



USAID
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TECHNICAL HIGHLIGHT EXPANDING THE LIFE CYCLE CONTINUUM OF CARE

THE USAID MIKOLO PROJECT



Photo: MSH/Samy Rakotoniana

PROJECT OVERVIEW

The USAID Mikolo Project increased access to and availability of community-based primary health care services, especially for women of reproductive age, children under age five, and infants living in remote areas in Madagascar. Implemented by Management Sciences for Health (MSH), with partners *Action Socio-sanitaire Organisation Secours*, Catholic Relief Services, *Institut Technologique de l'Education et du Management*, Dimagi, and Overseas Strategic Consulting, Ltd., the project was aligned with Madagascar's national community health policy and specifically focused on reproductive health; family planning; maternal, newborn, and child health; and malaria prevention and care. The five-year project (2013-2018) served an estimated 4.6 million people living more than five kilometers from a health facility throughout 506 communes in 42 districts across 8 of Madagascar's 22 regions.

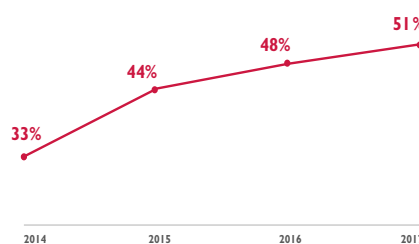
The USAID Mikolo Project supported the Ministry of Public Health by training and supporting 7,591 community health volunteers and mobilizing communities to strengthen the continuum of care. The community-based delivery of the service package the volunteers offer is endorsed by the World Health Organization and has been shown to be an effective way to address shortages of human resources without compromising the quality of care.

STRATEGY

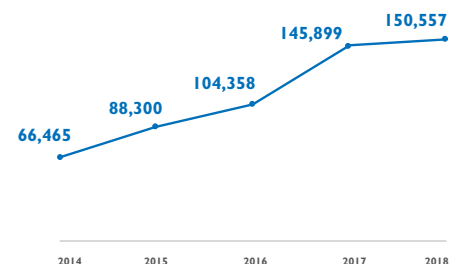
The USAID Mikolo Project supported community health volunteers (CHVs) and basic health centers to ensure a continuum of care throughout an individual's life, with a special focus on maternal, newborn, and child health, including family planning (FP) and reproductive health, antenatal and postnatal care, newborn infection prevention, vaccination promotion and follow-up, nutrition, growth monitoring, and integrated management of childhood illness.

RESULTS

Percent of women referred for ANC visits



Continuing users of FP



A total of 130,240 children under five with diarrhea were treated with oral rehydration therapy, and 302,158 children under five with pneumonia were taken for appropriate care. The treatment rate for confirmed malaria cases in children under five treated with artemisinin-based combination therapy (ACT) increased from 34% in 2014 to 93% in 2018. Oral rehydration therapy stock-outs decreased from 49% in 2013 to 4% in 2018; ACT stock-outs decreased from 20% in 2013 to 5% in 2018. A total of 2,987,746 children under five registered with a CHV for growth monitoring and promotion activities.

Regarding maternal health, the percentage of women who completed at least four antenatal care (ANC) visits during their pregnancy increased from 17% to 36% over the life of the project. In addition there were 66,465 continuing users of FP in 2014 compared to 150,557 in 2018.

*All data as of April 19, 2018

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APPROACH

Family planning

The USAID Mikolo Project expanded the uptake and continued use of FP methods among rural populations, primarily by improving the quality of FP services provided by CHVs and by engaging other community actors to promote FP methods. These actors included 2,534 youth peer educators who specifically targeted adolescents, as well as male and female leaders who sensitized and referred community members to CHVs for FP consultations.

Expanding ANC

The project also worked with basic health centers and CHVs to increase the number of pregnant women seeking ANC at health centers. CHVs were integral in actively searching for and referring pregnant women in their communities. In 2015, USAID Mikolo introduced pregnancy tests at the CHV level, not only as a means to increase uptake of voluntary hormonal FP methods among non-pregnant women, but also to increase early ANC initiation among those who were pregnant. Additionally, discussing nutrition, birth plans, and postnatal care with pregnant women was important in ensuring the continuum of care after delivery.

Reducing childhood illnesses

CHVs promoted water, sanitation, and hygiene activities—such as latrine use, hand washing, and drinking potable water—to caregivers as a way to prevent childhood illnesses, particularly diarrhea. The USAID Mikolo Project also strengthened the management of childhood disease cases by increasing the capacities of CHVs to test, treat, and refer cases of diarrhea, pneumonia, and malaria in children under five. In fact, the proportion of CHVs who achieved the minimum quality score for integrated community case management of childhood illnesses increased from 68% in 2015 to 71% in 2017.

The project worked with district management teams and community health centers to build the capacity of CHVs and other community health actors to promote childhood nutrition, including immediate and exclusive breastfeeding, as well as the importance of routine CHV visits to measure and weigh children. In 2017, the USAID Mikolo Project distributed 3,200 baby weighing scales to CHVs to encourage growth monitoring and promotion activities.

Boosting epidemic preparedness

Responding to epidemics was a crucial component of providing integrated primary health care at the community level. During the 2017 plague outbreak, the project led the community-level response in 90 communes and 653 *Fokontany* (villages) by facilitating the creation of communal and *Fokontany* plague-monitoring committees. These committees included community leaders, CHVs, and health facility workers who participated in activities on case detection and referral, and prevention and surveillance.



Photo MSH/Samy Rakotoniaina

“Even the simple growth monitoring and promotion services greatly reduce our workload when it’s done at the community level. And when villages are located tens of miles away from the closest health center, parents are not motivated to walk the distance.”

- Lorris Delphin,
head of health center in Ilaka Est,
Vatomandry District, Madagascar

Additional information can be obtained from:

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This publication was made possible by the generous support of the United States Agency for International Development (USAID) under contract number AID-687-C-13-00001. The contents are the responsibility of the authors and do not necessarily reflect the views of USAID or the United States Government.