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Integrated Social Marketing Program (ISM)

Quarterly Report FY 2015 (October – December 2014)

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List of Acronyms and Definitions

ABM	<i>AccèsBanque/Madagascar</i>
ACT	Artemisinin Based Combination Therapy
AFAFI	ARO HO AN'NY FAHASALAMAN'NY FIANAKAVIANA
ALU	Artemether Lumefantrine
AMM	Authorization to Market (<i>Autorisation de Mise sur le Marché</i>)
AOR	Agreement Officer Representative
AR	Ariary
ASAQ	Artesunate Amodiaquine
BCC	Behavior Change Communications
BG	Banyan Global
BNM	<i>Bureau National des Normes de Madagascar</i>
CEM	<i>Caisse d'Epargne de Madagascar</i>
COAG	Cooperative Agreement
CHW	Community Health Worker
CNC	National Coordination Committee (<i>Committee National de Coordination</i>)
CROM	Regional Body of Doctors (<i>Conseil Régional d'Ordre des Médecins</i>)
CRS	Catholic Relief Services
CU5	Children Under 5
CYP	Couple Years of Protection
DALY	Disability Adjusted Life Years
DAMM	Medical Drugs Agency (<i>Direction de l'Agence de Médicaments</i>)/Madagascar
DCA	Development Credit Authority
DHIS	District Health Information System
DQA	Data Quality Assurance
DTK	Diarrhea Treatment Kits

EC	Emergency Contraception
EMMR	Environmental Mitigation and Monitoring Report
ETL	Education through Listening
FGD	Focus Group Discussion
FIEFE	<i>Fonds d'Investissement pour les Entreprises Favorables a l'Environnement</i>
FIND	Foundation for Innovative New Diagnostics
FoQus	Framework for Qualitative Research in Social Marketing
FP	Family Planning
FY	Fiscal Year
GAS	Gestion des Approvisionnement et des Stock
GBV	Gender Based Violence
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HF	Healthy Family
HIM	Health Images of Manhood
HIV	Human Immunodeficiency Virus
HNI	Human Network International
HQ	Headquarters
IEC	Information, Education, Communication
IGA	Income Generating Activities
IMCI	Integrated Management of Childhood Illnesses
IPM	Institut Pasteur de Madagascar
IPC	Interpersonal Communication
IPTp	Intermittent Preventive Treatment – Pregnancy
IR	Intermediate Result
ISM	Integrated Social Marketing
ITN	Insecticide-Treated Bed Net
IUD	Intrauterine Device

KMS	<i>Kaominina Mendrika Salama</i>
LFP	Learning for Performance
LLIN	Long-Lasting Insecticide-Treated Nets
LMIS	Logistics Management Information System
LOP	Life of Project
LTM	Long Term Method
MAP	Measuring Access and Performance
MCH	Maternal and Child Health
M&E	Monitoring and Evaluation
MFI	Microfinance Institution
MGA	Malagasy Ariary
MIS	Management Information Systems
MIS	Malaria Indicator Survey
MNP	Micronutrient Powder
MOH	Ministry of Health
MOU	Memorandum of Understanding
MSM	Marie Stopes Madagascar
MVU	Mobile Video Unit
NGO	Non Governmental Organization
NMCP	National Malaria Control Program
NS	Non Significant
NSA	National Strategy Application
OMAPI	<i>Malagasy Office for Intellectual Property and Industry</i>
ONM	<i>Ordre National des Médecins</i>
ONP	<i>Ordre National des Pharmaciens</i>
OPQ	Optimizing Performance and Quality
ORS	Oral Rehydration Salt

PA	Supply Point (<i>Point d'Approvisionnement</i>)
PAC	Post Abortion Care
PAMF	<i>Première Agence de Microfinance</i>
PCV	Peace Corps Volunteer
PE	Peer Educator
PHC	Primary Health Care
PMI	President's Malaria Initiative
Q	Quarter
QA	Quality Assurance
QC	Quality Control
RDT	Rapid Diagnostic Test
RH	Reproductive Health
SAF	<i>Sampan' Asa Fampanandrosoana/Fiangonan' I Jesosy Kristy eto Madagaskara</i>
SALFA	<i>Sampan' Asa Loterana momban'ny Fahasalamana</i>
SIFPO	Support for International Family Planning Organizations
SM	Social Marketing
SMS	Short Message Service
SR	Sub Recipient
STI	Sexually Transmitted Infection
STTA	Short Term Technical Assistance
SOW	Scope of Work
TA	Technical Assistance
TBD	To be determined
TIPS	Trials for Improved Performance
TR	<i>Top Réseau</i>
TraC	Tracking Results Continuously

TOT	Training of Trainers
TV	Television
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VPP	Village Phone Project
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WHP	Women's Health Project
WRA	Women of Reproductive Age

Introduction

In December 2012, PSI/M (PSI/M) was awarded the Cooperative Agreement (COAG) No. AID-687-A-13-00001 for the Integrated Social Marketing (ISM) Program in Madagascar. The award is for a total of \$36,823,053. The ISM Program runs from January 1, 2013 through December 31, 2017.

The goal of this program is to improve the health of the Malagasy people -- especially women of reproductive age (WRA), children under five (CU5), youth 15-24 years old and those living in rural and underserved areas -- through an increasingly sustainable social marketing program that delivers essential health products and services with a focus on reaching rural and underserved areas. PSI/M and its partners IntraHealth, Banyan Global, Human Network International (HNI), SAF and SALFA – all together referred to as the ISM Team --will apply its expertise in social marketing, social franchising and behavior change to bring more users into the Malagasy health market. By the end of this program, the Malagasy people will see improvements in their health status with regard to Family Planning (FP), Reproductive Health (RH), Maternal and Child Health (MCH), and Malaria.

The ISM Program is organized along three Intermediate Result (IR) areas, as summarized below.

- IR 1: Increased adoption and maintenance of health behaviors
- IR 2: Improved quality of selected health services in the private sector
- IR 3: Increased availability of life saving health products and services

During Quarter (Q) 1 FY 2015, PSI/M reports important achievements towards promoting healthier behaviors and increasing access to and use of effective health products and services. This quarterly report highlights key activities, achievements, and challenges for the period October 1st 2014 through December 31, 2014.

Activities and achievements to particular note for Q1 FY 2015 include the following:

IR1:

- A Memorandum of Understanding was agreed upon between the U.S. Peace Corps Volunteer program and PSI/M, beginning collaboration on community outreach activities.
- PSI/M met with Marie Stopes Madagascar about its Norlevo emergency contraceptive commodity in order for PSI/M to launch an EC in the market.
- Following the successful pilot phase launch of *Sûr'Eau Pilina*, PSI/M conducted post-tests on the product packaging and communication materials.

- PSI/M was involved in World Pneumonia Day as well as the “Mother and Child Health Week” celebration, led by the Ministry of Public Health, which was PSI’s first involvement with the MOH on an official level since restrictions were lifted.
- Key messages were developed for the free LLIN distribution operations planned for later this FY.

IR2:

- A total of 25 providers from 22 rural clinics were supervised on the basic package of services for *Top Réseau*, and a total of 171 providers from 137 urban clinics were evaluated regarding their provision of family planning during Q1.
- A total of 26,441 youth visited a *Top Réseau* clinic in Q1, of which 12,590 (48%) came with a referral voucher.
- ISM partner Banyan Global continued to conduct post-training follow-up with *Top Réseau* providers, and also reignited efforts to facilitate access to finance for 20 *Top Réseau* providers.
- ISM partner IntraHealth conducted field visits to 2 rural clinics in the south and southwest, and 5 rural clinics in the northwest for on-site support and supervision.

IR3:

- PSI/M secured 202,665 CYPs during Q1 through the distribution and promotion of socially marketed contraceptives.
- PSI/M distributed 515,636 bottles of *Sûr’Eau* 150ml, 125,710 bottles of *Sûr’Eau* 40ml and 62,500 tablets of *Sûr’Eau Pilina*. This amounts to 824,363,000 liters of water treated.
- A total of 114,617 DTK kits were distributed during the reporting period, among which 60,745 were generic ORS/Zinc distributed through community based channel and 53,872 *HydraZinc* kits through the pharmaceutical channel.
- 78,606 units of Pneumostop tablets have been distributed during this period.
- In partnership with Banyan Global and HNI, 13 training sessions were conducted for 174 PAs on topics including, “stock management”, “simplified accounting”, and “SMS data sending”.

Cross cutting:

- PSI/M received positive feedback from pre-testing the new Healthy Family film, the Youth Campaign film, and the YES with you condom advertisement.
- A dedicated database server on the cloud was acquired in order to optimize the electronic field-data collection process.
- The Gender Based Violence Consultative Group was established to develop the Learning for Performance driven GBV training curriculum and performance guidelines for *Top Réseau* providers.

Intermediate Result One: Increased Adoption and Maintenance of Healthy Behaviors

Key Expected Results:

Key expected results to demonstrate impact on the adoption and maintenance of healthy behaviors over the life of the ISM Program are summarized below.

Expected Results	Baseline	Results through FY14	2017 Target
Increase contraceptive prevalence rate nationally	29.2% (DHS ¹)	34.8% (TRaC ² FP) 2012/2013	40.2%
Increase in the % of target who know of two ways to prevent diarrhea	47.4%	50.9 (TRaC IMCI 2014)	60%
Increase in the % of caregivers with knowledge on ways to prevent pneumonia in CU5 including breastfeeding for the first 6 months (modified indicator)	0%	0.6% (TRaC IMCI 2014)	12%
Increase in the % of children under five who slept under an ITN the previous night ³	76.5%	62% (Malaria Indicator Survey 2013)	80%
Increase in the % of target group who perceive ACTs including ASAQ and ALU as an effective treatment for malaria in CU5 ⁴	19% (ASAQ only)	32% (ACTs including ASAQ and/or ALU)(Malaria Indicator Survey 2013)	55% (revised in Sept 2013 at the request of USAID)

¹DHS stands for Demographic and Health Survey

²TRaC stands for Tracking Results Continuously.

³Findings from the 2013 Malaria Indicator Survey place the level of this indicator at 62%, a reduction from the baseline % of 76.5%. PSI/M will maintain the target of 80%.

⁴The indicator included in the 2013 Malaria Indicator Survey (MIS) reads as follows: *Percentage of women aged 15-49 who cited Actipal, ACT, ACTm or ASAQ as an effective treatment for malaria for CU5*. Findings from 2013 place this indicator at 32%, well above the baseline of 19% and above the 2017 target of 29%. PSI/M proposes to use the indicator going forward, to be aligned with the MIS wording, and has revised the 2017 target to 55% as requested by USAID. This is also been revised in the ISM Performance Framework.

Key Illustrative Activities for IR1:

- Promote integrated family health through an overarching BCC campaign.
- Expand the “*Education Through Listening*” IPC approach for IPC agents linked to franchised clinics.
- Develop positive role models of rural mothers and fathers to be used in BCC.
- Tap into community-based groups to better reach youth.
- Harmonize BCC activities between partners.

Context: During FY 2014, PSI/M continued its BCC mass media work and also advanced in the introduction of new and improved approaches to CHW IPC work. Findings from the IntraHealth-led gender assessment indicate that, despite large increases in contraceptive use in urban areas, women’s role in decision making on FP remains weak, especially in rural areas, and there is a need for positive male and female role models to reinforce optimal health behaviors. The 2013 PSI/M qualitative FoQus study with 145 young men and women indicated, for example, that strong misconceptions remain about side-effects from modern methods, especially related to infertility, and that the preferred/most often practiced method by youth is the calendar method, even if they are aware of its unreliability. The research uncovered large and important knowledge gaps, and it revealed that rural youth have little to no exposure to information about modern contraceptives. PSI/M will address some of these knowledge gaps and misconceptions through the Healthy Family campaign, using male and female role models.

Despite high coverage of LLINs following mass campaigns with pre- and post-campaign messages, findings from the 2013 Malaria Indicator Survey (MIS) indicate that behaviors are not consistently maintained, and that continued, focused BCC is required. At-home behaviors conducive to better child health and care-seeking behaviors for malaria, diarrhea and pneumonia prevention and treatment also continue to constitute large challenges in converting BCC into actual, measurable changes in behavior.

Activities during Q1 of FY 2015:**Cross-Cutting Communication:**

PSI/M continues airing of the Healthy Family Campaign radio dramas Monday through Wednesday. 35 episodes were broadcast in Q1 over two radio stations, for a total of 70 broadcasts. Topics covered by the Healthy Family Campaign are diarrhea, family planning, pneumonia, malaria, and breastfeeding.

In addition to the radio drama, a MVU film divided into three parts of 26 minutes each was produced in Q4 of FY14. Due to technical imperfections, PSI/M was unable to finalize the film in Q1 as planned, and has asked the communication agency in charge of production to make

some adjustments. The final version will be available by the end of January 2015 and a screening for partners is planned in February 2015.

During Q1, PSI/M met with MIKOLO to prepare shared ISM strategies and operational plans. Several activities and potential CHW tools were discussed, aimed at facilitating the CHWs' work. Areas discussed included future signboards to better identify their offices, booklets about healthy behavior, ideas for the development of the "Model Father and Mother" incentive program, and the Education Through Listening IPC method.

A Memorandum of Understanding including a job description for the PCVs was agreed upon between the U.S. Peace Corps Volunteer program and PSI/M in Q1, beginning collaboration on community outreach activities by Peace Corps Volunteers. The signature ceremony will be held in early January.

During Q1, PSI/M participated in the MOH Communication Subcommittee for BCC activities.

Planned Activities for Q2 of FY 2015:

- Continue broadcasting Healthy Family Campaign radio dramas
- Conduct Healthy Family MVU film showings for partners after finalization
- Disseminate tools for CHW IPC activities
- Develop and finalize with MIKOLO the strategy and operational plan for the "Model Father and Mother" program
- Begin conducting quarterly meetings with PCVs to follow up on activities
- Continue harmonizing efforts with existing USAID implementing partners and other stakeholders through regular meetings

Intervention Area 1.1: Family Planning and Reproductive Health

In Q1, PSI/M began preparation for the market introduction of emergency contraception. PSI/M met with Marie Stopes Madagascar (MSM) to gain insight into their experience distributing the *Norlevo* EC product. Even though *Norlevo* was not considered a social marketing commodity, some insights were gained, such as the importance of low pricing and the importance of branding. PSI/M decided to use the *Unipil* brand for its EC. By law, PSI/M cannot over-brand a product that is already an established brand such as *Norlevo*, for promotion/distribution purposes. *Unipil* is a newly created PSI/M brand that will be registered for use in Madagascar with the right to socially market the product. The Malagasy Office for Intellectual Property and Industry (OMAPI) registration is in process.

The latest Malagasy regulatory procedures in commodities registration require PSI/M to put the brand name of the product on the primary packaging/container of each product (i.e. on the blister, foil, bottle, etc., in addition to the external packaging). Several new and existing PSI/M

contraceptive products are involved and will need to be adapted, such as the oral contraceptive *Combination 3* over-branded *Pilplan*, and the injectable contraceptive Depo-Provera over-branded *Confiance*. PSI/M has proposed to over-brand the new “Sayana Press” injectable *Confiance Press*, building upon its well-known and respected *Confiance* brand. The following artwork was developed and submitted to the USAID local mission:



It was agreed that USAID/W will negotiate with Pfizer/NY to allow the over-branding of the product and obtain their agreement on the artwork. These documents will help PSI/M receive the AMM authorization for the over-branded *Confiance Press* product.

After PSI/M completed submission of the AMM (Authorization to Market) request to commercialize the new youth-targeted *YES with you* condom, DAMM responded to PSI/M late in Q1 with several pending points. PSI/M has informed USAID and has requested the needed information from the manufacturer. Even though the AMM was delayed, production of communication materials for the launch is in process and should be completed by the end of January. Scripts for the TV and radio spots were pre-tested and adjustments were made. In addition to media spots, promotional items (caps, t-shirts, etc.) were ordered to support the launch.

PSI/M has identified several key barriers to FP use, including myths and misconceptions about the side-effects of modern contraceptives, social norms regarding contraceptive use, and lack of social support particularly from partners. Several ongoing activities addressed these barriers throughout Q1, including the airing of 300 TV spots, IPC community outreach, group discussions among youth and women of reproductive age, and FP counselors and peer educators referring people to *Top Réseau* clinics for family planning.

The *Tanora 100%* youth campaign launched in FY 2014 has two strategic priorities: reinforcing the quality of youth-friendly service delivery in the *Top Réseau* clinics, and strengthening demand creation for services and products through various communication channels. More

promotion and communication materials were ordered and are being delivered in Q2. A package of media communication materials, which will include a TV spot, a radio spot and an 18-minute mini-film, is being developed. Scripts were pre-tested and the results indicate that the messages are effective. The production of this communication materials package is expected to be complete in Q2, in time for the *YES with you* condom launch date.

During Q1, the pilot phase of the youth loyalty scheme for FP/RH services that involved selected *Top Réseau* providers in Majunga continued. A youth event called *Soma Rose* was organized in Majunga November 10-14, 2014. This event combined street sensitization and a cultural show around family planning.



Photos taken by Herizo, Marketing and Communication Department (PSI/M)

With cost-share support from the Women's Health Project (WHP), PSI/M supported and participated in the annual National Coordination Meeting of the Ministry of Health, during which FP/RH accomplishments were presented.

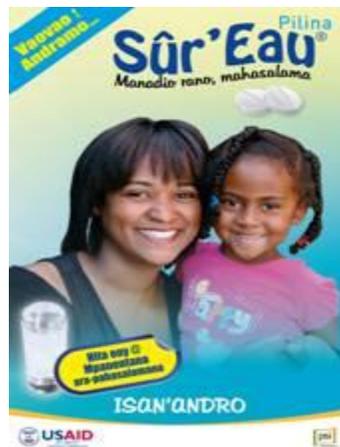
Planned Activities for Q2 of FY 2015:

- Launch the new youth-positioned *YES with you* condom
- Finalize the packaging and develop job aids for the new emergency contraceptive
- Continue supporting the youth program through the *Tanora 100%* campaign and youth peer education activities
- Promote FP/RH themes during International Women's Day (March 8th)
- Continue the youth loyalty scheme pilot phase in Mahajanga, with plans for an assessment in Q3 and scale-up in Q4

Intervention Area 1.2: Maternal and Child Health

In Q3 of FY2014, PSI/M launched the pilot phase for the *Sûr'Eau* tablet in the district of Vatovandry, with support from MIKOLO-trained CHWs. The packaging and communication tools were post-tested during Q1. The main findings were:

- For the radio communication channel, the overall messages were understood and accepted. A key finding was that there are challenges around lack of ownership of radios and/or lack of batteries, limiting this communication channel. In addition, some respondents didn't remember the message that commodities are available from CHWs.
- For print materials some messages need to be adjusted because they can be confusing (ex: the picture of two pills might indicate incorrect use)
- For packaging, the low quality paper needs to be improved, since it is not water resistant and is too soft



These findings will be taken into consideration for the scale-up, such as changing the message formulation for better recall of commodity availability, and heavier reliance on the MVU channel due to radio limitations. The MVU sessions did not need adjustments and continue to support the pilot phase.

Regarding *Sûr'Eau* tablet radio spots, 348 spots were aired during Q1.

During FY2014, PSI/M worked with the Youth Scouts program (*Tily eto Madagasikara*) to support the dissemination of messages regarding sanitation and safe water use. These partnerships help increase awareness and promote correct and consistent use of *Sûr'Eau* for diarrheal prevention and *ViaSur* for diarrheal case management. The collaboration will continue in FY2015, providing various internal *Tily Eto Madagascar* organizational matters are resolved.

During Q1, PSI/M actively participated in various “Health Day” celebrations. For both Latrine Use Day and World Pneumonia Day, several MVU sessions were conducted in different areas to educate people about diarrhea and pneumonia prevention and treatment. In the days surrounding World Pneumonia Day (Nov. 12), PSI/M was also part of many activities led by the Ministry of

Health. The topic was “universal access for pneumonia prevention and care” and PSI/M presented the history of World Pneumonia Day in Madagascar during the press conference at Louvre Hotel. In addition, PSI/M supported the organization of a workshop including all the partners of the MOH. This workshop consisted of updating the National Strategic Plan for IMCI and establishing a National Coordination Platform with stakeholders.



Photo taken by Christian, Marketing and Communication Department, PSI/M

PSI/M was involved in the preparation and celebration of the Mother and Child Health Week in October 2014 in Antsirabe. PSI/M was in charge of logistics and communication materials for the official launch day, and a large team from Antsirabe and Antananarivo attended to promote PSI’s activities and products.

Regarding pneumonia treatment, the WHO has recommended the use of the amoxicillin molecule instead of co-trimoxazole. This year, PSI will replace *Pneumostop* (co-trimoxazole) with the new product *Pneumox* (amoxicillin). The PSI/M research team conducted a quick internal pre-test for *Pneumox* and the brand registration process was already completed in November 2014. Commodities are scheduled to be delivered to PSI’s warehouse in July 2015 and CHW training on the use of this new product is scheduled for Q4. IEC/BCC materials development was not initiated in Q1 as originally planned, but rather will benefit from feedback from a UNICEF and MOH pilot in the SAVA region scheduled for Q2.

PSI/M has been working with the Technical Working Group, which is led by the MOH and includes USAID, UNFPA, UNICEF, Jhpiego, and USAID bilateral partners, since 2013 on the introduction of chlorhexidine (CHX), which will soon enter into a scale-up phase (once the AMM is obtained and the product can be ordered – see IR3). In Q1, PSI/M updated and produced, with PATH project funding, CHX promotional materials for USAID implementing partners MIKOLO in 9 regions, and MAHEFA in 8 regions. A total of 500,000 flyers, 12,600 posters, 13,200 counseling cards, and 13,200 job aids were produced.

Planned Activities for Q2 of FY 2015:

- Identify a new strategic orientation for the WASH program
- Continue supporting the *Sûr'Eau* tablet pilot phase in Vatomandry and prepare activities related to scale-up (a pre-test has already been conducted)
- Continue producing and distributing sales and promotion incentives for child survival social marketing products for CHWs, PAs, and wholesalers
- Develop and produce communication materials for the new *Pneumox* product and pneumonia prevention and treatment education
- Develop and produce a radio spot for the correct use of CHX

Intervention Area 1.3: Malaria

In Q1, the principal activities were preparation for the LLIN mass campaign scheduled for 2015, as well as LLIN continuous distribution. In November, a PSI/M team participated in a national workshop for both the President's Malaria Initiative (PMI) and National Strategy Application (NSA) 2015 campaigns, organized by the Deliver project in Majunga. Workshop participants included USAID, MOH Regional Directors, PNLP, the National Coordination Committee, and WHO. The objectives of this workshop were to: share lessons learned from past campaigns; identify and agree on appropriate approaches for each operational area; involve MOH staff early in the process; and build an action plan for the 2015 campaign. Operational plans and a draft timeline were created for population census, IEC/BCC, M&E, training, coordination and sub-grants.

In December, another PSI/M team went to Vohipeno in the Vatovavy Fitovinany region, and Vangaindrano in the Atsimo Atsinanana region, to conduct advocacy activities and meet local authorities. These regions were selected due to their high rates of malaria.

During Q1, key messages were developed for advocacy, the mass campaign, and continuous distribution activities (see more in IR3). Some key messages include: malaria is transmitted only by mosquito bites; sleep under bed nets everyday; free nets are not for resale etc.

Planned Activities for Q2 of FY 2015:

- Continue developing sales and promotion incentives for malaria products
- Continue harmonizing malaria communications messages and activities through participation in regular meetings
- Prepare, produce and disseminate communication tools (radio spots, posters, caps, banners, flyers, etc.) for both LLIN mass campaigns and continuous distribution
- Broadcast radio spots

The table below summaries all IEC/BCC tools:

<u>Program</u>	<u>Tools/Materials/Events</u>	<u>Funding</u>	<u>Observation</u>
Healthy Family Campaign	Drama : 35 episodes	ISM	
Family Planning	Short Term Method TV spot : 300	ISM	All short Term Methods
Youth program	Youth Event :01 (Soma Rose in Majunga)	ISM	Street sensitization and cultural show
Water treatment	Sûr'Eau tablet radio spot : 348	ISM	Vatomandry
Pneumonia	World Pneumonia day celebration	ISM	Press conference in Antananarivo , MVU sessions in regions
Angaredona	Combined Radio spot : 1,680	ISM	Awareness of commodities availability and correct use for both Pneumostop tablet and Sûr'Eau solution
Malaria	RDT radio spot : 360 RDT TV spot : 120	UNITAID UNITAID	Messages : fever does not necessarily mean malaria
SSME	SSME celebration	ISM	Participation in launch event in Antsirabe
Zazatomady	Zazatomady radio spot : 1,458	UNICEF	Nutrition
Top Réseau	Top Réseau radio spot : 4,160 Top Réseau TV Spot : 800	ISM ISM	Social Franchise

Intermediate Result Two: Improved Quality of Selected Health Services in the Private Sector

Key Expected Results:

The table below presents key expected results to demonstrate changes for activities with *Top Réseau* franchised providers and their client communities over the life of the ISM Program.

Expected Results	Baseline	Results through FY14	2017 Target
% of <i>Top Réseau</i> providers reaching minimum service quality standards for FP and IMCI services	35%	0%	80%
# of <i>Top Réseau</i> health clinics offering integrated services in at least 3 health areas (FP/RH, IMCI, malaria)	Urban: 213 Rural: 0	Urban: 205 Rural: 40	Urban: 233 Rural: 40
# of <i>Top Réseau</i> providers trained in business management & financial management	Urban : 0 Rural : 0	Urban: 222 Rural: 0	Urban : 270 Rural : 30
# of new <i>Top Réseau</i> providers who have received quality training	Urban: 0 Rural: 0	Urban: 22 Rural: 25	Urban: 20 Rural: 40

Key Illustrative Activities for IR2:

- Expand the number of private sector health providers in the *Top Réseau* franchise (c.f. table above).
- Increase access to finance for *Top Réseau* providers in partnership with Banyan Global.
- Modernize existing data collection using SMS technology in partnership with HNI.
- Build the business management capacity of *Top Réseau* providers with support from Banyan Global (c.f. table above).
- Enhance the medical training approach of the *Top Réseau* franchise with support from IntraHealth, resulting in improved client satisfaction and improved minimum standard scores.
- Enhance provider behavior change using results from provider motivational surveys, provider network meetings, and building on IntraHealth’s experience in this area.
- Institutionalize capacity building by targeting high-performing franchise providers and making them peer trainers.
- Pilot demand-side rural community financing mechanisms with support from Banyan Global.

Context: PSI/M launched the *Top Réseau* franchise in 2000 as a network of private and independent clinics initially focused on delivering reproductive health services to adolescents. This focus was later expanded to include prevention of STI/HIV among high-risk groups, long term contraceptive methods (LTMs), Integrated Management of Childhood Illnesses (IMCI), cervical cancer screening and referral, post abortion care counseling and referral, and most recently nutrition (for selected providers only). At the end of Q1 2015, PSI/M directly supported 207 urban and 40 rural network clinics in 75 out of the 112 districts across Madagascar.

Under IR2, PSI/M collaborates with several sub-grantees: IntraHealth, Banyan Global, SAF and SALFA. All partners work closely with PSI/M on the development of their annual work plans and provide quarterly progress reports. IntraHealth and Banyan Global staffs are located at the PSI/M office, which greatly facilitates collaboration, integration, and ongoing dialogue.

Activities during Q1 of FY 2015:

Intervention Area 2.1: Expanding Access to Quality Services at Private Health Clinics

Based on PSI's social franchising standards, three key elements have been identified that create the required conditions for franchisees to deliver services that meet franchise standards. These elements are selecting, developing, and managing franchisees.

This quarter, the PSI/M regional team continued to recruit high-potential clinics, based on the selection criteria, in order to expand access to the *Top Réseau* network and to help address the target group's health needs. A total of 4 new clinics located in Antananarivo and Diego were identified, evaluated, determined to meet the criteria, and recruited to be members of *Top Réseau* in urban areas.

Site development for the new clinics and ongoing support for existing clinics continued. SAF and SALFA ISM focal points and PSI/M focused on upgrading 15 rural clinics to be equipped and branded as fully operational *Top Réseau* franchised clinics.

To assist healthcare providers in maintaining quality and to monitor the extent to which they comply with quality services and franchise standards, a total of 193 supervision visits were conducted this quarter. Among the 22 joint visits conducted, SALFA and the PSI/M QA team were able to conduct supervision visits in 5 remote areas in 4 regions. These supervisory visits were made possible by helicopter (as budgeted in SALFA's ISM budget). Training and supervision of CHWs were conducted during these remote visits as well.

To broaden the *Top Réseau* service package, integrating IUD service provision into the basic services package of selected SAF and SALFA rural *Top Réseau* clinics is planned for Q2 FY15. Numerous criteria were developed to ensure client safety for IUD services, including proximity to health facilities that have the required infrastructure to handle emergencies in case of complications. 12 providers in 12 different rural clinics were identified and motivated to offer IUD services in rural areas, and will be trained next quarter.

PSI/M provided PMI and UNITAID-funded RDTs to selected Top Réseau sites and other private clinics in both urban and rural malaria endemic zones. Of the 4,165 RDTs that were distributed to Top Réseau and other private clinics during Q1, 2,465 units (59%) were funded by PMI and 1,700 units (41%) were funded by UNITAID. 12% of 3,357 fevers tested using these RDTs were found to be positive. The providers then provide a prescription for ACTs, which are available for purchase at pharmacies.



*Top Réseau rural provider in SALFA, Boeny Aranta, was supervised when performing RDT testing (Dec. 14, 2014)
Photos: Dr. Sahondra Rasoarimanana, SALFA ISM Focal point*

In Q1, the e-voucher pilot was extended to Antananarivo and provider mobile money reimbursement began. Under the ongoing voucher program, vouchers are distributed by IPC workers to the target groups of youth and WRA of low/middle socio-economic status. Clients redeem vouchers at Top Réseau clinics and receive a discount. The discounted amount is later reimbursed to the provider by PSI/M. In this Q1 pilot, 7,515 vouchers were distributed and 2,804 youth and women visited clinics using the vouchers. All of these vouchers were submitted by social franchisees for reimbursement using SMS. Once the e-voucher system is piloted among providers, they are required to use the SMS system for reimbursement and no longer have the choice of using the original paper system. At the end of each month, PSI/M staff checks the discounted services provided through the e-voucher system, and then proceeds to payment. All of the unique codes submitted by the franchisees were reimbursed by PSI/M within 5 days after verification. Last December, HNI and PSI conducted a focus group session with nine Top Réseau providers in Antananarivo to get their feedback on the use of the e-voucher system and their suggestions for improvements. In general, providers were satisfied with the speediness of the payments; however, they reported some payment errors. Operational research on the e-voucher and mobile money reimbursement system is planned for Q2, to address necessary improvements and evaluate the scalability of the innovation.

In order to enhance the motivation and productivity of *Top Réseau* providers, a Provider Exchange meeting was conducted in Q1. This provided an opportunity for franchisees to develop a “community of practice” among fellow private practitioners. Ideas, lessons, effective practices, and experiences are shared at a peer level to help improve their facilities and grow professionally. In December 2014, three top-performing providers (in terms of quality of service,

health impact, and adherence to franchising standards) presented their experiences during a Provider Exchange meeting held in Antananarivo. One participant commented that, “*I am interested in the ideas about demand creation that the provider from Majunga shared--she took advantage of different events organized by PSI to make her a well-known health provider in Majunga.*” In addition, the three visiting providers benefitted from visiting clinics in Antananarivo, to learn and share best practices.



Left: Provider Exchange meeting. Middle & right: Three top-performing providers visiting Antananarivo clinics (Dec 14, 2014). Photo Credit: Riana Razafinimanana, PSI/M Social Franchise team

Challenges:

- Provider turnover and recruitment in rural areas is a challenge due to isolation and insecurity. An action plan has been developed by SAF and SALFA focal points to recruit and train new providers, to ensure that services are consistent with the franchise brand promise.
- The unavailability of clients during rural supervisory visits is also a challenge. [Supervisory visits are planned ahead of time, in coordination with the provider. The challenge of the unavailability of clients is mainly found in rural areas, and is primarily related to the supervision of IMCI observations and not other types of client visits. The greatest challenge occurs when no child under age 5 happens to present with an illness during the scheduled supervision time. In these instances PSI/M has created a case study to use as a proxy to assess providers’ knowledge and practices in the absence of observing client service provision.](#)

Planned Activities for Network Expansion During Q2 of FY 2015:

- Refresher trainings to both urban and rural *Top Réseau* providers in FP/RH and IMCI focused on the findings from the Mystery Client Survey (as reported in the Year 2 Annual Report)
- Capacity-building of the Medical Supervisors from PSI/M, SAF and SALFA in order to improve supervision skills
- Training of SAF and SALFA providers on FP-LTM (IUD and Implant)

- Joint supervision visits by PSI/M, IntraHealth and SAF/SALFA regional supervisors to 9 clinics in 6 regions

Quality Assurance (QA):

The IntraHealth Quality Assurance team provided support to the *Top Réseau* technical team in conducting the annual evaluation of FP-LTM services. During a working session with key technical *Top Réseau* staff, performance indicators were reviewed and classified as key versus non-key indicators for the purpose of the evaluation. The supervision and evaluation tools were aligned and then all medical supervisors were trained in the tools. The QA team contributed to the evaluation of *Top Réseau* providers through conducting observations. Action plans for providers were developed, which will be monitored during supervision visits. 171 *Top Réseau* providers were evaluated, and results show that 92.4% met the minimum standards for FP-LTM, including infection prevention. Key findings include reasonable compliance with: PSI standards of care (though improvement of infection prevention needs to be prioritized); client eligibility for their method of choice; and the provision of comprehensive information on FP methods.

Various work sessions were held in Q1 with IntraHealth, PSI's M&E team, and the IT consultant, to continue the development of the quality database and dashboard. The dashboard will provide a visual overview of progress on key performance and quality indicators. Two sessions were held while Laura Hurley, IntraHealth Senior Program Manager, was in country and provided feedback on the design of the dashboard and plans for rollout to the regions. The dashboard is being finalized and user guides are being developed.

In the area of nutrition, the training curriculum was updated to include important information about the benefits of food fortification and acceptability according to the results of the follow-up study on knowledge, attitudes, practices and beliefs on nutrition and dietary diversification among children 6 to 23 months in Antananarivo, Fénerive Est and Vavatenina in Nov-Dec 2013. After the study results were available in April 2014, the basic training was modified and lengthened from 2 days to 3. A total of 29 providers were trained in nutrition in Q1.

In November 2014, PSI/M received assistance from Dr. Paul Blumenthal, PSI Global Medical Director and a former Advisor on FP/RH at the Ministry of Health in Madagascar. The purpose of the visit was to observe PSI/M's FP/RH activities and help with quality assurance, with a focus on addressing the findings from Mystery Client Survey. During his visit, he gave a Continuous Medical Education presentation on Adverse Events Management to 61 *Top Réseau* providers in Antananarivo. The presentation covered FP in general, and specifically included side effects, IUD complications management, and the IUD as an emergency contraceptive.



Continuous Medical Education conducted by Dr. Paul Blumenthal with Top Réseau providers in Antananarivo (November 2014); Photo credit: Mbolatiana RAZAFIMAHEFA –Health Services Delivery Department- PSI/M

Planned Activities for Quality Assurance during Q2 of FY 2015:

- Begin the development of the QA plan for the basic services of FP-STM and IMCI
- Develop the curriculum for supportive supervision training for FP-STM and IMCI
- Conduct a workshop to improve the supervision skills of Medical Supervisors from PSI/M, SAF and SALFA
- Finalize the quality database, dashboard and associated user's guide
- Continue to organize Provider Exchange meetings to build capacity
- Provide refresher trainings to *Top Réseau* providers in both urban and rural areas on FP-STM and IMCI (focused on findings from the Mystery Client Survey)
- Train rural *Top Réseau* providers in IUD services

Intervention Area 2.2: Capacity-Building

Business Training for *Top Réseau* Providers

During Q1, Banyan Global (BG) developed a new Budgeting course for *Top Réseau* providers. The course will be offered in Q2 to providers who have shown improvements in their recordkeeping and accounting practices. This training will help incentivize providers to implement the skills they have learned in the Simplified Accounting course previously offered. The objectives of the new Budgeting course are to help providers: define what an operating budget is; describe the elements of an operating budget; analyze a budget; create an operating budget; and make sales projections.

Coaching/Business Counseling

During Q1, BG provided individual coaching to 12 *Top Réseau* providers in Antsirabe, Fianarantsoa, and Sambava on investment projects for improving or expanding their clinics. In addition, BG conducted coaching visits or provided business counseling to providers in Antananarivo, Diego, and Tamatave.

Banyan Global is also providing coaching to *Top Réseau* providers to better integrate financial information into their existing record-keeping systems. Several clinics have requested an Excel version of the accounting tools developed by BG, and 2 larger health centers requested BG's assistance in setting up a local area network for their existing computers so that accounting information can be shared and updated in real time.

For those *Top Réseau* providers who have implemented BG's accounting tools, some concrete impact can already be seen:

- One provider stated that she is better able to correctly calculate her net income at the end of each month. With a better view of her financial situation, she has started to put aside a fixed proportion of her net income into a new savings account at her bank.
- Another provider was 6 months behind on invoicing her insurance company, but with the accounting tools, she learned to better organize her recordkeeping and is no longer behind. With her finances in order, she has decided to use her own funds to invest in new equipment for her clinic.

Access to Finance

With the technical assistance of BG's Business and Finance Team Leader, two *Top Réseau* providers were able to successfully negotiate loans:

- *Top Réseau* SALFA in Fianarantsoa received credit from an equipment supplier for a total amount of over 16 million AR (\$6,100).
- A provider in Antalaha received a loan from the microfinance institution partner *Ombona Tahiry Ifampisamborana Vola (OTIV) Harena* for 3.6 million AR (\$1,400) to build a two-room extension to her existing clinic.

Demand-side Financing

In Q1, Banyan Global recruited a community organizer to implement a pilot health financing activity in the Antananarivo region with two health mutual partner organizations: *AFAFI* and *OTIV Harena*. BG will work with PSI/M's community-based agents to establish groups of 50 members, starting in neighborhoods where *Top Réseau* providers are located. Several providers are already part of AFAFI's network of providers, so the initial focus will be on mobilizing groups around those clinics. BG will also work with *Planet Finance* and its partner *OTIV Harena* to identify zones where *Top Réseau* providers can be integrated into the health mutual organization's existing care network.

Banyan Global also developed the appropriate sensitization tools and supporting materials for targeted households. Once the *fokontany* (the smallest administrative unit in Madagascar, at the

village level) selections have been confirmed with all the partners --PSI/M, *AFAFI*, and *Planet Finance/OTIV Harena* -- a schedule of sensitization sessions will be finalized in coordination with the IPCs and implemented in Q2. A draft MOU with *AFAFI* has been prepared and discussed, and will be finalized in Q2 after the groups have been sensitized and mobilized. A MOU will also be drafted for the partnership with *Planet Finance* after further discussions in Q2 among the interested parties.

Challenges: Post-training support is a challenge since not all *Top Réseau* providers have received the accounting tools developed by BG (due to time gap between supervision visits, for example). This delays the implementation of a better recordkeeping system throughout the franchise network. Moreover, since the next course on budgeting requires that providers demonstrate progress on accounting, the lack of tools also delays the implementation of additional financial management training to the providers.

Planned Activities for Q2:

- **Access to Finance:** BG will meet with the planned mission from USAID/Washington to assess the feasibility of a Development Credit Authority in Madagascar.
- **Financial Management:** PSI/M will provide basic accounting tools to *Top Réseau* providers and create an automated template to ensure that the provider is capturing all pertinent information about their business in a correct and comprehensive manner.
- **Demand-side Financing:** PSI/M, with support from BG, will finalize a partnership agreement with *AFAFI* for the pilot program in Antananarivo. The mobilization and sensitization of targeted households will also begin.
- **Monitoring & Evaluation:** BG will develop a database for improved collection and tracking of progress of the activities.

Intervention Area 2.3: Promotional Support

During Q1, PSI/M continued to promote the *Top Réseau* network through IPC activities already developed by the 120 youth peer educators that work in and around *Top Réseau* clinic sites. A total of 26,441 youth clients visited a *Top Réseau* clinic in Q1, of which 12,590 (48%) came with a referral voucher.

PSI/M continues to develop and distribute promotional items (such as towels, brochures, garbage cans, curtains, and decontamination buckets) for *Top Réseau* providers in order to ensure the availability of basic materials to maintain quality, and to provide additional visibility to the *Top Réseau* brand and the network as a whole.

PSI/M also continues to actively support both the National and Regional Bodies of Doctors – the ONM (*Ordre National des Médecins*) and the CROM (*Conseil Régional d'Ordre des Médecins*) through participation in local events organized by these groups. During Q1, an event was held in

Tamatave and PSI/M provided a booth for free malaria testing using RDTs. This was an opportunity to reinforce the image of *Top Réseau* among doctors and other medical personnel as a network for affordable quality of care for vulnerable and underserved populations. These events provide an important forum for exchange and discussion, help increase awareness of *Top Réseau* services, and create an opportunity to identify interested and potential members of the network.



Top Réseau booth during the Salon de la Médecine in Tamatave – November 2014

Photo: Rajo Rajaonarivelo PSI/M communication team

A variety of communication channels were used to reach the target audience at various stages of information and treatment-seeking behavior. In Q1, 4,160 radio spots and 783 TV spots aired on popular stations. The peer educators conducted 625 small group sessions reaching 6,917 young people, and the CHWs assigned to each rural *Top Réseau* clinic delivered health education, information, and referrals to clients within their communities. In Q1, 7,299 clients visited a rural clinic.



(left) CHW in Ankelilay. (right) Andamoty during a group discussion and counseling session for Family Planning (Dec. 2014)

Photos: Dr. Sahondra Rasoarimanana, SALFA ISM focal point

Intermediate Result Three: Increased Availability of Life Saving Health Products and Services

Key Expected Results:

The key expected results to measure the impact on the increased availability of life saving health products and services over the life of the ISM Program are summarized below.

Expected Results	Baseline	Results through FY14	2017 Target
Increased # of social marketed products distributed	See results framework indicator SM 3.1	See results framework indicator SM 3.1	See results framework indicator SM 3.1
% of community supply points trained and serving MAHEFA and MIKOLO project zones that report no stock-outs of social marketed products in the last month	80%	(Cf. Table of stock out below) ⁵	90%
# of community distributors distributing social marketed products	870	1,122	1,200
Increased coverage of social marketed products	See results framework indicator SC3.1	See results framework indicator SC3.1	See results framework indicator SC3.1

Context: While social marketed products and services have had a significant health impact in Madagascar, especially during the past four years of socio-political crisis, access is neither uniform nor optimal, especially in rural areas. Coordinated efforts under the USAID supported bilateral health projects MAHEFA and MIKOLO are making important progress in getting health products out to more rural and isolated areas, but supply chain challenges remain. Under the ISM program, PSI/M, MAHEFA and MIKOLO will continue to collaborate and coordinate closely to ensure products reach trained community health workers and their communities with the least possible delays, and to avoid stock outs of essential products where possible.

⁵ The rate of stock out reported here concerns only supply points (PAs) who sent data by SMS.

PSI/M is also engaging regularly with the DAMM to reinforce its relationship with this important body. PSI/M has been sharing regular updates on product procurement and registration related challenges with USAID.

Following recognition of the new Malagasy government and subsequent lifting of restrictions by the USG, PSI/M is now able to collaborate directly with the Ministry of Public Health and other public institutions. As such, PSI/M has since participated in various workshops organized by partners across the public sector including PNLP, SALAMA and other NGOs to improve the distribution chain of health commodities in Madagascar. These new collaboration opportunities will ultimately strengthen ties between the public and social marketing channels.

Key Activities for IR3:

- Enhance private sector (commercial and pharmaceutical channels) distribution.
- Enhance community-based distribution.

Intervention Area 3.1: Product Procurement and Branding

3.1.1 Family Planning and Reproductive Health

During the first quarter of FY 2015, PSI/M achieved 202,665 CYPs or 23% of the FY 2015 target through the distribution and promotion of socially marketed contraceptives (*Pilplan*-branded pills, *Confiance*-branded injectables, *Rojo*-branded cycle beads, Implants (*Implanon*) and IUDs). In addition to its large range of FP products, PSI/M has also launched the two-rod implant *Jadelle* to be distributed through the *Top Réseau* clinics.

In Q4 FY 2014, PSI/M received 1,203,000 units of the new youth-positioned condom *YES with you* from USAID and the market authorization (AMM) request was submitted to the DAMM in August 2014. Unfortunately, in December 2014, the DAMM requested additional documents to complete the pharmaceutical registration dossier. Due to the length of this procedure, PSI/M expects to begin distribution of the new condom in late Q2 FY 2015.

During Q1, PSI/M also worked closely with USAID and others partners on a plan for the introduction of the subcutaneous injectable *Sayana Press* and the new one-rod implant *Nexplanon*, which replaces the Implants branded *Implanon*. The manufacture of *Nexplanon* will conduct ToT sessions for nine PSI/M health trainers, who will in turn train 158 *Top Réseau* health providers (100 providers in FY15 and 58 in FY16). The registration of the two products with the DAMM is underway and both AMM authorizations are expected to be granted in Q2. PSI/M expects to receive 3,500 implants in Q3 FY 2015.

Planned Activities for Q2 of FY 2015:

- Continue to increase availability of socially marketed contraceptives through the pharmaceutical and the community-based distribution channels; and

- Distribute the new youth-positioned condom *YES with you*.

3.1.2 Maternal and Child Health

Diarrhea Program

Diarrheal Treatment Kits (DTKs):

PSI/M distributed a total of 114,617 DTK kits during the reporting period, among which 60,745 were generic ORS/Zinc distributed through the community based channel and 53,870 *HydraZinc* DTKs through the pharmaceutical channel. A total of 94,000 *HydraZinc* kits were received during the reporting period, including 44,000 kits received by air shipment in October 2014 and 50,000 kits by ocean shipment in November 2014. For *ViaSur*, an air shipment of 100,000 kits was received in November 2014, while an ocean shipment of 176,000 kits is expected to arrive in-country by the end of February 2015.

While significant progress has been made in the procurements of *HydraZinc* and *ViaSur*, in late December 2014, PSI/M was informed by the DAMM that authorization for distribution of *ViaSur* would not be granted since the supplier had used erasable ink for printing of legal mentions (exp. date and batch no.) on the sachets. As such, the DAMM requested PSI/M to explore options for reprinting using non-erasable ink, and recommended we discuss this option with NIPHAR. However, if such reprinting affected the quality of product or NIPHAR's ink printing was also erasable (sample tests would be reviewed by the DAMM), the DAMM would commit to delivering the authorization to distribute. In January 2014, PSI/M was informed that reprinting via NIPHAR was not a viable option as their ink was also erasable. PSI/M is cautiously optimistic the DAMM will issue the authorization for distribution and the official marketing authorizations given the arrival of products.

PSI/M also launched a procurement request for 187,000 *HydraZinc* kits in Q4 FY 14 to ensure product availability. The products are currently undergoing sampling and testing and are scheduled to arrive in country by latest end of March 2015. The current stock levels of *HydraZinc* are expected to last until end of May. In Q2 FY 15, PSI/M plans to launch a new procurement request for 267,330 *ViaSur* kits to cover product needs through the end of the ISM project.

Planned activities for Q2 FY 2015:

- Ensure community based distribution of *ViaSur*;
- Launch procurement request of 267,330 *ViaSur* kits for FY16 and FY17 needs; and
- Follow up with USAID on possibility of donating surplus ORS/ZINC kits to the public sector.

Water Treatment Program: *Sûr'Eau*

PSI/M reports the following distribution achievements for its *Sûr'Eau* point of water treatment products for Q1 FY 2015: 515,636 bottles of *Sûr'Eau* 150ml, 125,710 bottles of *Sûr'Eau* 40ml, and 62,500 *Sûr'Eau Pilina* (tablets) were distributed. This is equivalent to 824,363,000 liters of water treated.

While PSI/M had identified three local producers of *Sûr'Eau* (SIGMA, EcoClean, and New Area), the capacity, quality of production, and costs are not optimal for the two new suppliers (EcoClean and NewArea). As SIGMA is currently the only acceptable supplier, we are limited by their production capacity. During Q1, PSI/M began exploring various options for procuring the 150ml bottles internationally; this included both sourcing the complete product as a whole and sourcing just the bottle and cap internationally with the aim of exploring local certified suppliers to fill, label and package products. PSI/M expects to make a final decision on the feasibility of procuring internationally by mid Q2. In the meantime, PSI/M will issue an amendment to the current supplier (SIGMA) of 150ml bottles to ensure stock levels are sufficient until a decision has been made on the international procurement.

The six-month *Sûr'Eau Pilina* pilot project, which began in September 2014 in the district of Vatomaniry, is well underway as 6,250 strips or 62,500 tablets have been distributed by CHWs. Initial data from the pilot are encouraging as the majority of CHWs have picked up their starter stock at supply points and many have already requested additional supplies. Others have noted the tablet form is generally positively accepted given the non-chlorine odor and easy use of the product. A comprehensive evaluation of the pilot program is expected in Q2 with the final report completed by Q3 FY 15; this evaluation will assist in adjusting and improving distribution and communication strategies during the scale up phase.

Given the initial positive feedback on the pilot program, PSI/M initiated the procurement of 4,500,000 tablets through an international bid. Hydrachem was awarded the contract given their production capacity, time frame, and cost. Products are expected to arrive in country by the end of Q2 FY 15.

Planned activities for Q2 FY 2015:

- Ensure community based distribution and promotion of *Sûr'Eau Pilina* in the pilot area;
- Follow up of the new procurement of 4.5M *Sûr'Eau Pilina*;
- Review the strategic plan (BCC, distribution, selected interventions zone, monitoring and evaluation); and updated tools for the CHW with MIKOLO ;Launch local tender for 500,000 bottles of *Sûr'Eau* 150ml to cover immediate needs; and
- Finalize decision on international procurement of 1 million *Sûr'Eau* 150ml bottles.

Pneumonia Program

During Q1, PSI/M continued distributing *Pneumostop* tablets and began follow-up of distribution activities according to findings of the 2014 Outcome Monitoring Survey (OMS)⁶.

***Pneumostop* Syrup:** The supplier Mission Pharma began production for the current order of 97,200 bottles in November 2014. Samples were submitted to the testing laboratory in late December and results are expected within 3 weeks. Given this information, products are expected to arrive in early March 2015 and distribution will likely begin by mid March.

***Pneumostop* Tablets:** Following the *Angaredona* or mass distribution campaign in September 2014, PSI/M continued routine distribution of *Pneumostop* tablets; 78,606 units were distributed during this reporting period. Periodic supervision activities were also conducted by PSI's distribution team, which reported that: a) all CHWs received jobs aids to illustrate correct use of this product; and b) data collected at the supply point level reported an estimated monthly consumption rate of 27,000 units/ month. At this rate, our current stock levels will be sufficient to cover needs until June 2015. PSI/M plans to closely follow-up on the current procurement of *Pneumox* amoxicillin DT 250mg to ensure there are no gaps in coverage when *Pneumostop* is replaced at the beginning of Q4 FY 15.

***Pneumox* Amoxicillin Tablets:** The procurement request for 586,000 amoxicillin blisters, which covers FY16 & FY17 needs, was launched in Q4 FY14. Alongside our procurement request with PSI HQ, PSI/M also requested quotes from SALAMA. The result of these quotations and international tenders are expected by January 2015 and will be reported in the Q2 report.

Planned Activities for Q2 FY 15:

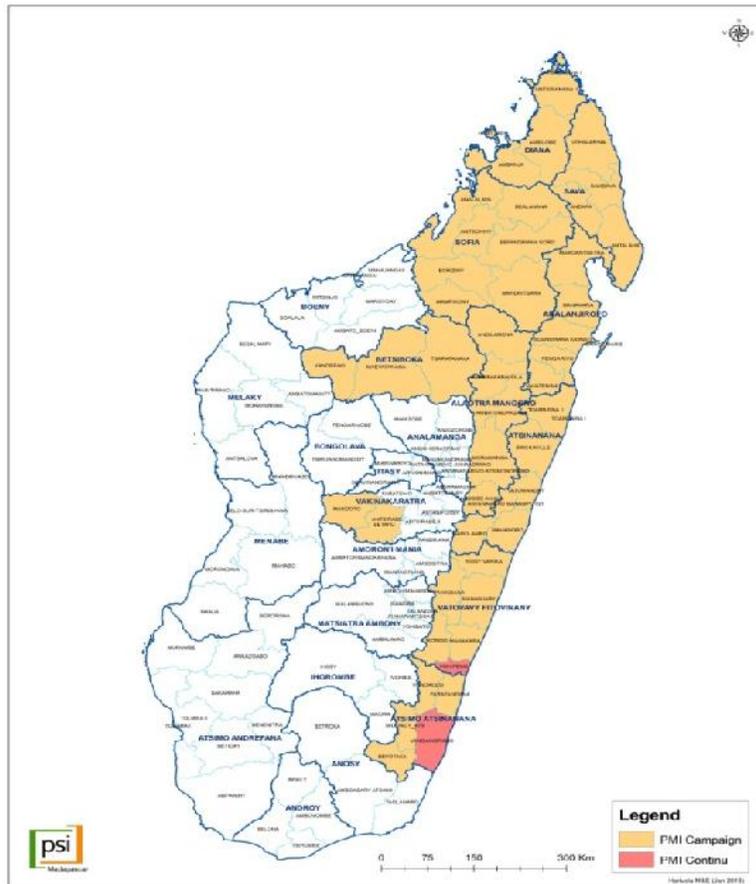
- Distribute *Pneumostop* syrup in USAID partner areas once products arrive in March 2015;
- Continue to distribute and conduct follow-up supervisions for *Pneumostop* tablets;
- Submit USAID waiver request for the selected supplier of the *Pneumox* amoxicillin tablets;
- Submit paperwork to the DAMM for the AMM for amoxicillin DT branded "*Pneumox*"; and
- Follow up with MOH and UNICEF on the amoxicillin pilot demonstration in Sava. Documentation and tools for the scale up will be validated during the Q2 period.

⁶ Preliminary results of the 2014 Outcome Monitoring Survey (OMS) were shared with PSI/M on December 3rd 2014. The survey was conducted by bi-lateral partners MIKOLO and MAHEFA and analyzes key health outcome indicators.

Intervention Area 3.2.1: Malaria Campaign

During this reporting period, PSI/M was engaged heavily in the preparations of the 2015 USAID/PMI LLIN mass distribution campaign organized in 50 districts of the North-East and East of Madagascar. Approximately 6.3 million LLINs will be distributed in the 50 districts of Madagascar to protect more than 11.5 million people. In addition, approximately 4.2 million LLINs will be distributed in 42 additional districts supported by GF under the NSA2 Grant. In constant collaboration with the National Coordination Committee (CNC), PSI/M has played a leading role in preparations for the large campaign despite the numerous challenges.

**DISTRIBUTION MID 2015 MADAGASCAR
USAID/PMI**



The numbers of beneficiaries during the FY 2015 mass campaign supported by USAID/PMI are summarized in the table below:

Region	# of Districts	# of Beneficiaries	# of Households	# of CHW	# of LLIN
<i>SOFIA</i>	7	1, 476,973	295,395	3,879	820,541
<i>ALAO TRA MANGORO</i>	5	1, 276,156	255,231	2,304	708,976
<i>BETSIBOKA</i>	3	425,352	85,070	1,251	236,307
<i>DIANA</i>	5	801,163	160,233	1,261	445,091
<i>VAKINANKARATRA</i>	2	514,361	102,872	714	285,756
<i>SAVA</i>	4	1, 181,671	236,334	2,705	656,484
<i>ANALANJIROFO</i>	6	1, 361,560	272,312	2,473	756,422
<i>VATOVAVY FITOVINANY</i>	6	1, 830,230	366,046	4,292	1, 016,794
<i>ATSIMO ATSIANANA</i>	5	1, 079,887	215,977	2,486	599,937
<i>ATSIANANA</i>	7	1, 542,235	308,447	3,996	856,797
<i>TOTAL</i>	50	11, 489,588	2, 297,917	25,361	6, 383,105

Achievements during Q1:

Ñ Coordination

- A workshop was organized in Majunga with stakeholders to coordinate activities and revise strategies for implementation (implementation scheme, strategic plan of communication, training, monitoring and evaluation, census).
- The action plan and timeline were finalized during this workshop. The household census will be completed in May 2015 and distribution of LLINs will start the first week of September 2015.
- *Communication*
 - Development of training guides and census booklets.
- *Sub-recipient recruitment*
 - Preparations for recruitment of sub-recipient.

Planned Activities for Q2 FY 15:

- Participate in weekly coordination meetings with the CNC;
- Using GFATM funding, conduct census activities in partnership with PNLIP;
- Finalize M&E action plan including updating and simplifying the CAMPMID⁷ database;
- Finalize selection of sub-contractors for campaign implementation;
- Obtain CNC validation of the training manual and curriculum for CHWs;
- Conduct training of trainers (ToT) at central and regional; and
- Develop BCC tools for pre, per and post campaign. (ie. cap for CHW, poster , radio spots)

⁷ CAMPMID is a M&E tool used to track the distribution of both LLIN and BCC tools through the supply chain

Intervention Area 3.2.2: Malaria: Continuous Distribution

While mass distribution campaigns are the most effective method to rapidly scale up LLIN coverage, continuous distribution systems are essential in sustaining results that have been achieved. Prior to the mass campaign in September 2015, PSI/M will continuously distribute 48,187 USAID/PMI funded LLINs in two priority districts (Vohipeno and Vangaindrano). These districts were prioritized by PMI due the high rate of malaria transmission in these districts.

The number of the beneficiaries and stakeholders are summarized in the table below:

District	# of Fokontany	# of Beneficiaries	# of CHW	# of LLIN
<i>Vohipeno</i>	58	80,974	174	23,135
<i>Vangaindrano</i>	56	95,200	168	25,052
TOTAL	114	176,174	342	48,187

Achievements during Q1 FY15:

Ñ Preparatory activities:

- Finalized distribution strategy to include the following mechanisms: a) “push and pull” commodity supply chain; b) direct community distribution at PA and *fokontany* level; c) targeting specific groups including households with damaged LLINs and those sleeping in area with no LLIN coverage; and d) free distribution and distribution through use of a special voucher for CHWs and target groups coupon.

Ñ Harmonize coordination between partners

--In partnership with the NMCP

- Developed logistics management and M&E tracking tools (ie. waybill, warehouse stock sheet, etc.);
- Determined needs using “*NetCALC*”⁸ tool;
- Recruited two technical support staff in two separate districts to conduct supervision, training, and reporting;
- Established implementation structure.

Planned Activities for Q2 FY 15:

- Organize orientation/training in Vangaindrano and Vohipeno;
- Ensuring transportation of LLINs to 18 PA and 114 *fokontany* and distribution by CHWs

⁸ NetCALC is a tool developed by the NetWorks project and is designed to model continuous distribution approaches based on country-specific data. This tool also provides estimations of the ability of varied channels to overall universal coverage. <http://www.networksmalaria.org/networks/netcalc>

- Monitoring and supervision by NMCP and PSI teams at all levels

Product Status for Q1 FY 2015 as of December 21, 2014:

Health Area	Product	Opening Balance (OCTOBER 2014)	Quantity In	Quantity Out	Other Quantity Out	Ending balance (DECEMBER 2014)	CMM	COVER	Ordered	ETA	STATUS
DIARRHEA	Sur'Eau 150 ml.	523,421	19,400	515,636		27,185	177,000	déc.-14	1,000,000	500,000 Jan-15	
	Sur'Eau 40 ml.	132,333		125,710		6,623	57,000	déc.-14	400,000	208,000 Jan-15	RISK of STOCK OUT
	Sur'Eau tablet		64,000	62,500		1,500			4,500,000	Fev-15	
	Hydrazinc	4	94,000	53,870		40,134	9,000	mai-15			
	Zinc Generic	124,742	286,280	47,838		363,184					
	ORS Generic	822,044		95,676		726,368	23,000	juil.-17			
	Viasur	2	100,000	2		100,000	23,000	mai-15	176,000	Fev-15	
PNEUMONIA	Pneumox (Amoxicillin)								586,000		
	Pneumostop tablet	234,185		78,606		155,579	27,000	juin-15			
	Pneumostop syrup	486		485		1	13,000	déc.-14	97,200	Mars - 15	RISK of STOCK OUT
MALARIA	Supermoustiquaire	122,760	150	79,178	150	43,582	25,000	févr.-15			RISK of STOCK OUT
	ACT	29,170		28,004		1,166	86,000	déc.-14			RISK of STOCK OUT
	RDT	347,760	449,400	254,335		542,825	103,000	mai-15			
FP	Pilplan	2,522,342	2,228,062	967,790	110	3,782,504	324,000	déc.-15			
	Confiance	250,192	1,000,000	375,667	21	874,504	172,000	mai-15			
	Rojo	26,873		2,406		24,467	950	janv.-17			
	IUD Copper T IUD	5,519	19,200	8,060	4,200	12,459	2,400	mai-15			
	Implanon	2,755		1,408		1,347	400	avr.-15	2,112	Jan-15	
	Jadelle	600		5		595					
	Zarin	414		70		344	50	juil.-15			
	Youth Condoms	1,203,000				1,203,000					
	Norlevo	126		104	22						
HIV/STI	Protector Plus	6,990,461		1,562,280		5,428,181	552,000	oct.-15			
	Feeling--Female condoms	86,296		12,840	450	73,006	4,200	mai-16			
	Generic condoms	2,224,592		1,413,693		810,899					

Intervention Area 3.3: Supply Chain Management

During this quarter, PSI/M continued community based distribution of generic ORS/Zinc and *Pneumostop* tablets. After a long period of stock outs of these products, supply points have now been replenished. The first batch of *ViaSur* kits arrived in Madagascar in November 2014, while the ocean shipment is expected by the end of February 2015. Discussions with the MOH on donating the remaining quantities of ORS/Zinc to the public sector were finalized and an official handover ceremony will be held with USAID's participation.

PSI/M actively participated in workshops conducted by USAID/Deliver on improving the public sector distribution chain. These workshops were an opportunity for PSI/M to explore possibilities of collaborating with the public sector to ensure the availability of the products at the community level. For instance, Besalampy is a remote district in the Melaky Region where PSI/M current has a PA ‘relay’. During this workshop, SALAMA mentioned that their partner, AQUALMA, transported health commodities by boat to the pharmacies of this district. As such, PSI/M could use this channel to distribute social marketed products to the PA ‘relay’ in this remote hard-to-reach area.

PSI/M also participated in two workshops organized by the MOH; the first led by the RH logistics committee for securing reproductive health products in Madagascar and the second led by the logistics committee on management of health products. PSI/M continues to participate in GAS committee meetings led by USAID/Deliver and PNLN to estimate needs of ACT, RDT and gloves.

Planned Activities for Q2 of FY15:

- Continue community based distribution of social marketing products ;
- Conduct LLIN continuous distribution activities in the Atsimo Atsinanana Region; and
- Participate in GAS committee meetings to validate ACT quantification of 2015 needs.

3.3.1 Enhance private sector (commercial and pharmaceutical channels) distribution

Following the arrival of 94,000 units of *HydraZinc* kits in October/November 2014, all pharmaceutical wholesalers have been resupplied through NIPHAR. Pharmaceutical retailers are connected to these wholesalers to make product available to end users.

For the commercial channel, PSI/M currently has 10 “super wholesalers” based in Diego, Mahajanga, Antananarivo, Toamasina, Fianarantsoa, Tuléar, Sambava, Fort Dauphin, and Antsirabe. The distribution team continues to supply these wholesalers and ensure their partnership with other wholesalers and retailers are effective in assuring product availability. Link cards are used to encourage loyalty and direct connection between wholesalers and retailers. During supervision visits in more remote areas of the Analanjirofo and Vatovavy Fito Vinany Regions, PSI/M concluded that additional wholesalers -- supplied directly by PSI/M -- are required to help improve coverage of social marketing products in these remote areas. These areas will now be supplied directly by our regional offices in Tamatave and Manakara.

Planned Activities for Q1 FY15:

- Signing of contracts for new wholesalers in Maroantsetra, Mananara, Sainte Marie and Manakara;
- Developing objectives for new wholesalers and positioning products at regional warehouses;

- Monitoring link between retailers and wholesalers to ensure the availability of products to consumers; and.
- Continue field visits to identify gaps in the distribution strategy in remote areas (Maintirano, Morondava, Antsohihy).

3.2.2 Enhance community-based distribution

In preparation for the rainy season, PSI/M began re-positioning of products at PA and PA ‘relays’ in remote areas. With a likely outbreak of diarrhea in the coming months due to the increase in rainfall, the presence of generic ORS/Zinc has allowed us to position appropriate quantities at the PA level. For the *Sur Eau Pilina* pilot project in Vatomandry, products were distributed while supply levels are constantly being monitored. During this period, there were reported stock outs of 50mg ACTs at PA level, though PSI/M took steps to mitigate the negative impact of these stock outs by redeploying remaining stock between PAs. At the moment, ACTs will only be distributed through the public channel under the GF NSA II project.

Additional activities/results during Q1 of FY15 include:

- 11 new PA ‘relays’ were indentified, resulting in a cumulative total of 1,133 PAs;
- Training of PAs in “stock management”, “simplified accounting” and “SMS data sending”. A total of 13 training sections were conducted, and 174 PAs trained in partnership with Banyan Global and HNI;
- A total of 221 commodity cabinets were placed at PAs, resulting in a cumulative total of 765 units. An additional 357 units have been ordered and are expected in early Q3;
- With the support of Banyan Global, a PA in the Antsakoamanondro commune of Ambanja district was able to purchase a small motorized ‘Tuc Tuc’ for transport of clients; this Income Generating Activity (IGA) further boosts the PA’s income and strengthens its capacity to keep a stable inventory of products for CHWs.

Regarding the SMS reporting by PAs on their stock situation, PSI/M reports the following data, in collaboration with HNI

Situation as of December 2014	All Products	FP Products	Child Survival Products
# of PAs trained on SMS reporting, stock management and accounting (registered with <i>Datawinners</i>)		803	
# of trained PA that submitted data via SMS on stock-outs over the last quarter		194	
# of trained PA that submitted data on # of days of stock-out over the last month		194	
# of trained PAs that reported no stock out over the last month (among those that	71	148	72

Situation as of December 2014	All Products	FP Products	Child Survival Products
submitted reports)			
% of trained PAs that reported no stock-out over the last month (among those that submitted reports)	37%	76%	37%

Challenges:

The stock out of ACT is the most significant challenge given this period of high malaria transmission. PSI/M has requested that PAs refer CHWs to the public sector for ACTs. Data collection via SMS is also a challenge that PSI/M and partner HNI face due to both phone network coverage and the capacity of PAs to submit SMS data even after receiving training. Given these challenges, PSI/M and HNI are collaborating with Orange to increase the network coverage area to allow PAs to submit data; follow on training with PAs on SMS data reporting are also occurring during PSI distribution visits.

Planned Activities for Q2 of FY 2015:

- Identification and training of additional PA ‘relays’;
- Conduct 8 training sessions for 160 PAs in stock management, simplified accounting and SMS data sending in collaboration with HNI and Banyan Global;
- Continue to distribute commodity cabinets for PAs;
- Collaborate with *Helimission* to deliver product by helicopter in remote communes in Mandritsara during the rainy season;
- Negotiate with AQUALMA to transport products to the rural areas in the district of Besalampy;
- Strengthen distribution team with additional recruitment of three distribution managers (Sambava, Tamatave and Antananarivo) and two distribution assistants (Antsohihy and Fianarantsoa);
- Organize annual workshop for the distribution team to discuss strategic orientation, capacity building, and improve distribution coverage;
- Continue to improve PA SMS reporting through additional trainings and improved phone network coverage;
- Continue to supply PAs with social marketed products.

Cross Cutting Activities

Research, Monitoring and Evaluation, Gender and Environmental Standards

During Q1 FY15, PSI/M completed the following activities related to research, operational quality improvement work, and Management Information Systems (MIS):

I. Research

A. Qualitative Research/Operational Quality Improvement

1. Pre-test of the Healthy Family Campaign film

Three episodes of the Health Family film were pre-tested among various groups of young women and men, and caregivers, mothers and fathers of children under five in peri-urban areas of Antananarivo, Diego and Tamatave in October 2014.

Members of the target group responded with enthusiasm, reporting that the episodes reflect real life and are relevant to multiple segments of the population, including youth, adults, parents, families, and Malagasy society in general. The intrigues built into the film make it captivating, and participants expressed their desire to see more episodes. Suggestions from the pre-test have been shared with the communication team, as is the case with all pre-test and post-testing activities.



Sample Healthy Family film sequences

2. Pre-test of the Youth Campaign film

For the Tanora 100% Youth Campaign, PSI/M has created a method of youth education through short film dramatizations of adults who have become successful after a rough or risky adolescence. They feature testimonials of personal and professional success after these role-models made positive health and lifestyle decisions, such as getting tested for STIs, seeking treatment from medical providers, practicing family planning, etc. Three short (18-minute) films

were pre-tested among young women and men 15 to 24 years old in Majunga, in December 2014. Participants found the film dramatizations to be very interesting and the characters' lives were seen as relevant models. The approach appears an effective way to educate youth.



Young women and men discussing the Youth Campaign films in Majunga. Photo from PSI/M research team.

3. Pre-test of the *YES with you* condom TV spot

A TV advertisement is being created to promote the youth-targeted *YES with you* condom. A pre-test was conducted among young women and men 15 to 24 years old in urban areas of Antananarivo in December 2014. A story-board representing the film were shown to the participants to assess relevance, credibility, persuasiveness and socio-cultural acceptability among urban youth. Love and proof of love were the main messages that were evoked among participants, which fit well with the positioning of the youth condom.



Photo taken during discussion group with young women and men in Antananarivo. Photo taken by PSI/M research team.

4. Post-test of materials developed for the *Sûr' Eau* water treatment tablet launch

A post-test of the *Sûr' Eau* brand name, packaging, poster, radio spot, and CHW guide was conducted among mothers of children under 5, users and non-users of water treatment tablets, and CHWs in Vatomandry in November-December 2014. The target audience appreciated water treatment tablets and stated that the communication materials were useful for teaching them how to use the tablets and where to buy the product. The CHWs said that they got useful information regarding diarrhea prevention through the guide developed especially for them.



*Water used in
Vatomandry*

Photos taken during post-test through individual interviews and discussion groups among mothers and CHWs in Vatomandry.

B. Quantitative Research/Operational Quality Improvement

1. Long-Lasting Insecticide-Treated Net durability study

The PSI/M research team has implemented, at the 12-month point, round two of the LLIN mass distribution campaign. The following activities were undertaken:

- Data collection on the first and second components of the study are complete (net survivorship and fabric integrity) for five areas, including 1 PMI zone (President's Malaria Initiative, with LLIN branded Bestnet-Netprotect) and 4 GF zones (Global Fund, with LLIN branded Yorkool and Royal Sentry)
- Procurement of equipment for the bio-efficacy analysis
- Continuation of bio-efficacy analysis with *Institut Pasteur de Madagascar* (IPM) for the nets collected 6 and 12 months after distribution
- Preparation for data collection in February 2015 in Tamatave (PMI area)

2. TRaC Integrated Management of Childhood Illnesses study

The PSI/M research team finalized the Tracking Results Continuously (TRaC) IMCI study related to diarrhea and pneumonia. Specific activities undertaken included: cleaning and analyzing data; presenting diarrhea results internally; writing reports; and obtaining validation from the PSI Regional Researcher. External dissemination of the results is planned for Q2.

3. Measuring Access and Performance (MAP) study

The PSI/M research team continued preparatory work on a MAP study for several socially marketed products, including finalizing with program teams the definitions of minimum standards on coverage and quality of coverage for each product, and creating the study design. Data collection will be implemented in the 3rd week of March and will continue for approximately 2 months.

4. Evaluation of *Sûr' Eau* water treatment tablet pilot phase

The pilot phase of testing the introduction of the water tablet branded “Sûr’Eau Pilina” in Vatomaniry District began in Q1, and an evaluation will be conducted in Q2. The goal of the evaluation is to identify to what extent the target group is willing to try, adopt, properly use, and continue to use the new tablet form to treat their drinking water. The study was designed to produce evaluation results that guide scale-up planned for FY 2015. The research design will be reviewed by the local ethics board before data collection begins in February.

C. Additional Planned Research Activities for Q2

1. Evaluation of the E-voucher pilot phase
2. Pre-testing of the LLIN communication tools
3. TRaC Family Planning study among women 15-49 years old. Preparatory activities include meeting with the program team to define the needs and objectives of the study and creation of the study design. Data collection is planned for Q3 and Q4.

II. Monitoring and Evaluation

A. Data Quality Assurance

Routine IPC and service delivery data quality control was conducted in 5 sites through an audit covering Q3 and 4 of FY2014. The following Routine Data Quality Assessment (RDQA) tools have been updated and improved: the standardization of scopes of work, timetables, tools, and methodologies; the automatic sampling model to extract random records to verify a given percent; the result restitution template; and the automatic display of error rates to showing the risk of data quality error.

B. Management Information System

A dedicated database server on the cloud with 2TB of storage capacity and 64GB of memory was acquired in Q1. It was acquired to optimize the electronic field-data collection process and to promote data-sharing and interactive collaboration.

In line with the work-plan, a consultant was hired for PSI/M intranet redesign. One of the main features of the intranet is Electronic Document Management for access to official documents, report download and upload, and files management for field teams. A data base management

system is being designed for Banyan Global monitoring activities. This system will track indicators related to business management and access to finance and will link with existing data.

C. M-Health Initiative

PSI/M is conducting an SMS data collection pilot test at the Supply Point (PA) level. A bonus award system was designed in Q1 to motivate PAs to meet the 3 performance standards of sending in reports that are complete, on time, and error-free. Each month, one PA per region (10 regions) will be randomly selected among its pool of PAs who have met the 3 performance standards, to win a 5,000 AR bonus. Then each quarter, one PA among the pool of top-performers during that quarter will be randomly selected to win a 200,000 AR bonus. The program will begin in Q2.

D. E-Voucher Pilot

An evaluation workshop of the e-voucher system was conducted in Q1. The objective was to collect feedback from the medical providers who are users of the system. A main challenge discussed was the difficulty providers have in using the system, such as feeling there are too many steps to follow and too many data points to send. To address this, PSI/M provided a refresher training during the workshop, as well as reviewed the advantages of the e-voucher system for reimbursement. Another challenge was the difficulty PSI/M staffs have in receiving and processing the data on the web-based system, involving several steps of verification, validation, and payment processing. In response, PSI/M staff created a work-plan for system and staff performance improvement, which will be implemented in Q2. The progressive scale-up of the e-voucher program in additional regions will be implemented in Q2.

E. Tablet-Based Data Collection

A mobile data collection system is under development, funded by the Women's Health Project (WHP), to improve client tracking and IPC supervision. The project will focus on two areas:

1. **“mTRSIG”**(mobile MIS software system) for service delivery data collection: 52 providers in Toamasina and Fort Dauphin will be equipped with tablets; each client will be electronically coded; providers will input client health consultation information directly into the tablet; and the data will be centralized, in real time, at the PSI/M web server; and paper records will no longer be used.
2. **“myBCC”**(mobile application) for supervising and monitoring IPC activities: The 12 WHP communications supervisors will each be equipped with a smart phone, to be used for data collection, supervision reporting, and overall IPC agent management. The objective is to optimize IPC performance through monitoring, quality assurance, analysis of real-time data, geo-location for coverage analysis, etc.

III. Gender

A new Gender Equity Activities Coordinator was recruited in Q1 and the contract will be finalized in Q2.

IntraHealth's Learning for Performance (LFP) approach was adopted for the instructional design of the Gender Based Violence (GBV) Performance Curriculum for *Top Réseau* providers. It will ensure an effective introduction of the GBV case management system to providers.

A GBV consultative group was established to provide advice, support, and advocacy on GBV issues. It was set up because there are no national standards for GBV service performance, and standards must be developed by PSI/M and IntraHealth International before designing the *Top Réseau* provider training. The first meeting included *Top Réseau* providers and the National Coordinator, youth peer educators, and CHWs. The meeting highlighted the need for community services, among both married and single young women, and that *Top Réseau* providers and CHWs already manage cases of violence in their daily work.

Key challenges are the reticence of GBV victims to come forward, as well as the reticence of the medical providers to treat them. This is strongly rooted in issues of workload and misinformation about providers' roles and responsibilities in managing cases of violence. Information gathered during this meeting will inform the groundwork for the trainers' manual and job aides.

Adapted from PSI's *Clinical and Programming Standards and Guidelines*, IntraHealth will develop a light case management protocol through a systematic instructional design process that connects learning to specific job responsibilities and competencies. Job aids and a protocol of the roles and responsibilities of *Top Réseau* providers and Communication Agents will be developed for screening and referral of GBV survivors.

IntraHealth agreed with partner Enda Ocean Indien that, in addition to LFP training, it will pursue implementing a quality referral system. Assessment tools will be used to create a GBV resource and referral directory, and linkages between health care sites and community-based GBV resources will be strengthened.

The Gender Working Group met in December to review key accomplishments during its first year, which included sharing best practices and challenges to integrating gender into their work. Activities planned for Q2 include finalizing the contract for the new Gender Equity Activities Coordinator, developing the training curriculum for GBV case management, and initiating a pilot phase of GBV case management in *Top Réseau* sites.

III. Environmental Standards

A. LLIN Distribution

PSI/M continued activity-specific environmental mitigation activities as detailed in the FY 2014 Environmental Mitigation and Monitoring Plan (EMMP) in order to minimize the environmental impact of its programs. For the 2015 mass LLIN campaign, PSI/M plans on adapting existing practices to ensure compliance with USAID and WHO recommendations. (Please refer to the Annexes for the full EMMR.)

B. Medical Waste Management

PSI/M continues to promote and support waste management among Top Réseau clinics by providing both education and supplies for proper waste disposal. To promote environmental protection and product safety, one training in Q1 for Top Réseau laboratory technicians and counselors in universal precautions was held, including information about handling infectious waste and decontamination before discarding. In addition, 4 new Top Réseau clinics were provided with sharps containers, gloves, and garbage cans, in part to facilitate separation of ordinary waste from medical waste. During the reporting periods, 714 safety boxes were distributed to Top Réseau clinics and 1,943 safety boxes to PAs.

IV. Partnerships and Coordination

A. Airtel Village Phone Program (VPP)

Activity on this partnership with Banyan Global was put on “standby” during Q1, due to two issues: 1) the PAs who are interested in becoming a VPP are unable to self-finance the installation kit at 250,000 AR; and 2) the microfinance institutions contacted by Banyan Global were not interested in financing the kit because the loan size is too small and the PAs are too remote and too dispersed.

Telecom provider *Orange* was willing to offer a payment plan, but the PAs felt the cost of communication under the Orange network was too expensive (8.6 AR per second). In addition, the Orange network is geographically limited and concentrated in the north and in the periphery of Antananarivo (TNRP).

B. UNITAID Malaria Project

The goals of this project are to: increase access and appropriate use of quality-assured RDTs; improve quality of malaria case management among private providers; and develop and disseminate a "road map" for public-private engagement in malaria case management. PSI/M is responsible for RDT availability at all pharmaceutical distribution levels and for communication and training activities to providers and the general population. All tools used in this project, such

as RDT job aids, the Fever Case Management Algorithm, training materials and M&E tools, were developed with the NMCP and WHO and were finalized with PSI Malaria and Child Survival Department support.

In September 2014, WHO from Geneva, FIND, and PSI/Malaria and Child Survival Department from Kenya were in Tamatave to provide Short-Term Technical Assistance (STTA) to the field team. They found that RDT single-pack accessories were of poor quality: alcohol swabs were dry, pipettes were stiff and difficult to use, and buffer ampoules had different volumes. WHO reported these findings to the manufacturer and the PSI procurement department in Washington DC negotiated replacements. In December 2014, 60,000 plastic packs of new accessories were delivered to the PSI/M warehouse.

Overall, from the beginning of 2014, 13,896 suspected malaria cases were seen in the private health facilities that are part of the UNITAID project. 11,119 fever cases or suspected malaria (80%) were tested for malaria with RDTs. There were 1,830 RDT positive cases (16.5%) and 1,045 patients received quality-assured ACTs for all age groups.

C. Human Network International (HNI)

During Q1, PSI/M senior management and HNI's senior management in country met regularly to agree on their FY 2015 work-plan and budget. It was agreed that HNI's SOW for activities to be performed under the ISM program would focus on two main areas: 1) Support to PA reporting via mobile technology; and 2) Piloting and possibly scaling up the E-voucher and mobile money initiative for *Top Réseau* providers (pending results from the initial phase). A corresponding reduction in HNI's FY3 budget and their overall budget under ISM was also agreed upon. A contract amendment was prepared and is under review by PSI and HNI headquarters; it is expected that the amendment will be signed in Q2.

The PSI focal point and the HNI focal point for ISM met regularly throughout Q1 and worked together on a variety of topics including:

- Recruitment of a call center staff (HNI) to respond to PA requests and questions
- Updating of the DATAWINNERS system
- Continuous training for the *Top Réseau* providers involved in the pilot on SMS data reporting and mobile money
- Continuous training for PAs on SMS data reporting
- Updating the manual for mobile data reporting for PAs
- Design and implementation of the incentive system for PAs to encourage timely, regular and complete data submission via SMS.

Annex A: Work Plan Activity Status Update

Annex B: Results Framework and Quarterly Activity Results

Annex C: Distribution Graphs

Annex D: Family Planning Compliance Plan

Annex E: Environmental Mitigation and Monitoring Report

Annex F: Participant Training Information

Annex G: Success Story

Annex H: Budget Pipeline