

USAID | MIKOLO Quarterly Progress Report

Period: January 1 – March 31, 2016

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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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The USAID Mikolo Project Quarterly Progress Report

Period: January 1 – March 31, 2016



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LIST OF ACRONYMS

ACT	Artemisinin-based Combination Therapy (for the treatment of malaria)
AMS	Ankohonana Mendrika Salama
ANC	Antenatal Care
ASOS	<i>Action Socio-Sanitaire Organisation Secours</i> [Social and Health Actions Assistance Organization]
BCC	Behavior Change Communication
CCDS	<i>Comité Communale de Développement de la Santé</i>
CHV	Community Health Volunteer
COSAN	<i>Comités de Santé</i>
CRS	Catholic Relief Services
CSB	<i>Centre Santé de Base</i>
CSLF	COSAN Saving and Loan Fund
DDS (2DS)	<i>Direction des Districts Sanitaires</i>
DHIS	District Health Information Software
DLP	<i>Direction de la lutte contre le paludisme</i>
DMPA	Depo Medroxy Progesterone Acetate/ Depo-Provera™
EMAD	District Management Team
DRS	<i>Direction Régionale de la Santé</i>
DSFa	<i>Direction de la Santé Familiale</i>
FA	Field Agent (SILC)
FMS	Fokontany Mendrika Salama
FP/RH	Family Planning and Reproductive Health
FY	Fiscal Year
IPE	Individual Performance Evaluation
IPTp	Intermittent preventive treatment in pregnancy
ITEM	<i>Institut de Technologie de l'Education et du Management</i> [Institute of Education and Management Technology]
ITN	Insecticide-treated Nets
KMS	Kaominina Mendrika Salama
LAPM	Long-Acting and Permanent Methods
M&E	Monitoring and Evaluation

MCHW	Mother and Child Health Week
mHealth	Mobile Health
MoPH	Ministry of Public Health
MSH	Management Sciences for Health
NCHP	National Community Health Policy
NCHP	National Community Health Policy
NGO	Non-governmental Organization
NMCP	National Malaria Control Program
OSC	Overseas Strategic Consulting
PACO	<i>Processus d'Auto-évaluation des Capacités Organisationnelles</i> [Self-Evaluation Process for Organizational Capacity]
PSI	Population Services International (USAID-funded social marketing program)
Q	Quarter
RDQA	Routine Data Quality Assessment
RDT	Rapid Diagnostic Test
RMT	Regional Management Team
RO	Regional Office
SILC	Saving and Internal Lending Community
SILC-T	SILC Technician
ST	Support Technicians
TM	Technical Manager
WASH	Water, Sanitation and Hygiene
JPE	Young 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, Catholic Relief Services (CRS) and Overseas Strategic Consulting (OSC) together with their local Malagasy partners, *Action socio-sanitaire Organisation Secours* (Social and Health Actions Assistance Organization) (ASOS) and the *Institut de Technologie de l'Education et du Management* (Institute of Education and Management Technology) (ITEM). The project aims to **increase the use of health care services at the community level and promote the adoption of healthy behaviors in women of childbearing age, children under five years of age and infants.**

During the second quarter (Q2) of fiscal year 2016 (FY 2016), the USAID Mikolo project strengthened its partnership with the Ministry of Public Health (MoPH) at the central and district levels in the eight target areas. In addition, the Project focused on the operationalization of the new database, known as the District Health Information Software 2 (DHIS2)

The salient results of the second quarter are the following:

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

- 470 CCDSs and COSANs were able to meet the 3 criteria of functionality for FY 2016, representing 93% of the annual objective.
- 123 EMAD members benefited from capacity building in Leadership and Management.
- 159 SILC groups were set up, bringing the total number of SILC groups established for this fiscal year to 342, which is 50% of the annual objective. 66% of the members of the SILC groups set up during the second quarter are women.
- 11 local NGOs have benefited from a funding extension for this fiscal year.

Sub-objective 2: Increase the availability of and access to basic health care services in the project's targeted communes

- The project reached 22,787 new users (NUs) of FP services and 98,561 regular users (RUs). This brings the current rate of success relative to the set objective for FY 2016 to 55% for NUs and 89% for RUs, respectively. With the results obtained to date, 68% of the couple-years of protection (CYP) objective for FY 2016 has been reached. 1,336 clients were referred for long-acting and permanent methods, bringing to 4,059 the total number of clients referred for this FY 2016 (representing 45% of the objective).
- A total of 34,049 children under five suffering from fever were administered an Rapid Diagnostic Test (RDT). Among them, 52% tested positive for malaria and 70% of cases of uncomplicated malaria were treated with ACT. With this Q2 data, the completion for this indicator is 69% of the FY 2016 objective.
- 19,201 children under five received treatment for pneumonia, bringing to 37,080 the total number of children receiving care this year (71% of the annual objective).
- 10,199 children under five suffering from diarrhea were treated by CHVs. With these Q2 achievements, the rate of success is 74% of the annual objective.
- 162,200 children under five received to growth monitoring services. The total number of children monitored during the first half of 2016 was 344,820, for a 58% success rate as measured against the annual objective.

- CHVs have referred 12,551 children suffering from severe illness to health centers. During FY 16 Q1 and Q2, a total of 23,915 children were referred to health centers by CHVs.
- The referral rate for neonatal emergencies and obstetric emergencies is still low. In total for the first and second quarter, 45% of the objective was met for referred neonatal emergencies and only 18% of the objective for obstetric emergencies.
- In addition, 6,651 pregnant women were referred to health centers for antenatal care (ANC), bringing the total number of referred women to 13,323, or 53% of the annual objective.

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

- 59% of CHVs subject to evaluation reached the minimum score of quality in terms of the community-level management of childhood illness, and 60% had a minimum quality score in FP counseling at the community-level.
- The monthly reporting rate of CHVs was 86% for the quarter.
- 2,978 CHVs received an on-site supervisory visit during the quarter and 82% of CHVs participated in monthly reviews performed by COSANs
- 50% of health center heads have organized monthly meetings with COSAN members.

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

- 3,651 households have been certified as "Household Champions",
- There were 510 broadcasts made during the second quarter - for a total of 6,121 broadcasts during the first 6 months of FY 2016 (47% of the annual objective).
- 585 young people received education in Reproductive Health for Adolescents, bringing the total number of young people having benefited from this program to 677, or 91% of the objective set for FY 2016.
- 12,361 women were educated on exclusive breastfeeding (EBF). With these Q2 results, the rate of achievement relative to the annual objective is 36%.

During Q2, the main activity of the Project Monitoring and Evaluation team was the implementation of DHIS2. In all, during the second quarter, 203 NGO members consisting of support technicians and their supervisors (STs and STAs) and the technical managers (TMs) as well as monitoring and evaluation officers (TMs and MEMs) were trained on data capture and transmission to the database, as well as on data analysis and visualization to inform decision making.

INTRODUCTION

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

The project aims to increase the use of health care services at the community level and promote the adoption of healthy behaviors among women of childbearing age and children under five. The project contributes to Madagascar's efforts to attain the Millennium Development Goals 4 and 5 by improving maternal and child healthcare services as well as access to information.

The objective of the USAID Mikolo project is to increase the adoption of primary health care services at the community level as well as to promote healthy behaviors. The project has developed the following four sub-objectives:

- Sustainably develop systems, capacity and ownership of local partners;
- Increase the availability and access to primary healthcare services in the project's target communes;
- Improve the quality of primary healthcare services at the community level; and
- Increase the adoption of healthy behaviors and practices.

To improve the lives of the poorest and most vulnerable women, youth, children and infants, the project uses a community-based approach that integrates various strategies aimed at reducing gender inequality and maximizing sustainability. By empowering the Malagasy 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, while actively involving the civil society, the USAID Mikolo Project will help Madagascar return to the path of health and development.

The project focuses on the participation and development of NGOs, community organizations and a team of community health volunteers (CHVs) providing quality services and acting as agents of change and critical elements in an overall integrated approach to sustainable development.

As part of this approach, the USAID Mikolo Project works with and through local organizations in order to strengthen the healthcare system and local institutions (sub-objective 1); to increase the number of CHVs, to strengthen relations with the providers of long-acting and permanent methods (LAPM) and to improve the safety of FP products (sub-objective 2). The project implements a quality improvement system (sub-objective 3) as well as activities for behavior change communication (BCC) (sub-objective 4) with the aim of encouraging the Malagasy people to adopt healthy behaviors and to guarantee their access to services in accordance with applicable norms and standards.

Several interventions have proven effective during fiscal year (FY) 2015, and thus form the basis of our interventions in FY 2016. These include a renewed commitment with the public sector via the dissemination and implementation of the National Community Health Policy (NCHP), the expansion of the project to three new regions, and the introduction of innovative services such as pregnancy testing.

The strategies of the FY 2016 work plan are based on previous achievements/shortcomings, which are reflected in our updated monitoring and evaluation plan, as well as in our quarterly and annual reports on these results.

In order to ensure high quality interventions in the Analamanga region, a regional coordinator was recruited in January 2016. Likewise, the coordination and implementation of new activities for mHealth, a recruitment of a specialist will be necessary. This recruitment is underway.

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



RESULTS

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

The quarter was dedicated to initiating the process of ensuring the sustainability of community activities carried out by the Health Development Communal Commission (CCDS) and Health Committees (COSAN). Three situational analysis meetings were held in three sample communes during the first quarter. Results were analysed during this second quarter. Recommendations emerged based on these analyses (see results in activity 1.1).

Efforts for the creation of village-based Savings and Internal Lending Community (SILC) groups continued (159 new groups were set up during the second quarter) in order to establish COSAN Saving and Loan Fund (CSLFs) later in the year. With the aim of ensuring the graduation of NGOs towards the end of this fiscal year, the criteria development process was continued during Q2. A total 123 EMAD members received training on community leadership and management and on the performance of adult education training sessions, representing 83% of the objective set for this FY 2016.

1.1 Strengthening COSANs and CCDSs

➤ 470 communes have functional CCDS and COSANs

N	INDICATOR	FY 2016 TARGET	Q1 RESULT	Q2 RESULT	FY 2016 TOTAL	% ACHIEVED
1.1	Number of communes with a functioning COSAN	506	0	470	470	93%
1.2	Number of communes with a functioning CCDS	506	0	470	470	93%

470 CCDSs and COSANs have met the 3 criteria of functionality during the second quarter, representing 93% of the objective (506) set for this FY 2016.

Three criteria define the functionality of the CCDSs and COSANs: official establishment by means of communal decree within the communes, existence of a Health Action Plan updated at least every 6 months, and organization of regular meetings supported by systematic reports. Meetings to review the action plans for fiscal year (FY) 2016 took place at the beginning of the second quarter. It should be noted that the evaluation of the functionality of the COSANs and CCDSs based on these criteria is conducted every year, especially for organizing meetings and semi-annual updates of action plans.

A CCDS/COSAN situational analysis was conducted in three sample communes: Mangily (Southwest), Vohipeno (East Coast) and Betafo (Central Highlands) in December 2015. The objective of this analysis was to identify the assets and challenges of the CCDSs/COSAN in fulfilling their roles according to the National Community Health Policy (NCHP).

Tangible results from the collaboration between CCDS and COSAN have been observed in these communes. The achievements concern primarily the support of CHVs, as well as the construction of infrastructure, namely latrines, well-drilling, refuse pits, source water sanitation, the building of a kitchen at the CSB to serve those accompanying the sick, as well as a waiting room at the CSB.

The results also highlighted six factors that facilitate the accountability of the CCDSs and COSANs, and could contribute to the progress of community activities:

- Geographic location: when the fokontany in a given commune is not too isolated, information flows better and the commune's officials (mayor, members of the CCDS, the health center heads) will be frequently seen on-site and engaged in community awareness efforts.
- Good understanding between the different community actors (CHVs, Heads of fokontany, health center personnel, Mayor or deputy mayor): the absence of conflict between these actors is a key to success in community activities.
- An engaged health center head: actively participates in the CCDS.
- An engaged mayor: he is always informed of situations in his commune, especially in the health component, as President of the CCDS.
- Trusted CHVs within the community: in order to be trusted, it is imperative that these CHVs be introduced to the community. A CHV that is accepted by the community can exercise the full scope of his/her responsibilities.
- An engaged fokontany head: provides support to the CHVs in the performance of their work.

However, certain obstacles explaining the lack or low level of involvement of CCDS and COSAN members in community activities were identified in this situation analysis.

- Non-mastery of the CCDS and COSAN functions under the National Community Health Policy (NCHP)
- Insufficient number of meetings and insufficient fokontany representation within the CCDS and COSAN
- Lack of motivation of CCDS and COSAN: no official remark on compensation and allocation
- Time constraint to mobilize the community due to the distance between fokontany
- Lack of initiative to work (excessive wait for compensation)
- Mayor not informed as to the activities planned within the CCDS and COSAN
- Difficulty raising awareness among the target group (especially due to habits and customs)
- Inactive CCDS, especially after the arrival of new mayors
- Traditional leaders not convinced of changes to be implemented
- Members of CCDSs are not models of behavior within the community
- Political conflict between fokontany heads
- Lack of monitoring and supervision of the CCDSs and COSANs

Similarly, the analysis has demonstrated certain factors that hinder the active participation of health center heads as CCDS members:

- Obstacles at the personal level: personal status, problems related to gender. For example, in one case, in the St. Augustin zone, a female Chef CSB reported that she had difficulty being heard during CCDS meetings due to cultural norms related to gender roles. The Project is working with the CCDS to highlight the importance of each member's contribution to communal development, regardless of gender. Ce cas

non significatif a été cité dans le rapport pour illustrer la situation évoquée par une femme Chef CSB par rapport aux problèmes de genre qu'elle fait face à cause de la culture de sa région en générale et de sa commune, Saint Augustin en particulier. Avec ce problème du genre dû à la culture locale, elle a du mal à se faire entendre ou écouter dans la réunion du CCDS.

- Obstacles at the professional level:
 - Time constraints when only one person occupies a given position
 - CCDS and COSAN activities and CHV supervision not included in the Annual Work Plan of the health centers
 - Remoteness of health centers from the fokontany, inadequate means of transport

➤ **Recommendations**

For greater ownership of local stakeholders and to ensure continuity of community activities, the following recommendations were made:

- ✓ Organize a meeting of mayors (CCDS Presidents) and their deputies (stable member at the CCDS) and the health center heads in order to persuade and obtain the commitment of the community as a whole. The following points should be conveyed during the meeting: National Community Health Policy (NCHP) (roles of different actors), mobilization of resources to support community health activities, accountability system applicable to community stakeholders as a tool of good governance, sustainable motivation system for community actors, sharing of success stories
- ✓ Advocacy at the Ministry of Public Health in order to include in the Annual Work Plan of the health centers, the supervisory and monitoring activities of the CHVs as well as the CCDS and COSAN activities
- ✓ Strengthen the implementation system for the Savings and Internal Lending Community (SILC) and COSAN Saving and Loan Fund (CSLF) Capacity building of CHVs, CCDS and COSAN.

For the FY17 year, USAID Mikolo will focus on a supportive supervision and coaching approach with all stakeholders at all levels (central, regional, NGOs, District, Public and CBS and HQ) and minimize workshop-based training. Regarding the CCSD / COSAN: they meet quarterly to update the commune-level action plans. (based on the National Community Health Policy NCHP). However, due to their involvement in community-based activities, NGO TAs officially attend the communal CCDS meeting every 6 months in order to provide the necessary support. Moreover, members of the Mikolo Regional Steering Committee (RSC) organize periodic training supervision at municipal level.

The recommendations are included in the municipal plans of CCDS are followed at 3 levels:

- COSAN themselves: Mayor, Chief CSB ... through quarterly meetings (for their involvement and ownership)

- ✓ The training of the CCDS falls within the scope of the activities carried out by NGOs and sometimes involves two to three communes. This is the reason why invitations were sent by NGOs. On the other hand, for the CCDS and COSAN joint meetings, invitations are sent by the Mayor as its Chairman. Mikolo plans a briefing of all the mayors and their deputies to increase their ownership of community health activities. NGOs send official invitations for training sessions to ensure that all stakeholders are informed (especially during CCDS training sessions). As NGOs lead the training sessions, invitations come from the NGOs. For regular meetings of CCDS and COSAN, invitations come from the Mayor.
- ✓ In the long term: Advocacy at the Ministry of Decentralization for inclusion of a community health component in the Local Development Fund and the CDP (Commune Development Plan). Proposed honorific title: national order of CHVs and CCDS members who have served for several years

➤ **Next steps:**

- ✓ Development of media for sharing with the mayor and members of the CCDS and COSAN, incorporating the recommendations of the situational analysis
- ✓ Meetings of mayors and their deputies after updating the NCHP
- ✓ Biannual meeting for monitoring of CCDS and COSAN action plans in Q4
- ✓ Supervision of CCDS/COSAN activities



1.2 Creation of Saving and Internal Lending Communities (SILC)

➤ 159 SILCs established; 66% of its members are women

N	INDICATOR	FY 2016 TARGET	Q1 RESULT	Q2 RESULT	FY 2016 TOTAL	% ACHIEVED
1.4	Number of CSLF established	16	0	0		0%
1.5	Number of SILC established at the community level	684	183	159	342	50%
1.6	% of women with access to a system of community credit and lending (% of SILC members who are female)	60%	63%	66%	60%	100%

According to the Annual Work Plan approved by USAID, the development of CSLFs is scheduled 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 a cycle. This is intended to bring them up to speed on the savings and lending mechanisms. It should be noted that the SILCs that will be identified as CSLFs were established in FY 2015 and the

cycle will not be completed before the end of Q2 of this fiscal year. The results of the number of CSLFs established will be reported starting in Q3.

159 SILCs were implemented during the second quarter, bringing to 342 the total number of groups set up for the first half of FY 2016, representing 50% of the annual objective. Since October 2015, the cumulative value of savings is Ar 163,039,892. The rate of implementation is on track to achieve the annual objective. Note that the implementation of SILCs is one of the roles of Field Agents, who are supported by SILC Technicians (T-SILC). These Field agents were recruited and trained during FY 2015.

In the first quarter, 63% of the SILC members were women; in the second quarter, this rate is now 66%. A high percentage was mainly observed in the groups entering their second year of existence. This is because the benefits of being a SILC member (possibility of savings, access to lending and shares at end of cycle) was much better known by the community especially among non-members. In addition, the awareness activities undertaken among traditional and community leaders to encourage them to promote the participation of women in the SILCs have been strengthened.

▪ **Next steps:**

- ✓ Initial SILC training and familiarization with training curriculum of 14 new T-SILC
- ✓ Identification and training of new Field Agents by T-SILC and supervisors in 14 new communes.
- ✓ Implementation of CSLFs in the 3 new regions for FY 15 (Analamanga, Vakinankaratra and Alaotra Mangoro)

1.3 Grants for Local NGOs

- 11 partner implementing NGOs were evaluated on their past performance before new grants were awarded to implement the project activities for the next 6 months

N	INDICATOR	FY 2016 TARGET	Q1 RESULT	Q2 RESULT	FY 2016 TOTAL	% ACHIEVED
1.7	Number of NGOs eligible to receive direct grants from USAID	2	NA	NA	NA	
1.8	Number of local NGOs awarded grants	11	NA	11	11	100%

The graduation of NGOs will not take place until Q4. However, since the first quarter, we have begun the development of certification (for USAID funding) criteria for the NGOs. The validation of these criteria will be done during Q3 and the actual certification in Q4.

During FY 2015, the USAID Mikolo project awarded grants to eleven (11) local NGOs operating on 14 areas covering 506 communes. The first twelve month-grant agreements were implemented starting in March 2015. The USAID Mikolo project programmed the renewal of grants covering the period from April to September 2016, based on the results of the performance evaluation of each NGO in each area. Individual meetings with each NGO were held in February 2016 in order to share the results of this assessment per area. The performance expressed as a percentage of achievement varied between 86% and 56%. The average performance of the NGOs was 74%. Six (6) NGOs working in 8 areas had an above-average performance while five (5) NGOs intervening in 6 areas had a performance below average, of which four (4) NGOs scored under 65%. The 11 NGOs received an extension of grants for a period of 7 months from March to September 2016.

- **Next steps:**

- ✓ NGO orientation meeting during Q3. The agenda will focus on sharing the Project expectations and the NGO requirements as stipulated in the Terms of Reference for the period of Q3 and Q4.
- ✓ Finalization of NGOs certification criteria for Q3, internal validation by the USAID Mikolo Project and then validation by USAID.

1.4 Increasing the Technical and Institutional Capacity of Local NGOs

N	INDICATOR	FY 2016 TARGET	Q1 RESULT	Q2 RESULT	FY 2016 TOTAL	% ACHIEVED
1.3.2	Number of people (NGO) trained with increased Leadership and Management knowledge and skills	44	24	0	24	55%
	Male	29	13		13	45%
	Female	15	11		11	73%
1.3.3	Number of people (Field staff, TA, and supervisor) trained with increased Leadership and Management knowledge and skills	288	198	0	198	69%
	Male	181	119		119	66%
	Female	107	79		79	74%

Continued orientation of NGO leadership as well as NGO field staff (TM, MEMs, ST and STA) will be held during Q3 after signing the extension of their grant. The field staff orientation will mainly be concerned with new STs and STAs that will be recruited. These orientations will focus on the implementation of community activities.

Another training session is scheduled for Q4 and the theme will be defined according to the need identified after the execution of the Organizational Capacity Self-Assessment Process (PACO FY 16).

- **Next steps:**

- ✓ Organize coaching series at the NGO level in order to meet training needs as defined in PACO FY 15
- ✓ Holding of PACO FY 16 in the NGOs: second PACO session for the new NGOs and third session for existing NGOs.

1.5 Strengthening the Leadership Capacity of (EMAD)

- **123 EMAD members have received training in leadership and management**

N	INDICATOR	FY 2016 TARGET	Q1 RESULT	Q2 RESULT	FY 2016 TOTAL	% ACHIEVED
1.3.4	Number of people (EMAD) trained with increased Leadership and Management knowledge and skills	148	NA	123	83%	NA
	Male	83		73	88%	
	Female	65		50	77%	

123 EMAD members have received training on community leadership and management, incorporating a review of training techniques, representing 83% of the annual objective.

For greater ownership of community activities, the project still involves the EMAD as supervisors and trainers of the health center heads. An analysis of the EMAD training needs in the project intervention districts was performed towards the end of Q1 FY 16. Two (2) subjects were discussed, namely leadership and community management, and the training of trainers. In order to meet these needs and enable these actors to gain a strong capacity for leadership and community management and to generate a sense of commitment towards objectives, the project conducted a mini-training session in leadership and community management with EMADs, introducing the concept of accountability to ensure the continuity of community activities. A review of adult training techniques was also conducted.

- **Next steps:**

- ✓ Health center head training sessions to be held by EMADs on health-related subjects
- ✓ On-site supervision of the EMADs in collaboration with regional Mikolo staff
- ✓ EMAD training sessions on leadership and community management to be held in the Analamanga and Alaotra Mangoro regions

1.6 Facilitating Coordination and Monitoring of Regional Office Activities

- **Coordinating the implementation of project activities**

- As was the case for each quarter, the regional offices, under the leadership of the Regional Field Manager, were able to carry out a coordination

meeting via Skype. It was primarily intended to examine the overall achievements for the first quarter – but also to see the big picture for the second quarter. This quarter was really important given that it was the end of the grant cycle. Vigilance was critical for monitoring the performance of activities.

- At each regional office, monthly coordination meetings with the Technical Managers and TA Supervisors were effective. The overall aim was to analyze the achievements for the month, but also to plan activities for the coming month. The sharing of results was abundant, but the in-depth analysis of data remains a challenge for the entire regional team with the regional steering committee (including the ROs). One highlight of this quarter was the appointment of the new regional coordinator for Analamanga. This allowed the very close involvement of FISA (project-implementing NGO for the Analamanga region).
- Each regional office has been able to integrate the EMAD into their coordination meeting and with NGOs near the end of this quarter.
- As in the first quarter, participation in monthly reviews of District Health Services (DHSs) – even when planned in the RO – depended on the extent to which these reviews were held for those same DHSs. Because of various campaigns and the joint review of the partners of the Ministry of Health, the majority of these reviews have not been carried out.

▪ **Next steps:**

- ❖ Adequate planning, taking into account the various activities – well in advance – is of great help and will always be required.
- ❖ An in-depth analysis of the data will be done at the regional level and with the support of other members of the region's steering committee.

➤ **Supervision of staff responsible for implementation**

- The supervision of staff engaged in project implementation (Support technicians, Supervisors) has been prioritized by the regional offices. The regional steering committees have begun to form, which will be of great support for ensuring these quality reviews.
- In order to ensure the supervision of quality at the regional level, it was decided during the annual review of the ROs that all technicians should be "versatile" – that is, capable of managing field staff regardless of their area of engagement. This is done primarily on the job – apart from the training offered by specialists at the central level.

▪ **Next steps:**

- ✓ The support of regional steering committees and RO interventions should be adequately harmonized, in order to monitor the implementation of the project on site, and the execution of all staff supervision activities.

➤ **Monitoring of NGO activities**

- As with each quarter, regional office technicians provide activity dashboards (especially for activities designed to improve the quality of services - SQI and training activities) with weekly reports to specialists. Recommendations/guidelines for data analysis in these documents have been initiated. However, in-depth analysis remains a major challenge for the coming months, as better monitoring and better decisions made in a timely manner are essential.
- As with supervisions, routine data quality assessments (RDQA) were performed at the regional level, but were not fully completed. The use of data/information resulting from these RDQA in the regions will need to be intensified with the involvement of regional steering committees.

Next steps:

- ✓ The monitoring/supervision included in the cycle of SQI with RDQA will continue to be prioritized for the first few months. In the following months, the involvement of regional steering committees will be very tangible.

➤ **Representation and visibility of the project**

- Participation in polio campaigns and the celebration of national or international days (women/water) all contributed to the project's visibility. The regional offices offered technical and financial support. Nonetheless, certain aspects remain to be improved.
- In the second quarter, regional offices have been regularly asked to prepare and coordinate visits – both technical visits as well as visits by dignitaries.

➤ **Coordination with other projects working in the same area as Mikolo**

On a regular basis Mikolo organizes regional coordination meetings with various partners working in each region where Mikolo operates. With respect to other USAID-funded partners, during this past quarter, for example, the following occurred:

- ✓ With PSI: a coordination meeting was held in all Project zones with PSI.
 - ✓ With Fararano in Ifanadiana and Mananjary districts (Vatovavy Fiitovinany), coordination meetings on training of CSBs on PCIMEc was held during Q2. The training was planned in April 2016.
 - ✓ With Asotry, in Haute Matsiatra: coordination meeting about the actions for the two projects was planned in April 2016.
 - ✓ In Atsimo Andrefana, coordination meetings with Land'O Lakes and its partners (CDD), UNFPA, CRS was held. The aim of these meetings was to answer on the question "How to harmonize actions in the region or the districts."
- **Next steps:**
- ✓ With the help of the project communication team, the different activities implemented in each region to ensure visibility will be capitalized.
 - ✓ The involvement in the various polio and/or vaccination campaigns will be intensified.



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

During the second quarter, the project continued to supervise the CHVs so that they could provide primary healthcare services in line with applicable standards. The STs conduct on-site supervision. Each month, a monthly review of CHVs is organized by the STs and the health center heads in the seat of the commune. The purpose of these monthly reviews is to monitor the activities of the CHVs and evaluate their performance. To supervise the quality of CHV services, STs are supported by their supervisors and/or the technical staff of Mikolo.

2.1. REPRODUCTIVE HEALTH AND FAMILY PLANNING

N	INDICATOR	FY 2016 TARGET	Q1 RESULT	Q2 RESULT	FY 2016 TOTAL	% ACHIEVED
2.1	Number of new community health volunteers (CHVs) providing Family Planning (FP) information and/or services during this year	1,059	0	0	0	0%
	Male	487				
	Female	572				

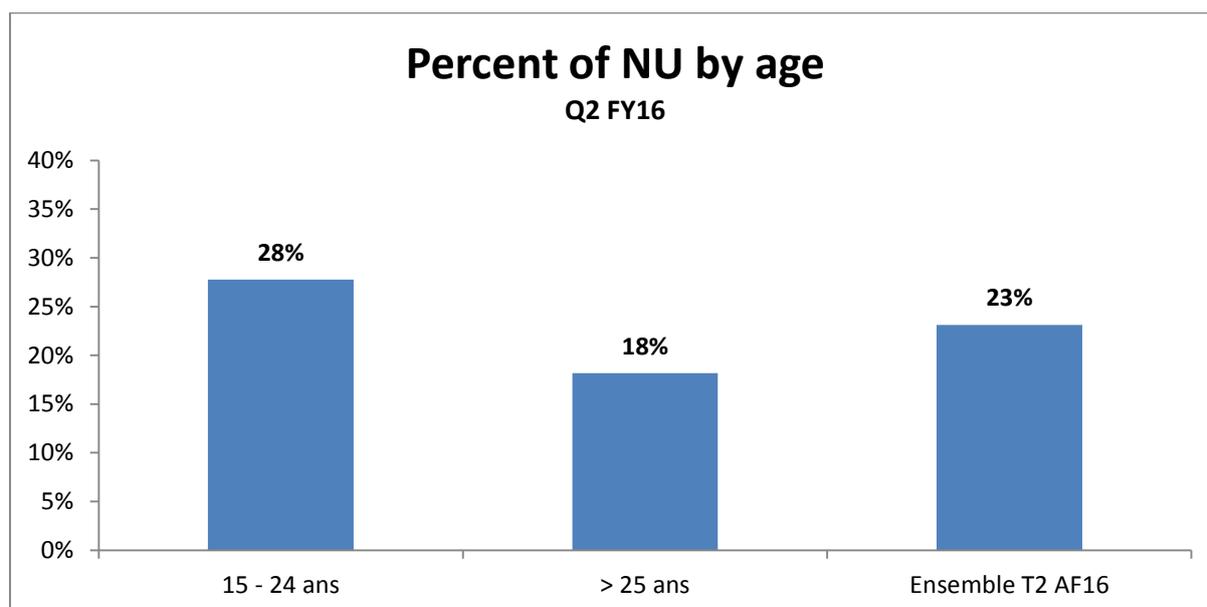
Training of new CHVs recruited in replacement of those who resigned and to provide a coverage of 2 CHVs per fokontany will not be held until June 2016. This is due to the fact that the extension of NGO subsidies following approval by USAID will only be signed in mid-April. Results for this indicator will be reported starting in Q3. *During this fiscal year, a total number of 780 CHVs will be recruited during this year to ensure coverage of 2 CHVs per fokontany.*

- 23,790 couple years protection (CYP)
- 22,787 new users of family planning (FP) in the quarter
- 98,561 regular users of family planning (FP) in the quarter

N	INDICATOR	FY 2016 TARGET	Q1 RESULT	Q2 RESULT	FY 2016 TOTAL	% ACHIEVED
2.2	Couple Years Protection (CYP)	69,500	23,228	23,790	47,018	68%
2.3	Number of new users (NU) of FP method	83,538	22,993	22,787	45,780	55%
	NU 15-19 years		7,355	6,499	13,854	
	NU 20-24 years		7,814	7,589	15,403	
	NU 25 years or older		7,824	8,699	16,523	
2.4	Number of regular users (RU) of FP method	110,748	94,511	98,561	98,561	89%
	RU 15-19 years		18,951	20,526	20,526	
	RU 20-24 years		29,303	30,184	30,184	
	RU 25 years or older		46,257	47,850	47,850	

In Q1 and Q2, the results of indicators related to the provision of FP services (CYPs, NUs and RUs) by CHVs are on track to achieve the annual objectives, with objectives reached to 68% for CYPs, 55% for NUs and 89% for RUs. Analysis of the results indicated that for the second quarter, 23% of RUs are new, thus bringing this result to 46% for FY 16 (see Chart No. 1)

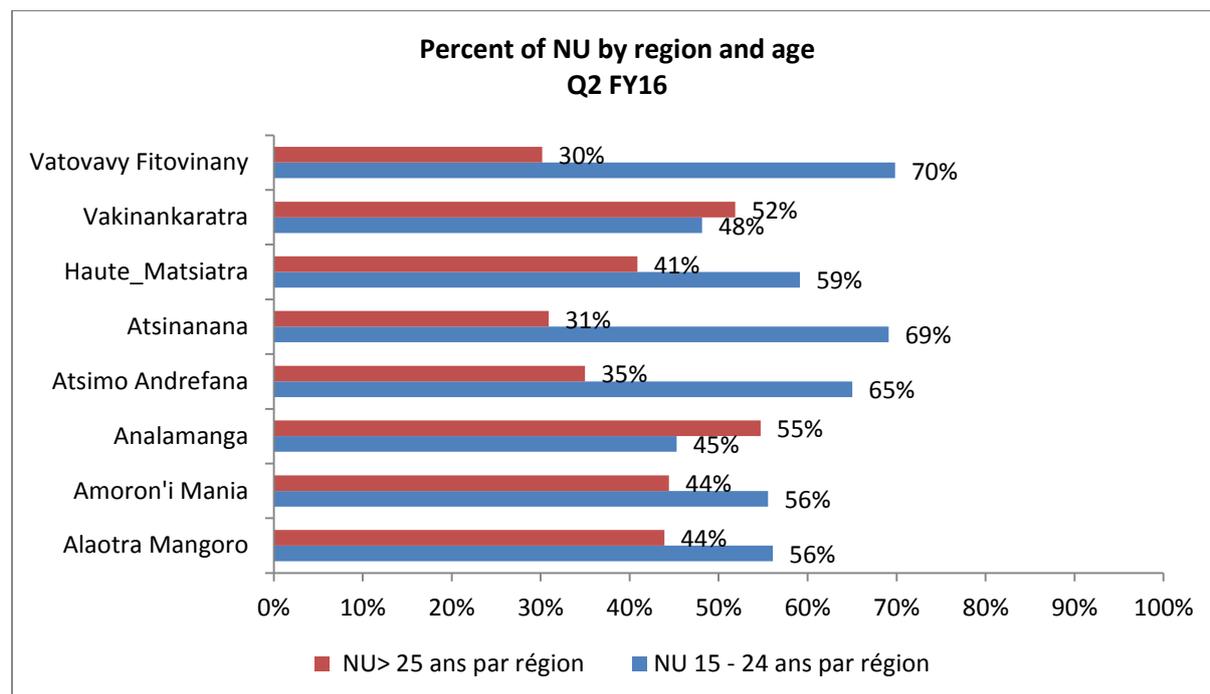
Chart 1: Percentage of NUs compared to RUs

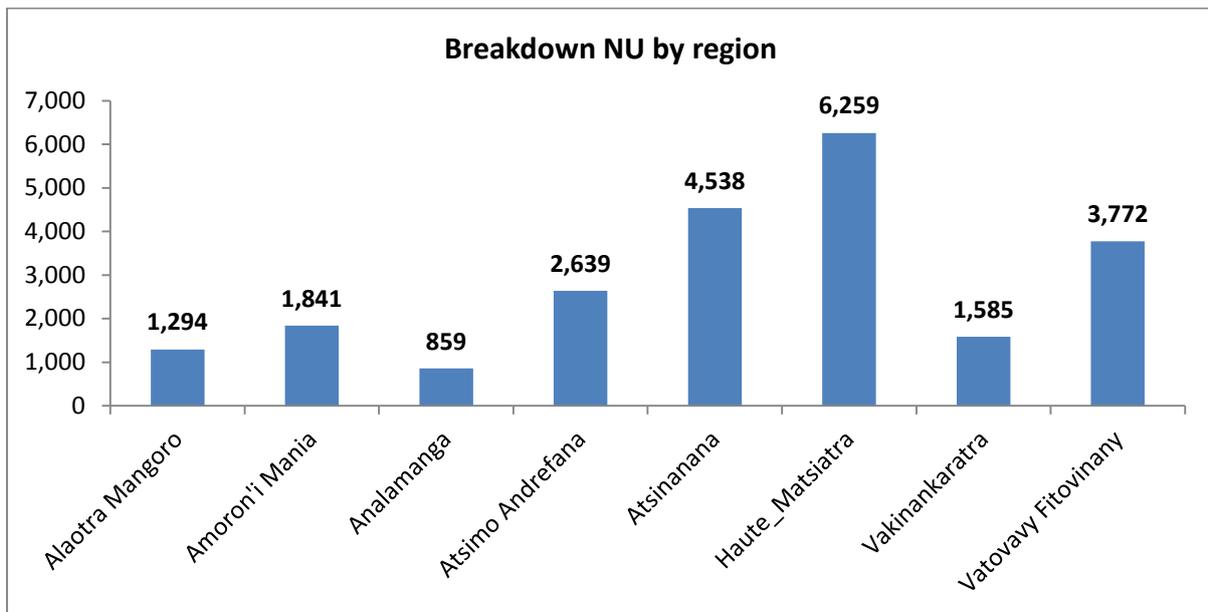


During this quarter, 62% of NUs were young, and 64% overall for FY 16. On the other hand, for FY 16, 51% of RUs were young people between the ages of 15 and 24. The largest

percentage of youth users was noted in Vatovavy Fitovinany (70%) followed by Atsinanana (69%) (see Chart 2).

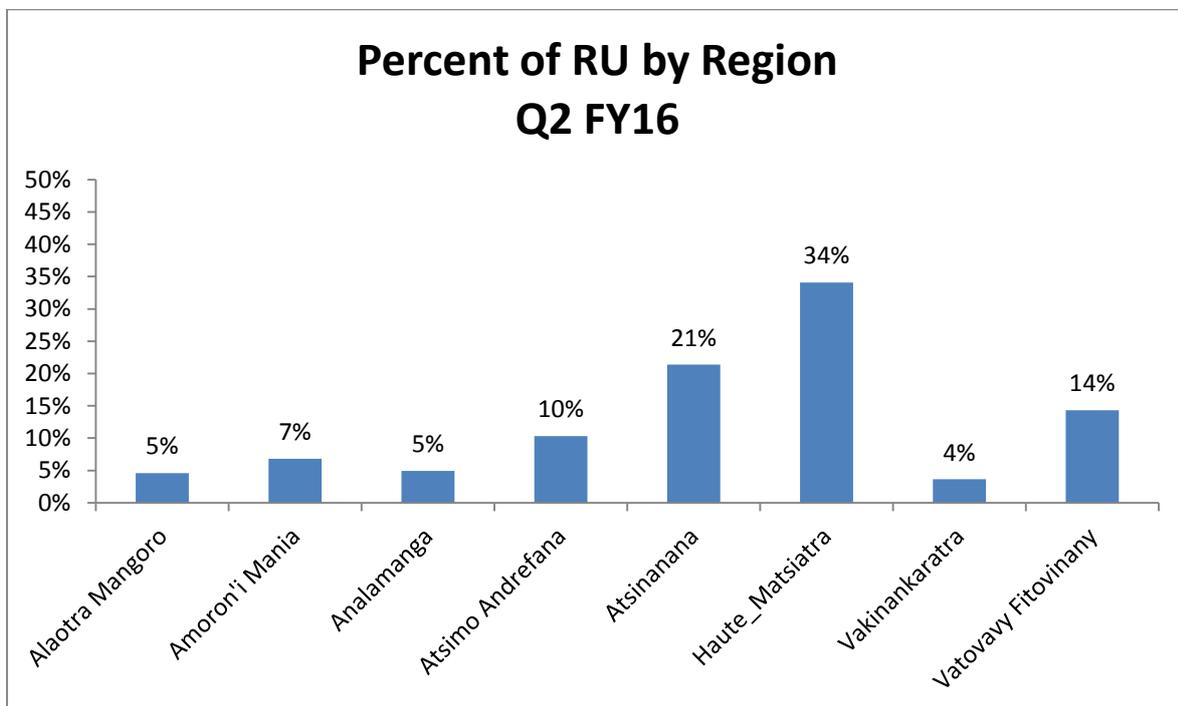
Chart 2: Breakdown of NUs by region and age





For RUs, the highest percentage was observed in the regions of Haute Matsiatra and Atsinanana (see Chart 3).

Chart 3: Breakdown of RUs by region

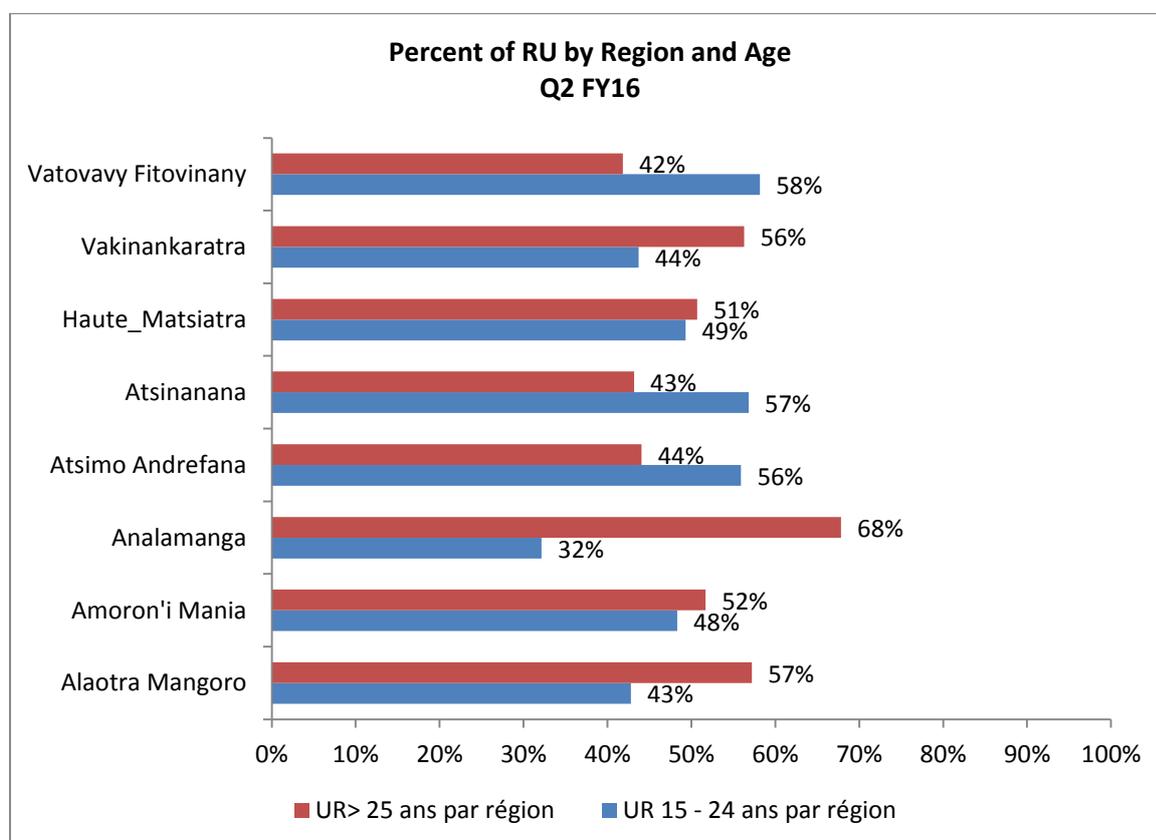


The graph below (Chart 4) shows the breakdown of RUs by region and age group. The largest proportion of young people using FP is found in the regions of Vatovavy Fitovinany, Atsinanana and Haute Matsiatra.

The difference between each region achievement is due to:

- The number of CHVs offering family planning services in each region is not equal. For example, in the region of Haute Matsiatra, there are more than 600 CHVs offering family planning and in Atsinanana there are 522 offering FP. Conversely, in the region of Analamanga there are only 191 CHVs offering FP, and in Alaotro Mangoro there are just 138. This is also a function of the number of communes covered in each region.
- An additional factor is the varied performance of each CHV from one region to the next. For example, in the region of Atsimo Andrefana, 70% of the CHVs received a high score in their performance evaluation, whereas in Atsinanana, there were only 30% who achieved the high score (80%).

Chart 4: Breakdown of RUs by region and age



Overall, 51% of RUs are between the ages of 15 and 24.

One of the reasons that can explain this success is the provision of schedules to all CHVs, which has made RU counting easier.

➤ **1,336 customers were referred for long-term FP methods**

N	INDICATOR	FY 2016 TARGET	Q1 RESULT	Q2 RESULT	FY 2016 TOTAL	% ACHIEVED
2.7	Number of clients referred by CHVs for long acting contraceptive methods and who sought care at the nearest health center	9,079	2,723	1,336	4,059	45%
	Proportion of clients referred for Long acting methods compared to the total of RU		3%	1%	4%	

1,336 clients were referred to receive long-acting and permanent methods (LAPM) during the second quarter, bringing the total number of clients referred for FY 2016 to 4 059, or 45% of the annual objective. Q1 and Q2 results show that the annual objective is on track to be achieved, provided that the CHVs improved back to the level of Q1 their performance on this activity.

▪ **Next steps:**

- ✓ Strengthen the supervision of CHVs and the monitoring of their reporting on FP
- ✓ Strengthen the supervision of CHV on the use of pregnancy tests
- ✓ Train new CHVs
- ✓ Continue coordination meetings with MSM (Marie Stopes Madagascar). It should be noted that clients referred for LAPM are referred to the health centers, and it is the MSM mobile clinics who manage their LAPM needs
- ✓ Encourage CHVs to refer clients who are in need of LAPM for family planning

➤ **Update of the use of pregnancy test kit**

The use of pregnancy test kits (PTK) began in the month of July 2015 following the training of CHVs. Thus far, on average a CHV uses 3 PTKs per month, with a corresponding increase in the number of new and regular users. This is partly due to the identification of eligible family planning clients due to the PTKs. The use of the PTKs has been well received by women in the communities. In addition, the rate of referrals for ANC visits has also increased when women have been identified as pregnant due to the PTKs. Nevertheless, use of PTKs varies by CHV and additional supervision and support by the Project and CSBs needs to be reinforced in order to increase the use of PTKs, which have been shown to be an effective tool in increasing access to family planning and to ANC visits.



2.2. MATERNAL, NEWBORN AND CHILD HEALTH (MNCH)

N	INDICATOR	FY 2016 TARGET	Q1 RESULT	Q2 RESULT	FY 2016 TOTAL	% ACHIEVED
2.13	Number of people trained in child health and nutrition	1,455	0	0	0	0%
	Male	669				
	Female	786				
2.14	Number of CHVs who received refresher training	3,300	0	0	0	0%
	Male	1,518				
	Female	1,782				

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

The extension of the NGO grants will only be signed by mid-April. Training of new STs is planned for early May 2016.

▪ **Next steps:**

- ✓ Train new STs in Maternal, Newborn and Child Health (MNCH)
- ✓ Organize refresher sessions for the CHVs on how to use flowcharts
- ✓ Strengthen CHV supervision on the use of pregnancy tests
- ✓ Strengthen supervision of STs and CHVs

- **10,199 cases of diarrhea were treated by CHVs**
- **19,201 children under 5 were treated for pneumonia**

N	INDICATOR	FY 2016 TARGET	Q1 RESULT	Q2 RESULT	FY 2016 TOTAL	% ACHIEVED
2.14	Number of cases of diarrhea in children under five years old treated with SRO/zinc by qualified providers	25,100	8,464	10,199	18,663	74%
	Male	12,048	4,015	4,953	8,968	
	Female	13,052	4,449	5,246	9,695	
2.15	Number of children under five years old with symptoms of pneumonia treated with antibiotics by qualified providers	52,095	17,879	19,201	37,080	71%
	Male	25,006	8,382	9,024	17,406	
	Female	27,089	9,497	10,177	19,674	

10,199 cases of diarrhea and 19,201 cases of pneumonia were treated by CHVs during the quarter. If we add these results to those achieved in Q1, 74% of the annual objective has been met for the treatment of diarrhea, and 71% for pneumonia. For these 2 diseases, 4 regions are heavily affected, namely Atsimo Andrefana, Vatovavy Fitovinany, Atsinanana and Haute Matsiatra.

The number of cases of diarrhea has increased by 20% compared to Q1. This is due to seasonal fluctuations. It is noteworthy that during the rainy season (October to April), the predominant disease is diarrhea. During Q3 and Q4, the incidence of diarrhea can be expected to decrease.

Chart 5: Comparison of the number of diarrhea cases in Q2 FY15 and Q2 FY16

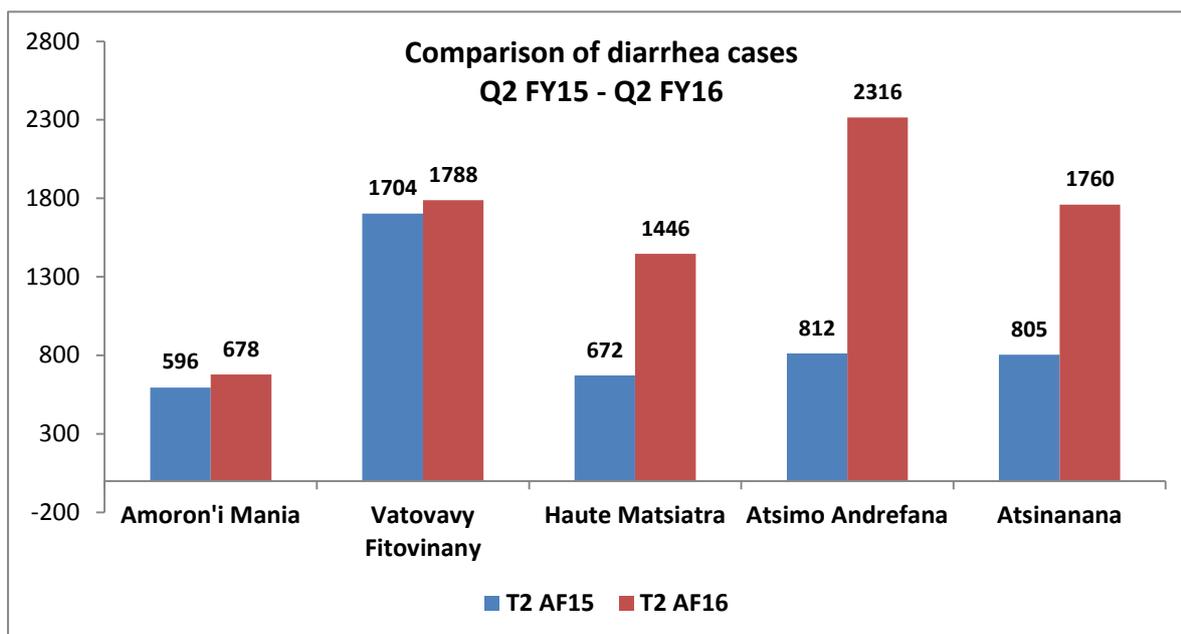


Chart 6: Breakdown of diarrhea cases by region

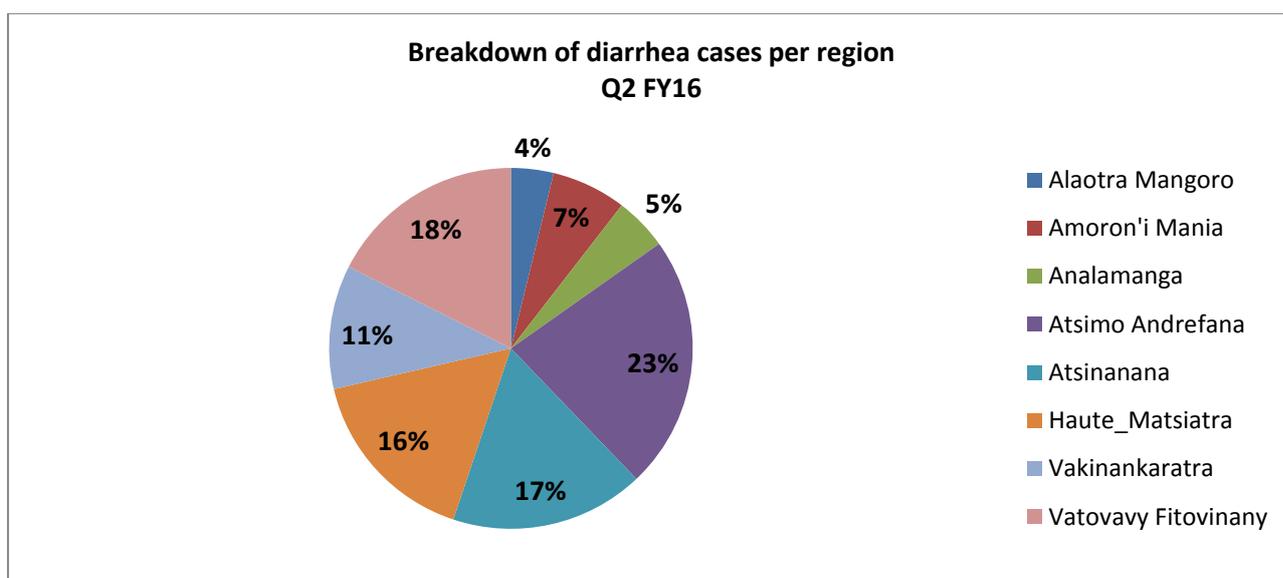
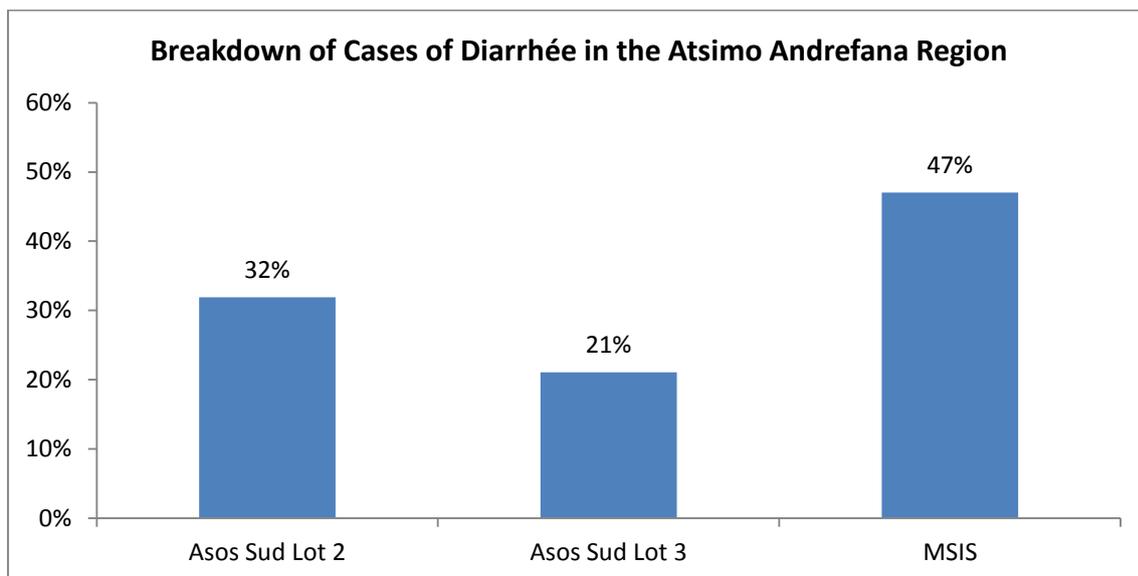


Chart 7: Breakdown of diarrhea cases in the Atsimo Andrefana region

The largest percentage of diarrhea was observed in Atsimo Andrefana, in areas of intervention of the NGO South ASOS area 2 (32%), covering the districts of Toliara II and Morombe, as well as in the MSIS intervention area (47%), covering the districts of Betioky, West Ampanihy and Benenitra.

A Co-infection of malaria-diarrhea was observed in the Atsimo Andrefana region. A study by the Department of the fight against malaria (DLP) was conducted in November-December 2016, as part of epidemiological surveillance of malaria in the Toliara II District Municipality of Ankililoaka which confirmed this high prevalence of co-Infection Typho Malaria during the study period. This led to the high levels of diarrheal disease in the area.



Regarding cases of pneumonia, the objective has been surpassed. This is in part the consequence of climate change. During the quarter, frequent rainy spells were interspersed with dry spells. This had an impact on ambient humidity, which was sometimes very high, sometimes very low. It must be noted that the highest numbers of cases were observed in the areas of Vatovavy and Atsinanana.

Chart 8: Breakdown of cases of pneumonia by region

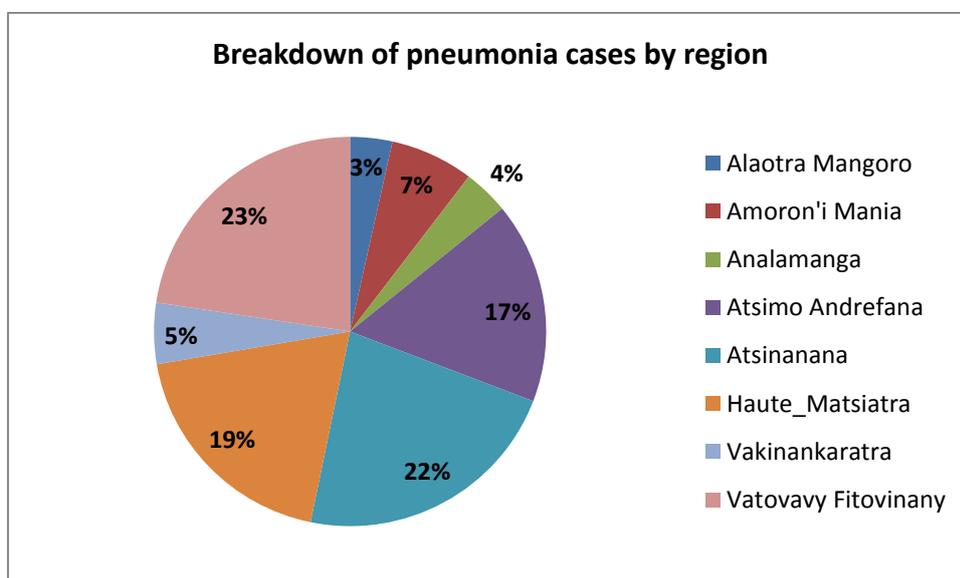
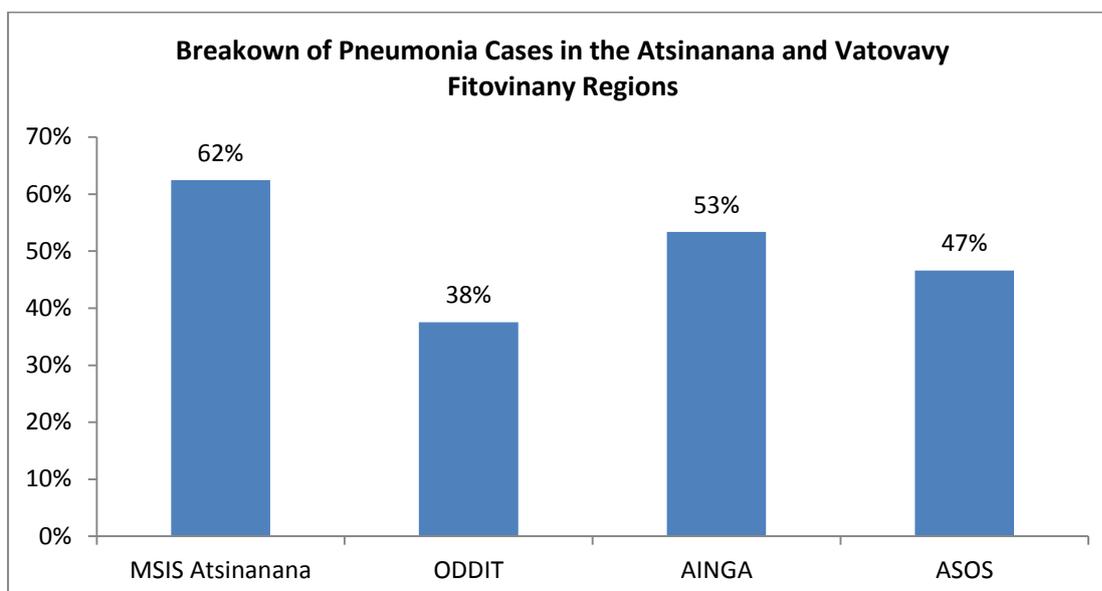


Chart 9: Breakdown of cases of pneumonia in the Atsinanana and Vatovavy Fitovinany regions

The largest percentage of pneumonia observed in Atsinanana was found mostly in the areas of intervention of the NGO MSIS (62%), covering the districts of Vatomanondry, Mahanoro and Marolambo. In Vatovavy Fitovinany, it is mainly in the AINGA intervention districts that a high percentage of pneumonia cases (53%) was observed (Ifanadiana, Ikongo, Mananjary)



Analysis of routine CHV data during FY 15 and a review of CSB data from the Health and Demographic Statistics Service showed the existence of malaria co-infection with pneumonia in the region Vatovavy Fitovinany and the region Atsinanana. Generally 1/3 of confirmed cases of uncomplicated malaria is associated with pneumonia in Atsinanana regions and Vatovavy Fitovinany.

▪ **Next steps:**

- ✓ Strengthen the supervision of CHVs
- ✓ Perform periodic monitoring of the progression of these disease cases

➤ **1,146 newborns received umbilical care using chlorhexidine**

N	INDICATOR	FY 2016 TARGET	Q1 RESULT	Q2 RESULT	FY 2016 TOTAL	% ACHIEVED
2.17	Number of newborns who received umbilical care through the use of Chlorhexidine (CHX)	15,065	214	1,146	1,360	9%

During the quarter, 1,146 newborns received umbilical care using chlorhexidine, bringing the annual total to 1,360, or 9% of the objective set for FY 16.

Training of the CHVs on the use of CHX did not begin until November 2015, and the products were only available to them at the end of the training. The trained CHVs were each given 5 tubes of CHX. Note that this result represents only 5% of the products received by

the CHVs. In addition, these products have been used by about 10% of the CHVs. Much more in-depth research will be conducted to determine the causes of low usage.

This low achievement is likely due to (1) non-systematic search by CHVs of pregnant women in their sector, (2) the unavailability of information on the number of pregnant women, (3) lack of monitoring of pregnant women by CHVs. This is important, because CHX should be made available to pregnant women about 8.5 months into their pregnancy, so that they can use this product immediately upon delivery.

The unavailability of CHX at the health centers (supply of the health centers is planned by UNICEF) is an obstacle to supporting the promotion of this product for pregnant women who present directly at the health center level for ANC; it is also an obstacle to the supervision of CHVs in the use of CHX. It is worth mentioning that the supply from UNICEF so far has not been sufficient to cover all the health centers.

▪ **Next steps:**

- ✓ Increase CHV awareness on the importance of searching for pregnant women and having a list of pregnant women. To this end, ensure collaboration of CHVs with fokontany heads and health center heads
- ✓ Develop a job aid for CHVs, showing the steps to search for pregnant women, perform follow-up of pregnant women, postpartum mothers and newborns
- ✓ Strengthen the supervision of CHVs on the use of chlorhexidine
- ✓ Strengthen awareness efforts for midwives. In rural areas, pregnant women still rely on midwives for childbirth. Their awareness on the importance of using CHX will contribute to the reduction of umbilical infections that can result in death of the newborn. To this end, CHV training will be conducted in May, focusing on the referral of at-risk pregnant women and the use of CHX and its benefits
- ✓ Conduct research on the causes of non-use of CHX with CHVs, target areas and health centers. The results of this research will enable the project to adjust the implementation strategy for this innovative activity.
- ✓ Organize meetings with UNICEF to discuss the supply of CHX at the health centers

➤ **162,200 children have benefited from growth monitoring and nutrition services**

N	INDICATOR	FY 2016 TARGET	Q1 RESULT	Q2 RESULT	FY 2016 TOTAL	% ACHIEVED
2.16	Number of children reached with nutrition programs (Number of children under five years registered with CHVs for Growth Monitoring and Promotion (GMP) activities)	59,008	182,620	162,200	344,820	58%
	Male	285,604	85,154	76,631	161,785	
	Female	309,404	97,466	85,569	183,035	

162,200 children have benefited from growth monitoring during the second quarter, for a total number of 344 820, or 58% of the objective for FY 16. This indicator is on track to meet the annual objective.

This is achieved partly through better collaboration among CHVs leading GMP activities in the fokontany. This greatly increased the motivation of mothers to attend these GMP activities. Similarly, there is a close collaboration with other nutrition programs from USAID, such as ASOTRY and FARARANO.

▪ **Next steps:**

- ✓ Strengthen the supervision of CHVs

- **6,651 women referred to health centers for prenatal care**
- **1,047 referred cases of neonatal emergencies**
- **162 women referred to and seeking emergency obstetrical care**
- **12,551 children referred to and seeking care for serious illnesses**

N	INDICATOR	FY 2016 TARGET	Q1 RESULT	Q2 RESULT	FY 2016 TOTAL	% ACHIEVED
2.20	Number of pregnant women referred by CHVs for antenatal consultations (ANC) and receiving care at the nearest health center	25,212	6,672	6,651	13,323	53%
2.21	Number of cases of women with neonatal emergencies referred by CHVs and who sought care at the nearest health center	4,520	966	1,047	2,013	45%
2.22	Number of cases of women with obstetric emergencies referred by CHVs and who sought care at the nearest health center	3,051	388	162	550	18%
2.23	Number of cases of severe illnesses among children under five years old referred by CHVs and seeking care at the nearest health center	13,038	11,364	12,551	23,915	183%
	Male	6,258	5,358	5,917	11,275	
	Female	6,780	6,006	6,634	12,640	

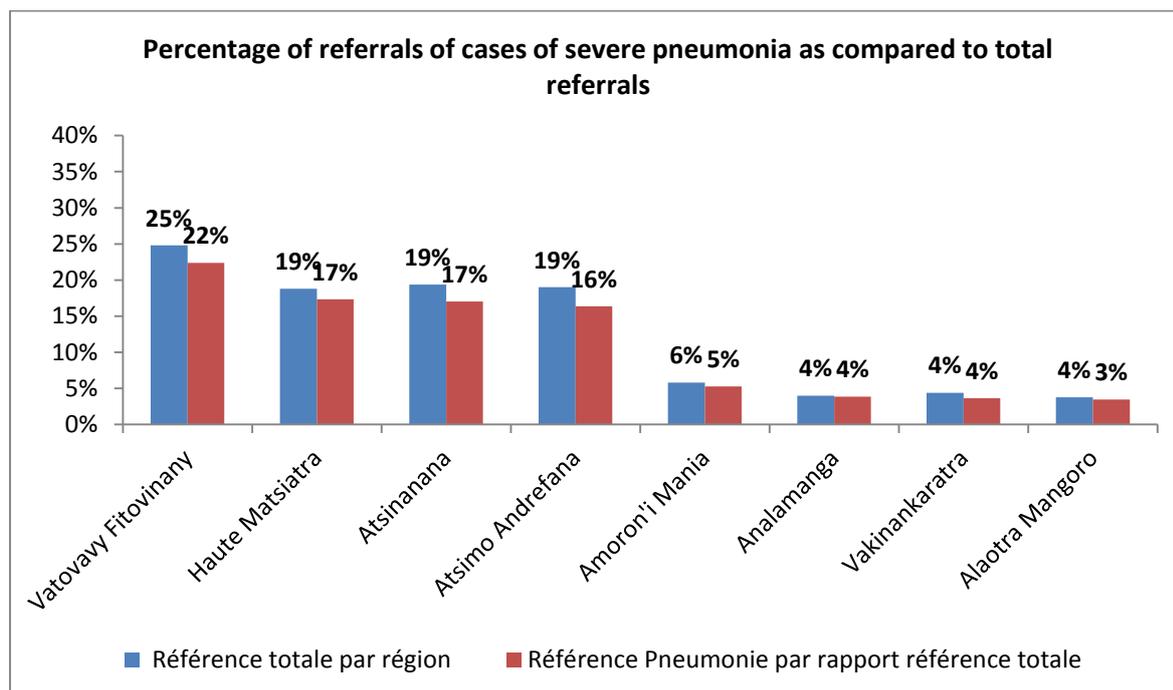
6,651 pregnant women were referred to health centers for ANC, bringing to 13,323 the total number of pregnant women referred, or 53% of the annual objective. This indicator is on track to achieving the annual objective.

1,047 cases of neonatal emergencies were referred by CHVs to the health centers. With these results, 45% of the annual objective has been met.

The two problem indicators are the referral of obstetric emergencies and the number of severe cases of disease in children under 5 referred by the CHVs. The objective for the first indicator has not been reached (18% of the annual objective), while the objective for the second indicator has been widely exceeded.

89% of severe case referrals were cases of severe pneumonia. The analysis of referred cases by region showed a high proportion in 4 regions, with a predominance of pneumonia cases (all cases combined, simple and severe pneumonia).

Chart 10: Percentage of referrals for severe pneumonia cases compared to referrals for severe disease cases



Case referrals by the CHVs for obstetric emergencies are still a big challenge. The calculation of the objective for this indicator was based on evidence at the national level. According to the MoPH, 15% of pregnant women have obstetric emergencies, and 12% of these cases are referred by CHVs. The results to date at the level of CHVs do not match this estimate. The question is whether CHVs really do monitor pregnant women. The fact that the number of pregnant women in the sector is not readily available to CHVs may also influence this outcome.

The reporting of referred cases of neonatal and obstetric emergencies is a major challenge for the CHVs. Research will be conducted under the project during Q3 in order to determine the source of this problem.

▪ **Next steps:**

- ✓ Strengthen the supervision and guidance of CHVs for referral/counter-referral
- ✓ Conduct research on case referral activities at the level of CHVs, objectives and health centers. The results of this research will enable the project to adjust the implementation strategy for this activity



2.3. MALARIA

N	INDICATOR	FY 2016 TARGET	Q1 RESULT	Q2 RESULT	FY 2016 TOTAL	% ACHIEVED
2.8	Number of health workers trained in case management with artemisinin-based combination therapy (ACT)	5,113	0	0	0	0%
	Male	2,352				
	Female	2,761				
2.9	Number of CHVs trained to provide rapid diagnostic tests (RDTs)	5,113	0	0	0	0%
	Male	2,352				
	Female	2,761				

Training and refresher sessions for the CHVs were scheduled to begin in Q2. These training sessions could not be held because of the unavailability of trainers (RMT, EMAD and health care heads) who were engaged in various campaigns for the MoPH (including FAV Polio in March for about 3 weeks). Refresher sessions for CHVs, focusing mainly on the use of new case recording forms for sick children, and initial training of new CHVs (CHVs neFDy certified to be versatile and CHVs recruited to improve service coverage of fokontany), are planned to begin in May.

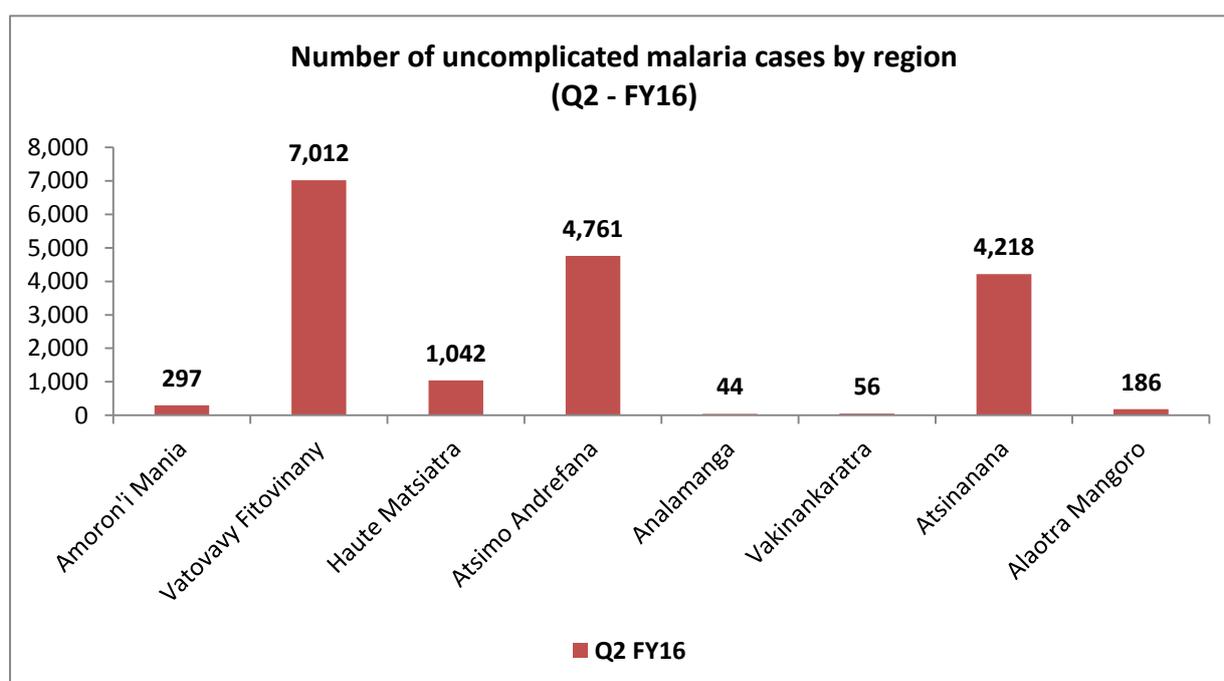
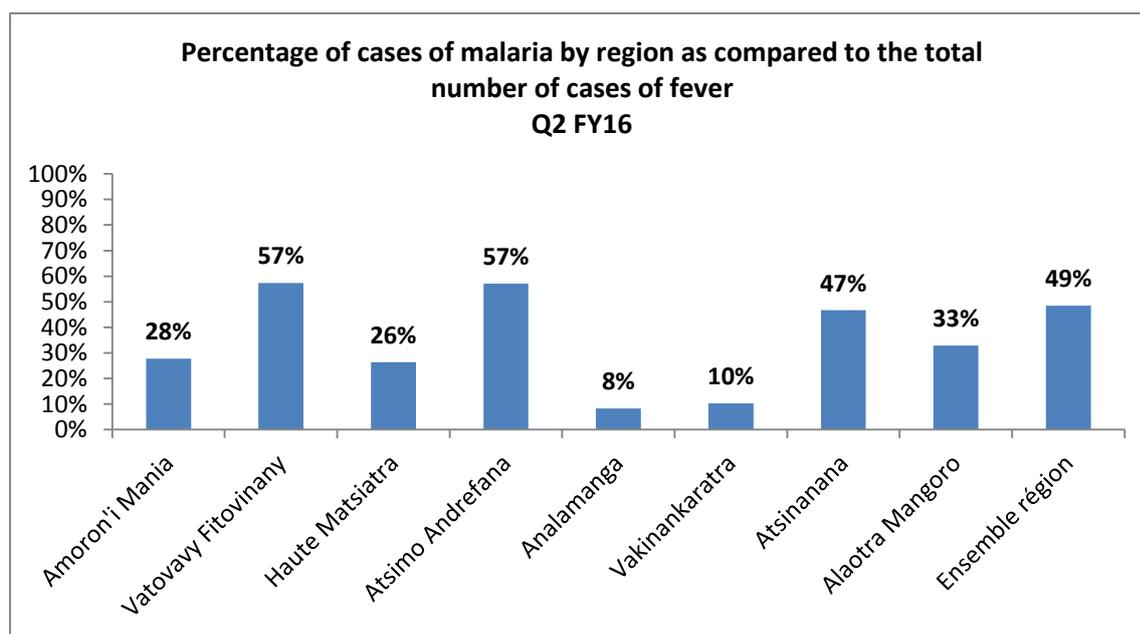
- **34,049 children with fever received a RDT, 52% of them tested positive (uncomplicated malaria). 70% of uncomplicated malaria cases were treated with ACT**
- **12,387 children with uncomplicated malaria (with positive RDT) were treated with ACT**

N	INDICATOR	FY 2016 TARGET	Q1 RESULT	Q2 RESULT	FY 2016 TOTAL	% ACHIEVED
2.10	Number of children under five years old with a fever who received a RDT	90,630	28,272	34,049	62,321	69%
	Male	43,502	13,493	16,238	29,731	
	Female	47,128	14,779	17,811	32,590	
2.11	Number of children under five years old with a positive RDT who received ACT	60,295	8,859	12,387	21,246	35%
	Male	28,942	4,272	5,946	10,218	
	Female	31,353	4,587	6,441	11,028	

34,049 cases of fever were tested using RDTs, bringing the total for this FY 16 to 67,321, which represents 69% of the annual objective. 12,387 children with uncomplicated malaria (with positive RDT test) were treated with ACT. A total of 21,246 cases of fever tested positive in RDT were treated with ACT, which is 35% of the annual objective in 2016.

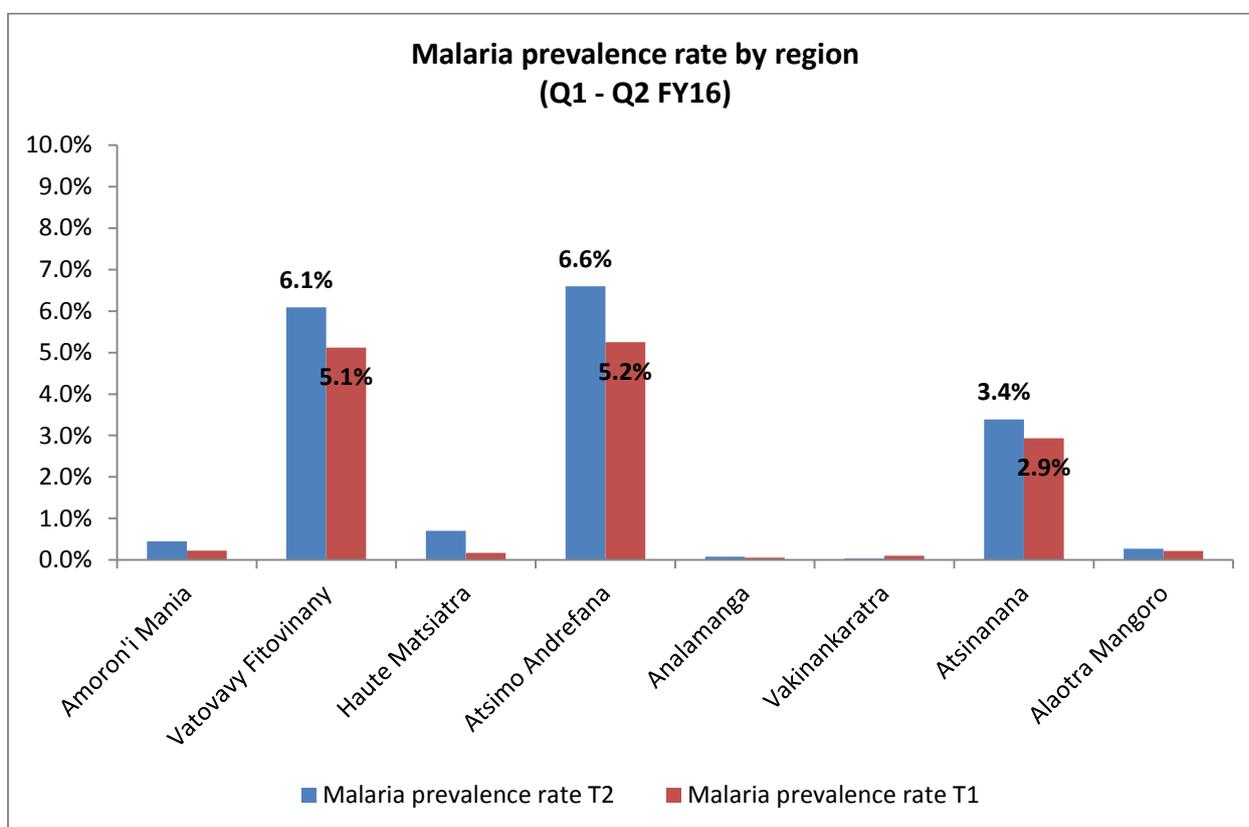
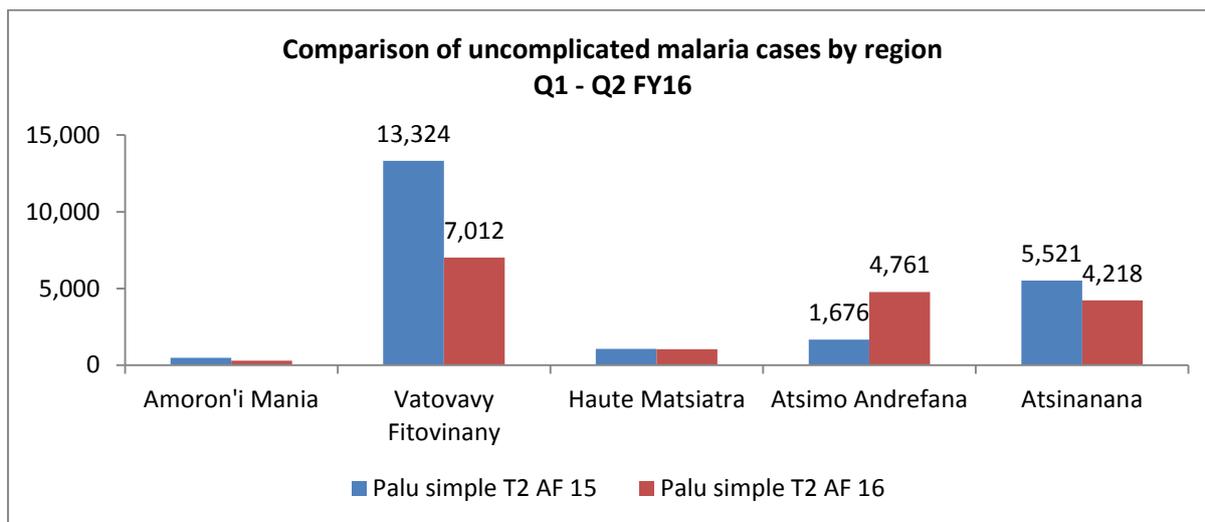
Data comparison between the number of total fever cases, those tested using RDTs, RDT-positive cases and RDT-positive cases treated using ACT shows that 94% of fever cases were tested using RDTs, 52% were confirmed case of uncomplicated malaria (positive RDT) and 70% of these cases of uncomplicated malaria were treated with ACT. Of note, during the quarter, 23% of the CHVs have reported cases of ACT stockouts.

Chart 11: Percentage of confirmed malaria cases relative to fever cases tested using RDT



Data analysis by region showed that, as in the first quarter of FY 16, 3 areas are most affected by fever and malaria (Vatovavy Fitovinany, Atsinanana and Atsimo Andrefana). 82% of fever cases and 91% of uncomplicated malaria cases reported by the CHVs during this quarter were located in these 3 areas (see Chart 11). Note that the regions of Atsinanana and Vatovavy Fitovinany are located in areas of high stable transmission, in other words areas with disease transmission throughout the year. The region of Atsimo Andrefana is classified as an unstable transmission area, because disease transmission is highest during the period from October to April.

Chart 12: Comparison of uncomplicated malaria cases by region in Q1 and Q2



Cases are most prevalent in the region of Vatovavy Fitovinany, with about a third of cases (4,203/17,616) observed in the districts of Manakara and Vohipeno, and 16% of cases (2,809/17,616) in the districts of Ifanadiana, Ikongo and Mananjary. (Chart 12)

- **Next steps:**
 - ✓ Refresher training of all CHVs offering c-IMCI services
 - ✓ Initial training of new CHVs
 - ✓ Strengthening ongoing coaching of CHVs by health center heads. Organization of quarterly practical training sessions in health centers in order to improve, continuously and permanently, the health center's performance in terms of RDT handling
 - ✓ Inclusion of questions on RDT handling and interpretation of results in the knowledge test as part of the quarterly performance evaluation of CHVs

2.4. LOGISTICAL MANAGEMENT OF HEALTHCARE PRODUCTS

- Around 11% of CHVs experienced a stockout of contraceptive products and 11-23% of products to manage diseases in children under the age of 5

N	INDICATOR	FY 2016 TARGET	Q1 RESULT	Q2 RESULT	FY 2016 TOTAL
2.5	Percent of service delivery points (CHVs) that experience a stock-out at any time of oral contraception products	8%	8%	12%	10%
2.6	Percent of service delivery points (CHVs) that experience a stock-out at any time of Depo-Provera products	8%	9%	11%	10%
2.12	Percent of service delivery points (CHVs) that experience a stock-out at any time of ACT	8%	6%	23%	14%
2.18	Percent of service delivery points (CHVs) that experience a stock-out at any time of ORS/Zinc (ViaSur)	8%	7%	11%	9%
2.19	Percent of service delivery points (CHVs) that experience a stock-out at any time of Pneumostop©	8%	8%	20%	14%

During the second quarter, the percentage of CHVs that reported a stockout increased for all products compared to Q1. These percentages also vary from product to product, from 23% for ACT to 11% for Depoprovera and Viasur.

USAID Mikolo began implementing the logistics system by performing cascade training, at the central, regional, district and municipality levels, on community site and stock management. The majority of CHVs were trained during Q2, except for the Alaotra Mangoro region, where training will be held in Q3 due to the non-availability of trainers (RMT, EMAD and health center heads).

The result for 2.12 indicates that 23% of CHVs reported a stockout of ACT. The areas most affected by malaria outbreaks, namely the regions of Vatovavy Fitovinany, Atsinanana and Atsimo Andrefana, had higher levels of stockouts. 22% of the CHVs that reported ACT stockouts were located in these 3 areas.

The cause of the ACT stockouts at the level of CHVs is due to (1) the lack of application/distribution of the September 30, 2015 letter from the Direction for the fight

against malaria, notifying the health centers that going forward, the CHVs would be supplied with ACT at the health centers (following the integration of ACT by PSI in the MoPH supply circuit); (2) the lack of data on the use of ACT by CHVs at the health centers for quantification. Because of this, some health center heads were reluctant to supply CHVs with ACT due to the fear of experiencing a stockout. This has also caused shortages at the level of health centers, causing in turn a stockout for CHVs; (3) the prioritizing of product distribution during Q2 for areas which have experienced malaria flare-ups. For Mikolo, the only area affected by this prioritization is the Atsimo Andrefana region.

Stockouts in Pneumostop and Viasur are due to a stockout at the national level during Q1 FY 16. The products have arrived in the regions mid-Q2.

The stockout in Pneumostop was due to a switch to amoxicillin in the treatment of pneumonia cases. The products only reached the country in December 2015 and distribution by MSP has not yet been initiated to date. Distribution is scheduled to take place during Q3.

Over a third of the CHVs in the Vatovavy Fitovinany region have experienced stockouts for all products during the quarter. 24% reported shortages in oral contraceptives, 36% in injectable contraceptives, 23% in ACT and 22% in Viasur. Further investigation will be conducted by the Project during Q3 to identify the causes of this problem.

▪ **Next steps:**

- ✓ Supervision of CHVs trained in the management of sites and stock management during Q3. This is intended to ensure the continuous availability of products to CHVs and data feedback. These data will be used for decision making in meetings with partners
- ✓ Provision to PMI and DLP of monthly information on ACT stockouts in order to enable them to meet the needs of the CHVs in time
- ✓ Organization of a validation workshop on the site management and stock management system and tools in June 2016
- ✓ Scaling-up of the system throughout the country (among the CHVs and in the public sector)
- ✓ Diffusion of new information at all levels (RMT, EMAD, health centers) on the letter from the DLP concerning the supply of ACT to CHVs by health centers



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

Seven indicators were defined for monitoring activities to improve the quality of community health services. The objectives have been met for four of them. The biggest challenge is the planning of on-site supervision. The NGO on-site supervision cycles do not correspond to the project reporting period.

- **59% of CHVs reached the minimum quality score for the management of childhood illnesses at the community level**
- **60% of CHVs reached the minimum quality score for family planning counseling**

N	INDICATOR	FY 2016 TARGET	Q1 RESULT	Q2 RESULT	FY 2016 TOTAL	% ACHIEVED
3.1	Percent of CHVs achieving minimum quality score for community case management of childhood illnesses	75%	46%	59%	59%	79%
3.2	Percent of CHVs achieving minimum quality score for family planning counselling at the community level	75%	49%	60%	60%	80%

59% of CHVs supervised during this quarter reached the minimum quality score in community management of childhood illness (79% of the objective). Regarding the quality of FP counseling, 60% of the supervised CHVs reached the minimum score (80% of the objective). The expected targets for these 2 objectives have not been reached.

Some improvement was noted for CHV performance results during the second quarter. The disaggregated analysis by cohort of CHV results according to the training received and to their seniority showed inconsistency. Logically, and according to the project's assumptions, there should be a gradual increase in performance of the CHVs. The validity and reliability of the data collected to measure this performance is in question. In order to achieve scientific validity, the project has preferred to wait at least 1 year and a half after implementation of the SQI approach before evaluating the effectiveness of this approach.

▪ **Next steps:**

- ✓ Conduct a survey to assess data reliability and quality. This survey will also assess the effectiveness of the SQI approach
- ✓ Monitor trends in performance to ensure the validity of results
- ✓ Strengthen on-site supervision of the CHVs as well as refresher training performed during these supervisory visits

- **86% of monthly activity reports have been completed and submitted**
- **2,978 active CHV are supervised by STs on the service delivery sites, with an average of one visit per quarter**

N	INDICATOR	FY 2016 TARGET	Q1 RESULT	Q2 RESULT	FY 2016 TOTAL	% ACHIEVED
3.3	Percent of monthly activity reports received on time and complete	80%	88%	86%	87%	109%
3.4	Number of CHVs supervised at the service delivery sites	5,100	3,792	2,978	2,978	58%
3.5	Mean frequency of activity supervision visits conducted by NGO partners to CHWs	4	1	1	2	50%

For this quarter, the objectives for the CHV reporting rate and the average frequency of supervisory visits per CHV have been achieved. The reporting rate of 86% represents the monthly activity reports (MARs) from CHVs received in the project's database.

Concerning the number of CHVs supervised once every quarter, the annual objective of 5,100 CHVs was based on 85% of active CHVs being supervised during the quarter. Current implementation represents 58% of the annual objective.

NGOs have only initiated the supervision cycle for FY 15 in July 2015. The progress of the implementation of these on-site supervisions (SS) is not uniform. NGOs working in the original 375 communes started implementing supervision in FY 14, while NGOs working in the 154 new communes have only begun implementing it during Q3 of FY 15. Similarly, the delay in initiating activities for improving the quality of services (SQI) in FY 15 had an impact on the supervision cycle. Therefore, overall, the NGOs did not complete the first round of on-site supervision for all CHVs before the end of October 2015. For NGOs that have completed the SS earlier, the second round of SS began in mid-October. Thus, there is an overlap between Q1 and Q2 in the achievements of NGO objectives. As a result, 44% of their activities for the second round of on-site supervisions were recorded in Q1 and 56% in Q2 (see table below).

Table 1: Breakdown of on-site supervisions for FY 15 and FY 16

Q4 FY15	Sept 2015 (SS1)	Oct 2015 (SS1)	Oct 2015 (SS2)	Nov 2015 (SS2)	Dec 2015 (SS2)	Jan 2016 (SS2)	Feb 2016 (SS2)
3,968	1,097	386	934	1,375	1,447	1,338	193

The execution of two rounds of SS in the last 2 quarters of FY 16 would be a major challenge. Community activities for this grant extension will only be implemented after mid-April 2016.

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

N	INDICATOR	FY 2016 TARGET	Q1 RESULT	Q2 RESULT	FY 2016 TOTAL	% ACHIEVED
3.6	Number of CSBs that organize a monthly meeting with COSAN members	TBD	50%	50%	50%	NA
3.7	Percent of CHVs who participate in monthly COSAN meetings, out of the total number of CHVs in the project intervention areas	80%	91%	82%	82%	102%

For this quarter, 82% of the CHVs attended the monthly meetings. The goal for this quarter has been reached. However, in comparison with the percentage of CHVs participating during Q1, a decrease in participation has been observed.

Regarding indicator 3.6 on the number of health centers organizing monthly reviews, for the second quarter, 50% of health centers in the project intervention areas have organized such meetings. Leadership of the Project and each NGO led to these results on the commitment of the health centers to community health. The Health center heads are also beginning to understand the importance of the NCHP. The involvement of the Health center heads in monthly meetings with the CHVs/COSAN is another important motivating factor for the CHVs to participate in these meetings.

▪ **Next steps:**

- ✓ Monitoring of the monthly reviews by the health center heads and the participation of CHVs in COSAN monthly meetings



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

During the second quarter, the approaches Household Champion of Health (AMS, Ankohonana Mendrika Salama), Fokontany Champion of Health (FMS, Fokontany Mendrika Salama) and Commune Champion of Health (KMS, Kaominina Mendrika Salama) were implemented in the 506 communes of the project. To this end, 795 women leaders (FD), 677 young peer educators (JPE) and 1,625 men leaders (HD) received training during the first six months of this year.

With the aim of strengthening awareness-raising activities among community actors, spots were broadcast across 24 radio stations.

The USAID Mikolo project participated in various coordination meetings, including the preparation of several FAV Polio campaigns organized by the MoPH. The Project actively participated in the International Women's Day on March 8. A "one pager" describing gender-related activities was designed and distributed during the national celebration held in Antsiranana. A regional celebration was organized by the Project in Vohipeno. The rallies were focused on awareness-raising on health topics, testimonies of women's groups and a culinary demonstration by women leaders in collaboration with ASOS and the Regional Nutrition Office (RNO). The Project also participated in the World Water Day held in Ambohidratrimo. Brochures about the project activities in the field of water, hygiene and sanitation were developed and distributed during the event.

KMS 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% FMS

LEVEL II

- Level 1 + Communal action plan 25 to 50% achieved
- 25 to 50 % FMS
- 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% FMS

KMS 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 ITNs (suspended)
- Existence of water conservation supplies
- Use of latrines by households
- Existence of a hand-washing device

➤ 3 651 households certified : "Champion households"

N	INDICATOR	FY 2016 TARGET	Q1 RESULT	Q2 RESULT	FY 2016 TOTAL	% ACHIEVED
4.1	Number of Communes with the status of Commune Champion (KMS)	405	0	0	0	0%
4.2	Number of households certified as Household Champions (AMS)	30,276	0	3,651	3,651	12%

3,651 households were certified "Champion households", representing 10% of the annual objective.

The application of evaluation criteria to achieve the status of AMS and to certify AMSs will start in Q2. The training of the STs during the months of November and December 2015 focused on AMS, FMS, KMS.

The table below shows the achievements during Q2 towards criteria to reach KMS level I.

CRITERIA	RESULT	PERCETAGE	OBSERVATIONS
Functional CCDS/COSAN	470	116%	As compared to the target 405 communes
Between 10 and 25% of community action plans achieved	2	0,5%	As compared to the target 405 communes
Existence of FKT with a health hut constructed by the community (25%)	434	13 %	As compared to the current number of Fokontany
Existence of FKT that have implemented a sanitary evacuation system (25%)	408	12%	As compared to the current number of Fokontany
FKT > 5km that have two operating CHVs	1,824	54%	Data out of 3,394 FKT
FMS 10 to 25%			The criteria to be a FMS are: - Level 1: 10-25% of target households are certified as AMS - Level 2: 25-60% of target households are certified as AMS - Level 3: more than 60% of target households are certified as AMS

A challenge for AMS is the involvement of the NGOs in implementing activities related to the AMS, FMS, and KMS approaches, but also in data collection. *In order to acheive the Project targets for KMS and AMS, each NGO should acheive on average 163 households for AMS and 80% of their communes for KMS.*

In order to achieve these objectives, NGO terms of reference have been reviewed to strengthen the implementation of these approaches, and milestones were also defined. Refresher training of the STs on completing AMS tools will be conducted. The NGO data collection system will be improved, and the report outline of these approaches will be integrated in DHIS 2 (collection platform, submission and project database).

▪ **Next steps:**

- ✓ Carry out a refresher session on the use of the AMS, FMS, and KMS data collection tools and on the distribution of these data during NGO coordination meetings
- ✓ Train new STs as to these approaches
- ✓ Organize a meeting of FD, HD and JPE by stressing the completion of management tools and strengthening AMS and KMS awareness efforts
- ✓ Strengthen the monitoring of the implementation of these approaches with stakeholders
- ✓ Involve the members of the “Comité de Pilotage Régional” (CPR) of Mikolo in monitoring the implementation of the AMS, FMS and KMS approaches

- **1,398 broadcasts of spots by local radio stations**
- **12,510 women educated on EBF**

N	INDICATOR	FY 2016 TARGET	Q1 RESULT	Q2 RESULT	FY 2016 TOTAL	% ACHIEVED
4.3	Number of radio spots broadcast	12960	5,611	1,398	7,009	54%
4.4	Number of fokontany that have achieved Open Defecation Free (ODF) status	908				
4.5	Number of people who have gained access to an improved sanitation facility	13,613				
4.7	Number of women reached with education on exclusive maternal breastfeeding	75,325	14,758	12,510	27,268	36%

In total during Q1 and Q2 of FY 2016, 7,009 spots were broadcast by local radio stations, equivalent to 54% of the annual objective.

In order to strengthen awareness-raising efforts among community actors, we favor the diffusion of the project messages through radio communication, following the renewal of a contract with the 24 partner stations. The table below shows the breakdown of broadcasts by topic:

Topic	Number	Percentage (%)
Youth	140	10
Gender	140	10
Child illness	140	10

Topic	Number	Percentage (%)
Pregnant women, birth, and baby	140	10
Child health	140	10
Individual and couple FP	153	11
Polio	545	39
TOTAL	1,398	100

Note that in Q2, the project began broadcasting the spots in the local dialect of the respective intervention areas.

12,510 women were educated on EBF, bringing the total number to 27,119 or 36% of the objective for FY 2016.

This indicator takes into account the EBF awareness efforts made by the CHVs and by different groups (men and women) at the community level. The share of achievements of these various groups is only 2%. The big challenge is data feedback from these groups. In order to address this issue, reporting of this data will be integrated into DHIS2 so that the STAs can make direct entries.

For the indicators about water and sanitation (4.4 and 4.5) the Project has no data from "Fonds d'Appui à l'Assainissement" (FAA). Noted that a memorandum of understanding has been signed between USAID Mikolo Project and FAA for these activities . Data is In the process of being validated by the Ministry of Water

▪ **Next steps:**

- ✓ Strengthen the capacities of radio hosts for each station on the various themes of the project so that they can produce programs in various formats, including talk shows, "micro-sidewalks", magazines, etc
- ✓ Implement relay listeners to monitor broadcast by each station
- ✓ Strengthen the supervision of FD and HD
- ✓ Monitoring of data feedback from FD and HD, especially for awareness-raising on EBF
- ✓ Strengthen the monitoring of FD and HD outreach activities while building awareness-raising efforts on EBF

➤ **585 Young Peer Educators trained**

N	INDICATOR	FY 2016 TARGET	Q1 RESULT	Q2 RESULT	FY 2016 TOTAL	% ACHIEVED
4.6	Number of people (peer youth, youth leader) trained in Adolescent Reproductive Health (ARH)	736	92	585	677	92%
	Male	400	44	309	353	
	Female	336	48	276	324	

585 young peer educators were trained, bringing to 677 the total number of persons having received training for the first half of FY 2016, or 92% of the objective.

The JPEs that have been trained are going to undertake the following activities according to their roles and assignments:

- Formation of youth groups
- Awareness-raising and facilitation of the existing group
- Support for the development of the group's action plan
- Awareness-raising within the community of young people and parents
- Referral to CHVs and/or health centers of youth who need FP services
- Monthly activity reports submitted by JPE and AMS
- Monitoring of households selected to become AMS

In order to reinforce the awareness already raised by JPEs, a soccer tournament was held in collaboration with PSI in the district of Tulear II. The objective of this sporting event was to convey messages about improving the health of young people, such as delaying the age of first pregnancy, prevention of sexually-transmitted infections, the use of health center services and prenatal care. Several channels were used to disseminate messages during this tournament – namely puppets, mobile videos, "radio hooks".

A mini-survey was conducted during this sporting event to measure the retention of the messages conveyed from the semifinals. The analysis of results is currently underway. The overall objective of this survey is to assess the effectiveness of using a sporting event as a means of communication to disseminate health messages to young people in the age bracket of 10-25 years. The results of this survey will enable the project to make a decision on the appropriateness of scaling up this sporting event in the Mikolo areas of intervention.

▪ **Next steps:**

- ✓ Disseminate the results of the sporting event
- ✓ Scale-up the sporting event if appropriate, based on the results of the survey
- ✓ Lead the formation of the JPEs
- ✓ Evaluate the performance of the JPEs
- ✓ Train successful JPEs in FP4
- ✓ Strengthen the monitoring of outreach activities conducted by the JPEs
- ✓ Reinforce the supervision of JPEs

ENVIRONMENTAL COMPLIANCE

For this 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

During this second quarter, FP compliance activities have focused on participation in the online course by all USAID Mikolo project staff members. At present, each member of the staff has received a certificate.

Multiple tools help ensure compliance, such as the TIHART poster and the method van, which will be continued in the next quarter.

FP compliance is indicated as an important objective in the FP training curriculum of the CHVs, updated with the MoPH. Monitoring of the implementation of actions defined in the compliance plan defined by the project continues with each on-site CHV supervisory visit.

The next steps will be to implement the online course for NGO staff members and CHV training.

MONITORING AND EVALUATION

For the second quarter, the main activities carried out in terms of monitoring and evaluation, in addition to the routine activities include:

- Operationalization of DHIS2 (District Health Information Software 2) following its implementation and training of STs on this platform
- Routine Data Quality Assessment (RDQA)
- Analysis of research data on the use of pregnancy tests by the CHVs

DHIS2. In order to foster ongoing improvement of the monitoring and evaluation system, the project will use the DHIS-2 platform, which is a sophisticated software database for the collection, validation, analysis and presentation of data, beginning in Q2 of FY 2016. This platform is also suitable for integrated health information management activities.

In FY 2015, this platform was developed but not yet functional. During the first quarter and early in the second quarter, DHIS2 updates were conducted in order to make it fully operational. During this second quarter, the field workers of the NGOs (ST, STA, TM and MEM) and the team members of the Mikolo regions were trained on data entry, submission and analysis in DHIS2. During these training sessions, monthly reports of some of the CHVs for February were used for practice (MARs, supply records). A total of 203 people were trained, including 158 STs, 27 STAs, and 18 TMs/MEMs. At the same time, 16 members of the Mikolo regional team have received training with these NGOs. For the month of February 2016, 77% of the CHV MARs and 73% of the supply records were collected and sent through DHIS2. Following these training sessions, the list of CHVs per commune and per STs was updated. In addition, in order to solve server problems identified during training,

certain changes have been made. A test was performed with all users after implementing changes, and the result was positive.

The next steps are to:

- (1) integrate other questionnaires needed for reporting on the activities of community actors and the project,***
- (2) transfer data stored in DataWinners to DHIS2,***
- (3) train the project's central staff on DHIS2,***
- (4) create various indicators to facilitate data analysis,***
- (5) operationalize DHIS2 among public partners.***

An access code to DHIS2 will be assigned to RMT, health center heads and NGOs (central and field), so that they can access community data and use it for effective decision making. Training of RMT, EMAD and health center heads will be performed around Q3 of this FY 2016. This training will be focused on DHIS2 and the use of data in decision making.

Regional Data Quality Assurance (RDQA). During this period, 2,091 CHVs received RDQA visits, including 151 CHVs for the regional office team of the project and 1,940 CHVs for the NGO STs.

For this period, the secondary analysis of existing data in the project database has made it possible to identify various improvements to the predefined logic for some indicators. For example, for PF data recorded by the CHVs in the monthly activity reports, the number of regular users is higher than the number of new users.

However, for children under five, the transcription of treatment data remains a challenge. Some CHVs fever case counts are still higher than the number of RDT used, or the number of RDT+ numbers detected are not proportional to the cases of fevers receiving treatment.

The operationalization of DHIS2 has helped to integrate questionnaires relating to the routine on the data quality assurance (Issue #1 and Issue #2). Thus, NGOs will henceforth directly enter the results of RDQAs, which will facilitate their analysis and decision making at all levels in an effort to improve the quality of data. It is noteworthy that during each RDQA, the project technicians and the NGOs are engaged in conducting capacity building of the CHVs with respect to the completion of management tools. This is intended to help CHVs understand the importance of source documents, as the first source of error when completeness, accuracy and validity of the data is compromised.

Certainly, improving the quality of data remains a challenge. Therefore, in order to complete the RDQA, a new approach known as Key DQA has been established, which will be focused in particular on some project-specific indicators used to verify and ensure their validity and reliability.

The accuracy and validity of the indicators will be measured by comparing data in:

- 1) the project database (DataWinners - DHIS2),
- 2) the monthly activity reports (MAR) at the NGO level, and
- 3) the source documents at the CHV level (MARs, individual FP/c-IMCI records, reference sheets, log books).

This approach will be operational in the next quarter after a pre-test to be conducted at each level.

OPERATIONAL RESEARCH. Regarding the **operational research** on the use of pregnancy tests by the CHVs, in total, 789 pregnancy tests were used by 250 CHVs over a period of nine months (June 2015 through February 2016) in all of the communes involved in the project.

The table below shows the data on the results of these 789 tests.

Topic	Number
Number of positive test results	198
Number of negative test results	641
Average pregnancy tests used per CHV	3.3
Average pregnancy tests used per CHV per month	2.69
Maximum number of pregnancy tests used by a CHV per month	12
Mimum number of pregnancy tests used by a CHV per month	1

As for the results in the study areas, only 45 clients came to the CHVs agreed to use a pregnancy test. 14 tested positive and were referred to health centers by CHVs in order to receive ANC, and 31 tested negative. Due to an insufficient number of pregnancy tests used in research areas and the lack of information received, a strong link between changes in the number of RUs of CHVs or the number of referred ANC visits cannot yet be established. The report rate since June 2015 until now is 7% in research areas.

However, the results showed a difference in the change of RU numbers between experimental communes and control communes in the study areas. The number of RUs in the experimental communes grew much faster than the number of RUs in the control communes, which remained almost unchanged. Even though a difference was observed between the experimental and control areas, it remains to be confirmed whether the increase identified in the experimental areas is related to the use of pregnancy tests. A correlation test between the number of pregnancy test used and the number of RUs is required. This step will be part of the next stage, given the inadequacy of current information in the study areas.

Regarding referral to health centers for ANC services, almost no difference was observed between experimental and control communes. Other investigations will be useful for validating the quality of data reported by the CHVs. In addition, it will be necessary to follow the evolution of ANC at the health centers and to check whether the clients referred by the CHVs actually visit the health centers to receive ANC.

The main challenge for this study is to ensure the quality and reporting of data. To address this, the data collection will be based on DHIS2. The collection sheet was integrated into this platform. Extensive research on the low use of the pregnancy test among the CHVs will be conducted.

Regarding other investigations planned for FY 16, meetings with program managers have been organized. As for the research on peer supervisors, the validation workshop on the CHV peer supervisor strategy with the MoPH and the presentation of the research protocol was postponed to a later date.

After identifying a need for research on midwives, protocol development is underway. Regarding research on insufficient cash flow at the SILC level, a secondary analysis of data received into the SAVIX (SILC database) is underway. The results of this analysis will determine the real needs of the research and its relevance.

▪ **Next steps:**

- ✓ Ensure the effective use of DHIS2, which implies discontinuing the use of DataWinners, the current database
- ✓ Train the project's central staff and public partners (RMT, EMAD, and health center heads) on DHIS2 in collaboration with the monitoring and evaluation team of the MoPH
- ✓ Train new NGO STs and STAs on the monitoring and evaluation aspects of the project (data distribution and management tools, use of DHIS2, RDQA and use of data in decision making)
- ✓ Guarantee the permanent availability of management tools (MARs, data collection sheet on pregnancy tests, log books) for CHVs
- ✓ Conduct research on the problem activities related to the project indicators
- ✓ Conduct research to be performed during this fiscal year
- ✓ Strengthen data verification steps. This activity will be conducted not only among the CHVs but also among STs upon reception of reports and before the entry of data, among NGO STAs/MEMs before and/or after the collection of the reports in the project database and, finally, at the level of ROs, during the monthly RDQA held for NGOs
- ✓ Develop a pocket guide and other job aids encompassing the whole project monitoring and evaluation system in order to support all staff members (Mikolo and NGOs) in monitoring and evaluation activities

PROJECT MANAGEMENT

➤ Coordination with USAID

As with each deadline, the USAID Mikolo project submitted its quarterly report for the period of October through late December 2015. The project underwent a program review and responded to various questions addressed in the issues paper. The optimization of the project intervention at all levels, including at the national level in support of the government, was discussed, and adjustments will be necessary to this end. The same applies to the financial review conducted by the joint team of accounting and contract office led by the Regional Contracting Office, Mr. Adam Walsh. Their findings failed to identify major weakness.

Together with other enforcement agencies, the project has completed its analytical table: Continuum of care, which was validated by USAID. The project's management team participated in the regular meeting of USAID partners in March 2016, in the bi-monthly meeting with the COR (Contract Officer's Representative), Alternate COR, the contract office and in the HPN retreat. Under the leadership and direction of USAID, the USAID Mikolo project, together with its implementing partners, actively participated at all levels (central, regional, district, commune and even fokontany) in all FAV Polio campaigns in its areas of intervention. Along with USAID, the USAID Mikolo project closely follows and actively participates in various meetings with the Health District Directorate (DDS) pertaining to the National Community Health Policy and the harmonized community strategy. In addition, under the coordination of USAID, the project organized a field visit in the region of Vakinakaratra by Mrs. Sylviane Ménard, Absorption Capacity Health Consultant in the Project known as Ny Fanjakana Ho an'ny daholobe. Finally, the leadership of the USAID Mikolo project informed USAID of the departure of Dr. Gaby, Senior Technical Advisor, and the interim organization until a successor is recruited.

➤ Other coordination meetings:

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

The project leadership and technicians have actively participated in various coordination meetings of technical groups and in meetings aimed at the preparation of FAV polio campaigns. In addition, the project has made a significant contribution in the financial, logistics and technical management of activities organized by the Ministry of Public Health and the Ministry of Water, Sanitation and Hygiene. The project participated in celebrating World Water Day at the national and regional levels. (See Table/List of different meetings and workshops at the central and regional levels in appendix 5)

- **With technical and financial partners:**

Active participation alongside MAHEFA as part of the workshop aimed at sharing experiences of community interventions from the various implementing agencies;
Participation in meetings and technical groups: H4 +, RBM, PMI, MCHP, Universal Coverage of Health, WASH, Roadmap CARMAA, FP Conference, Platform on promoters of savings and credit, Paladium HP+ as well as within the framework of the preparation of FAV Polio campaigns.

FINANCE AND OPERATIONS

➤ **Human Resources**

After more than two years with USAID Mikolo and successful start-up and implementation of key technical components of the project, Dr. Gaby Rakotondrabe, Chief Technical Advisor, left the project. The search for a replacement is underway. In the meantime Dr. Riana Ramanantsoa has agreed to cover the technical implementation aspects of the project in addition to her ongoing role as Regional Field Manager.

With increasing focus on regional operations, the role of Administration and Finance Assistant (AFA) is crucial. USAID Mikolo hired a replacement for the AFA in Atsinanana in January to further support activities in that region, as well as an AFA for the Analamanga region to support program rollout from Antananarivo.

The position of M-Health Coordinator is critical for moving forward with our M-Health strategy. The position was advertised early in the period. Subsequent interviews revealed that a revised Job Description was needed and a resulting second recruitment was begun in the quarter. In addition to the M-Health Coordinator, the strategy for M-Health encompasses a need for software and systems support. A contract was signed with Dimagi during the quarter to support the initiative. A Data Officer was also hired during the period to further assure the integration of community-level data collection and the application of DHIS2 for Health Center-level data collection.

Additional recruitments underway include a Stock keeper to further expand capacity of the project to implement and monitor inventory control systems. A Driver/Mechanic position is also under recruitment in order to reduce costs of vehicle maintenance and diagnosis.

➤ **Grants Management**

For the implementing NGOs, a performance evaluation was conducted late last quarter. The results were made available in early Q2. All NGOs were evaluated and received a satisfactory performance rating or higher. They were therefore reconsidered for a grant no-cost extension through September 2016.

During the second 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.

➤ **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 remain in line with the projections for the year. Several major purchases were initiated during Q2, which will contribute to a significant increase in the disbursement rate.

➤ **Logistics**

The project continued to pursue regularization of documentation for vehicles transferred from USAID. The process has been complicated and delayed due to GOM administrative delays and lack of clear documentation on the vehicles at the time of receipt from USAID. Values for each of the vehicles have been determined and resulting tax obligations for some motorcycles have been issued. Registration in the name of MSH and subsequent transfer to local NGOs and regional offices is expected in the next quarter.

The project launched a Request for Quotations for two new vehicles in the quarter; however, the winning bidder did not respect its price commitment so the project has had to revert to a secondary supplier.

APPENDICES

**APPENDIX 1: TABLE OF Q1 FY 16 INDICATORS and MALARIA INDICATORS
BROKEN DOWN BY MONTH, GENDER and REGION**

N	INDICATOR	FY 2016 TARGET	Q1 RESULT	Q2 RESULT	FY 2016 TOTAL	% ACHIEVED
Sub-objective 1: sustainably develop systems, capacity and ownership of local partners						
1.1	Number of Communes with functioning COSANs	506	0	470	470	93%
1.2	Number of Communes with functioning CCDSs	506	0	470	470	93%
1.3	Number of people (COSAN/CCDS) trained with increased Leadership and Management knowledge and skills	0	NA			
	Male					
	Female					
	Number of people (NGO) trained with increased Leadership and Management knowledge and skills	44	24	0	24	55%
	Male	29	13	0	13	45%
	Female	15	11	0	11	73%
	Number of people (TA and supervisor) trained with increased Leadership and Management knowledge and skills	288	198	0	198	69%
	Male	181	119	0	119	66%
	Female	107	79	0	79	74%
	Number of people (EMAD)	148	0	123	123	83%

N	INDICATOR	FY 2016 TARGET	Q1 RESULT	Q2 RESULT	FY 2016 TOTAL	% ACHIEVED
	trained with increased Leadership and Management knowledge and skills					
	Male	83		73	73	88%
	Female	65		50	50	77%
1.4	Number of COSAN savings and loans funds (CSLF) established	16	0	0	0	0%
1.5	Number of Saving and Internal Lending Community (SILC) established at the community level	684	183	159	342	50%
1.6	% of women with access to a system of community credit and lending (% of SILC members who are women)	60%	63%	66%	60%	100%
1.7	Number of NGOs eligible to receive direct grants from USAID	2	NA	N/A		
1.8	Number of local NGOs awarded grants	11	NA	11	11	100%
Sub-objective 2: Increase the availability of and access to basic care services in the project's target communes						
REPRODUCTIVE HEALTH / FAMILY PLANNING						
2.1	Number of new community health workers (CHWs) providing Family	1,059	0	0	0	0%

N	INDICATOR	FY 2016 TARGET	Q1 RESULT	Q2 RESULT	FY 2016 TOTAL	% ACHIEVED
	Planning (FP) information and/or services during this year					
	Male	487				
	Female	572				
2.2	Couple Years Protection	69,500	23,228	23,790	47,018	68%
2.3	Number of new users (NU) of FP	83,538	22,993	22,787	45,780	55%
	NU 15-19 years		7,355	6,499	13,854	
	NU 20-24 years		7,814	7,589	15,403	
	NU 25 years or older		7,824	8,699	16,523	
2.4	Number of regular users (RU) of FP	110,748	94,511	98,561	98,561	89%
	RU 15-19 years		18,951	20,526	20,526	
	RU 20-24 years		29,303	30,184	30,184	
	RU 25 years or older		46,257	47,850	47,850	
2.5	% of service delivery points (CHVs) that experienced a stock-out at any time of oral contraceptive products	8%	8%	12%	10%	
2.6	% of service delivery points (CHVs) that experienced a stock-out at any time of Depo-Provera	8%	9%	11%	10%	
2.7	Number clients referred and seeking care at the nearest health provider by CHW for long-acting contraceptive	9,079	2,723	1,336	4,059	45%

N	INDICATOR	FY 2016 TARGET	Q1 RESULT	Q2 RESULT	FY 2016 TOTAL	% ACHIEVED
	methods					
MALARIA						
2.8	Number of health workers trained in case management with artemisinin-based combination therapy (ACT)	5,113	0	0	0	0%
	Male	2,352				
	Female	2,761				
2.9	Number of CHVs trained in RDT	5,113	0	0	0	0%
	Male	2,352				
	Female	2,761				
2.10	Number of children under five years old with a fever who received a RDT	90,630	28,272	34,049	62,321	69%
	Male	43,502	13,493	16,238	29,731	68%
	Female	47,128	14,779	17,811	32,590	69%
2.11	Number of children under five years old with a RDT (+) who received ACT	60,295	8,859	12,387	21,246	35%
	Male	28,942	4,272	5,946	10,218	35%
	Female	31,353	4,587	6,441	11,028	35%
2.12	% of service delivery points (CHVs) that experienced a stock-out at any time of ACT	8%	6%	23%	15%	
MATERNAL, NEWBORN, and CHILD HEALTH						
2.13	Number of people trained in child health and nutrition	1,455	0	0	0	0%
	Male	669				
	Female	786				
2.14	Number of children under	25,100	8,464	10,199	18,663	74%

N	INDICATOR	FY 2016 TARGET	Q1 RESULT	Q2 RESULT	FY 2016 TOTAL	% ACHIEVED
	five years old with diarrhea treated with ORS/Zinc by trained service providers					
	Male	12,048	4,015	4,953	8,968	
	Female	13,052	4,449	5,246	9,695	
2.15	Number of children under five years old with pneumonia symptoms treated with antibiotics by a trained service provider	52,095	17,879	19,201	37,080	71%
	Male	25,006	8,382	9,024	17,406	
	Female	27,089	9,497	10,177	19,674	
2.16	Number of children covered by nutrition programs (<i>Number of children under five years old registered by CHVs for Growth Monitoring and Promotion (GMP) activities</i>)	595,008	182,620	162,200	344,820	58%
	Male	285,604	85,154	76,631	161,785	
	Female	309,404	97,466	85,569	183,035	
2.17	Number of newborns who received umbilical care through the use of chlorhexidine	15,065	271	1,146	1,417	9%
2.18	% of service delivery points (CHVs) that experienced a stock-out at any time of ORS/Zinc	8%	7%	11%	9%	

N	INDICATOR	FY 2016 TARGET	Q1 RESULT	Q2 RESULT	FY 2016 TOTAL	% ACHIEVED
	(Viasur®)					
2.19	% of service delivery points (CHVs) that experienced a stock-out at any time of Pneumostop®	8%	8%	20%	14%	
2.20	Number of pregnant women referred by CHVs for antenatal consultations (ANC) and receiving care at the nearest health center					
	ANC Total	25,212	6,672	6,651	13,323	53%
	ANC1		3,631	3,492	7,123	
	ANC4		3,041	3,159	6,200	
2.21	Number of cases of women with neonatal emergencies referred by CHVs and who sought care at the nearest health center	4,520	966	1,047	2,013	45%
2.22	Number of cases of women with obstetric emergencies referred by CHVs and who sought care at the nearest health center	3,051	388	162	550	18%
2.23	Number of cases of severe illnesses among children under five years old referred by CHVs and	13,038	11,364	12,551	23,915	183%

N	INDICATOR	FY 2016 TARGET	Q1 RESULT	Q2 RESULT	FY 2016 TOTAL	% ACHIEVED
	seeking care at the nearest health center					
	Male	6,258	5,358	5,917	11,275	
	Female	6,780	6,006	6,634	12,640	
2.24	Number of CHVs who received refresher training	3,300	0	0	0	0%
	Male	1,518				
	Female	1,782				
Sub-objective 3: Improve the quality of basic healthcare services at the community level						
3.1	% of CHVs achieving minimum quality score for community case management of childhood illnesses	75%	46%	59%	59%	79%
3.2	% of CHVs achieving minimum quality score for family planning counselling at the community level	75%	49%	60%	60%	80%
3.3	% of monthly activity reports received on time and complete	80%	88%	86%	87%	109%
3.4	Number of CHVs supervised at the service delivery sites	5,100	3,792	2,978		58%
3.5	Mean frequency of activity supervision visits conducted by NGO partners to CHWs	4	1	1	2	50%
3.6	Number of CSBs that organize a monthly	TBD	50%	50%	50%	

N	INDICATOR	FY 2016 TARGET	Q1 RESULT	Q2 RESULT	FY 2016 TOTAL	% ACHIEVED
	meeting with COSAN members					
3.7	% of CHVs who participate in monthly COSAN meetings, out of the total number of CHVs in the project intervention areas	80%	91%	82%	82%	102%
Sub-objective 4: Increase the adoption of healthy behaviors and practices						
4.1	Number of Communes with the status of Commune Champion (KMS)	405	0	0	0	0%
4.2	Number of households certified as Household Champions (AMS)	30,276	0	3,651	3,651	12%
4.3	Number of radio spots broadcast	12,960	5,611	1,398	7,009	54%
4.4	Number of fokontany that have achieved Open Defecation Free (ODF) status	908				
4.5	Number of people who have gained access to an improved sanitation facility	13,613				
	Male	6,534				
	Female	7,079				

N	INDICATOR	FY 2016 TARGET	Q1 RESULT	Q2 RESULT	FY 2016 TOTAL	% ACHIEVED
4.6	Number of people (peer youth, youth leader) trained in Adolescent Reproductive Health (ARH)	736	92	585	677	92%
	Male	400	44	309	353	
	Female	336	48	276	324	
4.7	Number of women reached with education on exclusive maternal breastfeeding	75,325	14,758	12,510	27,268	36%

* In the process of being validated by the Ministry of Water

MALARIA INDICATORS BROKEN DOWN BY REGION, MONTH AND GENDER (Q2 - FY 16)

<i>2.10_ Number of children under five years old with a fever who received a rapid diagnostic test (RDT)</i>									
Month	Sex	Alaotra Mangoro	Amoron'i Mania	Analamanga	Atsimo Andrefana	Atsinanana	Haute_Matsiatra	Vakinankaratra	Vatovavy Fitovinany
M1	M	80	128	41	909	1,109	241	74	1,244
	F	71	123	32	1,027	1,329	287	65	1,387
M2	M	108	141	57	986	1,343	244	57	1,578
	F	91	131	55	1,074	1,381	312	49	1,674
M3	M	71	151	45	1,270	1,105	319	58	1,646
	F	93	149	53	1,439	1,162	336	55	1,768
Q1	M	259	420	143	3,165	3,557	804	189	4,468
	F	255	403	140	3,540	3,872	935	169	4,829

<i>2.11_ Number of children under five years old with a positive RDT who received ACT</i>									
Month	Sex	Alaotra Mangoro	Amoron'i Mania	Analamanga	Atsimo Andrefana	Atsinanana	Haute_Matsiatra	Vakinankaratra	Vatovavy Fitovinany
M1	M	0	25	5	426	305	33	9	457
	F	2	25	1	415	375	39	4	535
M2	M	3	17	3	416	337	23	11	693
	F	1	17	1	456	371	18	3	703
M3	M	0	15	8	432	253	54	18	556
	F	0	18	8	464	293	46	12	650
Q1	M	3	57	16	1,274	895	110	38	1,706
	F	3	60	10	1,335	1,039	103	19	1,888

APPENDIX 2: SUCCESS STORIES





A woman leader has built a health center with fellow villagers

Babera Georgette is a CHV based in Amboafandra, a remote fokontany located in the commune of Vohitrindry, District of Vohipeno. She serves this small community of over 1,800 inhabitants distributed in 300 households since the 80's. At present, people have to walk for approximately 3 hours on 17 kilometers to reach the nearest primary health center. Several emergencies have occurred in recent years, including that of a pregnant woman who gave birth to twins on the way to that hospital. One of the two babies died within a few days because of the poor birth conditions. Vaccinating children also remains a huge challenge for parents, as they have to walk such a long distance on a round trip.

But Babera Georgette is also a woman leader trained on gender approach by the USAID Mikolo Project, and regularly leads a meeting of an AMI group ("Ampela Mikolo") in Amboafandra. The lack of access to healthcare has prompted Babera to mobilize the entire community - men and women - to join efforts and build a primary health center on their own. Thanks to Babera's persuasiveness and commitment in promoting gender equality, the local population rolled up their sleeves and started work on the building since June 2015. They all dedicated each Thursday of the week to this community work, and it lasted for 6 months. Today, the basic health center is ready: it is a sturdy building constructed with locally-available materials, with a hard floor, 4 spacious rooms, and measuring 18 meters long and 4 meters wide.

At age 60, Babera Georgette is ready to face any challenge to promote gender in her village and help improve access to basic healthcare. "We have already made a formal request to the local authorities for the opening of this CSB 1 in Amboafandra. I think this health center will serve more than 5,000 people including the surrounding haHDets," she proudly said. The local population only expects the recruitment of the medical staff and the delivery of equipment for this health center built by the community, for the community.



USAID Mikolo supported an exceptional Women's Day in Vohipeno

Celebrated worldwide on March 8th, the International Women's Day is an opportunity to highlight the role of women in society and to make an assessment on the respect of their rights. Traditionally, women groups and associations mobilize through carnivals in different parts Madagascar. On March 8th 2016, the USAID Mikolo project focused on the District of Vohipeno in Vatovavy Fitovinany region and organized a special celebration with the entire women community.

It has been an extremely busy day. As of the very first hours, women associations and groups have joined the huge carnival, dressed in their unique outfits, and humming melodious celebration songs. In the opening speeches, local authorities left the floor to their respective ladies. Ms. Razafindralandy, the Chief of District's wife, reinforced the message by highlighting the importance of such celebration for gender equality. "The Women's Day should be celebrated every day because daily life is only men's case. We must try to promote a balanced and coordinated participation of men and women in all activities, within each household as in the whole community", she proudly said.

The USAID Mikolo Project organized this celebration under the theme of nutrition, or more specifically food security, which remains a major issue in Madagascar. To mark the day and promote women empowerment, women's groups took part in a cooking demonstration with the support of the National Office of Nutrition (ONN). The goal is to share best culinary practices that exploit locally-available ingredients, for a healthy, nutritious and balanced diet. Therefore, men, women and children by tens of thousands have been sensitized on gender equality during this festive day. At this point, more than 1,500 women's groups are active in the areas covered by the USAID Mikolo project, with 22,000 "Ampela Mikolo" members.

APPENDIX 3: FINANCIAL REPORT

FY 16 Financial Report
 Management Sciences for Health
 The USAID Mikolo Project
 Project Budget Update
 As of March 31, 2016*

Line item	FY 1 Budget	Q2 (Jan-Mars*)	FY 16	FY 16
		Actual costs	Spent to date	Balance remaining
I. Salaries & Wages	\$1,165,083	\$217,18	\$509,335	\$655,748
II. Consultants	\$27,154	-	-\$2,408	\$29,562
III. Overhead	\$598,199	\$ 131,426	\$287,522	\$310,677
IV. Travel & Transportation	\$447,296	\$ 94,118	\$191,273	\$256,023
V. Allowances	\$224,080	\$ 34,438	\$75,873	\$148,207
VI. Subcontracts	\$447,860	\$ 51,084	\$187,004	\$260,817
VII. Training	\$903,857	\$ 483,398	\$1,012,018	-\$108,161
VIII. Equipment	\$87,718	-	\$0	\$87,718
IX. Grants	\$1,503,000	\$ 66,549	\$236,682	\$1,266,318
X. Other Direct Costs	\$842,021	\$ 48,513	\$275,673	\$566,394
Subtotal of I to X	\$6,247,268	\$1,126,709	\$2,773,011	\$3,473,302
XI. Fee	\$210,434	\$45,585	\$91,483	\$118,951
Grand Total + Fee	\$6,457,702	\$1,172,294	\$2,864,494	\$3,592,253

*March 2016 costs remain highly provisional as of April 30, 2016.

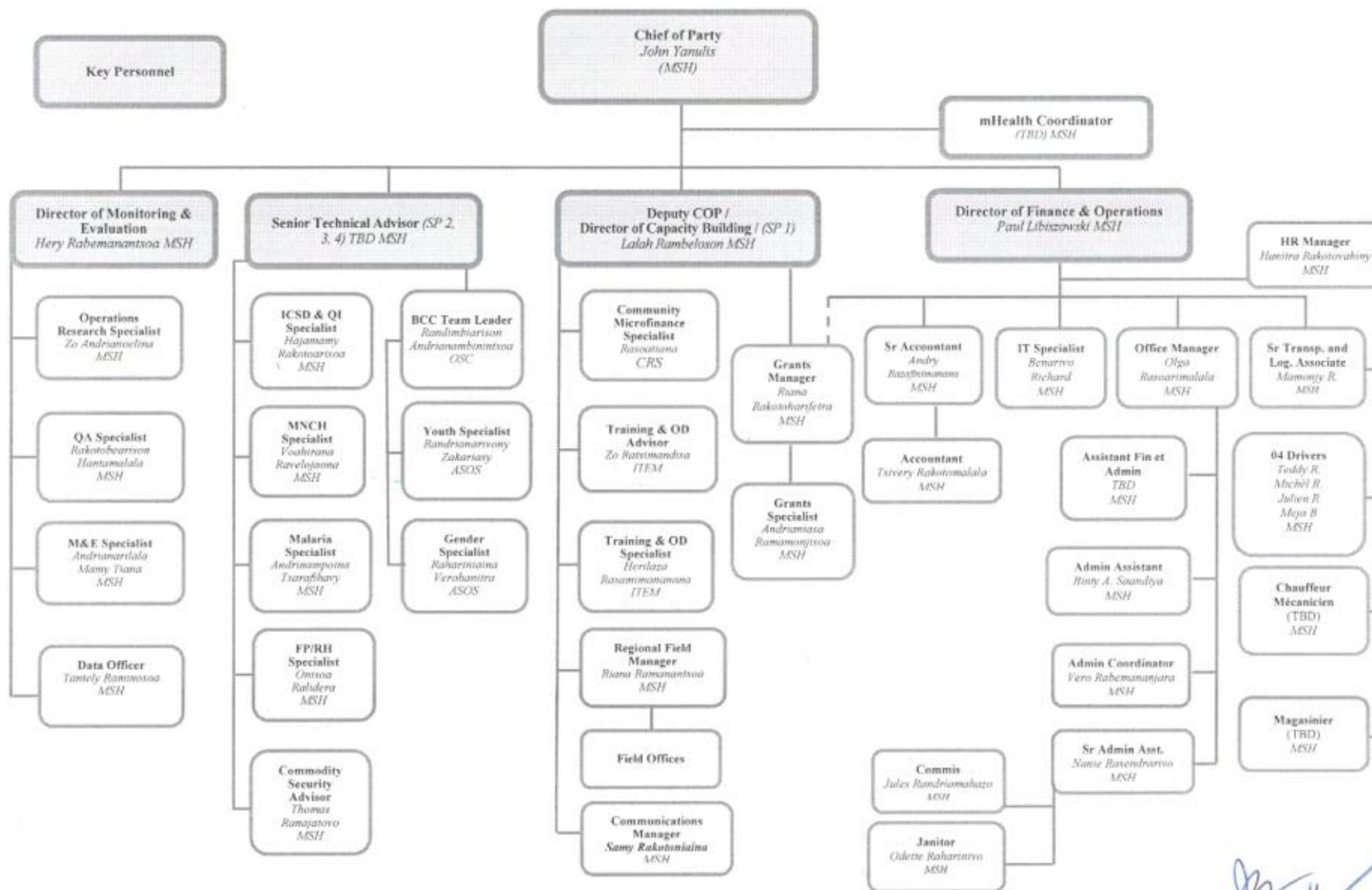
The average monthly burn rate for the third quarter is \$446,328.

Obligation Report

Current Obligation	FY 14	FY 15	FY 16	FY 16 Accruals	Balance Remaining Current Obligation
	Actual Costs	Actual Costs	Actual Costs to Date	as of 31-Mar-16	
\$17,076,748	\$4,299,475	\$5,190,368	\$2,677,969	\$186,526	\$4,722,410

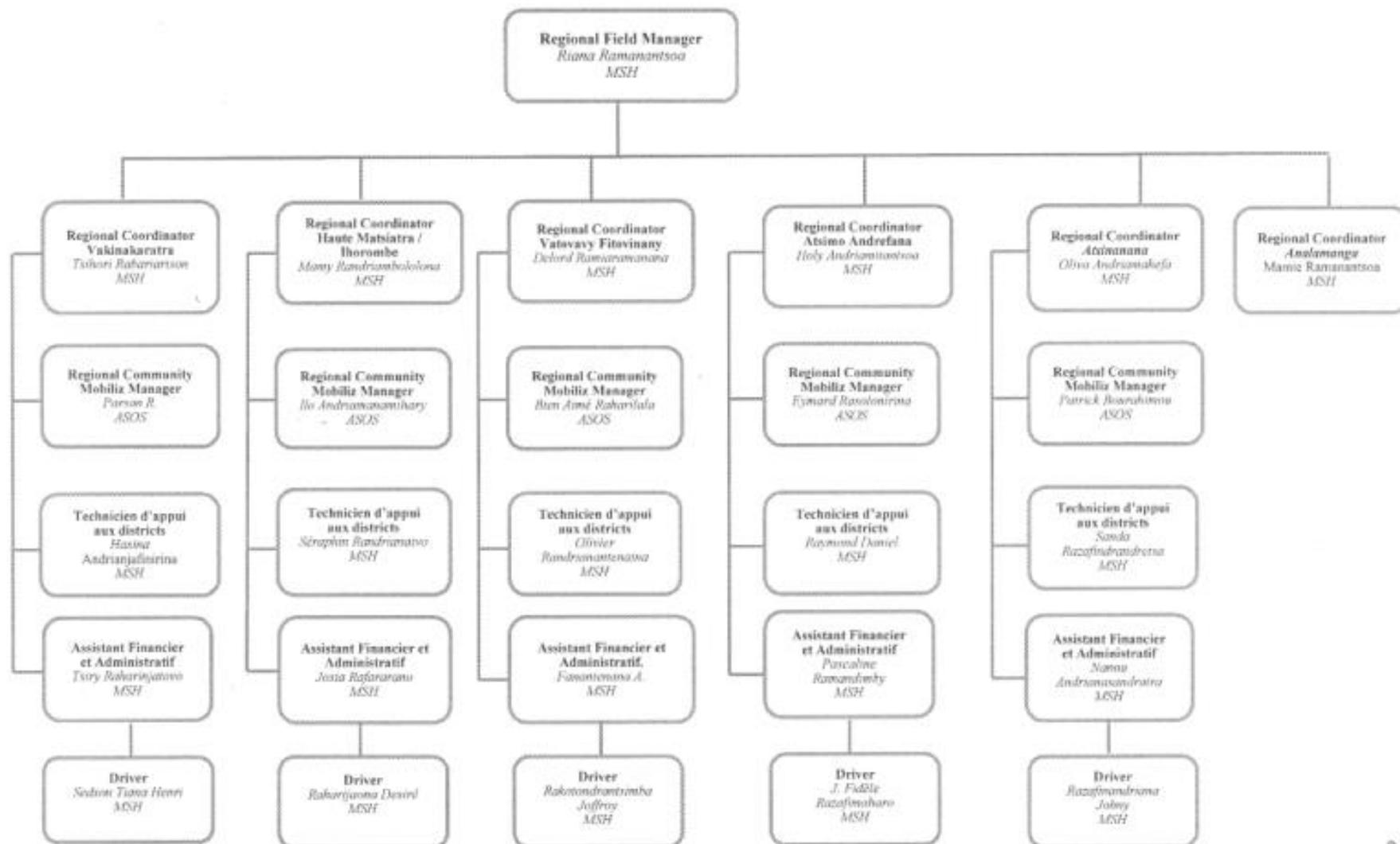
APPENDIX 4: PROJECT ORGANIZATIONAL CHART

Organigramme Le Projet USAID Mikolo -avril 2016



Janvier 2016

FIELD OFFICES



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APPENDIX 5: TABLE OF MEETINGS WITH OTHER PARTNERS (Public and USAID Partners)

MEETINGS	OBJECTIVE/ MEETING AGENDA	NEXT STEPS	PARTICIPANTS
REPRODUCTIVE HEALTH/FAMILY PLANNING			
Advance Family Planning Workshop in Bali Nusa Dua	Establish a SMART objective for local advocacy in FP	Apply the lessons learned during the workshop	Participants from certain countries such as DRC, Senegal, Philippines, Pakistan, India, Nigeria, Burkina Faso, Mali, Niger etc. with John Hopkins University AFP
International Conference on FP in Bali Nusa Dua (Pregnancy Test poster presentation)	<ul style="list-style-type: none"> - Presentation of the Pregnancy Test abstract - Identification of good practices from other partners and/or countries 	Analyze good practices collected during the conference and identify the ones that are appropriate for Madagascar	All countries of the world
Preparation for the National Conference on FP	<ul style="list-style-type: none"> - Identification of topics for the call for abstracts - Logistic organization 	Organize the National Conference on FP at Carlton Anosy in July 2016	MoPH, partners
Meeting on the implementation of the FP2020 Plan	Development of a Budgeted National Action Plan (BNAP)	Work with HP+ on BNAP	MoPH (DSFa) HP+ and Partners
Update the FP4 training curriculum for CHVs	<ul style="list-style-type: none"> - Identification of topics which are still relevant - Development of the training curriculum and the participant's guide 	Validate the approved documents	MoPH and partners
Meeting with HP+, budgeted action plan DSFa	Development of BNAP		MoPH, HP+ and partners
Meeting on preparing the orientation of the central-level pool of trainers	<ul style="list-style-type: none"> - Validation of FP documents - Familiarize trainers on the content 	Guide EMAD and RMT members in the Mikolo regions	MoPH and Mikolo

MEETINGS	OBJECTIVE/ MEETING AGENDA	NEXT STEPS	PARTICIPANTS
Meeting with HP+ on the budgeted national action plan for FP2020	Development of BNAP		MoPH, HP+ and partners
Validation of the FP Strategic Plan together with MoPH and partners	Review of the plan developed by the consultant	Completion of the documents by the consultant	MoPH, consultant and partners
MOTHER, NEWBORN and INFANT HEALTH			
Performance review of the strategic approaches on the expanded program on immunization (EPI)	- Analyze the Strengths, Weaknesses, Opportunities and Threats of immunization activities at different levels during the routine EPI and during campaigns	Implementation of the Reach every District and Reach every Child Strategies Substantially involve CHVs in awareness and research on persons lost to follow-up Integrate service offerings Organize a workshop on monitoring acute flaccid paralysis (AFP) and vaccine-preventable diseases (VPD), Communication and Social Mobilization	WHO-UNICEF-MoPH/Directorate for the Expanded Program on Immunization-PSI-USAID Mikolo- Vakianankaratra-Itasy- Atsimo Andrefana-Analamanga RHDs- CHV-Fokontany Leader
Monitoring AFP and VPD, Communication and Social Mobilization	Establish and validate the national action plans for improving monitoring of AFP and other VPD and of communication and social mobilization activities	- Strengthen AFP and VPD community monitoring - Train traditional healers and CHVs on AFP and VPD community monitoring - Involve NGOs and all stakeholders in the social mobilization at all levels - Implement the validated activities in the regions - Implement the validated communication strategies, especially those on rumor	WHO-UNICEF-MoPH- PSI-MCSP-USAID- USAID Mikolo MAHEFA- Vakinankaratra-Itasy- Atsimo Andrefana-Analamanga RHDs- DHS-Mayor-CHV – Traditional healers- Fokontany Leader

MEETINGS	OBJECTIVE/ MEETING AGENDA	NEXT STEPS	PARTICIPANTS
		management	
Coordination with PSI for the supply of Chlorhexidine	<ul style="list-style-type: none"> - Share information on the progress status of Chlorhexidine - Determine the avenues for cooperation 	<ul style="list-style-type: none"> Update and multiply Job aids and advice cards - Broadcast the updated spots (PSI) 	USAID Mikolo; PSI
Coordination with USAID partners on MNCH and FP activities	<ul style="list-style-type: none"> - Share the status of different CHV training curricula (Maternal and Neonatal Health-Immunization-RH/FP-BCC) - Coordinate training activities held by MSM and USAID Mikolo on Sayanna Press 	<ul style="list-style-type: none"> - Guide the MoPH central-level pool of trainers and partners through the CHV training curriculum 	USAID Mikolo- MAHEFA-MCSP-MSM-MCSP/JSI – PSI
Preparation of the orientation for MoPH central-level pool of trainers through the MNCH and FP training curriculum for CHVs	Identify participants; prepare invitations and develop terms of reference for central-level trainer orientation	<ul style="list-style-type: none"> - Put in place a central-level pool of trainers created by MoPH and partners, which should be broadened to include other entities such as the United Nations and the other NGOs - Hold a train-the-trainer course 	MoPH-USAID Mikolo
Nutrition/IYCF (Infant and Young Child Feeding) task force	<ul style="list-style-type: none"> - Share activities carried out in 2015 by each entity - Prepare the National Breastfeeding Week 	<ul style="list-style-type: none"> - Involve the community in the celebration of NBW 2016 - Develop a diary on Breastfeeding - Map partner activities 	MoPH- UNICEF- USAID Mikolo-PSI-National Nutrition Office-National Community Nutrition Program
Quarterly meeting of the Committee for the Review of Mother and Infant Deaths	Sharing information and the new strategy that was adopted	Break down the data by region for better monitoring	
MALARIA			

MEETINGS	OBJECTIVE/ MEETING AGENDA	NEXT STEPS	PARTICIPANTS
Quarterly Coordination Meeting	Share data and status of commodities – supply	Develop a joint supervision plan	USAID Mikolo-PSI-MAHEFA
Coordination Meeting	Partnership and implementation of c-IMCI in the USAID Mikolo and PIVOT intervention zones	Identify training needs and cooperation methods	USAID Mikolo, Child Healthcare Service / DSFa, PIVOT
Developing the community-level pharmacovigilance follow-up sheet	- Orientation on pharmacovigilance - Developing the community-level follow-up sheet	Include the follow-up sheet in the c-IMCI training materials	DSFa, DLMNT, DDS, Health and Demographic Statistics Service/Directorate for Policy and Planning, DLP, UNICEF, PSI, Vakinakaratra RHD, DPS, USAID Mikolo
Development of a score card on Malaria/ Madagascar	Score card software orientation Identification of key indicators	- Guide the pool of administrators and users - Implement the software with databases	DLP; RBM partners, USAID Mikolo
Completion of the epidemiological monitoring strategic plan	- Provide a draft of the strategic plan for the group's activities - Improve the Monitoring and Evaluation Plan	Update the Monitoring and Evaluation Plan	Direction of Health Observation and Disease Monitoring, MoPH directions; USAID Mikolo
PMI Quarterly Meeting	Sharing achievements and perspectives	Consolidate awareness-activities to combat malaria	PMI, USAID Mikolo, MAHEFA, Peace Corps, PSI, DLP, MCSP MalariaCare
MANAGEMENT OF HEALTH COMMODITIES SUPPLY and INVENTORY			
Feedback from integrated monitoring missions	Presentation of the results of the joint monitoring mission for health commodities logistics	- Complete the management tools according to feedback in the field Organize a national validation workshop for presenting this result	Directorate of Pharmacies, Laboratories and Traditional Medicine, DDS, DSFA, DLP, DPS, PSI, USAID, USAID DELIVER, MAHEFA, USAID Mikolo and a JSI

MEETINGS	OBJECTIVE/ MEETING AGENDA	NEXT STEPS	PARTICIPANTS
			representative
Validation of the integrated health commodities management system	<ul style="list-style-type: none"> - System presentation - Presentation of piloting results - Validation of the system as a national tool 	National scale-up	DGS, Directorate of Pharmacies, Laboratories and Traditional Medicine, DDS, DSFA, DLP, DPS, Support Unit for Promoting Health, UNICEF, UNFPA, SALAMA, USAID, PSI, CHEMONICS, USAID DELIVER, USAID Mikolo and a JSI representative
USAID WORKING GROUP and OTHER MEETINGS WITH PARTNERS			
Gender Working Group and the Ministry of Population and for the Advancement of Women	Preparation for the International Women's Day on March 08, 2016 Distribution of tasks and contribution to expenses during preparation and celebration	Participation in the celebration on March 8 in Antsiranana	Financial and technical partners: UNFPA, UNESCO, CRS, USAID Mikolo Project, the African Union, MAHEFA, Directorate for the Advancement of Women under the Ministry of Population, March 8 women's groups
Workshop on monitoring vaccine-preventable diseases (VPD) and Social Mobilization	Validation of the national action plans for improving the results of monitoring AFP and other VPD and communication and social mobilization activities, as part of the response to the Polio epidemics in Madagascar	<ul style="list-style-type: none"> - Help implement the 7th and 8th polio campaign - Broadcast polio spots using the 24 partner radio stations - Take part in CHV monitoring before and during the campaign 	<ul style="list-style-type: none"> - Ministry of Health: DPEV, DPS, RHD, SPSP - Financial and technical partners: WHO, UNICEF, USAID Mikolo Project, GAVI Communities: Town Halls, FKT Leader, CHVs, traditional healers

MEETINGS	OBJECTIVE/ MEETING AGENDA	NEXT STEPS	PARTICIPANTS
Working meeting at the Ministry of Water	First coordination meeting with the Directorate for the Promotion of Hygiene for the development of a practical guide to promote the 4 H's: development of an action plan and planning of the required activities	Organize a workshop for developing key messages and a practical guide with partners from the Ministry of Water on promoting hygiene (the documents and tools already developed by the USAID Mikolo Project have been a starting point for the development of this guide)	Ministry of WASH, USAID Mikolo, UNICEF and other Ministry of Water partners
Preparatory meeting for the scheduled workshop with the Ministry of Water, Hygiene and Sanitation (WASH)	Discussion of the agenda and execution of the scheduled workshop	Organization of the scheduled workshop in Antsirabe	- Ministry of Water, Hygiene and Sanitation (WASH) - UNICEF - CRS - MCDI-SSF - USAID Mikolo
Meeting with SFP on the BCC curriculum of CHVs	- Discuss feedback about the BCC curriculum for CHVs to be completed - Set the dates for pre-testing the BCC curriculum for CHVs in Antsirabe and Moramanga	- Notification by SFP - Pre-testing in Antsirabe and Moramanga	- SFP - DPS - USAID Mikolo
Workshop for developing the Malaria Communication Plan	- Validation of the 2017-2018 Draft Communication Plan - Preparation of the presentation for the final validation scheduled for March 16, 2016	- Completion of the Communication Plan by PSI and the Consultant - Email exchange on the Communication Plan completed by PSI and the Consultant - Official validation on March 16, 2016	MOPH Directorates (DGS, DLP, Communication, DDS), WHO, PMI USAID, PSI, ASOS, USAID Mikolo
Workshop for updating the Malaria Control Communication Plan	Update the National Malaria Control Communication Plan, taking into account all contributions from all the Ministry of Public Health partners	- Assemble the workshop outputs - Write recommendations (by the consultant) for updating the National Malaria Control Communication Plan	DLP, DPS, DDS, DSFa, PSI, RBM, USAID Mikolo
Developing the tool related to "practical advice on key actions in	- Improve existing communication tools	- Complete messages and send them to all participants	Directorate for the Promotion of Hygiene, MCDI/ SSF,

MEETINGS	OBJECTIVE/ MEETING AGENDA	NEXT STEPS	PARTICIPANTS
the 4 H's" (food hygiene, body hygiene, domestic hygiene, environmental hygiene)	<ul style="list-style-type: none"> - Develop messages for each Hygiene module followed by experience sharing between participants - Develop a standard outline of advice cards on the 4 H's - Identify the next steps 	<ul style="list-style-type: none"> - Update of the budget - Include other entities - Complete the draft document for each H module - Create and send advice and guidance cards about the 4 H's - Organize a consolidation and pre-testing preparation workshop/meeting - Pre-test in April - Collect pre-test recommendations and complete tools for the workshop on guide pre-validation and advice cards 	USAID Mikolo, MEN, JICA, CRS, Ministry of WASH, UNICEF, DPS
Debriefing on the 7th FAV Polio campaign	Share the results and field findings during the 7 th FAV Polio campaign	Organize a result-validation workshop	DPEV team, WHO, GAVI, USAID Mikolo, Central supervisors
Workshop for validating the results of the 7th FAV Polio campaign	<ol style="list-style-type: none"> 1. Validate the results 2. Identify issues and learn from them 3. Identify the causes and solutions of the inefficiency of routine vaccination 4. Issue recommendations for the successful conduct of the 8th campaign 5. Monitoring guide 	<ul style="list-style-type: none"> - Advocacy activities targeting media employers, editors and strengthening the journalists' capacity - Advocacy activities targeting influential persons or persons/groups rejecting [vaccination] (e.g. religious leaders) 	USAID, GAVI, WHO, DPEV (regional and district), DPS, RHD, District Public Health Service, Medical Inspectors or representatives, USAID Mikolo, UNICEF
Communication Working Group	Quarterly meeting with USAID communication managers: How to communicate with the media and ensure coverage of certain events?	Organization of the new meeting of the Communication Working Group at USAID Mikolo in May 2016	Communication managers of organizations and projects related to USAID

APPENDIX 6: TECHNICAL AND ADMINISTRATIVE ASSISTANCE VISIT

NAME	DATE	TERMS OF REFERENCE
Elke Konings, Technical Strategy Lead	January 2016	Supervision
Alexandra Wolfson, Project Associate	January 2016	Family Planning Research
Delord Ramiamanana, Regional Manager	January 2016	International Family Planning Conference, Indonesia
Onisoa Raliera, FPRH Specialist	January 2016	International Family Planning Conference, Indonesia
Monita Baba-Djara, M&E Senior Advisor	February 2016	Monitoring and Evaluation

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 second 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	Pollution Infection due to contaminated items Contamination of drinking water sources	<ul style="list-style-type: none"> - Medical waste generated by CHV service delivery activities should be managed in compliance with the WHO good practices, the National Policy on Medical Waste Management and USAID environmental guidelines for small-scale activities in Africa, Chapters 8 and 15. CHVs will be trained in waste management and injection safety, and be properly equipped. Training 	<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 	Quarterly and annual reports will include information on the availability and use of sharps containers. Mitigation measures will be monitored during supervisory site visits which take place every three months. Supervision reports will provide information for assessing	The aim is to supervise all active CHVs at least once per quarter. 58% of the CHVs have been supervised this quarter, i.e. 2,978 out of the expected 5,100. 96% of the CHVs working with mothers (85% in quarter 1) and 85% of those working

Activity	Potential impact	Mitigation measures	Monitoring indicators	Frequency of monitoring and reporting	Q1 – FY 2016 outcomes
		<p>courses will cover risk assessment, injection safety, medical waste management (use and 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>Used tests will be discarded in the safety box to minimize risk. The</p>	<p>prescribed injection practices, the management of used pregnancy tests and the use and disposal of sharps containers</p> <ul style="list-style-type: none"> - Demonstration that staff follow procedures for managing healthcare waste 	<p>the effectiveness of the mitigation measures. Training data will be reviewed at least once a year.</p>	<p>with children (80% in quarter 1) 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. 51% of the supervised CHVs took these boxes to the CSB while 49% threw them in the landfill pits they have dug. During Q1 the number was 60% overall.</p> <p>During field visits, some CHVs reported that CSB managers refused to take filled boxes because they had no incinerators. As regards pregnancy tests, 52% of trained CHVs discarded used pregnancy tests in a safety box versus 39% in Q1.</p>

Activity	Potential impact	Mitigation measures	Monitoring indicators	Frequency of monitoring and reporting	Q1 – FY 2016 outcomes
		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 Q3 FY 16 following the selection of NGOs responsible for implementing the activities.