

THE USAID MIKOLO PROJECT



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.

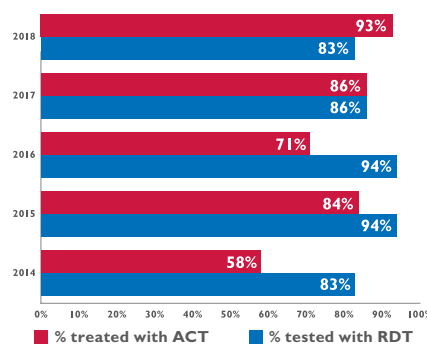
The USAID Mikolo Project supported the Ministry of Public Health by training and supporting 7,591 community health volunteers and mobilizing communities to strengthen the continuum of care. The community-based delivery of the service package the volunteers offer is endorsed by the World Health Organization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

STRATEGY

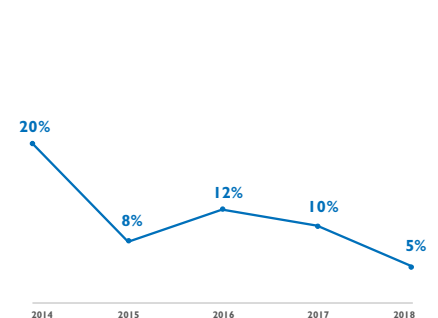
Malaria is responsible for about 7% of all deaths in children under five in Madagascar.¹ The USAID Mikolo Project promoted community approaches to prevent and treat malaria by working with health facilities, community health volunteers (CHVs), and families.

RESULTS

Increase in malaria treatment rate



Decrease in ACT stock-outs



While the project increased the rates of children under five presenting with a fever that were tested for malaria by CHVs in 2015 and 2016, rates decreased in 2017 and 2018 due to issues with the usability of the rapid diagnostic test (RDT) kits distributed at the community level. The RDT kits available were designed and packaged for hospitals, meaning they were not conducive for dividing up amongst CHVs. This resulted in stock-outs at the community level, therefore decreasing the testing rates. The USAID Mikolo Project actively worked with the the Ministry of Public Health (MOPH) and partners to resolve this issue and increase testing rates.

Over the life of the project, a total of 468,468 children under five with fever were tested for malaria with a rapid diagnostic test by CHVs. There were 214,146 cases of confirmed malaria in children under five treated with artemisinin-based combination therapy (ACT) by CHVs. The treatment rate increased from 58% in 2014 to 93% in 2018. In addition, ACT stock-outs decreased from 20% to 5% between 2014 and 2018.¹

¹ <https://www.pmi.gov/docs/default-source/default-document-library/malaria-operational-plans/fy17/fy-2017-madagascar-malaria-operational-plan.pdf?sfvrsn=6>

*All data as of April 19, 2018

TECHNICAL HIGHLIGHT: COMMUNITY APPROACHES SUCCESSFUL IN PREVENTING, TREATING MALARIA

APPROACH

The USAID Mikolo Project used a multifaceted approach in its malaria work.

Prevention strategies

The project promoted malaria-prevention strategies through various behavior change communication activities at the community level. For example, basic health centers integrated the prevention of mother-to-child transmission of malaria strategies through the promotion of antenatal care (ANC) visits, including administration of intermittent preventive treatment (IPTp) and bednets.

CHVs actively searched for pregnant women in the communities and referred them to basic health centers. In many cases, the CHVs accompanied these women to the basic health centers for their first ANC visit to ensure attendance and understanding of the importance of ANC and IPTp. The percentage of women who completed at least four ANC visits during their pregnancy increased from 17% to 36% over the life of the project. Furthermore, continuous recruitment and monitoring of Champion Households helped to increase the uptake of and ensure proper usage of bednets, as bednet usage is a criterion for receiving this distinction.² The number of Champion Households increased over the life of the project, from 3,533 in 2015 to 182,294 in 2018.

Management and treatment

USAID Mikolo improved the management of malaria cases in children under five. The project improved the quality of care provided by CHVs by increasing the percentage of children who tested positive for malaria and were treated with ACT from 48% in 2014 to 93% in 2018). Those with complicated malaria were directly referred by CHVs to health centers.

Through collaboration with other partners and the MOPH, the project designed and implemented a commodity logistics management system for CHVs in order to decrease stock-outs of essential supplies, including rapid diagnostic tests and ACTs.

Epidemiological surveillance

The USAID Mikolo Project contributed to epidemiological surveillance by introducing and customizing District Health Information System-2 database software to include information collected by CHVs, such as location of the patient, demographic information, rapid diagnostic test results, and commodity availability. As a result, the MOPH's National Malaria Control Program is able to quickly and accurately identify priority areas and communities, implement targeted behavior change communication campaigns, and more accurately forecast supply needs to ensure reliable access to medicines and other commodities.

"I saved more than a thousand people—including myself— from malaria during the outbreak in 2015. Thanks to the training and supervision from Mikolo, I've been able to diagnose and treat people who fell sick and educate them on malaria prevention."

**- Retsilake Fanamamy,
CHV in Tulear 2 District,
Madagascar**

² The Champion Households approach is an initiative in which households that meet several predetermined health-related criteria are certified as health champions.

Additional information can be obtained from:

Management Sciences for Health
200 Rivers Edge Drive
Medford, Massachusetts 02155
United States
+(1) 617-250-9500
www.msh.org

Prepared by Andritiana Tsarafiavy, Samy Rakotoniaina and Aishling Thurow on behalf of the USAID Mikolo project team

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.

