16 Financial Report
 Management Sciences for Health
 The USAID Mikolo Project
 Project Budget Update
 December 31, 2015

Line item	FY 1 Budget	Q1 (Oct - Dec)	FY 16	FY 16
		Actual Costs	Spent to Date	Balance Remaining
I. Salaries & Wages	\$1,165,083	\$292,153	\$292,153	\$872,930
II. Consultants	\$27,154	-\$2,408	-\$2,408	\$29,562
III. Overhead	\$598,199	\$156,096	\$156,096	\$442,103
IV. Travel & Transportation	\$447,296	\$84,515	\$84,515	\$362,781
V. Allowances	\$224,080	\$41,436	\$41,436	\$182,644
VI. Subcontracts	\$447,860	\$81,176	\$81,176	\$366,684
VII. Training	\$903,857	\$528,620	\$528,620	\$375,237
VIII. Equipment	\$87,718	\$0	\$0	\$87,718
IX. Grants	\$1,503,000	\$170,132	\$170,132	\$1,332,868
X. Other Direct Costs	\$842,067	\$108,057	\$108,057	\$734,010
Subtotal of I to X	\$6,246,314	\$1,459,777	\$1,459,777	\$4,786,537
XI. Fee	\$210,434	\$45,898	\$45,898	\$164,536
Grand Total + Fee	\$6,456,748	\$1,505,675	\$1,505,675	\$4,951,073

The average monthly burn rate for the third quarter is \$501,892.

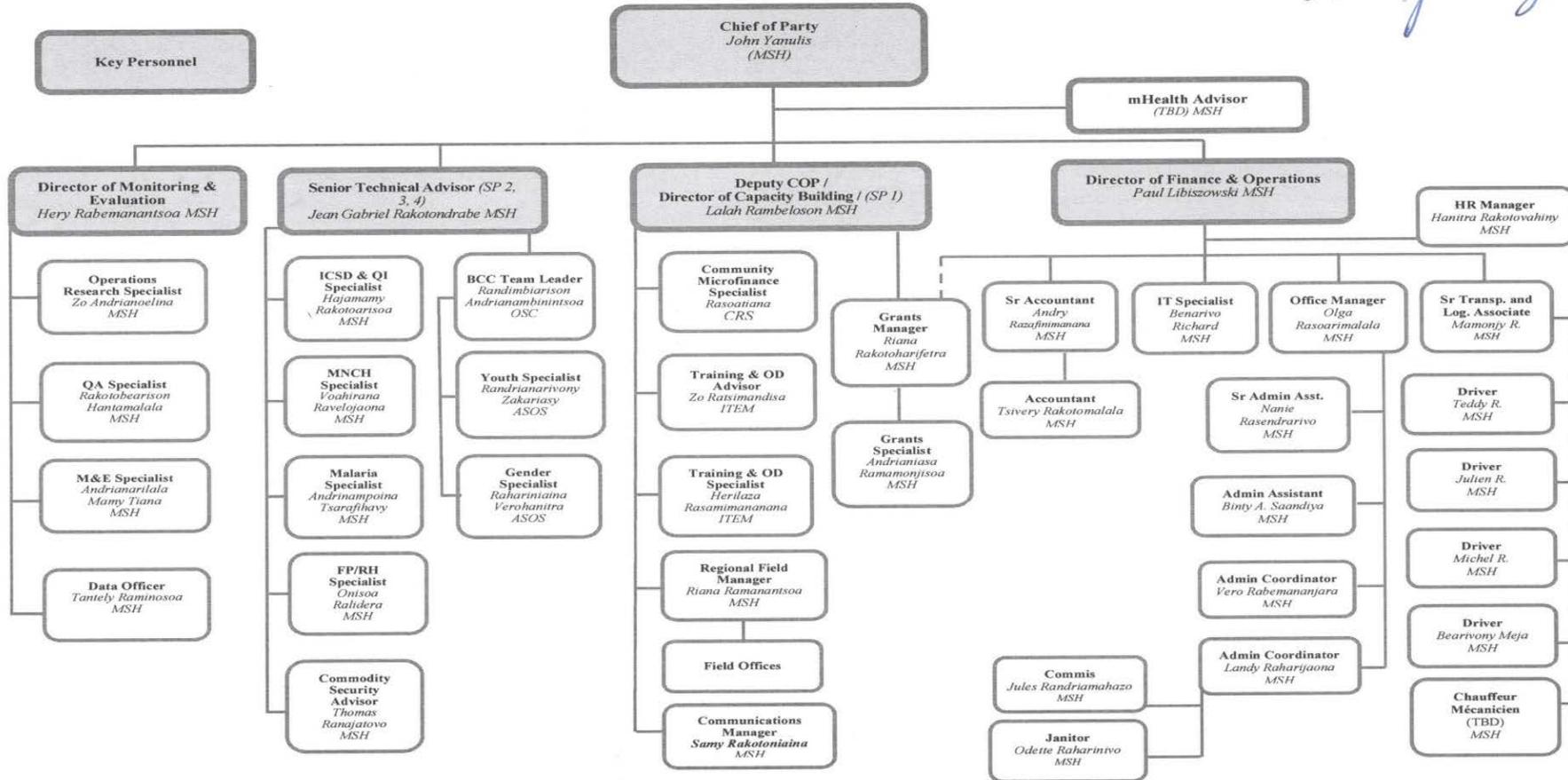
Obligation Report

Current Obligation	FY 14	FY 15	FY 16	FY 15 Accruals	Balance Remaining Current Obligation
	Actual Costs	Actual Costs	Actual Costs to Date	as of 31-Dec-16	
\$ 13,126,748.00	\$4,299,475	\$5,190,368	\$1,505,675	\$190,203	\$1,941,027

APPENDIX 4: PROJECT ORGANIZATIONAL CHART

Organigramme Le Projet USAID Mikolo –janvier 2016

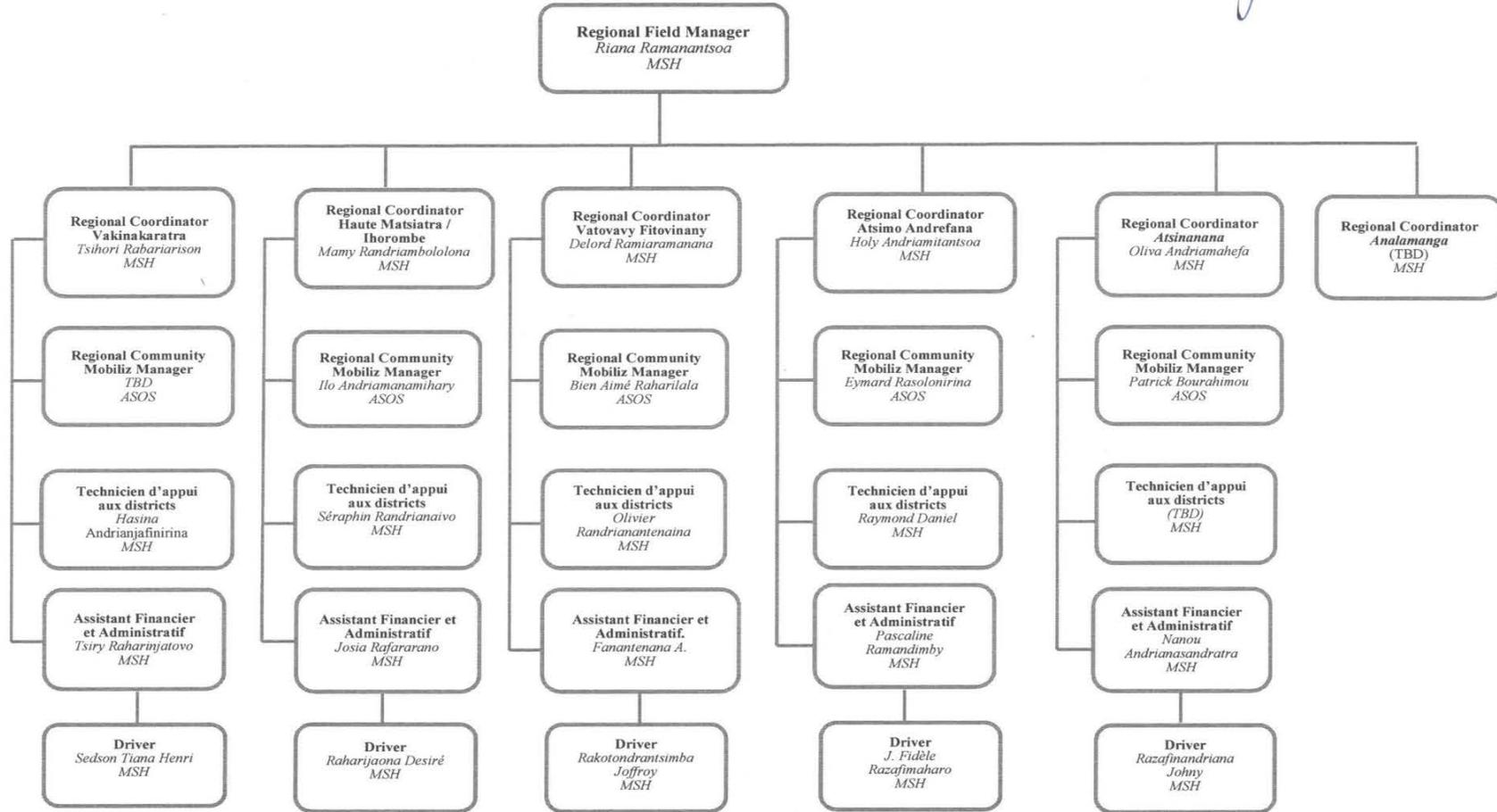
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Janvier 2016

FIELD OFFICES

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Janvier 2016

APPENDIX 5: MEETINGS WITH OTHER PARTNERS (Public and USAID partners)

MEETINGS	OBJECTIVE/ MEETING AGENDA	NEXT STEPS	PARTICIPANTS
REPRODUCTIVE HEALTH/FAMILY PLANNING			
Technical working group (FP committee)	Validation of the training curriculum on introduction of Sayana Press	Training sessions for trainers and CHVs: For USAID Mikolo: pilot zones (Atsimo Andrefana, Haute Matsaitra and Vatovavy Fitvinany)	DSFa, USAID Mikolo, JSI/MAHEFA, MSM, PSI,
Meeting on Sayana Press distribution for each entity	Number of Sayana Presses to be distributed, procurement system, upcoming orders	Distribution of Sayana Presses For USAID Mikolo: first during training sessions and afterward at the PPs	PSI, USAID Mikolo, JSI/MAHEFA and PSI
MOTHER, NEWBORN and INFANT HEALTH			
Preparatory meeting for MCHW	Positioning of partners to carry out MCHW in Oct 2015	Definition of partners' positions. (USAID Mikolo contributed to the launch tam-tam drum – Supervision in the DHSs – broadcasts of radio spots) Implementation of MCHW	MoPH, USAID Mikolo, PSI, ASOS, UNICEF
Preparatory meetings for the FAV-Polio campaign	- Sharing progress on activities for the FAV-Polio campaign - Validation of training strategies at all levels to monitor target illnesses of the expanded program on immunization, including monitoring at the community level, especially AFP	Validation of different updated curricula	MoPH, Vaccination service, DSDa, USAID Mikolo, MAHEFA, UNICEF
Meeting on the continuum of care and vaccination	- Feedback from field visits performed jointly with the USAID consultant on vaccination and the continuum of care	- Presenting an approach/strategy and a dashboard to strengthen the continuum of care and vaccination	USAID Mikolo, Consultant, USAID (Mr. Soubroto), MAHEFA, GAVI, MCSP, PSI
Technical Working Group	- Finalization of the document on strategies for scaling up post-partum hemorrhage prevention	- Validation of the framework document for scaling up post-partum hemorrhage prevention - Determination of the pricing structure for MISO	MoPH, SMSR, DAM, MCSP, USAID Mikolo, MSI, PSI, UNFPA, UNICEF

MEETINGS	OBJECTIVE/ MEETING AGENDA	NEXT STEPS	PARTICIPANTS
Coordination meeting on scaling up prevention of PPH and NBIP	<ul style="list-style-type: none"> - Implementation of Trainer Training Sessions - Sharing on the Chlorhexidine product situation at the CHV level and PP for Chlorhexidine spots 	<ul style="list-style-type: none"> - USAID Mikolo and MAHEFA are planning the training of trainers in the regions with MCSP - PSI will provide Chlorhexidine to the PPs - USAID Mikolo will send PSI the list of collaborating radio stations in its intervention zones for the broadcast of spots 	MCSP, MAHEFA, USAID Mikolo, PSI
Workshop on harmonization of the training curriculum for women leaders with Asotry-Fararano	Determination and harmonization of the session plan for the training curriculum for women leaders	- Testing the training curriculum in the field before finalization	ADRA, CRS, MoPH, USAID Mikolo, ONN
Preparatory meeting for the commemoration of CARMMA and holding the advocacy meeting	<ul style="list-style-type: none"> - Validate the activities decided on to commemorate CARMMA - Position partners for the activities - Prepare the agenda (1) to launch the CARMMA (2) for an advocacy meeting on CARMMA commemoration 	<ul style="list-style-type: none"> - Solidifying the activities relative to the partner positions (USAID Mikolo produced 1,000 posters on women's rights for health outposts in the 22 regions) - Implementing activities: (1) launching the CARMMA commemoration (2) holding the advocacy meeting 	<p>(1) Preparatory meeting for the CARMMA commemoration: MoPH, DGS, USAID , DSFa UNFPA, UNICEF, USAID Mikolo, MAHEFA, MCSP, ASOS, President's team, PSI</p> <p>(2) Partners who participated in the advocacy meeting: President of the Parliamentary Health Commission-MoPH, Min Water, Min Justice, Min FOP, Min Justice, MEN (Education), MJS, MinPop (Population), ONM (national order of physicians), ONSF (National Order of Midwives), Parliamentary group on health, USAID, PSI, USAID Mikolo, MAHEFA, MCSP, Church Representatives, FISA, COMARES (Malagasy Coalition for Strengthening of the Health System)</p>
Conference discussion: "Maternal breastfeeding and work: it's possible" as part of NBW (National Breastfeeding Week)	<ul style="list-style-type: none"> - Presentation of MoPH achievements on the breastfeeding program in Madagascar, optimal breastfeeding and good practices - benefits of Maternal Breastfeeding - Advocacy to adopt good practices for Maternal Breastfeeding and the importance of lives saved by the optimal practice and protection of Maternal Breastfeeding (MB) - Testimonials from breastfeeding mothers 	<ul style="list-style-type: none"> - Strengthening social mobilization: benefits of Maternal Breastfeeding - Incorporating multisectoral sectors for the promotion of MB 	- MoPH, ONN, Pediatricians, CSB, PSI, partners working on health/nutrition issues, MFOPTLS (Ministry of Labor and the Civil Service)

MEETINGS	OBJECTIVE/ MEETING AGENDA	NEXT STEPS	PARTICIPANTS
MALARIA			
Working meeting on the redeployment of Amoxicillin cp 250 mg DT	Presentation of background and advocacy	Estimate of medications to be redeployed Redeployment of lots of medications toward the 05 intervention zone regions of the USAID Mikolo Project	DSFa, UNICEF, USAID Mikolo
IEC / RBM Committee Meeting			PSI, Bleu venture, WHO, UNICEF, USAID Mikolo, MAHEFA, PMI, DLP,
Workshop to develop the emergency activity plan on medication for the next transmission season.	Coordination and complementarity of communication activities to combat malaria.		UNICEF, DLP, MAHEFA, Peace Corps, USAID Mikolo, PMI, DPS, CISCO TANA, MEN,
Celebration of National Pneumonia Day in Manakara	Definition of support to be provided to the RHD to combat Pneumonia in the Vatovavy FitoVinany region		DSFa, DRS, DMT, Health Centers, CHVs, NGOs in the Vatovavy Fitovinany region, USAID Mikolo, PSI, Other partners
Coordination meeting with PSI	RDT and ACT procurement for CHVs	- Investigation on procurement status at the CHV level; - Evaluation of the procurement system in the USAID Mikolo intervention zones; - Joint supervision.	PSI, USAID Mikolo
PSM (procurement and stock management) Committee meeting	Distribution of RDT and ACT health commodities SALAMA – Phagedis – Phagecom routing.		DLP, PSI, DELIVER Project, MAHEFA, USAID Mikolo, DLMNT.
Monitoring of malaria indicators	Provide follow-up achievements relative to the 2013-2017 National Strategic Plan objectives.		DLP and its RBM partners.
Workshop to update the 2015-2019 c-IMCI National Strategic Plan	Have a draft of the c-IMCI national strategic plan	Finalize the narrative document With the hiring of a consultant, finalization	DSFa, DGS, DDS, DEP, DPS, DPLMNT, DLP, MAHEFA, UNICEF, USAID Mikolo, MCDI
USAID WORKING GROUP and OTHER MEETINGS WITH PARTNERS			
Quarterly meeting USAID/PMI and its partners	Sharing achievements, challenges and next steps		PMI, MAHEFA, PSI, USAID Mikolo, Peace Corps, DLP, IPM, Abt
Celebration of the International day of the girl	Preparing the celebration of the International day of the girl child	Celebration, October 20, 2015 at the City Hall esplanade in Analakely	- Ministry of youth and sports - Ministry of the population

MEETINGS	OBJECTIVE/ MEETING AGENDA	NEXT STEPS	PARTICIPANTS
child	10/11/2015		- Gender Working group - UNFPA - MSI - PSI - ASOS central - CRS - Peace Corps
PSI – USAID Mikolo coordination meeting	HCH, Youth, Listening group		PSI USAID Mikolo
International women's Day celebration 2016	- Preparation for international women's Day on March 08, 2016	- Meeting January 2016	- Ministry of the population - Gender Working Group - UNFPA - MSI - PSI - ASOS central - CRS - Peace Corps
Review of the Water, Hygiene and Sanitation sector	Presentation of review of the Water, Hygiene and Sanitation sector		Teams from the Ministry of WASH, National and regional, Representative of the Communes, PTF: USAID and UNICEF, Projects working in the MWSH: WaterAid, MCDI, FAA Entities working in WASH: Boospruf, CRS, USAID Mikolo, SAMVA Associations working in WASH: Antilin'i Madagasikara.
Health promotion	Development of the health promotion module	Workshop to validate training curriculum for CHVs on CC	DPS USAID Mikolo

APPENDIX 6: TECHNICAL AND ADMINISTRATIVE ASSISTANCE VISITS

NAME	DATES	SOW
Hajamamy Rakotoarisoa, Quality Advisor, USAID Mikolo Project	October 17-25, 2015	Attend GMNHC Conference in Mexico City, give oral presentation on CHV supervision.
Christopher Welch, Deputy Director, MSH	November 14-30, 2015	Facilitated workshop to build NGO capacity in developing successful funding applications, including how to respond to USAID RFPs for local NGOs.

APPENDIX 7: REPORT ON ENVIRONMENTAL COMPLIANCE

Activity	Potential impact	Mitigation measures	Monitoring indicators	Frequency of monitoring and reporting	Q1 – FY 2016 outcomes
Waste management training/supervision	Once trained, CHVs handle goods and equipment that can generate waste. Therefore, it is crucial that all community members involved in the activity receive training/advice on minimizing or avoiding the environmental impacts of this waste.	<ul style="list-style-type: none"> - Include environmental impact awareness in training programs and in all data sheets used by community members (NGOs/STs, CCDS, COSAN) to increase awareness of the importance of mitigating such impact - Monitor compliance with environmental impact mitigation requirements while the activity is being implemented - Trainers should ensure that all waste generated during training sessions is properly disposed of 	<ul style="list-style-type: none"> - Module on environmental protection related to CHV activities included in training programs and NGOs/STs, CCDS and COSAN data sheets - Training report and list of participants available, i.e. number of participants per category (NGO/ST, CCDS, COSAN) - Supervision/ monitoring report available, i.e. number of CHVs supervised per category (NGO/ST, CCDS, COSAN) 	Quarterly and annual project reports will include information on training courses held, topics addressed and number of participants.	No training courses were held during this first quarter. Training will begin in Q2. Activities for this quarter focused on supervising CHVs. It should be noted that environmental compliance is included as a module in the training curriculum of all CHVs.
Management and disposal of waste by CHVs	<ul style="list-style-type: none"> - Pollution - Infection due to contaminated items - Contamination of drinking water sources 	<p>Medical waste generated by CHV service delivery activities should be managed in compliance with the National Policy on Medical Waste Management and USAID environmental guidelines for small-scale activities in Africa, Chapters 8 and 15.</p> <p>CHVs will be trained in waste management and injection safety, and be properly equipped. Training courses will cover risk assessment, injection safety, medical waste management (use and</p>	<ul style="list-style-type: none"> - Topics related to environmental compliance and injection safety included in training courses and CHV working tools - CHVs trained in environmental compliance, provided with sharps containers and supervised for compliance with prescribed injection practices, the management of used pregnancy tests and the use and disposal of sharps 	<p>Quarterly and annual reports will include information on the availability and use of sharps containers.</p> <p>Mitigation measures will be monitored during supervisory site visits which take place every three months. Supervision reports will provide information for assessing the effectiveness of the mitigation measures.</p> <p>Training data will be reviewed at least once a</p>	<p>The aim is to supervise all active CHVs at least once, i.e. 5,303 CHVs per quarter. A total of 4,516 CHVs were supervised this quarter (85%).</p> <p>85% of CHVs working with mothers and 80% of those working with children used safety boxes to dispose of items contaminated with blood (needles, syringes and RDTs).</p> <p>Once three-quarters full, the safety boxes must be</p>

Activity	Potential impact	Mitigation measures	Monitoring indicators	Frequency of monitoring and reporting	Q1 – FY 2016 outcomes
		<p>disposal of sharps containers), and CHV awareness. At the end of their training, each CHV will receive a sharps container along with instructions on how to replace or dispose of it.</p> <p>CHVs will be instructed to bring sharps containers to the CSB once they are three-quarters full and to collect a new supply from the CSB or Supply Collection Point. Alternatively, they can dig a safety pit 1.5 to 2 m deep and 1.5 m wide (Source: National Waste Management Policy) in which to incinerate all sharp objects and other products after use.</p> <p>In fiscal year 2015, the project introduced the use of pregnancy tests at the CHV level. The tests serve a dual purpose: if the test is negative, the CHV can begin FP counseling immediately; if the test is positive, the CHV can refer the woman to the CSB for antenatal care.</p> <p>Disposal of used pregnancy tests will be managed in the same way as other medical waste generated by CHV activities.</p>	<p>containers</p> <p>- Demonstration that staff follow procedures for managing healthcare waste.</p>	<p>year.</p>	<p>taken to the CSB or incinerated by the CHV in the landfill pits they have dug. A total of 60% of CHVs under supervision took these boxes to the CSB. During field visits, some CHVs reported that CSB managers refused to take filled boxes because they had no incinerators. However, compared with the last quarter of FY 2015, this rate increased (26%).</p> <p>As regards pregnancy tests, 39% of trained CHVs discarded used pregnancy tests in a safety box.</p>

Activity	Potential impact	Mitigation measures	Monitoring indicators	Frequency of monitoring and reporting	Q1 – FY 2016 outcomes
		Used tests will be discarded in the safety box to minimize risk. The CHVs will receive instructions on this procedure during their training. It will be included as a module in their training curriculum.			
Activities implemented by the recipients of multi-year grants	Since grant recipients have prime responsibility for implementing project activities, including community activities, it is important to provide them with environmental compliance training, information and supervision so that they can implement the elements of the PASE applicable to the performance of their duties.	<ul style="list-style-type: none"> - The project will train grant recipients on how to safeguard the environment and manage waste in the course of their activities. - The project will draw up a letter of agreement to be signed by grant recipients and attached to their contracts. The letter binds subcontractors and recipients to comply with the plan developed by the project in the implementation of any activity. 	Signed letter of agreement included in the recipients' contract. Recipients report quarterly on environmental impact mitigation measures in accordance with the PASE.	The project will include information on the outcomes of environmental activities in quarterly reports and annual progress reports. Compliance with the PASE will be monitored each quarter.	NGOs were trained in environmental compliance during FY 2015. New training will be organized in Q2 FY16 following the selection of NGOs responsible for implementing the activities.