USAID
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TECHNICAL HIGHLIGHT
IMPROVING THE QUALITY OF COMMUNITY-BASED CARE

THE USAID MIKOLO PROJECT

Photo: MSH/Samy Rakotoniaina

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.

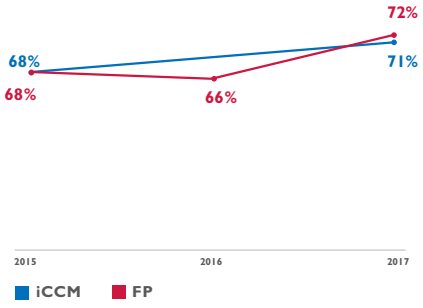
The USAID Mikolo Project supported the Ministry of Public Health by training and supporting 7,591 community health volunteers and mobilizing communities to strengthen the continuum of care. The community-based delivery of the service package the volunteers offer is endorsed by the World Health Organization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

STRATEGY

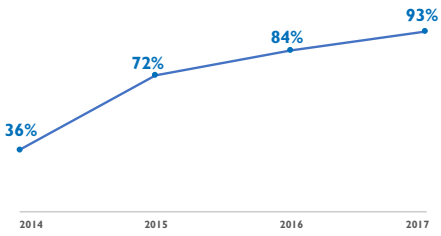
Community health volunteers (CHVs) provide primary health care services to remote populations. Services include integrated community case management (iCCM) of childhood illnesses, such as diarrhea, malaria, and pneumonia; and family planning (FP) counseling and provision of contraceptives. However, the absence of effective quality assurance and ongoing capacity-building to improve CHV performance is demotivating for CHVs and potentially harmful for women and children receiving poor quality services. To address these quality issues, the USAID Mikolo Project implemented a series of approaches to assure, improve, and sustain the quality of community-based health services delivered by CHVs.

RESULTS

Proportion of CHVs who achieved the minimum quality score for FP counseling and iCCM



Number of CHVs who were supervised at service-delivery sites per quarter



The proportion of CHVs who achieved the minimum quality score for FP counseling increased from 68% in 2015 to 72% in 2017. The proportion of CHVs who achieved the minimum quality score for iCCM increased from 68% in 2015 to 71% in 2017. In addition, the number of CHVs who were supervised per quarter at service-delivery sites increased from 1,613 (36%) in 2014 to 6,183 (93%) in 2017.

*All data as of April 19, 2018

"Continuous training and regular evaluations conducted by Mikolo truly helped improve my skills. I feel more confident because people rely on my services and if I ever make a mistake during a case management or a counseling, it could seriously affect their health."

- Zafy André, CHV from Tulear II District, Madagascar

APPROACH

Photo: MSH/Samy Rakotoniaina

The USAID Mikolo Project's quality improvement and assurance approach included five key activities: annual training, including refresher training; regular on-the-job coaching and mentoring; monthly performance monitoring and group supervision; quarterly standards-based competency evaluations; and annual certification or re-certification.

Standards

Partnering with the Ministry of Public Health, USAID Mikolo developed job aids to help CHVs systematically follow each step of service delivery according to national standards. The project also introduced a standards-based performance evaluation to assess whether CHVs' knowledge and practices complied with national standards. The evaluation examined the quality of service delivery, the timeliness and completeness of monthly data reporting, data quality, and management of essential medicines and commodities. A CHV who scored the minimum quality score of at least 80% at the second evaluation qualified to be trained in both FP and iCCM; CHVs scoring 80% or better on four consecutive evaluations qualified to become CHV peer supervisors.

Supervision

Peer supervision reduces dependence on traditional on-site supervision by health facility staff and has worked for community health workers in several low-income countries.[1] Because CHVs serve remote areas, frequency and quality of on-the-job supervision is a challenge, yet essential to assure CHV performance and quality of services.

The USAID Mikolo Project's peer supervision strategy aimed to both increase the frequency of CHVs' supervision and support to at least once a month, and improve their performance. By promoting high-performing CHVs to peer supervisors, the USAID Mikolo model also offered a performance incentive, such as valuable recognition in the community and a career pathway.

1 Hill Z et al. Supervising Community Health Workers in Low-Income Countries– A Review of Impact and Implementation Issues. Glob Health Action 2014, 7: 24085 http://dx.doi.org/10.3402/gha.v7.24085

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.