

PMI Advancing Health and Malaria Services

April - June 2025

Quarterly Technical Report



Photo: Distributor explaining the importance of continuing with the second and third doses and marking the treatment card (2025 SMC Cycle 1 in Tahoua). Credit : Halima Zamanka, MCD.

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Acronyms

- **AHMS** : Advancing Health and Malaria Services
- **AQSP** : Amodiaquine-Sulfadoxine-Pyrimethamine
- **CSI** : Integrated Health Center
- **iCCM** : Integrated Community Case Management
- **IDGLD** : Identification and Destruction of Domestic Larval Sites
- **MEAL** : Monitoring, Evaluation, Accountability, and Learning
- **MCD** : MCD Global Health
- **MiP** : Malaria in Pregnancy
- **NMCP** : National Malaria Control Program
- **OTSS+** : Outreach Training and Supportive Supervision Plus
- **PMI** : President's Malaria Initiative
- **SMC** : Seasonal Malaria Chemoprevention
- **SWO** : Stop Work Order
- **USAID** : United States Agency for International Development

Summary of Achievements During the Quarter

The third quarter activities of Fiscal Year 2 (April, May, and June 2025) were significantly impacted by the 90-day “Stop Work Order” (SWO). This suspension was due to the transition of USAID projects to the U.S. Department of State, which subsequently led to the closure of USAID offices worldwide. As a result, MCD Niger staff were placed on technical leave until early May 2025. MCD fully complied with all applicable rules and procedures, including local labor laws.

Following the halted operations, the PMI/AHMS Niger project resumed with a formal authorization from the U.S. Department of State to restart life-saving malaria interventions, particularly focused on pregnant women and children under five. As a sub-grantee, MCD has supported AHMS in improving malaria case management, including for severe malaria and malaria in pregnancy (MIP).

With project activities resuming on April 28, 2025—and with the 2025 work plan still pending PMI approval—AHMS Niger redirected all efforts to support the Seasonal Malaria Chemoprevention (SMC) campaigns from June to September 2025. The entire team, including MCD staff at the central and regional levels, was mobilized to ensure a successful campaign. On behalf of AHMS, MCD provided technical leadership support to the NMCP for the planning phase, led by Dr. Badamassi, a national expert in SMC, who collaborated with Palladium’s Logistics Officer and served on both the national SMC Committee and the SMC Technical Working Group.

Detailed Activities During the Quarter

Key activities included:

- Planning the SMC campaign coupled with Identification and Destruction of Domestic Larval Sites (IDGLD)
- Implementation of SMC Cycle I
- Post SMC Cycle I follow-up

I. Planning Phase

Despite reduced human resources, MCD staff resumed activities and undertook key technical responsibilities including: (a) Reviewing and validating microplans for 21 health districts, including quantifying and procuring data collection tools and basic supplies (e.g., bags, soap, markers, vests) ; (b) Developing and executing a tight schedule to dispatch SMC supplies from Niamey to the 21 districts ; (c) Training central-level trainers on the SMC/IDGLD strategy, supervision, and reporting ; (d) Participating in regional and district training for SMC campaign digitization (in collaboration with CRS, funded by the Global Fund) ; (e) Training regional Monitoring, Evaluation, Accountability, and Learning (MEAL)

officers on integrating SMC with IDGLD ; (f) Supporting the e-payment mechanism by selecting and briefing partner payment agencies.

Preparations began with a small team supported by the Palladium HQ, and the team ensured field materials and medications were in place before the campaign launch. Payment operations began with minor delays and with no significant impact.

2. Implementation of SMC Cycle I (June 26–29, 2025)

During the four-day distribution of Amodiaquine-Sulfadoxine-Pyrimethamine (AQSP) to children aged 3–59 months across 18 districts in Dosso and Tahoua, MCD facilitated: (a) Development and execution of a supervision plan for AHMS central and regional supervisors, and (b) Field supervisions covering guidance, briefings, demonstrations, feedback, drug monitoring, and reporting.

MCD staff led joint supervision piloting the campaign digitization in four districts (Boboye, Konni, Tahoua Commune, and Keita). These efforts also included engagement with community radio stations and household communication, and the collection of success stories.

Supervision highlights for MCD staff:

- Supervised community radio-based communications;
- Identified implementation challenges and proposed solutions;
- Collected field feedback;
- Co-facilitated daily debriefing meetings;
- Participated in the regional evaluation session;
- Developed and submitted supervision reports.



Photo 1: Supervision of the first dose of AQSP in a household at the Birni 2 Health Center - Boboye Health District. Crédit: Halima Zamanka, MCD.



Photo 2: Feedback on the results from the first round of the 2025 SMC campaign in the Tahoua region. Crédit: Halima Zamanka, MCD.

3. Post SMC Cycle I Follow-up

The internal rapid after-action review conducted by the team identified the following key points:

Strengths:

- Timely availability of supplies in all visited health centers;
- Campaign launched on schedule across all health centers;
- Engagement of administrative, religious, and traditional authorities;
- Active participation in daily debriefing meetings;
- Compliance with drug prescription guidelines;
- Community awareness of larval site elimination;
- Retention of previous SMC cards by caregivers in most health centers;
- Strong community participation;
- Referral of sick and malnourished children to health centers.

Areas for Improvement:

- Interpersonal communication;
- Stock management;
- Door-to-door strategy compliance;
- Age assessment of the children;
- Accurate record-keeping;
- Data monitoring.

Constraints:

- Difficult access to certain localities due to rain or insecurity;
- Early withdrawal of community mobilizers after two days of engagement;
- High number of displaced populations creating a supply burden.

Main results of the 26-29 June 2025 cycle I in Dosso and Tahoua regions

Table I: Medication Administration Coverage

REGIONS	Target children		Children who received the doses				Coverage rate		
	3-11 months (m)	12-59 m	Total 3-59 m	3-11 m	12-59 m	Total 3-59 m	3-11 m	12-59 m	Total 3-59 m
	Dosso	146,778	518,626	665,404	116,619	499,636	616,255	79%	96%
Tahoua	222,517	786,248	1,008,765	191,534	778,823	970,357	86%	99%	96%
TOTAL	369,295	1,304,874	1,674,169	308,153	1,278,459	1,586,612	89%	97.5%	94.5%

Table 2: Distribution of the team

REGIONS	# of planned teams	# of mobilized teams	Comments
Dosso	1,588	1,588	Equivalent to 3,176 distributors
Tahoua	2,141	2,141	Equivalent to 4,282 distributors
Total	3,729	3,729	Equivalent to 7,458 distributors

Table 3: Social Mobilization

REGIONS	# of community agents involved	# of households visited	Total # people touched by household visits
Dosso	662	94,109	241,279
Tahoua	2,999	4,533	293,912
Total	3,661	98,642	535,191

Table 4: Radio Broadcasts

REGIONS	# of radio stations involved	Target # of radio broadcasts	# of radio broadcasts	Performance
Dosso	25	311	311	100%
Tahoua	40	1,146	1,181	100%
Total	65	1,457	1,457	100%

Table 5: Larval Site Identification and Destruction (LSID)

REGIONS	# of people sensitized on LSID	# of breeding sites identified	# of breeding sites destroyed	Performance
Dosso	480,391	89,536	76,553	84%
Tahoua	940,983	191,167	159,659	84%
Total	1,421,374	280,703	238,212	84%

Collaborative Activities and Synergistic Results

- ❖ MCD staff are active members of the National SMC/IDGLD Committee and the Technical Working Group;
- ❖ Collaboration with the AHMS SBC Advisor on audiovisual spot validation;
- ❖ Coordination with regional health authorities to plan future campaign cycles;
- ❖ Regular participation in AHMS project weekly meetings.

Key Problems and Approaches for Resolution

- Strengthen support for biological malaria diagnosis in district and community health centers; and
- Prevent delays in regional supervision by ensuring funds are available in advance.

Key Activities for the Next Quarter

Summary of activities planned for the next quarter (1 page maximum)

Table 1: Proposed Activities for the next quarter

Activity	Date	Location
SMC Cycle 2	July 24–27, 2025	Dosso & Tahoua
SMC Cycle 3	August 21–24, 2025	Dosso & Tahoua
SMC Cycle 4	September 18–21, 2025	Dosso & Tahoua
CSI Chief Training on iCCM	August 2025	Dioundiou (Dosso)
Refresher & Supervision of iCCM CHWs	September 2025	Dosso & Tahoua
Update and print malaria diagnostic quality assurance guide	July 2025	Niamey
Conduct OTSS+ visits	September 2025	Dosso
In-Situ Training for Midwives and Gynecologists on MCM and MiP	August 2025	Dosso & Tahoua
Technical Working Group Meeting on Malaria in Pregnancy	August 2025	Niamey

Annex I: Success Stories

I. Personal testimony and peer education improve SMC acceptance and adoption

On June 29, 2025, Djamila Abdou, mother of one-year-old Ali Oumarou, visited her sister Mariam in the village of Follakam, where she lives. Both women belong to a nomadic tribe. During the visit, Djamila shared her concern about malaria – a constant threat to her children’s health, especially during the rainy season, when they often fall ill, which broke her heart.

Mariam reassured her sister and shared that every year, teams come to the village to distribute AQ-SP as part of malaria prevention efforts. “Today is the last day of the first cycle campaign,” she shared.

Mariam went on to reassure her sister, adding “Last year, my children who took these medications during the successive campaigns rarely got sick with malaria.”

Encouraged by Mariam’s experience, Djamila approached the community health workers to learn more about the level of protection, possible side effects, risks, and what to do if her child showed symptoms after the campaign ended.

Reassured by both Mariam’s testimony and the guidance she received from the community health workers, Djamila felt more determined than ever to give her child the AQ-SP medication provided by the distributors.

“I am the guardian of the health of my three young children, and I’m committed to see the distributors at every round from now on,” said Djamila. She immediately scheduled appointments so her other children could receive their doses of AQ-SP.

Djamila felt a mix of excitement and anxiety when taking her children to see the distributors. Proud of her decision, she shared her experience with mothers in the village.

“I’m relieved to see that my children didn’t experience any major side effects. I’m looking forward to giving them the next doses during the upcoming rounds.”

Realizing that every small action counts toward preventing malaria, Djamila also took on the role of identifying and destroying mosquito breeding sites around her home.

Note: The beneficiaries did not consent to having their photos taken.

2. A satisfied mother's testimony about the SMC campaign

Mariama Maidoukia, 38, is the mother of three children under the age of five — Youssouf Ibrahim (58 months), Najaatou Ibrahim (44 months), and Harouna Ibrahim (18 months). She lives in the Cité Mangué neighborhood, in the Dosso district, which is in the catchment area of the Tondobon Integrated Health Center (CSI Tondobon).

“Last year, my three children received their malaria prevention medicine. I followed the three-day dosage as instructed. We like this medicine—we understand that malaria in children,” Mariama proudly told the distribution team of the 2025 I Cycle.

“Since my children began receiving their treatments during last year's campaigns, I've stopped making frequent trips to the clinic for malaria. Now, I mostly take them for other illnesses. My children are healthier. That's why I encourage other women to make sure their children take this medicine.”

She continued, adding, “This year, even the distributors told us to pour out dirty water collected in unused containers. We hadn't understood before that if we don't do that, mosquitoes multiply. We will also continue using bed nets. My husband constantly reminds us to protect ourselves against mosquito bites.”



Photos: Mariama with her three children. Mariama gave her consent for the taking and use of images during the interview by signing the informed consent form. Crédit : Halima Zamanka, MCD

Annex 2: Financial Projections for the Next Quarter

BUDGET CATEGORY	Obligation to date	Expenditures through current quarter (10/01/2023 to 06/30/2025)	Forecasted Expenditures next quarter (07/01/2025 to 09/30/2025)	Balance as of 09/30/2025
Personnel	\$413,668.45	\$413,642.12	\$71,823.84	(\$71,797.51)
Fringe	\$151,010.19	\$66,216.98	\$24,345.42	\$60,447.79
Travel	\$8,697.37	\$10,491.67	\$6,780.00	(\$8,574.30)
Other Direct Costs	\$34,507.60	\$34,330.15	\$32,206.33	(\$32,028.88)
Indirect Costs	\$218,838.10	\$187,553.92	\$48,656.01	(\$17,371.83)
GRAND TOTAL	\$826,721.69	\$712,234.84	\$183,811.60	(\$69,324.75)