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Integrated Social Marketing Program (ISM)

Quarterly Report January-March 2015 (Q2 FY 2015)

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Population Services International (PSI)
Integrated Social Marketing Program (ISM)

Quarter 2 Report FY 2015
(January – March 2015)

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List of Acronyms & Translations

ABM	<i>AccèsBanque Madagascar</i>
ACT	Artemisinin-based Combination Therapy
AFAFI	<i>Aro ho an'ny FAhaslaman'ny FIanakaviana</i> (Health Care for Family)
ALU	Artemether Lumefantrine
AMM	<i>Autorisation de Mise sur le Marché</i> (Authorization to Market)
ANC	Antenatal Care
AOR	Agreement Officer Representative
AR	Ariary
ASAQ	Artesunate Amodiaquine
BCC	Behavior Change Communication
BG	Banyan Global
BNM	<i>Bureau National des Normes de Madagascar</i> (National Office of Norms of Madagascar)
CBD	Community Based Distribution
CD	Continuous Distribution
CEM	<i>Caisse d'Epargne de Madagascar</i> (Savings Bank of Madagascar)
CHW	Community Health Worker (same as Community Health Volunteer, or CHV)
CHX	Chlorhexidine
CMM	<i>Consommation Moyenne Mensuelle</i> (Average Monthly Consumption)
CNC	<i>Committee National de Coordination</i> (National Coordinating Committee, or NCC)
COAG	Cooperative Agreement
CROM	<i>Conseil Régional d'Ordre des Médecins</i> (Regional Doctors' Association)
CRS	Catholic Relief Services
CSB	<i>Centre de Sante de Base</i> (Community Health Center)
CU5	Children Under 5
CWG	Communications Working Group
CYP	Couple Years of Protection
DALY	Disability Adjusted Life Years
DAMM	<i>Direction de l'Agence du Médicament de Madagascar</i> (Medical Drug Agency Madagascar)
DCA	Development Credit Authority
DHIS	District Health Information System
DQA	Data Quality Assurance
DSFa	<i>Direction de la Santé Familiale</i> (formerly DSMER)
DSMER	<i>Direction de la Santé de la Mère, de l'Enfant et de la Reproduction</i> (now DSFa)
DTK	Diarrhea Treatment Kit
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 à l'Environnement</i> (Investment Fund for Favorable Business for Environment Protection)
FIND	Foundation for Innovative New Diagnostics
FoQus	Framework for Qualitative Research in Social Marketing
FP	Family Planning
FY	Fiscal Year
GAS	<i>Gestion des Approvisionnement et des Stock</i> (Supply and Stock Management)

GBV	Gender-Based Violence
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HF	Healthy Family (Campaign)
HIM	Healthy Images of Manhood
HIV	Human Immunodeficiency Virus
HNI	Human Network International
HQ	Headquarters
IEC	Information, Education, and Communication
IGA	Income Generating Activities
IMCI	Integrated Management of Childhood Illnesses
IPC	Interpersonal Communication
IPM	<i>Institut Pasteur de Madagascar</i>
IPTp	Intermittent Preventive Treatment – Pregnancy
IR	Intermediate Result
ISM	Integrated Social Marketing
ITN	Insecticide-Treated Bed Net
IUD	Intrauterine Device
LFP	Learning for Performance
LLIN	Long-Lasting Insecticide-Treated Nets (<i>Moustiquaire à Impregnation Durable – MID</i>)
LMIS	Logistics Management Information System
LOP	Life of Project
LTM	Long-Term Method
M&E	Monitoring and Evaluation
MAP	Measuring Access and Performance
MCH	Maternal and Child Health
MFI	Microfinance Institution
MGA	Malagasy Ariary
MID	<i>Moustiquaire à Imprégnation Durable</i> (LLIN in English)
MIS	Malaria Indicator Survey
MIS	Management Information Systems
MNP	Micronutrient Powder
MOH	Ministry of Health
MOU	Memorandum of Understanding
MSIS	Multi-Sector Information Service
MSM	Marie Stopes Madagascar
MVU	Mobile Video Unit
NCC	National Campaign Committee
NGO	Non Governmental Organization
NMCP	National Malaria Control Program
NS	Non-Significant
NSA	National Strategy Application
OMAPI	<i>Office Malgache de la Propriété Industrielle</i> (Malagasy Office for Intellectual Property & Industry)
ONM	<i>Ordre National des Médecins</i> (National Body of Doctors)
ONP	<i>Ordre National des Pharmaciens</i> (National Body of Pharmacists)
OPQ	Optimizing Performance and Quality
ORS	Oral Rehydration Salt
PA	<i>Point d'Approvisionnement</i> (Supply Point)

PAC	Post-Abortion Care
PAMF	<i>Première Agence de Microfinance</i>
PBCC	Provider Behavior Change Communication
PCV	Peace Corps Volunteer
PE	Peer Educator
PHC	Primary Health Care
PMI	President's Malaria Initiative
PNC	Postnatal Care
PPT	Pre-Packaged Treatment
PSI	Population Services International
Q	Quarter
QA	Quality Assurance
QAACT	Quality-Assured ACT (Artemisinin-based Combination Therapy)
QC	Quality Control
RDT	Rapid Diagnostic Test
RH	Reproductive Health
SAF	<i>Sampan' Asa Fampanandrosoana/Fiangonan' I Jesosy Kristy eto Madagaskara</i> (Department of Development of the Church of Jesus Christ in Madagascar)
SALAMA	<i>Centrale d'Achats de Médicaments Essentiels</i>
SALFA	<i>Sampan' Asa Loteranamomban'ny Fahasalamana</i> (Health Department of the Malagasy Lutheran Church)
SIFPO	Support for International Family Planning Organizations
SF	Social Franchise
SM	Social Marketing
SMS	Short Message Service
SOW	Scope of Work
SR	Sub-Recipient
SSD	<i>Service de Santé du District</i>
SSME	<i>Semaine de la Santé de la Mère et de l'Enfant</i> (Mother and Child Health Week)
STI	Sexually Transmitted Infection
STM	Short-Term Method
STTA	Short-Term Technical Assistance
TA	Technical Advisor or Technical Assistance
TBD	To Be Determined
TIPS	Trials for Improved Performance
TOT	Training of Trainers
TR	<i>Top Réseau</i>
TRaC	Tracking Results Continuously
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
YTD	Year To Date

Introduction

In December 2012, PSI/Madagascar (PSI) was awarded the Cooperative Agreement (COAG) No. AID- 687-A-13-00001 for the Integrated Social Marketing (ISM) Program. The award is for a total of \$36,823,053, running from January 1, 2013 through December 31, 2017. The goal of the 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. The main strategic objective is to use an integrated social marketing approach to increase the use of lifesaving health products and services, particularly in the areas of Family Planning/Reproductive Health, Maternal and Child Health (MCH), and Malaria.

PSI and its partners IntraHealth, Banyan Global, Human Network International (HNI), SAF and SALFA, together referred to as the ISM Team, applies its combined expertise in social marketing, health clinic social franchising, and behavior change communication to bring more users into the Malagasy health market. PSI also works in partnership with USAID's integrated health programs, MIKOLO and MAHEFA, to expand community distribution of products and services. Three primary intermediate results (IR) are expected as outcomes of the ISM Program:

IR1: Increased adoption and maintenance of health behaviors. The “Healthy Family” behavior change communication (BCC) campaign focuses on increased knowledge and adoption of preventative behaviors, and utilization of commodities related to: family planning (FP); water, sanitation and hygiene (WASH) practices; diarrhea, pneumonia and malaria prevention and treatment; nutrition; reproductive health (RH), and others. Radio, TV, mobile video units (MVU), innovative interpersonal communication techniques, and a variety of additional information, education and communication (IEC) materials and activities all combine to positively influence health behavior. In partnership with USAID's MIKOLO and MAHEFA programs, Community Health Workers (CHW) are trained and equipped to provide education and distribute critically important health products within isolated rural areas.

IR2: Improved quality of selected health services in the private sector. PSI's network of nearly 250 private, franchised “Top Réseau” health clinics deliver a variety of health care services primarily in the areas of FP/RH, Integrated Management of Childhood Illnesses (IMCI), and malaria. PSI and its partners IntraHealth, Banyan Global, SAF, and SALFA focus on expanding access to quality health care services through training, quality assurance, capacity-building, supervision, promotional support, access to financing, and more. Rural and urban Top Réseau clinics are present in 75 of the 112 districts across Madagascar.

IR3: Increased availability of lifesaving health products and services. Through socially marketed products distributed by a network of over 1,000 supply points across the country, PSI is expanding people's access to affordable health products such as contraceptives, condoms, diarrheal treatment kits (DTK), drinking water treatments, pneumonia and malaria medicines, long-lasting insecticide-treated nets (LLIN), and more. PSI procures and distributes these commodities, which are socially marketed through commercial, pharmaceutical, and community-based channels, making them available to partner CHWs working in their communities. PSI's partnership with Human Network International (HNI) provides mobile technology support to supply points for stock data reporting, and support for e-voucher and mobile money payment initiatives to a facilitate demand-creation, accessibility, and ease of reimbursement.

Program Highlights, Successes and Challenges

IR1: Increased adoption and maintenance of health behaviors

IR1 Highlights and Successes

PSI completed production of the “Healthy Family” Campaign Mobile Video Unit (MVU) film in Q2. After integrating important feedback from the pre-test and making some technical adjustments, PSI now has a 78- minute film that combines messages about healthy behaviors related to child survival, family planning, and malaria. The film will be used to sensitize people in rural and underserved areas. MVU teams from Tuléar and Diégo conducted the first film sessions in March 2015, which were well-received. The film is a critical component of the Healthy Family campaign, which also includes radio drama broadcasts. During Q2, episodes numbers 76 to 102 were broadcast over two national radio channels.



Harmonization workshop participants, Antsirabe, March 16-20, 2015 (Photo: USAID MOKOLO)

Health message harmonization is an important aspect of PSI’s work with its partners. Under the leadership of the Ministry of Health (MOH), PSI actively contributed to a series of meetings to harmonize illustrations and messages for interpersonal communication (IPC) tools at the community level. Partners include USAID bilateral health projects MAHEFA and MIKOLO. By the end of Q2, messages and tools were developed and approved for the official Malagasy versions, and now await translation into local dialects. Translation and pre-testing is scheduled for Q3.

In terms of family planning highlights, the DAMM (*Direction de l’Agence du Médicament de Madagascar*) gave a favorable opinion for the authorization to market (AMM) the “YES with you” condom targeted toward youth. Despite the opinion, PSI continues to wait for the formal signed document and authorization number. All of the communication tools for the launch have been produced, including radio and TV spots, posters, t-shirts and caps. The launch of the “YES with you” youth condom is planned for Q3. Launch activities will include radio and TV spot broadcasting in Antananarivo, posters for 3,000 points of sale, and street marketing activities conducted by youth peer educators. YES with you is also a sponsor for the upcoming “*Libertalia* Music Award” event in late May in Antananarivo, at which 12,000 youths are expected and t-shirts and caps will be distributed.



Through the framework of the new Child Survival Department, PSI began developing a new Water, Sanitation and Hygiene (WASH) strategic orientation to guide and expand PSI’s activities in this sector. In January 2015, PSI enlisted the assistance of a local WASH expert to conduct an assessment

of the WASH sector in Madagascar, including key actors and their roles, and to provide recommendations on how PSI can expand their presence within the WASH sector. This strategy comprises of exploring various axes including: a) access to improved water supply; b) sustainable access to improved sanitation; c) hygiene promotion; d) response to natural disasters; and e) integration of WASH activities with other health areas. PSI is now exploring these strategic areas with the assistance of our PSI/HQ WASH technical advisors in an effort to develop a comprehensive WASH strategy before the end of Q3.

Concurrently, PSI decided to strengthen its efforts in the social marketing of its water treatment product *Sûr'Eau* by introducing new strategies to increase the proper and continuous use of the product while ensuring cost effectiveness. The new *Sûr'Eau Pilina* (tablets), piloted in Q1 FY 2015 in the district of Vatomaniry, will be scaled up throughout the Atsinana region and extended to additional regions by the end of 2015. In Q3, PSI is also planning to conduct a hand-washing communication campaign at the local office among PSI employees to better understand current practices and attitudes. These results will aid in developing subsequent campaigns to effectively target audiences at a larger scale. With the support of USAID and other partners, these new initiatives will reinforce the role of PSI as a significant actor in the WASH sector.

Preparation for the malaria mass net distribution campaign is on track. PSI is waiting for the printed communication tools (posters, caps, banners, and flyers) to be delivered. Radio spots for the household census have been developed and are ready for broadcast just before the CHWs conduct the actual census in May. Radio spots for the pre-per-post campaign will be developed in Q3. In addition to the mass campaign, PSI is also involved in continuous distribution (CD) of nets. This operation began in Q2 in the two southeast districts of Vohipeno and Vangaindrano. A radio spot was produced to support this activity and 300 broadcasts have been aired. Job aids have been distributed to CHWs.

The table below summarizes overall media IEC/BCC activities for Q2:

Program	IEC/BCC Activity	Annual Goal	Quarterly Output	Funding	Description/ Comments
Healthy Family Campaign	Radio Drama episodes	175 LOP	27	ISM	FP, diarrhea, pneumonia, malaria, breastfeeding
	Radio Drama broadcasts	N/A	54	ISM	
	MVU # of events		2	ISM	1 st sessions Tuléar, Diégo
Family Planning Program	STM TV broadcasts	N/A	10	ISM	All short-term methods
	STM Radio broadcasts	N/A	17	ISM	All short-term methods
	LTM Video Clip broadcast	N/A	112	WHP	IUD
	LTM TV broadcasts	N/A	3,762	WHP	IUD
Water Treatment	<i>Sûr'Eau</i> TV broadcasts		7	ISM	World Water Day spot
	<i>Sûr'Eau</i> Radio broadcasts		21	ISM	World Water Day spot
Malaria	Net CD Radio broadcasts		300	ISM	Net continuous distribution
Zaza-tomady	<i>Zazatomady</i> radio spot		1,764	UNI-CEF	MNP for children 6-23 months in 3 regions

IR2: Improved quality of selected health services in the private sector

IR2 Highlights and Successes



*PSI Medical Supervisor workshop training, March 2015
Photo: Mamy Tiana Ranaivozanany PSI/M QA Team*

PSI conducted a supervision skills workshop in March 2015 with a total of 17 participants, including 9 Medical Supervisors from PSI, 4 from SAF and 4 from SALFA. This focus on supervision activities is critical to strengthening PSI's quality assurance system. During the workshop, IntraHealth's Optimizing Performance and Quality (OPQ) approach was adapted as a tool for supervision. In order to achieve better supervision planning, supervisors conducted a "segmentation of providers" exercise based on their levels of productivity and quality according to the Provider Behavior

Change Communication approach. Supervision practice sessions were carried out in three Top Réseau clinics. Individual action plans were developed by participants during the workshop.

PSI received a visit from the International Center for Social Franchising (ICSF) in March 2015, as part of PSI/Southern Africa's Franchise Performance Improvement Project. Two ICSF consultants visited Madagascar from March 6-13. They conducted field visits to 10 different Top Réseau clinics, had meetings with technical partners and the MOH, held a full-day workshop with key PSI social franchise staff, and presented an interactive half-day debrief. A variety of PSI franchise strengths were identified, including high client satisfaction, an ongoing process of quality integration, the introduction of business training in the Top Réseau network, and extension into rural areas. Some suggestions for improvement included a more standardized approach to quality assurance, greater communication of brand position among partners, and more attention on how to balance equity, affordability, and sustainability. ICSF will provide PSI with a "Recommendations Report" in Q3, including the identification of priority work streams for strengthening the franchise. Additional ICSF support will be provided before the Project ends in December 2015.

Using the "PSI Clinical and Programming Standards and Guidelines for Responding to Gender Based Violence (GBV)" as a starting point, two documents were created for further developing GBV case management services. The first document is the GBV case management protocol, adapted to the local context. This is the framework document to provide PSI staff and stakeholders with an overview of GBV components, standards, screening, and case management, and to define the roles and responsibilities of stakeholders. The second document is the GBV screening protocol for Top Réseau providers. During a two-day training workshop, four select Top Réseau providers were trained on GBV case management and then helped design both the case management and referral system with partner organization Environment Development and Actions Indian Ocean (ENDAOI), a stakeholder charged with providing psychosocial, economic and legal support to GBV survivors. The roles and responsibilities of Top Réseau providers to screen for GBV were defined and screening tools were adapted to the local context. In addition, preparatory activities were undertaken for the development of a training curriculum to train additional Top Réseau providers.

PSI continues to provide individual coaching in access to finance to Top Réseau providers. With assistance from Banyan Global, PSI is currently working with 17 Top Réseau providers to further develop their investment projects and financing plans. In January 2015, the USAID Office of Development Credit organized a mission to Madagascar to evaluate the potential for a Development Credit Authority (DCA) guarantee. PSI and Banyan Global met with the USAID DCA representative Megan Rapp and briefed her on work completed under the ISM program on health sector lending and to share lessons learned to date. It is anticipated that USAID will partner with AccesBanque on a DCA that will cover the health sector in general—clinics, pharmacies, pharmaceutical suppliers, and medical equipment suppliers. PSI will follow up with USAID regarding the progress of the DCA.

In order to improve service quality and effectiveness in the Top Réseau social franchise network, exchange visits were organized for providers. The objective was to enable Top Réseau providers to learn from each other through an open exchange of ideas, knowledge and sound practices around business management, quality, and social franchising standards. An exchange site visit was held in March 2015 in Fianarantsoa, with the participation of six Top Réseau providers. The schedule included a clinic visit followed by interactive peer learning. Each participant developed an action plan for their own performance improvement. It was an opportunity for motivated, efficient and high performing providers to promote the adoption of such behaviors among their peers. The next exchange visit is scheduled in Antananarivo in April 2015, with consideration of further replication of this activity based on the results of these exchanges.



*Provider exchange site visit in Fianarantsoa, March 2015
Photo: Ainasoa Faniry Hossanally, PSI/M SF Team*

IR2 Challenge

With the technical support of Banyan Global (BG), PSI is negotiating an MOU with two mutual health insurance associations, AFAFI and OTIV Harena, for a pilot activity in Antananarivo. Outstanding issues to be discussed include the coverage of family planning services and clarifications regarding exclusivity. PSI conducted a focus group with 16 Top Réseau providers to learn from their experience with existing health mutuals and to solicit their suggestions for improved collaboration. The feedback will be taken into consideration during negotiations with AFAFI and OTIV Harena. Due to unexpected changes in BG staffing for demand-side financing activities, there is a slight delay in implementing the pilot health micro-insurance activity in Antananarivo. BG is expediting the replacement of a new community organizer and plans to get this activity back on track in Q3.

IR3: Increased availability of lifesaving health products and services

IR3 Highlights and Successes

PSI's Distribution Department organized a 5-day workshop in February, which included all of PSI's field distribution teams across the country. The goal was to examine current distribution techniques and best practices and explore new strategies for the elimination of stock-outs in the field. Techniques to improve data collection from PAs were also explored. The new distribution plan developed in Q2 includes increasing the frequency of PA visits to where 80% will be visited every 1-2 months; adding five distribution staffs based in Tamatave, Sambava, Antananarivo, Fianarantsoa, and Antsohihy; and adding three vehicles for Manakara, Tuléar and Fianarantsoa.



PSI Distribution Team Workshop, February 23-27, 2015

The Family Planning Program achieved 248,317 Couple Years of Protection (CYP) in Q2. This fiscal year to date, PSI has reached 51% of the FY 2015 CYP target through the distribution and promotion of the socially marketed contraceptives *Pilplan* branded pills, *Confiance*-branded injectables, *Rojo*-branded cycle beads, *Implanon* and *Jadelle* branded implants, and IUDs. The process for the market introduction of the emergency contraceptive, *Unipil*, has begun. The artwork has been developed and the brand name is recorded with the OMAPI (Malagasy Office of Intellectual Property and Industry).



DTK donation event with USAID, March 12, 2015

With support from the US Embassy and USAID, PSI's Child Survival Program officially donated 125,107 diarrhea treatment kits (DTKs) and 26,654 bottles of *Sur'Eau* 150ml to the Ministry of Health (MOH). Given the urgency of the post-cyclone flooding situation, the MOH was able to expedite the AMM process so that PSI could rapidly provide flood victims with lifesaving products.

During this quarter, PSI also received 174,005 *Viasûr* kits and 97,200 bottles of *Pneumostop* syrup via international procurements as planned. Given the recent updates from SALAMA regarding the procurement of *Pneumox* (amoxicillin), which is now expected in November 2015, PSI has placed an order for an additional 120,00 units of *Pneumostop* tablets to ensure product availability until the arrival of *Pneumox*.

PSI's Malaria Program continued pre-campaign activities in preparation for the distribution of 6,350,000 Long-Lasting Insecticide-treated Nets (LLINs) in 50 districts mostly along the east coast. PSI, along with the National Campaign Committee (NCC), organized meetings where all partners

were updated on the mass distribution campaign process and where sub-committee work was validated, including the training of trainers (TOT), sub-recipient scope of work, chronogram, M&E tools and logistics tools. Regarding the household census, a TOT for the regional malaria staffs was conducted on March 3, and a TOT for new PSI and National Malaria Control Program (NMCP) technicians was conducted March 4-5, 2015.

The table below summarizes PSI's LLIN continuous distribution activities during Q2. In order to ensure the distribution of LLINs to the Fokotany, they are delivered to the PAs, and then the CHWs transport them from the PA to their Fokotany. As the table indicates, 97% of the LLINs (15,609 of 16,063) have been distributed to the Fokotany level:

LLIN Continuous Distribution DISTRICT	COMMUNE	# of Fokotany in the Commune	Population of Commune	LLINs Delivered to PAs	LLINs Delivered to Fokotany by CHWs to Date
VOHIPENO	ANDEMAKA	8	15 657	1 491	1 491
	ANKARIMBARY	9	8 535	813	813
	IVATO	3	3 613	344	344
	LANIVO	7	8 044	766	766
	MAHABO	6	9 855	939	939
	ONJATSY	3	2 107	201	201
	SAVANA	4	5 653	538	538
	VOHILANY	3	1 292	123	123
	VOHINDAVA	7	11 530	1 098	1 098
	VOHITRINDRY	8	14 685	1 399	1 399
	Subtotal :	58	80 971	7 712	7 712
VANGAIN-DRANO	AMPASIMALEMY	10	14 737	1 293	1 122
	LOHAFARY	7	8 333	921	921
	LOPARY	15	18 010	1 580	1 419
	NOSIBE	12	18 986	1 665	1 635
	RANOMENA	8	22 221	1 949	1 949
	TSIANOFANA	4	10 750	943	851
Subtotal :	56	93 037	8 351	7 897	
TOTAL	16	114	174 008	16 063	15 609

IR3 Challenges

Product procurement challenges within the Malaria Program include insufficient supplies of Artemisinin-based Combination Therapy (ACT) distributed through PAs to meet Community Health Worker (CHW) needs. The MOH Malaria Department has sent a note to inform public sector Community Health Centers (CSBs) that CHWs should have access to ACTs through the public sector in order to meet their supply needs. An additional procurement challenge is meeting the high demand for socially marketed *Supermoustiquaire* nets. At mid-fiscal year, PSI has distributed 118,267 *Supermoustiquaire* through the commercial channel, representing 96% of the FY target. Annual needs are approximately 450,000 LLINs; however, PSI has only received 200,000 units (thanks to PMI following the end of the Global Fund Round 7 grant). There is currently no donor funding for the socially marketed nets, and once the current stock runs out this FY, there will be no more available in the foreseeable future. PSI communicated this concern to USAID/PMI during the

Malaria Operational Plan FY 2016 meeting held March 16, 2015 and would like to explore possible solutions.

A continuing challenge of PSI's Distribution Department is finding effective ways to eliminate stock-outs and increase data collection from Supply Points (PAs). It is important to note, however, that FP products perform well, with 90% of PAs reporting no stock-outs the prior month. To continue addressing these issues, PSI is in the process of designing a completely new distribution model, with the goal of having a high-functioning, cost-effective and sustainable system. The model will be further refined during Q3, with plans to pilot a new system

Stock-out Reporting by PAs Q2 FY 2015	Any Pro- ducts (FP, CS, Mal, Nutrit.)	FP Pro- ducts	CS Pro- ducts
# of PAs trained in SMS reporting, stock mgmt. & accounting (registered w/ <i>Datawinners</i>)	952 (81%)		
# of trained PAs <u>that submitted data</u> via SMS on stock-outs over the last Q	405 (43%)		
# of trained PAs that submitted data on # of days of stock-out over the last month	212 (22%)		
# of trained PAs reporting <u>no</u> stock-out over the last month (among those that submitted reports)	17	190	41
% of trained PAs reporting <u>no</u> stock-out over the last month (among those that submitted reports)	8%	90%	19%

beginning in June 2015. The pilot will be conducted in three regions that represent different distribution challenges, including proximity of PAs, road conditions, PA capacity, and individual field staff distribution strategies.

Due to municipal elections scheduled on July 31, 2015, the date of the malaria mass distribution campaign has been postponed from September 28 to October 11, 2015. The household census will be completed in May in a few regions and shortly thereafter in all regions. Sub-recipient (SR) recruitment and SR contract logistics will be effective July 1, and transportation activities from central to district levels will begin August 14. The census training of regional, district and commune level staffs did not start on time, as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)/National Strategy Application (NSA) 2 funds were not yet available from the different levels. The NCC and NMCP, along with PSI's support, collaborated to seek solutions to this issue. As a result, two areas began census training in March, and negotiations will continue to ensure that all remaining regions will begin training in Q3.

In addition, the NCC is experiencing difficulty in identifying NGOs in the districts of Sambava, Antalaha, Farafangana and Vondrozo given the remoteness and insecurity of the areas. To address this situation, the NCC decided to reactivate the RFP process and proposes postponing the mass distribution campaign for these districts from November 2 to November 13, 2015 so that these districts' start dates coincide with those of the mass distribution campaign funded by GFATM/NSA 2.

Please refer to the following "Product Status Update" table for more detailed information on PSI's product procurement and distribution throughout Q2 FY 2015.

IR3: PSI Product Status Update in Q2 FY 2015, as of March 21, 2015

Health Area	Product	Opening Balance (Jan 2015)	Quantity In	Quantity Out	Other Quantity Out	Ending Balance (Mar 2015)	CMM	Coverage Through	Ordered	ETA	Status	Action
DIARRHEA	Sur'Eau 150 ml.	27 185	530 000	425 665		131 520	177 000	avr-15	500 000	avr-15		
	Sur'Eau 40 ml.	6 623	208 000	82 787		131 836	57 000	juin-15	192 000	juin-15		
	Sur'Eau tablet	1 500		1 500		-			4 500 000	avr-15		
	Hydrazinc	40 134		13 100	4	27 030	9 000	juin-15	187 000	avr-15		
	ZINC (Generic)	363 184		143 393		219 791						
	ORS (Generic)	726 368		286 792		439 576						
PNEUMONIA	Viasûr	100 000	174 005	60 794		213 211	20 000	févr-16	267 400	TBD		
	Pneumox (amoxicillin)								546 000	nov-15		
	Pneumostop Comprimé	155 579		103 363		52 216	29 000	mai-15	120 000	TBD	Risk of Stock-out	Emergency procurement (short tender process)
	Pneumostop Syrop	1	97 200	131		97 070	13 000	15-oct				
	Supermoustiquaire	43 582		39 089		4 493	25 000	mars-15			Risk of Stock-out	Request to the donor
MALARIA	Moustiquaire Générique (Net Protect White)	273	23 000	16 113		7 160						
	ACT	1 166	133 500	114 790		19 876	86 000	mars-15			Risk of Stock-out	Request to the donor
	RDT	542 825	433 950	461 191	194	515 390	154 000	juin-15				
	Pilplan (OC)	3 782 504	2	897 810	109	2 884 587	300 000	16-janv				
	Confiance (injectable)	874 504	1 500 000	601 170	33	1 773 301	200 000	déc-15				
	Rojo Cycle Beads	24 467		7 977		16 490	1 200	mai-16				
	Copper T IUD	12 459	15 000	5 047		22 412	1 700	avr-16				
	Implanon (implants)	1 347	2 112	868		2 591	320	15-nov				
	Jadelle (implants)	595	1 200	209		1 586	50	oct-17				
	Norlevo (EC)											
FP	Zarin (implant)	344		12		332	10	déc-17				
	YES Youth Condom	1 203 000				1 203 000						
	Protector Plus (condom)	5 428 181	1 501 705	1 897 512	870	5 031 504	710 000	15-oct				
	Feeling (female condom)	73 006	50	6 627		66 429	2 200	17-sept				
	Generic Condom	810 899		211 060		599 839	71 000	15-nov				
HIV/STI												

Cross Cutting: Research, M&E, Gender, Environment and Partnerships

Research Highlights and Successes

In March 2015, PSI completed data collection from the six sites selected for the Net Durability Study. Data was collected on the first and second components of the study, which include net survivorship and fabric integrity. The second activity, which is the bio-efficacy analysis, is ongoing with the *Institut Pasteur de Madagascar* (IPM). The IPM has extended the analysis activity until the end of August 2015, due to the low quantity of nets treated every week, and results will be available in October 2015.

The cross-cutting, nationwide Measuring Access and Performance (MAP) study is designed to measure the geographical coverage and quality of coverage of each type of PSI product in the three PSI supervision regions. Training and preparatory work on the MAP study have been completed. Data collection began the last week of March and will continue for approximately two months. The study will examine coverage at the community, commercial and pharmaceutical levels. A “Total Market Approach” will be used for the STM contraceptive products of *Pilplan* (oral contraceptives), *Confiance* (injectable), and *Protector Plus* condoms, and the PSI child survival products included in the Map are *Sur'Eau*, *Hydrazinc*, *Viasûr* and *Pneumostop*. Study results will be available in July 2015.

A qualitative Flash FoQus study on *Sur'Eau 150ml* was conducted among middle- and upper-class women users and non-users of *Sur'Eau* in urban and peri-urban Antananarivo during the last two weeks of March 2015. This study was not in the original work plan, but was requested by the PSI program team to allow such research to drive evidence-based decision making in the development of the new marketing strategy. Data collection for the *Sur'Eau* tablet household survey in Vatomandry was also completed in Q2. The results of both studies, as well as partner input, will be used to determine the optimal marketing approach that will maximize acceptance and correct use of both the 150 ml solution and the tablet form by the target audience.



Peri-urban Sur'Eau 150ml Focus Group discussion in Fenoarivo, Antananarivo.

M&E Highlights and Successes

District Health Information System 2 (DHIS 2) is a flexible, web-based open-source information system with visualization features including GIS (Graphic Information System), charts, and pivot tables. PSI's goal for FY 2015 is to integrate this system as a platform for analysis and data interpretation for all PSI activities, with the aim of improving evidence-based decision making for strategic guidance. DHIS 2 also provides program managers with several tools for activity monitoring at all levels. The main configuration of the system was completed in Q1. This includes the implementation of DHIS 2 modules at the cloud server for web access by administrators and users. The data integration phase imports data from the current software into the platform. Data from numerous sources, including data from FY13 to Q1 of FY15 service delivery, from the TRSIG

database, from distribution activities, and from the Business Vision database, has been imported. Following user trainings planned for Q3, all users will be able to configure their own reports and dashboards.

PSI continues to strengthen national health information systems and contribute to achievements in the monitoring and evaluation (M&E) of the malaria net distribution campaign through the implementation of the CAMPMID software. This database application will be implemented at the district level with the involvement of the MOH and NGO campaign sub-recipients. The training of trainers was conducted in Antananarivo and training at the district level will be held in Q3.



CAMPMID Database Screenshot

All reports related to the mass net distribution campaign will be extracted through CAMPMID, including the census, supply chain processes, training, communication, and distribution.

M&E Challenges

The implementation phase of the DHIS 2 system has taken longer than expected due to the complexity of the system. To address this challenge, skills transfer was conducted internally so that each member of the technical team could be involved in the process. Quarters 3 and 4 will be dedicated to full integration of data and providing technical assistance to users, including staff at the regional level.

PSI continues to work closely with HNI to strengthen the partnership and improve results. Weekly coordination meetings occur in which results are updated and analyzed and problems are addressed. A dashboard helps inform our action plans, facilitates the correction of incorrect data sent by PAs, and synchronizes data between HNI and PSI. Even though we have put several measures in place, such as a PA SMS reporting incentive scheme and a call center identifying and tracking specific data submission problems, results continue to fall below expectation. The call center has identified several issues, including a significant number of PAs being unreachable (57%), calls not functioning, SIM cards lacking, etc. PSI and HNI have agreed that reaching and collecting consistent, complete data from 1,176 PAs has become an unrealistic goal. With the new distribution strategy planned to be piloted in Q3, PSI will be visiting PAs directly to conduct the monthly reporting of stocks. PSI is also exploring ways to utilize HNI's expertise in assisting with data collection within this new strategy. The evolution of this partnership within the framework of the new distribution strategy will be detailed in the Q3 report.

Gender Highlights and Successes

The ISM IntraHealth team, in collaboration with the USAID Gender Working Group, led the coordination efforts of the International Women's Day event held on March 13, 2015. A conference was organized with the participation of different panelists to discuss three important topics: gender mainstreaming in health and development programs; women's status and gender-based violence; and women's rights in sexual and reproductive health. The Gender Working Group ensured that all national stakeholders in women's health were present at the conference: the MOH, Ministry of Population, Ministry of Youth and Sports, USAID, and other international and national donor and women's organizations and associations. The conference was an opportunity for young girls, women, and disabled women to advocate for their right to have access to health care services.



*Celebration of International Women's Day, PSI display
March 30-31, 2015*

Gender Challenge

There are natural challenges in integrating gender-based violence (GBV) programming into health care services. PSI and IntraHealth have adapted a training curriculum and tools to the local context in order to screen clients for GBV. Providers were receiving GBV survivors as clients before training occurred, and reported feeling challenged by the time and cost that care and case management requires. After the training workshop, the providers expressed hope that effective case management can be conducted which does not require additional time. It is important to note that Top Réseau service providers are mandated to take care of clients in danger. The training provides an effective way to conduct screening, case management, and referral.

Environment

Environmental mitigation and monitoring activities are conducted by PSI in two main areas: 1) Top Réseau clinic waste management support; and 2) malaria LLIN distribution environmental safety support. Regarding Top Réseau clinic support, the six newly enrolled clinics in Q2 were provided with information, tools, and supervision to evaluate and comply with PSI's environmental protection standards. This support includes the provision of safety/sharps containers and garbage cans.

Regarding LLIN distribution environmental safety, PSI has taken a leadership role in monitoring and improving mass LLIN distribution campaign practices in terms of disposal and environmental protection. As part of the Net Bag Disposition Monitoring Plan, PSI has completed job aids for continuous distribution and a training manual for the mass campaign. Special emphasis is placed on the proper management, collection, and disposal of LLIN bags. Individual bags from PMI-supported nets will be buried by the Fokotanyans at distribution sites. Following recommendations from the WHO, GFATM-funded nets will not be individually packaged, thus reducing the environmental

concern of safely disposing of individual bags. Unfortunately, the recommendations came after PMI had already ordered and shipped nets.

Partnership Update: Spotlight on SAF and SALFA

Two of PSI's key partners in the ISM program are the sub-recipients of SAF and SALFA. SAF, or *Sampan' Asa Fampandrosoana/Fiangonan' I Jesosy Kristy eto Madagaskara*, is the development department of the Church of Jesus Christ in Madagascar (the FJKM). SALFA, or *Sampan' Asa Loteranamomban'ny Fahasalamana*, is the health department of the Malagasy Lutheran Church. The objective of this collaboration is to improve access to quality services in the rural areas by adding more rural providers to the Top Réseau franchise. SAF and SALFA work with the CHWs in their respective regions to sensitize clients and refer them to the rural Top Réseau clinics, with the goal of increasing access to quality health care services. PSI builds the capacity of SAF and SALFA's medical supervisors through initial training, and provides regular, ongoing technical assistance to help them ensure the quality of the rural clinics. In March 2015, eight medical supervisors from SAF and SALFA joined PSI medical supervisors to participate in a supervision skills workshop organized by PSI.

Work Plan Activity Update

ISM Quarter 2 FY 2015 Work Plan Activity Update

CoAg PG	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
		Q 1	Q 2	Q 3	Q 4	
Intermediate Result 1: Increased Adoption and Maintenance of Health Behaviors						
CC Cross-Cutting Communication (Family Planning/Reproductive Health, Child Survival, Malaria)						
27	Continue the Healthy Family (HF) integrated campaign that address all 3 health areas outlined in COAG by linking various healthy behaviors w/ relevant products & services (health areas: Family Planning (FP), diarrhea, pneumonia, malaria, breastfeeding)					
	Continue producing and diffusing the HF radio drama until episode 175	1	2	3	4	Ongoing: 27 episodes were broadcast over 2 radio stations, for a total of 54 broadcasts in Q2. These represent episode 76-102 of the 175 (58% of LOP)
	Finalize the three HF mobile video unit (MVU) films after pre-testing	1	x			Completed: Finalized in February 2015
	Conduct MVU sessions in rural areas		2	3	4	Ongoing: First MVU sessions were conducted in March (3/25 for Tuléar and 3/31 for Diégo). Additional MVU sessions will continue in Q3 and Q4.
27	Continue supporting USAID bilateral health projects in generic Interpersonal Communication (IPC) messaging conducted by Community Health Workers (CHW)					
	Disseminate tools for IPC activities by CHWs including characters from the HF drama	1	2	3	4	Ongoing: Under the leadership of the Ministry of Health, messages and illustrations related to printed communication materials at the community level are being harmonized. Messages and illustrations were developed and validated for the official Malagasy versions. However, they also need to be translated into local dialects. The translation and pre-testing of these new versions will happen in Q3. Design for all IPC tools for CHWs will be finalized once this harmonization of activities are completed.
	Disseminate communication tools (linked to the HF campaign) that helps communities identify CHWs as health providers (e.g. advertising signs) and will help CHWs conduct IPC and create demand for social marketing products (brochures, booklets, flyers, SF brochures to help CHWs refer clients to Top Réseau)	1	2	3	4	Ongoing: See above. This includes the advertising signs, which are part of the IPC tools for CHWs.
28	Explore with MIKOLO, the development of a model mother and model father program for rural communities to support CHWs in their community sensitization and IPC work					
	In collaboration with MIKOLO, finalize the program strategy & develop operational plan for the program	1	2	x	x	Postponed: The "model mother and model father" program is a strategy for integrating positive father/male images and messages into existing IEC/BCC/Marketing activities. Both PSI and MIKOLO have been fully involved in the message harmonization activities with the Ministry of Health. It was agreed by both organizations that the development of activities other than printed materials will be initiated once message harmonization is completed.

CoAg pg	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
		Q 1	Q 2	Q 3	Q 4	
	With the aim to support HF communication activities, prepare pre-production of behavior change communication (BCC) tools (TBD) that will help rural role models tell their stories in a pilot zone			3	4	N/A
28	Coordinate with MIKOLO to build in/expand/improve IPC and gender training modules into existing CHW training, for all health areas and products					
	Provide training of trainers on the use of "education through listening" approach to MIKOLO NGO trainers		2	x		Postponed: PSI and Mikolo were fully involved in the message harmonization activities with the Ministry of Health. It was agreed by both organizations that the development of activities other than printed materials will be initiated once the harmonization and printing is completed.
	Produce CHW tools		2	x		Postponed - awaiting finalization of the messages/illustration harmonization (the CHWs common name may also change)
28	Implement activities included in the MOU signed in 2014 with the US Peace Corps Volunteers (PCV) in support of BCC capacity building efforts working with PCV in communes in rural zones					
	Conduct quarterly meeting with US Peace Corps Volunteers (PCV) to plan and monitor activities	1	2	3	4	Ongoing: The MOU was signed January 14, 2015. A meeting between PSI and PCV was held on February 13, to clarify PCVs' intervention in the following health areas: nutrition, pneumonia, diarrhea and malaria.
	Implement activities included in the MOU	1	2	3	4	Ongoing: PSI will be present in the next PCV workshop in May in Mantasoa to train PC volunteers on activities included in the MOU: IPC, stock-checking, and listening group organization. Listening group organization involves determining who is involved in the community, what their roles and tasks are in promoting listening groups, how to call people to come listen to radio messages as a group, and what types of materials are needed. In addition, some BCC tools will be distributed to volunteers.
29	Harmonize existing USAID and USAID Bilateral Health Projects' BCC efforts, along with other relevant stakeholders					
	Actively participate in the Communications Working Group (CWG) led by USAID	1	2	3	4	Ongoing
	Participate in the Ministry of Health (MOH) communication subcommittee for BCC activities	1	2	3	4	Ongoing
1.1 Family Planning and Reproductive Health						
34	Prepare the market re-introduction of the Emergency Contraceptive (EC) in the pharmaceutical channel					
	Discuss with Marie Stopes Madagascar (MSM) the experiences and lessons learned on EC distribution	1				Completed
	Conduct a brand review for EC and decide if it is necessary to develop a new brand for emergency contraceptive (branding exercise)	1				Completed

CoAg pg	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
		Q 1	Q 2	Q 3	Q 4	
	Finalize the brand and develop the packaging		2	3		Completed: The brand was registered at OMAPI on March 30th. The packaging artwork was developed and pre-tested with PSI staff and IPC agents.
	Produce job aids and other materials for doctors and pharmacists			3	4	N/A
24/ 26	Continue the Family Planning communication campaign related to the Family Planning/Reproductive Health (FP/RH) DELTA marketing plan					
	Continue broadcasting existing FP/RH messages through local and national radio and TV stations	1	2	3	4	Ongoing
	Produce promotional items for existing and new products	1	2	3	4	Ongoing
--	Continue the support and collaboration with MOH on maternal and FP/RH					
	Participate in the annual coordination meeting on FP/RH	1		x		Ongoing: The Coordination meeting is actually held on a semestrial basis. The next meeting is April 1, 2015.
	Celebrate National Family Planning Day and participate in MOH workshops on FP/RH		2		x	Postponed: The National Family Planning Day will be in November 2015. Ongoing: Workshops continue with the MOH on harmonization of various FP/RH tools including training curricula, IEC materials, and worksheets for CHWs and health workers.
33/ 34	Explore cost savings on Pilplan contraceptive packaging					
	Discuss with USAID the possibility to put brand name in the blister according to DAMM recommendation	1	2	x		Ongoing: After a USAID and PSI meeting, USAID will discuss with the product's suppliers the possibility of putting a brand name on the blister. PSI will follow up with USAID as to the outcome of this discussion.
	Explore different design in order to find the less expensive packaging production cost		2	3		Initiated: The packaging cost and design were discussed internally, and the artwork will be finalized in Q3.
	Develop and finalize the Pilplan new packaging according to cost issue and including DAMM recommendation			3	4	N/A
33/ 34	Support the launch of "YES" youth condom and develop a scaling-up strategy for urban youth					
	Organize small launch events in selected urban areas	1	2	3	4	Postponed: The DAMM has given a favorable opinion for granting the marketing authorization, however, we continue to await the formal AMM signature. The launch event will be conducted in Q3.
	Broadcast existing YES radio and TV spot and place printed materials	1	2	3	4	Postponed: See above. Radio and TV spots were already developed and will be broadcasted following the launch.
	Produce and distribute the communication tools in the selected urban areas	1	2	3	4	Postponed: See above. Distribution will be done in Q3 following the launch.

CoAg pg	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
		Q 1	Q 2	Q 3	Q 4	
	Develop and implement a scaling-up strategy for another urban areas				4	N/A
27	Support youth activities under the "Tanora 100% Youth" program					
	Organize regional youth events in Top Réseau sites in urban and rural areas	1	2	3	4	Ongoing
	Participate in youth educational events with Ministry of Youth	1	2	3	4	N/A: No educational events were organized by the Ministry of Youth in Q2.
	Broadcasting youth radio program & youth radio spot	1	2	3	4	Postponed: The new youth radio program and spot production was delayed in order to prioritize communication tools for the new YES condom. Production is now in progress and will be finalized in Q3.
	Produce peer educators uniform	1	2			Completed
15	Continue the youth loyalty scheme pilot in Mahajanga and decide on scale up following rapid impact assessment/evaluation					
	Continue to pilot the concept in Mahajanga	1	2	3	4	Ongoing: Periodic monitoring of implementation was conducted, and a conference call with the pilot site team was held on March 30, 2015.
	Evaluate the pilot of the youth loyalty scheme in Mahajanga			3		N/A
	Develop and implement a scaling-up strategy for the concept in another urban areas				4	N/A
1.2 Maternal and Child Health						
26	Develop new Water, Sanitation and Hygiene (WASH) strategic orientation					
	Explore with short-term technical assistance (STTA) support a new WASH strategic orientation (portfolio, activity review, recommendations)	1				Completed
	Develop or adjust products and/or services, related tools and messages following strategic recommendations		2	x		Ongoing: A price increase of the 150ml bottle is planed for April 2015. Sur'Eau tablet scale-up is on track for Q3 (awaiting commodities). A communication campaign for hand-washing is also in preparation.
	Develop and disseminate tools and materials for product promotion			3	4	N/A
34	Continue supporting new Sur'Eau tablet pilot phase					
	Continue broadcasting Sûr'Eau tablet radio spots through local radio stations	1	2	x		Postponed: Broadcasts were postponed due to commodities running out in the field, as a result of higher than expected demand. As a pilot project, anticipated quantities were estimated. Demand was underestimated and therefore during the stock-out period, broadcasts were suspended. The next arrival of product is expected in April and broadcasts will resume.
	Conduct MVU sessions in the pilot area	1	2	x		Postponed: See above. MVU sessions are conducted on a similar basis as radio spots.
34	Scale up of the Sûr'Eau tablet project (areas TBD)					

CoAg pg	Activity Description	FY Q 1	FY Q 2	FY Q 3	FY Q 4	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
	Finalize branding and packaging according to the pilot phase results			3		N/A
	Broadcast Sûr'Eau Pilina radio spots through local radio stations in the new areas (TBD)				4	N/A
	Product and disseminate printed materials for CHWs and target audience				4	N/A
	Conduct MVU sessions in the scale up area				4	N/A
28	Reinforce collaboration with the youth Scout program to leverage WASH activities (e.g. sanitation and safe water use, Sûr'Eau tablet promotion)					
	Production of sensitization materials	1	2	3	4	Postponed: The Scouts 's leadership was reorganized during Q1. PSI is still waiting for the new Scouts organization leadership in order to elaborate a work plan with them. A meeting was scheduled in January but was cancelled due to their unavailability. Since then, PSI has not received any new meeting schedule. Meanwhile, PSI has considered the possibility of working directly with some local Scouts organizations. This alternative would be initiated in Q3 if there is still no feedback from the Scouts organization in April.
	Training of Trainers (TOT) on Education Through Listening (ETL)	1	x	3		Postponed: See above.
	Schedule and monitor Scout sensitization activities		2	3	4	Postponed: See above.
19/ 20	Orient CHWs in MIKOLLO & MAHEFA areas on referral of women to rural TR clinics for Integrated Management of Childhood Illnesses (IMCI)	1	2	3	4	Ongoing
24	Continue broadcasting child survival messages through national and local radio stations (diarrhea, malaria, nutrition, pneumonia)	1	2	3	4	Ongoing
77	Celebrate child survival special events involving public sector					
	WASH Special events celebration (World Water Day, World Hand Washing w/ Soap Day, Latrine Use Day)	1	2			Completed: This year, 10 TV spots and 17 radio spots were developed especially for World Water Day (March 22nd). The spots were broadcast over the national radio and TV channels. Three MVU sessions were also conducted in Tuléar, Diégo and Tamatave. Messages were developed around the official theme "water and sustainability."
	World Pneumonia Day celebration	1				Completed
	Semaine de la Santé de la Mere et de l'Enfant (SSME) (Mother & Child Health Week twice yearly events)	1		3		Completed for Q1. PSI is fully involved in the SSME preparations for Q3.
40	Support the new amoxicillin pre-packaged treatment (PPT) with support from MIKOLLO and MAHEFA NGOs in rural areas					
	Produce/refresh and disseminate training materials for MIKOLLO and MAHEFA technical advisors			3		N/A

CoAg pg	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
		Q 1	Q 2	Q 3	Q 4	
	Produce and disseminate job aids for CHWs		2	3		Initiated: The job aids have been produced and we are waiting for delivery.
	Produce media materials on pneumonia prevention and treatment (new video spot or mini-film according to the budget)	1	X			Completed: Following the TRaC results, existing video and radio spots for pneumonia prevention were divided into different parts for simplicity and better understanding. Each of the 4 new spots (radio and video) will contain only one prevention message each. These messages promote: breastfeeding for children under six months old; hand washing; vaccination; and protection against indoor air pollution.
24	Produce sales and promotion incentives for child survival products (for supply points, wholesalers, Scouts & during World Child Survival Days & MVU sessions)					
	Produce sales and promotion incentives for Sûr'Eau		2	3		Initiated: 1,200 Jerry cans for CHWs were ordered.
	Produce sales and promotion incentives for DTKs		2	3		Initiated: The design of promotional tools was initiated and will be completed in Q3. Items include lambahoany/lambas (printed fabric worn as shawls or skirts) and t-shirts.
	Produce sales and promotion incentives for PPT	1	2	3		Initiated: The design of promotional tools was initiated and will be completed in Q3 (i.e.. pens and t-shirts).
--	Promote new CHX 7.1 gel formula at community level					
	Produce printed media	1	2			Completed: Completed in Q1.
	Produce radio spot	1	2	x		Initiated: A radio spot was produced in Q2 but still needs validation from partners. PSI will request validation from partners in Q3.
	Broadcast radio spot		2	3	4	Postponed: See above.
1.3 Malaria						
24	Produce sales and promotion incentives for malaria products (Rapid Diagnostic Test (RDT), Supermoustiquaire)	1	2	3	4	Initiated: The design of the promotional items (t-shirts) was initiated in Q2.
29	Continue harmonizing malaria communications with other donor efforts through participation in meetings and coordination for communication activities with partners	1	2	3	4	Ongoing: PSI continues to participate in national coordination meetings to harmonize messages with partners and stakeholders including the MOH, USAID bilateral partners and the WHO. The LLIN mass campaign was the primary topic discussed during this meeting. Messages and communication tools related to the campaign are now developed and validated by the National Coordination Committee.
77	Celebrate World Malaria Day supporting public sector events			3		N/A
39	Long-Lasting Insecticide-Treated Nets (LLIN) campaign					
	Develop communication key messages for advocacy, pre, per and post campaign activities	1	2			Completed: Key messages were developed around malaria, use of bed nets (maintenance, hanging-up, and correct use) and waste treatment.
	Prepare, produce and disseminate communication tools (radio spots, posters, caps, banners, flyers,...)		2	3	4	Ongoing: We are waiting for the delivery of all of the printed communication tools (posters, caps, banners, flyers). Radio spots for the household census were developed but could not be broadcast until the training sessions for the CHWs begin. Radio spots for the pre-per-post campaign will be developed in Q3.

CoAg pg	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
		Q 1	Q 2	Q 3	Q 4	
	Organize small events for the campaign launch (new activity)				4	N/A
39	LLIN continuous distribution					
	Develop messages and communication plan in line with the pilot phase recommendation	1				Completed
	Organize advocacy activities for public, community, religious authority	1				Completed
	Prepare and produce communication tools from the communication plan		2			Completed. A radio spot and a job aid were produced.
	Broadcast radio spot via mass media & mid-media and disseminate other communication tools (posters, flyers, etc.)		2	3	4	Ongoing: Job aids were distributed to CHWs. Radio spot broadcasts are ongoing.

CoAg pg	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
		Q 1	Q 2	Q 3	Q 4	
Intermediate Result 2: Improved Quality of Selected Health Services in the Private Sector						
2.1 Expanding Access to Quality Services at Private Health Clinics						
30	Develop and manage Top Réseau (TR) network with a particular focus on new clinics in rural and urban areas					
	Continue to upgrade the clinics to conform to minimum quality standards	1	2	3		Ongoing: PSI continues to provide materials to TR clinics based on the needs assessment of each clinic to ensure minimum quality standards. These materials included safety boxes, waste disposal equipments, curtains for privacy, IEC tools and TR branded materials.
	Provide refresher training to TR providers in urban and rural in FP/RH and IMCI (focused on findings from Mystery Client Survey)		2	3	4	Initiated: 88 providers were trained on Child Survival/IMCI and Nutrition and 47 providers on short-term family planning methods.
	Continue to recruit potential clinics - monitor and evaluate existing clinics	1	2	3	4	Ongoing: Six new urban clinics were recruited during this Q.
	Develop training curriculum on medical communication (social franchise (SF) approach, clinical and non-clinical quality standards)		2	3		Completed: The training curriculum was developed. The modules will help providers continue improving the customer experience. The first training is planned for June 2015.
	Train new and existing TR providers (including SAF and SALFA providers) on medical communication (SF approach, clinical and non-clinical quality standards)			3	4	N/A
32	Continue to promote Top Réseau services through radio with messages tailored for urban and rural targets, peer education (with vouchers for referrals), promotional event for rural Top Réseau, advertising signs for new rural Top Réseau clinics					
	Continue to promote TR through mass media by producing & broadcasting radio spots with messages tailored to target group in rural & urban areas	1	2	3	4	Ongoing
	Organize activities of TR promotion in 1 selected rural site (celebration of Mother & Child Week or World FP Day with the DSMER)			3		N/A
	Continue the activities with 120 youth peer educators (PE) to promote Top Réseau clinics and distribute vouchers for youth in urban areas	1	2	x	x	Ongoing (This is a routine demand-creation activity conducted throughout all quarters of the year.)
	Train 120 youth PEs to promote Top Réseau clinics and distribute vouchers for youth in urban areas			3	4	N/A
	Continue activities with 80 community agents for SAF and SALFA to promote new rural TR clinics and distribute vouchers in rural areas - meeting with CHWs from SAF and SALFA	1	2	x	x	Ongoing (This is a routine activity conducted with CHWs by SAF and SALFA throughout all quarters of the year.)
	Develop and share SF brochures for CHWs	1	2			Completed: The brochures for referral and promotion of Top Réseau clinics were shared with CHWs.

CoAg pg	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
		Q 1	Q 2	Q 3	Q 4	
	Advertise TR clinics in rural areas (2nd advertising sign anti-ultraviolet, painting)		2	3	4	Initiated: The design of painted clinics was developed. The process of procurement is ongoing. Advertisement will be effective in June 2015.
31	Broaden the Top Réseau service package for qualified, motivated providers to include new health areas (e.g.: nutrition, maternal & neonatal health, antenatal care/postnatal care (ANC/PNC), post partum IUD; permanent methods) through training and supervision					
	Identify selected urban TR clinics and selected SAF and SALFA rural TR clinics for training in the optional service package such as IUD, implant & FP permanent methods	1				Completed
	Train selected urban Top Réseau clinics for training on FP permanent methods			3		N/A
	Refresher training on new product Jadelle for urban TR clinics		2	3	4	Initiated: In March 2015, twelve Top Réseau providers in Antananarivo received training on Jadelle implants to expand the range of family planning methods offered. Five trainings on the new product are planned by June 2015.
	Provide President's Malaria Initiative (PMI)/UNITAID funded RDTs to selected Top Réseau sites (urban and/or rural) in malaria endemic zones	1	2	3	4	Ongoing
32	Increase and intensify training on long acting methods among new rural Top Réseau members					
	Conduct training in rural potential clinics on optional package (IUD, Implant which Jadelle (525) ...)		2	3	4	Initiated: IUD training for 11 selected health providers and implant training sessions for 24 providers were held this quarter. Selection of clinics was based on numerous criteria, including proximity to health facilities that have the required infrastructure to handle emergencies in case of complications.
32	Conduct pilot phase for mutual health insurance in 2 Top Réseau sites: Tana (urban) and Tamatave (rural)					
	Confirm targeted client segment and finalize the method for group selection and mobilization	1				Completed
	Recruit field consultant(s) who will be in charge of mobilizing and sensitizing client groups	1				Completed
	Mobilization & sensitization of targeted client groups		2	3	4	Initiated: On January 26, a community organizer delivered a training on the sensitization tools for the 6 IPC agents assigned to the Fokontany covered under the planned pilot project in Tanà. A pre-test of the sensitization tools was completed the following day. During February and March, the IPC agents continued to conduct household visits to gauge their interest in obtaining health insurance. The visits covered a total of 177 households.
	Tana Pilot: Define and negotiate the roles and the responsibilities of PSI, Banyan Global (BG), AFAFI	1				Completed

CoAg pg	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
		Q 1	Q 2	Q 3	Q 4	
	Tana Pilot: Finalize the MOU with AFAFI	1	2	x		Postponed: With the technical support of Banyan Global, PSI is negotiating an MOU with two mutual health insurance associations, AFAFI and OTIV Harena, for a pilot activity in Tana. Outstanding issues to be discussed further include the coverage of family planning services and clarifications regarding exclusivity. PSI conducted a focus group in February 2015 with 16 TR providers to learn from their experience with existing mutual health insurance associations and their suggestions for improved collaboration. The feedback will be taken into consideration during negotiations with AFAFI and OTIV Harena. The next meeting is planned for April 2015, in order to finalize the MOU.
	Tana Pilot: Prepare the MOU with the partner and start the pilot phase		2	x		Postponed: See above. These activities are pending the finalization of the MOU in April. The pilot phase is expected to start by June 2015.
	Tana Pilot: Start group registration process and collection of premiums		2	x		
	Tana Pilot: Official start of service coverage after observation period		2	3		
	Tana Pilot: Conduct mid-term evaluation				4	
	Tamatave Pilot: Identify partner for mutual insurance (explore possibility of AFAFI expanding into Tamatave)	1	2			Completed: Meetings with AFAFI and OTIV Harena to explore the possibility of their expansion into Tamatave were held in February 2015. AFAFI declined to expand their activities in Tamatave due to budget constraints. The lack of a mutual health insurance organization in the area is delaying further progress. PSI is still exploring existing potential partners in Tamatave.
31	Review and update the existing quality assurance (QA) system for the TR franchise with a particular focus on new health areas and new members in rural areas					
	Use updated & improved QA tools for provider training & supervision on long-term methods (LTM) of FP and child survival for new & existing TR providers	1	2	3	4	Ongoing: QA tools for provider supervision/evaluation on FP and child survival were updated in the area of critical steps.
	Continue ongoing updates to the QA system for other health areas (short term method (STM) of FP, nutrition, etc.) incorporating IntraHealth's Optimizing Performance and Quality (OPQ) Approach, Learning for Performance (LFP), & others, including best practices, international and national standards	1	2	3	4	Ongoing: Development of an integrated QA plan for overall services provided by Top Réseau clinics was initiated this quarter. The supervision approach was integrated in order to allow medical supervisors to cover different health areas in one visit. In April 2015, PSI will receive short-term technical assistance from the Senior Clinical Advisor from IntraHealth in order to give support to the team on quality improvement.
	Conduct meeting to improve supervision skills of Medical Supervisors from PSI, SAF and SALFA - Continue capacity building in Provider BCC (PBCC)		2			Completed: A supervision skills workshop was conducted with a total of 17 participants, including 9 medical supervisors from PSI, 4 supervisors from SAF and 4 supervisors from SALFA.

CoAg pg	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
		Q 1	Q 2	Q 3	Q 4	
	Conduct regular supportive supervision for all health areas by the QA team, national and regional medical supervisors and SAF and SALFA supervisors	1	2	3	4	Ongoing: See above regarding supervision skills workshop. The workshop training covers all aspects related to supervisor's responsibilities, including, but not limited to, operations, management skills, communication skills and effective approaches (OPQ and PBCC techniques), providing feedback, and clinical and technical issues around all of the health areas.
	Conduct annual evaluation of TR providers (reaching minimum service quality standards) for FP and IMCI services			3		N/A
--	Modernize existing data collection efforts (monthly client data from TR Clinics, Supervisor Visit Reports)					
	Help the franchise upgrade to digital data collection using mobile phones. PSI recently purchased 50 tablets for TR. Human Network International (HNI) will support PSI to develop the tools for these tablets so TR providers can switch to electronic registers.	1	2	3	4	Ongoing: The mobile software was developed and is under testing. The pilot phase will begin in May, with three providers in Tanà for testing and extension steps to 45 providers in Top Réseau sites. The provider selection criteria are based on their capacity to use high-tech tools, as well as the number of clients seen in the past three months. The implementation process is planned for Q3 and Q4. Following the HNI budget and strategy realignment, this activity will be conducted internally with PSI's M&E team.
	Support PSI's Top Réseau team to develop tablet-based supervision tools for the supervisory team	1	2	3	4	Ongoing: Mobile software is under testing. PSI recently purchased 14 tablets for Top Réseau supervisors. The objective is to move from manual to digital supervision. The training session is planned for April 2015. Following the HNI budget and strategy realignment, this activity will be conducted internally with PSI's M&E team.
	Develop a dashboard on provider data collection through SMS (Integrated Social Marketing (ISM) indicators, data analysis, etc.)	1				Completed
	Monitor use of the system and the dashboard and continue to improve and upgrade as needed	1	2	3	4	Ongoing
--	Pilot E-voucher program in 2 urban Top Réseau sites & 2 rural Top Réseau sites					
	Monitor pilot program and share lessons learned to assess feasibility for rapid scale up	1	x	x		Postponed: The research brief was developed in January 2015. An internal meeting for the development of the study design was conducted in February. The study design will be finalized in April, and data collection will be conducted in May.
	In case of successful pilot, assist with scale up (database/technical issues) in other TR sites		2	3	4	Postponed: This is pending the results of the pilot phase assessment (see above).
--	Pilot mobile money services in 2 urban Top Réseau sites and 2 rural Top Réseau sites. The pilot sites would be the same as for the E-voucher pilot					

CoAg pg	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
		Q 1	Q 2	Q 3	Q 4	
	Develop and continue to improve a provider state payroll through the E-voucher database to provide provider payment by mobile banking	1	x	x		Ongoing: The next plan is to work with an additional mobile banking operator, Orange Money. HNI already has an agreement with Orange.
2.2 Capacity Building						
32	Build capacity and motivation of high performing Top Réseau providers by making them co-trainers to assist in cascading training activities for other providers					
	Conduct training sessions with Top Réseau providers as co-trainers	1	2	3	4	Ongoing: Two Top Réseau providers conducted training sessions as co-trainers for the IUD training in February 2015.
47	Support the development of a database on provider quality (training scores-pre and post; supervisory feedback scores; quality audits, etc.)					
	Train technical staff on how to fill the database and read and use the dashboard	1	2	3	4	Ongoing: 20 technical staff were trained in 8 out of 9 TR regions, and they provided feed back on the database. Training of the remaining regions is planned for June 2015. This will provide time to update the database.
	Use information in the dashboard as a tool for decision-making and strategy development			3	4	N/A
	Conduct gender analysis of information gathered in the quality database to ensure effective gender mainstreaming within the Top Réseau franchise			3	4	N/A
32	Invest in provider motivation, supportive supervision and provider focused communication					
	Reward the best providers at regional and national levels (SF standard): Non-monetary motivation				4	N/A
	Organize provider visits to rural/urban areas to build capacity - provider performer shares best practices on SF standards, optional services and business management - training public sector sites to build capacity		2	3	4	Initiated: In order to improve service delivery in the Top Réseau network, exchange visits were organized for providers. An exchange site visit in Fianarantsoa was held in March 2015 with the participation of six Top Réseau providers. This visit was focused on strengthening relationships between providers and learning from each other. It was an opportunity for motivated, efficient and high performing providers to promote the adoption of such behaviors among peers. The next exchange visit is scheduled in Tanà in April 2015.
	Develop and share TR newsletters for providers	1	2	3	4	Ongoing
31	Roll out Optimizing Performance & Quality Approach for Quality Assurance (QA) for Top Réseau franchise with particular focus on new health areas & new members in rural areas					
	Continue to assess, review, and enhance the content of existing training processes and tools	1	2	3	4	Ongoing
42	Ensure gender is mainstreamed throughout the program by piloting the expansion of Top Réseau services to include Gender Based Violence (GBV) case management					

CoAg pg	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
		Q 1	Q 2	Q 3	Q 4	
	Develop/adapt GBV case management protocols and corresponding training manual and job aids for Top Réseau providers within the Madagascar context	1	x			Completed: Two documents were developed and adapted from the "PSI Clinical and Programming Standards and Guidelines for Responding to Gender Based Violence." The first document is the GBV case management protocol adapted to the local context. The second one is the protocol for Top Réseau health service providers to help them screen clients for GBV.
	Train select TR providers on GBV case management	1	x			Completed: Preparatory activities for the development of the training curriculum were undertaken. Four Top Réseau service providers were selected and trained on GBV case management. Roles and responsibilities of Top Réseau providers for screening for GBV were defined during the workshop. Tools to screen for GBV and curriculum to train additional Top Réseau providers were reviewed and adapted to the local context.
	Design referral system for GBV case management among Top Réseau providers	1	2	x		Initiated: A referral system was discussed during the workshop. After GBV screening, Top Réseau providers will refer survivors to the Association Environment - Développement et Action Océan Indien (ENDAOI). The effective implementation of this referral system will be finalized in May 2015.
	Provide an orientation to Top Réseau providers and peer educators on the availability of GBV case management and the referral system		2	3		Initiated: In addition to the comment above, information on the availability of GBV case management for peer educators and training of additional Top Réseau providers is planned for Q3.
	Supervise and document the referral system of GBV case management among Top Réseau providers			3	4	N/A
30	Develop and roll out business management, financial and other non-health training for Top Réseau members					
	Develop procedure for post-training monitoring visits to ensure proper application of business training knowledge and tools	1				Completed
	Conduct refresher training on accounting course if necessary	1	2	3	4	Ongoing: Refresher trainings are done through individual coaching. This quarter, 15 Top Réseau providers in Antsirabe and Fianarantsoa received coaching on basic accounting and 17 received advice on financing investment projects to improve their medical practice.
	Supervise the roll-out of periodic post-training monitoring visits	1	2	3	4	Ongoing
	Develop and roll out new curriculum on budgeting and cash flow management for TR members		2	3	4	Ongoing: The new training module on budgeting for Top Réseau clinics was developed in March 2015. The first training of trainers will take place in April 2015.
	Develop and offer training on financial analysis to select TR members if necessary			3	4	N/A
	Conduct mini-survey to identify training needs of NGO TR providers	1	2			Completed: A meeting with SAF and SALFA in March 2015 reinforced their need for business management training in terms of basic accounting and budgeting. PSI will facilitate the training during an upcoming workshop to be organized by SAF and SALFA.
	Develop and roll out curriculum for NGO TR providers if necessary		2	3	4	Initiated: See above. Planning for rolling out the budgeting course depends on SAF and SALFA.
31	Facilitate access to local financing for Top Réseau providers					

CoAg pg	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
		Q 1	Q 2	Q 3	Q 4	
	Refine tools used for individual counseling/coaching of TR providers	1				Completed
	Continue to provide individual coaching in access to finance (Individual coaching started in Q4 FY 2014)	1	2	3	4	Ongoing: 17 new providers with concrete investment plans were identified. Further assistance is ongoing.
	Identify and develop agreements with additional partner financial institutions in regions not covered by current partners <i>Premier Agence de Microfinance</i> (PAMF) and <i>AccesBanque</i> (ABM)	1	2	3	4	Ongoing
	Continue to explore the development of a loan fund for TR providers as an alternative to the Development Credit Authority (DCA)	1	2	x		Completed: In January 2015, the USAID Office of Development Credit Authority (DCA) organized a mission to Madagascar to evaluate the potential for a DCA guarantee. PSI and Banyan Global met with the USAID representative Megan Rapp and briefed her on work done under ISM on health sector lending and to share lessons learned to date. It is anticipated that USAID will partner with AccesBanque on a DCA that will cover the health sector in general—clinics, pharmacies, pharmaceutical suppliers, medical equipment suppliers, etc. PSI will follow up with USAID in May 2015 as to the next steps.
	Monitor and track loans to Top Réseau providers	1	2	3	4	Ongoing: After a year of discussion and negotiation with AccesBanque to identify a viable financing product for Top Réseau providers, AccesBanque announced in February 2015 that it has established a strategic partnership with local medical equipment suppliers (Hospitec, Maexi Trading and Inter Equipement) to provide favorable financing conditions for members of the Ordre National des Médecins (ONM). This deal covers all medical clinics in Madagascar. PSI is currently working with 17 Top Réseau providers to further develop their investment projects and develop financing plans.
	Link Banyan Global's activity with the Quality Assurance and "Standards" for TR clinics to stimulate providers' demand for financing	1	2			Completed: The Rapid Monitoring Tool, which is a tool to monitor progress and quality regarding minimum infrastructure, required equipment, and branding in the Top Réseau clinics, was revised. Banyan Global's support regarding providers' demand for financing will follow the Rapid Monitoring Tool.
n/a	Conduct network exchange meetings among Top Réseau providers (each region will have at least 1)	1	2	3	4	Ongoing: Two exchange meetings among Top Réseau providers in Tamatave and Fianarantsoa were held this quarter. For Tamatave, the meeting was an occasion to celebrate the 15th anniversary of Top Réseau. More than half of the clinics were among the TR pioneers and they shared with others how TR has improved their ability to deliver quality services for underserved populations. Both meetings were also opportunities to reinforce quality improvement.
28	Conduct follow-up and supervise the community agents from SAF & SALFA in BCC innovative techniques (ETL technique)	1	2	3	4	Ongoing
2.3 Promotional Support						
32	Supervise peer educators (PE) in urban areas (youth, male, female) to promote FP/RH services at TR clinics	1	2	3	4	Ongoing

CoAg pg	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
		Q 1	Q 2	Q 3	Q 4	
32	Continue mass media and other promotional activities to benefit TR providers (urban and rural) and CHWs that create demand for their services	1	2	3	4	Ongoing: Four special events were held in Antsohihy, Majunga, Antsirabe and Mandoto to celebrate International Women's Day. The main topic was informed choice in family planning for youth and WRA. It was also an opportunity to promote overall integrated services at Top Réseau clinics.
n/a	Review marketing, branding and communication plan for Top Réseau					
	Implement marketing & communication plan for TR	1	2	3	4	Ongoing: The Delta marketing plan for TR is in process. Three key areas for improvement were identified-- quality/integration, sustainability, and communication--through the SWOT analysis and the review conducted by the International Center for Social Franchising in March 2015. The implementation of the marketing and communication plan will begin by June 2015.
	Continue to review marketing, branding and communication plan for Top Réseau and adapt message if relevant	1	2	3	4	
32	Develop and distribute promotional items for Top Réseau network providers as part of provider focused BCC					
	Conduct medical detailing visits in TR sites (social marketing products, PBCC)	1	2	3	4	Ongoing
50	Work with the National Doctors' Association (ONM) and their regional offices (CROM) to maintain and expand their support to the Top Réseau franchise and other franchised clinics in Madagascar					
	Collaborate with ONM for TR promotional activities including through contributions to the ONM newsletter and national events			3		N/A
	Collaborate with CROM at regional level for the promotion of the TR at regional/local events	1	2	3	4	Ongoing (there were no events in Q2)
n/a	Institutional Branding and Communication					

CoAg pg	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
		Q 1	Q 2	Q 3	Q 4	
Intermediate Result 3: Increased Availability of Life Saving Health Products and Services						
3.1 Product Procurement and Branding						
3.1.1 Family Planning and Reproductive Health						
33	Continue to promote Pilplan-branded pills, Confiance-branded injectables, Implanon-branded implants, IUDs, and Rojo-branded cycle beads for pharmaceutical and/or community					
	Distribute 3,595,920 Pilplan; 2,041,908 Confiance; 3,820 Implants (Implanon); 19,845 IUDs; 22,050 Rojo-branded cycle beads	1	2	3	4	Ongoing: 1,865,600 units of Pilplan, 976,837 units of Confiance, 2,276 units of Implanon, 13,107 units of IUDs and 10,383 units of Rojo-branded cycle beads have been distributed this fiscal year to date, representing 52%, 48%, 60%, 66% and 47% of the respective fiscal year targets.
	Procure and distribute safety boxes to Top Réseau (TR) clinics and to CHWs via Supply Points (PA) (<i>Point d'Approvisionnement</i>)	1	2	3	4	Ongoing: Safety boxes and other waste disposal equipment were provided to the 6 new Top Réseau clinics recruited this quarter.
	Purchase and distribute 753,000 consumables for Confiance injectable (for trained CHWs)	1	2	3	4	Ongoing: The purchase has been completed and the distribution of is ongoing. These consumables (alcohol swabs, syringes etc.) are distributed as a kit with Confiance.
33	Introduce a new emergency contraceptive (EC) to prevent pregnancy after an episode of unprotected intercourse					
	Procure EC products (quantity TBD)				4	N/A
	Work on obtaining AMM for EC			3		N/A
33	Introduce a new implant (Jadelle)					
	Procure Jadelle Implant	1				Completed
	Distribute 525 Jadelle Implants through TR clinics	1	2	3	4	Ongoing: 214 units of Jadelle Implants have been distributed this fiscal year to date.
34	Launch a youth-branded male condom for dual protection (YES WITH YOU)					
	Work on obtaining AMM for YES with you condom	1	x	x		Ongoing: The AMM request has taken longer than expected. The DAMM has already given a favorable opinion for granting marketing authorization and provided the AMM number, but the official letter with the signature has not yet been obtained (this is likely by the 2nd week of May). PSI will continue following up with the DAMM throughout Q3.
	Distribute 546,000 YES condoms through wholesalers in urban sites		2	3	4	Postponed: Distribution is delayed due to the delay in the AMM - see above.
3.1.2 Child Survival						
34	Continue to promote Viasûr and Hydrzinc branded Diarrhea Treatment Kits (DTK)					
	Distribute 182,530 DTKs (118,644 Viasûr / 63,886 Hydrzinc)	1	2	3	4	Ongoing: PSI distributed 60,794 units of Viasûr and 11,300 units of Hydrzinc this quarter. This fiscal year to date we distributed 60,796 Viasûr and 66,970 Hydrzinc, representing 70% of the target of Viasûr and Hydrzinc combined. Among the Viasûr distributed, 25,107 units were distributed as a donation by the US government for victims of the recent flooding.
	Launch procurement of 187,000 Hydrzinc (need for FY15 & FY16)	1	2			Completed
	Launch procurement of 267,330 Viasûr (need for FY16 & FY17)	1	2			Completed
	Work on obtaining AMM of DTKs	1	2			Completed: The AMM obtained on March 2, 2015 for both Viasûr and Hydrzinc.
34	Distribute generic DTKs donated by USAID (874,000 SRO & 87,500 Zinc)					

CoAg pg	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
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	Distribute generic DTKs donated by USAID through community based channel (65,000 kits)	1				Completed
	Donate remaining generic Oral Rehydration Salt (ORS) to public sector (699,000 ORS)		2	3		Completed: PSI donated approximately 100,000 generic ORS kits to the MOH in March, based on the requested needs of the MOH. The remaining balance (219,791 kits) will be used to supplement Viasûr stock for community based distribution through the end of the ISM project. In addition, in response to the post-cyclone flooding, PSI worked with the US Embassy and USAID to donate to the MOH and Bureau National de Gestion des Risques et des Catastrophes (BNGRC), 25,107 Viasûr kits.
34	Scale-up of water treatment tablet product (pending results from acceptability pilot)					
	Distribute Sûr'Eau tablet in the pilot zone (64,000 tablets plus additional quantity as needed)	1	2	3	4	Completed: In total, 64,000 tablets were distributed. There is no additional quantity to be distributed in the pilot zone and we are waiting for the scale-up to continue distribution.
	Launch procurement of Sûr'Eau tablet (4.5 million tablets)	1				Completed
	Promote Sûr'Eau tablets in the pilot and scale up zones	1	2	3	4	Ongoing: PSI is waiting for product arrival in the country (April 7) and waiting for the implementation of the new MIKOLO scale-up in the East Region. Scale-up activities will begin in Q3, after the CHW training as planned by MIKOLO.
	Continue to promote Sûr'Eau bottle format for community level (40ml)	1	2	3	4	Ongoing: Promotional activities were conducted using the MVU and by CHWs during the diarrheal animation session.
	Explore introduction of a commercial Sûr'Eau using imported product (non-Madagascar manufactured)	1	2	x		Ongoing: PSI is continuing to explore options to introduce a new commercial Sûr'Eau product, though importing this product does not seem feasible given the cost implications. Further exploration and consideration is ongoing.
	Distribute remaining stock of 450,000 bottles Sûr'Eau 150ml through commercial channel	1				Completed
	Distribute 400,000 bottles Sûr'Eau 40ml through community based channel	1	2	3	4	Ongoing: 82,787 units of Sur'Eau 40 ml were distributed during Q2. This fiscal year to date 208,497 units have been distributed, representing 52% of the target.
	Introduce a commercial cost recovery Sûr'Eau 150 ml (non-ISM funded)			3		N/A
34	Promote Pneumonia Pre-Packaged Treatment (283,500 PPT) - tablets and syrup formulas - through the community-based distribution channel (according to the last molecule validated)					
	Distribute PPT syrup (97,200)		2	3	4	Ongoing: 131 units of PPT syrup were distributed during Q2. This fiscal year to date, 616 PPT units of syrup were distributed, representing 0.6% of the target. The reason for the low distribution is that the product arrived in late March. Full-scale distribution will begin in April.
	Distribute PPT tablets (186,300)	1	2	3	4	Ongoing: 103,363 units of PPT tablets were distributed during Q2. This fiscal year to date, 181,969 PPT tablets have been distributed, representing 98% of the target.
35	Promote new pneumonia treatment product (with new molecule amoxicillin DT)					

CoAg pg	Activity Description	FY Q 1	FY Q 2	FY Q 3	FY Q 4	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
	Launch procurement of 586,000 amoxicillin DT	1				Completed: Based on recent information from SALAMA, these products are now schedule to arrive in November 2015. Given this extended time requirement, PSI has placed an order for an additional 120,000 units of Pneumostop Comprimé to ensure products are available until the arrival of the amoxicillin products.
	Work on obtaining AMM for amoxicillin DT (through SALAMA collaboration)	1	2	3		Initiated: SALAMA will work with the selected international supplier in Q3/Q4 to obtain the AMM.
	Organize refresher training for partner NGO TAs for the correct use of the new molecule amoxicillin DT				4	N/A
	Distribute amoxicillin DT through community based channel				4	NA
	Implementation of pharmaco vigilance activity in the community distribution channel for the amoxicillin use				4	N/A
	Chlorhexidine 7.1% (CHX)					
	Procure 447,145 tubes of Chlorhexidine (CHX) 7.1% in gel form for community based distribution in MIKOLO and MAHEFA zones (12 to 14 regions)	1	x			Ongoing: The AMM request has taken longer than expected. The official signed letter was issued in March, 2015. The production is underway and the product is expected to be in country by the end of April.
	Distribute 447,145 tubes of CHX 7.1% to supply points in MIKOLO & MAHEFA zones (12-14 regions)			3	4	N/A
	Distribute flyers and posters at community and CSB level in MIKOLO and MAHEFA zones (12 to 14 regions). Cost share (\$36,000 PATH)			3	4	N/A
3.2.1 Malaria						
36	Distribute free non-branded RDTs (with safety box & gloves) through community based distribution in MIKOLO and MAHEFA zones	1	2	3	4	Ongoing: 715,526 RDTs have been distributed this fiscal year to date.
39	Distribute socially marketed nets (122,739 Supermoustiquaire)	1	2	3	4	Ongoing: PSI distributed 39,089 units of Supermoustiquaire this quarter. At mid-fiscal year, PSI has distributed 118,267 Supermoustiquaire through the commercial channel, representing 96% of the FY target. Annual needs are approximately 450,000 LLINs; however, PSI has only received 200,000 units (thanks to PMI following the end of the Global Fund Round 7 grant). There is currently no donor funding for the socially marketed nets, and once the current stock runs out this FY, there will be no more available in the foreseeable future. PSI communicated this concern to USAID/PMI during the Malaria Operational Plan FY 2016 meeting held March 16, 2015 and would like to explore possible solutions.
HIV/STIs						

CoAg pg	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
		Q 1	Q 2	Q 3	Q 4	
	Continue to distribute 7,427,000 Protector Plus-branded condoms, 1,750,000 generic condoms targeted at clients of female sex workers, and 18,400 Feeling-branded female condoms targeted at female sex workers (N.B. this objective is not part of the ISM's distribution objectives)	1	2	3	4	Ongoing: PSI distributed 1,897,512 units of Protector Plus , 211,060 units of Generic condoms and 2,352 units of Feeling condoms this quarter. This fiscal year to date, PSI has distributed 3,459,792 units of Protector Plus , 1,624,753 units of Generic condoms, and 3,813 units of Feeling, representing 47%, 93% and 21% of the target, respectively. (N.B. this objective is not part of the ISM's distribution objectives)
	With support from SIFPO, launch the distribution of Cefidoxal STI treatment kit in the pharmaceutical channel (N.B. this objective is not part of the ISM's distribution objectives)				4	N/A: After discussion with USAID, the procurement process was canceled, as the supplier could not provide samples for the AMM request and needed to produce the entire 60,000 kits. In addition, since the SIFPO project ends in August 2015, the time would be too short to have an effective acquisition of the product.
3.3 Supply Chain Management						
37	Continue to supervise community supply points, pharmaceutical/commercial wholesalers, pharmacies/retailers on socially marketed products					
	Conduct post-training assessment to adjust for future trainings	1	2	3	4	Ongoing: The post-training assessment was conducted. During the field visit, trainers assessed and monitored the PA's knowledge of the use of management tools and data submission. Data submission is the challenge of most PAs due to their limited skill level. Trainers will take more time for this during training sessions.
	Conduct integrated field supervision	1	2	3	4	Initiated: Partners decided that integrated supervision will be conducted in Q3 (April or May). The decision was made during the partners coordination meeting.
	Identify new supply point "Relays" for the most inaccessible communes					
	Connect PA to PA 'Relays' through the use of link cards	1	2	3	4	Ongoing: PSI has a total of 115 PA Relays in the country. PAs were connected to these PA Relays with the aim of ensuring that PAs have access to products if there are delays in PSI's delivery. Link Cards are cards containing the name, address and contact information of the PA Relay, and these cards are distributed to PAs to facilitate their connections to PA Relays.
37	Expand and improve the community-based network of supply points					
	Identification of new PAs (continuous activity as existing PAs sometimes need to be replaced)	1	2	3	4	Ongoing: To date, PSI has 1,176 PAs, including 115 PA Relays.
	Continue to purchase and place commodity cabinets	1	2	3	4	Ongoing: This fiscal year to date, 859 commodity cabinets have been provided to PAs. It is expected that the provision of the cabinets to all 1,176 PAs will be completed by the end of April.
	Reproduce and provide management tools to PAs	1	2	3	4	Ongoing: PSI has produced management tools for PAs for 2015 and continues distribution according to the needs of PAs.
	Distribute IEC and promotional materials to PAs	1	2	3	4	Ongoing: PSI distributed IEC and promotional materials to PAs during the training session. This fiscal year to date, 330 PAs have received the materials.
	Explore capacity building of and partnership with public sector in supply chain and CBD					

CoAg pg	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
		Q 1	Q 2	Q 3	Q 4	
	Meet with SALAMA to discuss challenges and propose ideas for collaboration on the community supply chain	1	2			Completed: PSI met to discuss shared challenges regarding distribution in the nearly inaccessible zones, such as Besalampy, with SALAMA. Many ideas were discussed. One example of a solution was the collaboration with AQUALMA, a shrimp aquaculture enterprise based in Majunga and Besalampy. The manager of this enterprise was contacted and it was arranged that social marketing products for Besalampy will be transported with public sector medicinal products, for free, by their boat from Majunga.
	Meet with Phagedis and Phagecom to discuss challenges and propose ideas for collaboration on the community commodity supply chain	1	2	3		Ongoing: PSI met with PHAGDIS (Pharmacie de Gros du District) and PHAGCOM (Pharmacie à Gestion Communautaire) representatives in Alaotra Mangoro to see if they could supplement the PAs. They recognize the complementarity of both the public and private sector distribution systems and encouraged PSI to continue supplying PSI PAs, as they did not feel they could replace the work or role of the PAs. PSI continues to participate in the workshop conducted by JSI in order to have a more efficient community supply chain.
37	Train community PAs in financial and business management and pilot access to credit for key PAs (focusing on female operated PAs where possible)					
	Identify PAs to be trained	1	2	3	4	Ongoing: In collaboration with MIKOLO, PSI has identified 35 PAs in the Analamanga region who have not yet been trained.
	Train community PAs in MIKOLO and MAHEFA zones	1	2	3	4	Ongoing: To date, 330 PAs have been trained during 21 training sessions including PAs in the Analamanga region.
36	Improve the current commercial channel pull system through the private sector	1	2	3	4	Ongoing: PSI continues to analyze the gap in the number of super wholesalers according to the distribution network and level of coverage by the current super wholesalers. One super wholesaler has been identified in Manakara to cover the southeast coast.
36	Continue collaboration with the super wholesalers (9) to distribute social marketing products at the commercial channel					
	Continue to identify new distributors to reinforce wholesalers network	1	2	3	4	Ongoing: PSI has identified 1 Super Distributor in Manakara to ensure distribution of socially marketed products in the 2 regions of Vatovavy Fito Vinany and Atsimo Atsinana.
	Review of contract terms including rewards and recognition performance system	1	2	x		Initiated: PSI has discussed the terms of the contract, including distribution reporting. The forms of rewards and recognition were discussed and are yet to be finalized.
36	Improve the pharmaceutical distribution channel					
	Continue to work with Niphar for packaging and invoicing products to the wholesalers	1	2	3	4	Ongoing: All repackaged products and invoicing of pharmaceutical products were completed by Niphar.
	Continue to work with certified wholesalers for pharmaceutical products distribution	1	2	3	4	Ongoing: All certified wholesalers continued to distribute PSI's pharmaceutical products.
	Continue to identify new pharmaceutical distributors	1	2	3	4	Ongoing: PSI negotiated with the wholesaler based in Majunga to become certified, as he has points of distribution in Maintirano, Diégo and Tuléar. Negotiations continue and there are plans to finalize the contract if the wholesaler agrees to the terms.

CoAg pg	Activity Description	FY Q 1	FY Q 2	FY Q 3	FY Q 4	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
	Review of contract terms including rewards and recognition performance system	1	2	3	4	Ongoing: Contracts are signed and certified wholesalers will be recognized next quarter as stipulated in the contract terms.
39	Continue active participation in the monthly supply chain working group in partnership with USAID	1	2	3	4	Ongoing: PSI participated in the 3 PMI Gestion des Approvisionnements des Stocks (GAS) meetings during the quarter and also participated in the quarterly Family Planning Forecasting meeting.
	Participate quarterly in the sub-contractor coordination meetings under MOH/DSMER leadership	1	2	3	4	Ongoing: PSI has participated in all such coordination meetings organized by MOH/DSMER.
37	Continue to distribute products directly to supply points in communes accessible by car and by motorbike in MAHEFA and MIKOLO zones	1	2	3	4	Ongoing
39	Enhance forecasting and data collection functions to decrease the risk of stock out at PA level, exploring SMS and other m-health possibilities as well as a reward/motivational system	1	2	3	4	Ongoing: Collaboration with HNI continues with a motivational system, but distribution staff is continuing to collect and send data directly.
33-39	Organize a distribution team workshop in key distribution issues (e.g. PA supervision, product quantification & forecasting) (timing TBD)		2			Completed: PSI conducted a 5-day workshop in February. Accomplishments included updating the distribution plan, which will reinforce the capacity of staff to better manage PAs' supplies and supervision. PSI continues to work on indentifying an efficient system to ensure that the supply chain functions more effectively.
3.3 Malaria Campaign						
39	PSI Malaria Campaign activities for 50 districts					
	Organize National Campaign Committee (NCC) meetings where all partners are informed of campaign progress of activities and where the work of sub-committees can be validated.	1	2			Ongoing: The National Campaign Committee meeting is a regular activity during pre- per- and post-campaign. Six meetings were conducted in Q2. A post-campaign meeting will be held in FY 2016, as the campaign will be done at the end of Q4, FY 2015.
	Decide on distribution strategy (universal coverage, LLINs/persons or households, urban vs. rural, etc.) schema of campaign	1				Completed
	Based on selected strategy, quantify personnel requirements at all levels for all phases and for all activities schema of campaign	1				Completed
	Train NMCP, NCC and sub-contractors on the implementation of the LLIN Campaign (coordination, technical, logistic, BCC, Monitoring & Evaluation (M&E) and finance)		2	3		Initiated: Trainings of trainers for new PSI technicians and new NMCP technicians were conducted in Q2. The trainings for the different Regional, District, and Commune levels will be conducted in Q3.
	Develop mass campaign timeline (chronogram) with NCC committee	1	2			Completed
39	Organize 3 Team Building events: preparation and supervision LLIN Campaign					
	Training of trainers for new PSI technicians on the implementation of the LLIN campaign	1	2			Completed: The training was conducted in November 2014.

CoAg pg	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A	
		Q 1	Q 2	Q 3	Q 4		
	Central level training of trainers for logistic and M&E campaign activities		2	x	x	Postponed: The date of the campaign was postponed due to municipality elections. The logistics sub-recipient contract will be effective July 1, 2015. USAID decided that the LLIN distribution will be conducted 15 days after the election.	
	Training of all sub-recipient (SR) logistics personnel at all levels, notably for central level		2	x		Postponed: See above.	
39	Organize logistics of Long-Lasting Insecticide-Treated Nets (LLIN)						
	Develop and validate logistic micro-planning with health system and NCC at each level (district to central level)				3	N/A	
	Develop and publish tenders for selection of transport companies from central level to districts		2	x	x	Initiated: The date of the campaign was postponed due to the delay of municipality elections. Transportation of LLINs should be done 15 days after the election date.	
39	Produce logistics management tools and M&E tools						
	Transportation campaign IEC, registration & M&E tools--from central to district level		2	x	x	Postponed: The date of the campaign was postponed and the SR logistical contracts will be effective July 1, 2015.	
	LLINs transportation of 6,350,000 LLINs from central to district level based on Campaign macro planning				3	N/A	
39	Involve sub-awardees on Mass Campaign distribution						
	Develop and publish tenders for sub-awards selection	1	x			Completed: Completed in Q2, in accordance with the timeline of the campaign.	
	Sub-awards contracts and scope of work (SOW)		2	x	x	Initiated: The date of the campaign was postponed. Signature of contract will be July,1, 2015.	
	Sub-awards - multiplication of management tools for per, pre and post-campaign (bon de livraison)		2	x	x	Postponed: The SR logistical contracts will be effective July 1, 2015. Activity will start after signature.	
	Sub-award - Malaria campaign conducting pre and per campaign		2	3	x	Postponed: See above.	
	Sub-awards logistical training for each level		2	3	x	Postponed: See above.	
	Sub-awards - 6,350,000 LLINs storage at district level				3	N/A	
	6,350,000 LLINs transportation from district to site level based on micro planning				3	4	N/A
	Sub-awards - 6,350,000 LLINs storage at site level					4	N/A
	Distribution of 6,350,000 LLINs					4	N/A
	Sub-awards campaign monitoring					4	N/A
	Conduct "hung-up" households visits					4	N/A
39	Monitoring and supervision of Campaign distribution (pre -per -post)						

CoAg pg	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
		Q 1	Q 2	Q 3	Q 4	
	Develop tools and procedures necessary for all phases of campaign implementation (training guides & materials, data collection & summary forms, hang-up data collection & summary forms, supervision & monitoring tools), tender orders on campaign tools		2	x		Initiated: PSI developed and completed the tools and procedures necessary for all phases of campaign implementation. Tender orders on campaign tools will start in Q3.
	Mass campaign monitoring done by PSI team and supervisors, health agents at each level (central to community level)		2	3	4	Postponed: The date of the campaign was postponed and monitoring activity will not be effective until there is activity conducted by SRs in the field.
	Malaria committee monitoring at district level		2	3	4	Postponed: See above.
	Mass campaign data operator management and final report			3	4	N/A
3,4	Continuous Distribution (CD)					
	PSI Continuous Distribution for 2 districts and 2 regions					
39	Preparatory activities					
	Prepare, review, and validate continuous distribution (CD) draft guideline by key partners	1	2			Completed: These activities were conducted in December, 2014 and continued in February and March 2015, involving stakeholders at the 2 districts of Vohipeno and Vangaindrano.
	Organize stakeholder's orientation & planning meeting & conduct training of oversight/supervisory committee	1	2			Completed
	Harmonize coordination between all partners involved with the CD (ANC, Programme Elargi de Vaccination (PEV), social marketing, community)		2			Completed. The Continuous Distribution scheme was validated with the NCC and concerned Service de Sante du Districts (SSDs) of Vohipeno and Vangaindrano.
	4 TA recruitment at 2 districts	1	2			Completed
	Produce logistics management tools and M&E tools	1	2			Completed
	Training on logistic, BCC, M&E activities at central and regional levels on CD activities (regions, districts, communes, community)		2	3		Completed: Training on logistics, BCC, and M&E activities at the central, district and community levels on CD activities was conducted in Q2.
39	Ensure logistics: transport, warehousing & supply chain at each level (central, district, communes)					
	Distribution exercise		2	3		Initiated: 15,609 LLINs were positioned at the Fokontany during Q2. 7,712 LLINs were positioned in 58 Fokontany in the district of Vohipeno and 7,897 were positioned in 56 Fokontany in the district of Vangaindrano. 100% of the Fokontany in these 2 districts were involved in continuous distribution.
39	Monitoring and supervision of the CD done by health agents and PSI team at all levels (district, commune, Fokontany)		2	3	4	Initiated: Two supervision sessions were conducted by PSI and NMCP during Q2.

CoAg pg	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
		Q 1	Q 2	Q 3	Q 4	
Research						
	Pretest new tools of the Healthy Family Campaign: MVU spot/film	1	2			Completed: Completed in October 2014.
	Pretest educational tools for new FP products: radio spots, flipchart for rural area		2	3	4	Postponed: This activity was not initiated in Q2 due to the FP program's schedule of introducing new FP products later in the FY.
	Acceptability study for subcutaneous injectable among stakeholders (peri-urban providers, CHWs and FP providers in rural areas)		2	3	4	Postponed: This activity was not initiated in Q2 due to the FP program's schedule of launching the new subcutaneous injectable toward the end of the FY.
	Pretest of Youth Campaign: radio and TV spots, printed materials	1				Completed: Completed in December 2014
	Pretest of youth condom promotion and advertising tools: radio and TV spots	1				Completed: Completed in December 2014
	Pretest brand name and packaging of the emergency contraceptive		x	3	4	Completed: A pretest on logo and packaging of the Emergency Contraceptive were conducted respectively among 47 and 78 PSI employees in Antananarivo in March 2015
	Pretest of LLIN IEC tools and brochures		2	x		Postponed: The malaria program decided to replace this pre-test with a post-test, as all of the IEC tools had been pretested in 2013. A post-test of IEC materials related to LLIN continuous distribution will be conducted in June 2015.
	Evaluate the pilot phase of the use of the E-voucher		2	3		Initiated: The study design has begun and will be finalized in April 2015. Data collection will be conducted in May and results will be available in June.
	Net durability study 12 months after mass campaign distribution	1	2	x	x	Ongoing: PSI completed the data collection on the first and second components of the study (net survivorship and fabric integrity) for the six sites selected in early March. The second activity (bio-efficacy analysis) is ongoing with IPM, which has extended the activity until the end of November as the number of nets treated every week is very limited. Results will be available in December 2015.
	Tracking Results Continuously (TRaC) FP study among women 15-49 years old		2	3	4	Initiated: A first meeting with the program team was conducted to determine the research needs and a first draft of the study design was shared with the program. The study design will be finalized the third week of April 2015. A meeting with the local ethics board is planned for May and the approval letter is expected the second week of June. Data collection will take place from the last week of June to mid-August 2015. Results will be available in October 2015.
	Measuring Access and Performance (MAP) study for IMCI and FP products		2	3	4	Initiated: Measuring Access and Performance (MAP) is designed to measure coverage and quality of coverage of PSI products. Preparatory work on the MAP study began in January. Fieldworker training and fieldwork preparation took place during March. Data collection began the last week of March and will continue through May. Results will be available in July 2015.
	Flash FoQus : Relooking of Sur'Eau 150 ml		2	x		Completed: Flash FoQus is a quick qualitative study to help PSI understand the consumer brand image and determine the target group's perceptions about Sur'Eau 150 ml. This study was added to the work plan and was conducted among upper- and middle-class women users and non-users of Sur'Eau in urban and peri-urban Antananarivo during the last two weeks of March 2015. Results will be available the third week of April.

CoAg pg	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
		Q 1	Q 2	Q 3	Q 4	
	Evaluate the pilot phase of Sûr'Eau tablet including the communication tools and packaging		2	3		Initiated: Data collection for the Vatomandry household survey was completed the last week of March. Results will be available the last week of April 2015.
	Evaluate the pilot demand-side community savings mechanisms in 2 Top Réseau sites (peri-urban)			3	4	N/A
Monitoring and Evaluation (M&E)						
Routine Program Management Information System (MIS)						
	Implement the DHIS 2 system for key activities: Distribution, Communication, Service Delivery, Capacity Building	1	2	x	x	Ongoing: DHIS 2 will be used as a data warehouse and analysis platform for all PSI activities. For FY 2015, PSI will continue to use the existing database for data entry, and monthly data will be synchronized with DHIS 2. In Q1, the process of configuration of DHIS 2 was done. The system is now tested and functional with web-based access. The progressive integration was started in Q2. At the end of Q2, the service delivery data and distribution reports from FY13 to Q1 FY15 were imported into the system. After the training sessions to be conducted in Q3, the program teams will be able to configure their own analyses and dashboards for evidence-based decision-making. The implementation process took longer than expected due to the technical complexity of the system. Work will continue into Q4 for efficient integration with users and full integration of data. Q3 and Q4 will be dedicated to training and providing technical assistance to users, including regional staffs.
	Develop new version of the database system		2	x	x	Initiated: A new version of the Service Delivery Database is under development. The client-based record system will be integrated into the new version of this database
Improve Data Quality Insurance						
	Conduct routine data quality assessment and quarterly supervision on MIS	1	2	3	4	Ongoing: Data quality assessments were conducted in the regions of Tuléar and Tamatave in Q2. The goal is to cover all of the regions in FY 2015 to ensure that all data reported aligns with the data quality insurance system.
	Finalize and share the Data Quality Manual			3		N/A
Conduct refreshing training on M&E among selected PSI/M staff						
	Refresh training for M&E Staff (M&E tools, data analysis, data management, quality assurance)		2		x	Completed for Q2: A first training session was conducted in February. A second training session will be conducted in Q4.
	In the field capacity building of various PSI staff			3	4	N/A
	Continuously upload new information on Intranet and maintain & reinforce PSI/M staff use of Intranet, through training, regular updates, bulletin postings etc.	1	2	3	4	Ongoing
Improve the M&E MID Campaign						
	Develop the new tools for M&E Campaign 2015		2			Completed: Completed in February 2015
	Update the CAMPMID Database		2			Completed: Completed in March 2015
	Conduct refresher training on M&E Campaign MID at all levels			3	4	N/A

CoAg pg	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
		Q 1	Q 2	Q 3	Q 4	
	Conduct routine data quality assessment and data analysis for campaign activities			3	4	N/A
Gender Activities						
	Roll out the adapted Healthy Images of Manhood (HIM) strategy for LTM of FP					
	Supervise supervisors and peer educators implementing HIM	1	2	3	4	The Healthy Images of Manhood (HIM) strategy is an integration of positive male images and messages into PSI's existing IEC/BCC/Marketing activities. IntraHealth and PSI conducted joint supervision related to the HIM strategy. The supervision of the Antananarivo region was conducted during this Q, and the 3 other sites (Antsirabe, Manakara, and Morondava) will be conducted next Q.
	Document the implementation of HIM			3	4	N/A
	Ensure gender is mainstreamed throughout the program by piloting the expansion of Top Réseau services to include GBV case management (see IR2)					
	Ensure gender is mainstreamed throughout the program (for providers, clients, staff; looking at equity of access, use, quality, etc.)					
	Provide support to mainstreaming gender in the marketing plan of the new youth condom for dual protection	1	2	3	4	Ongoing: The marketing plan of the new youth condom will be updated with a gender component during Q3.
	Build organizational capacity in implementing gender transformative programming	1	2	3	4	Ongoing: Capacity-building of IPC Supervisors and FP Counselors on gender is planned.
	Document the women's economic empowerment part of the business training program conducted by Banyan Global	1	2	3	4	Ongoing: A concept note has been developed by IntraHealth, including a proposal to integrate this activity into Banyan Global's training program.
	Ensure that training curriculum and BCC messages, including for youth and the male campaign and the healthy family campaign are updated according to the gender strategy	1	2	3	4	Ongoing: A gender component has been integrated into the training curriculum for youth, and tools related to BCC messages will be developed in Q3.
	Participate in the USAID/ Gender Working Group	1	2	3	4	Ongoing: The IntraHealth team on the ISM project led the coordination of the International Women's Day event held on March 13, 2015 in collaboration with the USAID gender working group.
General/International travel						
	Backstopping support from PSI/HQ (2 trips in FY 2015, timing TBD) in e.g. finance/accounting/ logistics/procurement/supply chain/M&E		2	X	4	Completed for Q2: Backstopping support was provided by the PSI/HQ Program Manager in January, primarily to provide support for the internal audit exercise and to gain more in-depth knowledge of ISM activities (including visits to social franchise sites). The second trip by the PSI/HQ Program Manager is scheduled for Q3 (May).
	Technical assistance on review of the WASH strategy (PSI staff or consultant)	1	X	X		Completed: A local consultant specializing in WASH was hired to conduct an assessment of the WASH sector in Madagascar, including key actors and their roles, and to provide recommendations on how PSI can increase their activities and presence within the WASH sector. PSI is now exploring these options with the assistance of our PSI/HQ WASH technical advisors in an effort to develop a comprehensive WASH strategy before the end of Q3. This strategy will be shared with USAID once finalized.

CoAg pg	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
		Q 1	Q 2	Q 3	Q 4	
	Technical assistance from PSI/HQ or regional staff with a product portfolio review (marketing Ps; repositioning of brands/products, etc.)	1	2			Completed: In early March, TA was provided to the Marketing & Communications Department and the FP/RH/HIV Department by Anabel Gomez, PSI Global Social Marketing Technical Advisor, to review the Protector Plus condom Youth FoQus study and to provide input into the repositioning of the brand and packaging. She also provided an overview of the NeedState marketing approach. A NeedState analysis of condoms in Madagascar will likely be funded under SIFPO 2, with the Mission's approval. Implementation would be completed by September 2015.
	Technical assistance (2 trips) from Banyan Global's DC based program manager to monitor implementation of BG's work plan	1		3	4	Completed for Q1: One TA trip was completed in Q1 (Oct 5-12, 2014) by the Banyan Global D.C Program Manager. The next trip will likely occur in Q3 or Q4 depending on progress of the work plan, particularly around the mutual health insurance program.
	Technical assistance (1 trip) from IntraHealth staff (Boniface Sebikali) to support implementation of IntraHealth's work plan, and in particular support to the development of quality audit tools for Child Survival/IMCI.		2	3		Initiated: This TA trip is planned for Q3 (April 27 – May 12), to support implementation of IntraHealth's work plan, and in particular to support to the development of integrated service quality tools.
	Program management from the IntraHealth Program Manager (support to team, follow up with the quality database/dashboard consultant)	1				Completed: This visit took place December 2- 12, 2014. The purpose was to ensure effective planning and implementation of IntraHealth activities, follow up on designing the quality database and dashboard, and monitor ongoing gender and GBV activities.
Environment						
	Train staff on activity-specific environmental mitigation activities	1	2	3	4	Ongoing
	Update Environmental Mitigation and Monitoring Report (EMMR)	1	2	3	4	Completed for Q1 & Q2

Annex A:
Results Framework Including
Quarterly Activity Results

Quarterly Reports Results Framework

ISM Program

PSI/Madagascar (2013-2017)

I-Impact level indicator

Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline		Achievements			Targets				Frequency of data collection
					Year	Value	FY13	FY14	FY15	FY14	FY15	FY16	FY17	
1	G1	DHS	Total Fertility Rate (per 1,000)	The average number of children that would be born to a woman over her lifetime	2009	163	N/A	0	N/A	130	N/A	N/A	108	5 years
2	G2	MDG 2012/2013	Under Five Mortality Rate (U5MR) (per 1,000) NB. Included in USAID Standard Indicator List	Number of all-cause deaths among CU% in a given year, as a proportion of the number of live births in the same year	2009	72	N/A	0	N/A	60	N/A	N/A	55	5 years
3	G3	MDG 2012/2013	Maternal Mortality Ratio (MMR) (per 100,000) NB. Included in USAID Standard Indicator List	Number of deaths in women aged 15-49 years that occurred during pregnancy, delivery or within two months of delivery as a proportion of the number of live births	2009	498	N/A	0	N/A	469	N/A	N/A	440	5 years
4	G4	MDG 2012/2013	Modern Contraceptive Prevalence Rate (among women in union) NB. Included in USAID Standard Indicator List	Number of women in union who use modern contraceptives as a proportion of all women in union	2009	29.2%	N/A	0%	N/A	34.2%	N/A	N/A	40.2%	5 years
5	G5	MDG 2012/2013	Death rate associated with malaria, all cases under 5 mortality rate in endemic area (per 100,000)	Number of child under five died by malaria expressed as a proportion of all child under five in endemic area per one hundred thousand	2009	72‰	N/A	0%	N/A	47‰	N/A	N/A	35‰	5 years

Quarterly Reports Results Framework

ISM Program

PSI/Madagascar (2013-2017)

2-Outcome Level Indicator

Indicator N°	Output	Data source	Indicator	Indicator's definition	Year	Baseline	FY13	FY14	FY15			Target		Frequency of data collection	
						Value	Achievement FY13	Achievement FY14	Quarterly Achievements	Achievement FY15	Target FY15	Achievement % FY15	FY16		FY17
									Jan-Mar						
6	SO1	TRaC FP 2014-2015	Modern Contraceptive Prevalence Rate among women in union (in urban and rural, by age and by method) NB. Included in USAID Standard Indicator List	Number of WRA 15 to 49 years old and 15 to 24 years old who use modern contraception as a proportion of WRA 15 to 49 years old in union and 15 to 24 years old in union in rural and urban areas	2012	15-49: National: 37.9% Rural: 36.7% Urban: 43.9%			N/A	N/A	15-49: 42.9%	N/A			2-3 years
						15-24: National: N/A Rural: 29.6% Urban: N/A			N/A	N/A	15-24: 34.6%	N/A			
7	SO2	TRaC IMCI 2014-2016	Percentage of households who treated their drinking water prior to consumption in last 24 hours (including chlorine, boiling, filtering, etc.) (urban and rural)	Number of households who treated their drinking water prior to consumption in the last 24 hour (including chlorine, boiling, filtering, etc.) as a proportion of all households in urban and rural areas	2011	32.4%		National: 38.7% Rural: 38.5% Urban: 39.5%					43%		2-3 years
8	SO3	TRaC IMCI 2014-2016	Percentage of CU5 with diarrhea in the last two weeks who received combined ORS & zinc treatment (urban and rural)	Number of CU5 with diarrhea who received combined ORS & zinc treatment as a proportion of all CU5 with diarrhea in urban and rural areas	2011	3.6%		National: 8.1% Rural: 7.6% Urban: 9.7%					12%		2-3 years
9	SO4	TRaC IMCI 2014-2016	Percentage of CU5 with cough and rapid breathing in the last two weeks who received the recommended antibiotic (urban and rural) [1]	Number of CU5 with cough and rapid breathing who received the recommended antibiotic (Cotrimoxazole and Amoxicilline) as a proportion of all CU5 with cough and rapid breathing in urban and rural areas	2011	50.9%		National: 52.4%					60%		2 years
10	SO5	MIS survey 2013-2015	Percentage of pregnant women who slept under an LLIN the previous night		2011	71.5%	National: 61.4% Rural: 61.0% Urban: 67.1%		N/A	N/A	75%	N/A			2 years
11	SO6	MIS survey 2013-2015	Proportion of CU5 who slept under an insecticide-treated net (ITN) the previous night (urban and rural) NB. Included in USAID Standard Indicator List	Number of CU5 who slept under an ITN the previous night as a proportion of all CU5 in urban and rural areas	2011	76.5%	National: 61.5% Rural: 60.7% Urban: 74.8%		N/A	N/A	80%	N/A			2 years
12	SO7	MIS survey 2013-2015	Proportion of households with at least one insecticide-treated nets (ITN) (urban and rural)	Number of households who have at least one LLIN as a proportion of all households in urban and rural areas	2011	80%	National: 67.9% Rural: 66.8% Urban: 79.5%		N/A	N/A	80%	N/A			2 years

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ISM Program

PSI/Madagascar (2013-2017)

2-Outcome Level Indicator

Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline		FY13	FY14	FY15			Target		Frequency of data collection	
					Year	Value	Achievement FY13	Achievement FY14	Quarterly Achievements	Achievement FY15	Target FY15	Achievement % FY15	FY16		FY17
									Jan-Mar						
13	SO8	MIS survey 2013-2015	Percentage of CU5 who received an RDT (proxy: finger or heel prick) to diagnose malaria among those who had a fever in the past two weeks[2] (urban and rural)	Number of CU5 with a fever in the past two weeks who received an RDT (proxy: finger or heel prick) to diagnose malaria as a proportion of all CU5 who had a fever in the past two weeks	2011	National: 6.2% Rural: 6.1% Urban: 8.6%	National: 13.4% Rural: 13.6% Urban: 9.1%		Quarterly	Achievement FY15	Target FY15	Achievement % FY15	FY16	FY17	2 years
14	SO10	Program MIS	Couple Years of Protection NB. Included in USAID Standard Indicator List	Number obtained according to USAID standard calculations	2012	561 510	622 980	929 694	248 317	451 009	890 762	50,6%	979 899	1 078 917	Quarterly
15	SO11	Program MIS	DALYs averted	Number obtained according to PSI Global standard calculations	2012	0	303 881	839 173	220 731	383 290	616 280	62,2%	TBD	TBD	Quarterly

[1] Achievement FY14: Result in process of analysis, will be available on December 2014□

[2] During the MIS 2011, this indicator was not included yet. In the 2013 MIS, the indicator did not specifically ask about RDTs but focused on a blood test. Results reported here refer to CU5 who had a blood test to detect malaria.

The indicator will be reworded to be more precise for RDTs in the 2015 MIS; the 2015 target is set based on the result of the 2013 MIS.

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3-Output Level Indicator

Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline		Area	Sex	Age	FY13	FY14	FY15	FY15		Targets		Frequency of data collection	
					Year	Value				Achievement FY13	Achievement FY14	Achievement FY15	Target FY15	Achievement % FY15	FY16			
															Quarterly Achievements	Jan-Mar		FY16
16	FP1.1	TRaC FP 2014 – 2015	Percentage of WRA reporting no myths or misconceptions regarding modern FP methods (urban, rural, and by age)	Number of WRA 15 to 49 years old and 15 to 24 years old reporting no myths or misconceptions regarding modern FP methods as a proportion of all WRA 15 to 49 years old and 15 to 24 years old in urban and rural areas	2012	National: 16.6%	National	Female	15-49			N/A	N/A	Baseline+5%	N/A			2-3 years
						Urban: 13,3%	Urban											
						Rural: 17,3%	Rural											
						Rural: 88,2%	Rural			Female	15-24							
17	FP1.2	TRaC FP 2014 – 2015	Percentage of WRA who perceive that their partner support them to use modern contraceptives (urban, rural, and by age)	Number of WRA 15 to 49 years old and 15 to 24 years old who perceive that their partner support them to use modern contraceptives as a proportion of all WRA 15 to 49 years old and 15 to 24 years old in urban and rural areas	2012	National: 67.8%	National	Female	15-49			N/A	N/A	Baseline+5%	N/A			2-3 years
						Urban: 58,0%	Urban											
						Rural: 71,9%	Rural											
						Rural: 58,2%	Rural			Female	15-24							
18	DPI.1	TRaC IMCI 2014-2016	Percentage of target audience who know two ways to prevent diarrhea (urban and rural, and by sex)	Number of male and female target audience who know at least two ways to prevent diarrhea as a proportion of all male and female target audience in urban and rural areas	2011	47,7%	National	Male Female			50,9%					National: 60%		2-3 years
							Urban				47,2%							
							Rural				68,8%							
19	DPI.2	TRaC IMCI 2014-2016	Percentage of target group who know the three key messages of Diorano WASH (urban and rural)	Number of target group who know the three key messages of Diorano WASH (emphasizes potable water, latrine use and hand washing) as a proportion of all target group in urban and rural areas	2011	0,3%	National				0,8%				National: 9%		2-3 years	
							Urban				0,2%							
							Rural				3,4%							
20	DT1.3	TRaC IMCI 2014-2016	Percentage of target group who cite that diarrhea treatment with ORS and Zinc is effective (urban and rural, and by sex)	Number of target group who perceived that ORS and Zinc is effective to treat diarrhea as a proportion of all target group in urban and rural areas	2011	3%	National	Male Female			8,7%				National: 12%		2-3 years	
							Urban				13,5%							
							Rural				7,8%							
21	PI.1	TRaC IMCI 2014-2016	Percentage of target group who cite cough and rapid breathing as the main symptoms of ARI/pneumonia (urban and rural, and by sex)	Number of male and female target group who cite cough and rapid breathing as the main symptoms of ARI/pneumonia as a proportion of all male and female target group in urban and rural areas	2011	6,3%	National	Male Female			55,9%				65%		2-3 years	
							Urban				N/A							
							Rural				55,3%							

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3-Output Level Indicator

Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline		Area	Sex	Age	FY13	FY14	FY15	FY15		Targets		Frequency of data collection						
					Year	Value				Achievement FY13	Achievement FY14	Quarterly Achievements	Achievement FY15	Target FY15	Achievement % FY15	FY16		FY17					
												Jan-Mar											
22	PI.2	TRaC IMCI 2014-2016	Percentage of caregivers with knowledge on ways to prevent pneumonia in children under five – including exclusive breastfeeding for the first six months (urban and rural, and by sex)	Number of male and female caregivers who know at least one way to prevent pneumonia in child under five including exclusive breastfeeding for the first six months as a proportion of all male and female caregivers in urban and rural areas	2011	N/A	National				0.6%					12%		2-3 years					
							Urban				0%												
							Rural				0%												
23	MPI.1	MIS survey 2013-2015	Percentage of target group who cite that sleeping under an LLITN every night prevents them from getting malaria (urban and rural, and by sex)	Number of male and female target group who know that sleeping under an LLITN every night prevents from getting malaria as a proportion of all male and female target group in urban and rural areas	2011	N/A	National		Male Female	National: 21.3%		N/A	N/A	80%	N/A			2 years					
							Urban			Urban: 29.3%													
							Rural			Rural: 20.6%													
24	MPI.5	MIS survey 2013-2015	Percentage of pregnant women who know to go to a basic health center to receive two doses of IPTp during pregnancy	Number of pregnant women who know to go to a basic health center to receive two doses of IPTp as a proportion of all pregnant women in urban and rural area	2011	70.5%	National		Female	National: 72.6%		N/A	N/A	77%	N/A			2 years					
							Urban			Urban: 68.2%													
							Rural			Rural: 73%													
25	MT1.7	MIS survey 2013-2015	Percentage of target group who perceive ACTs including ASAQ and/or ALU as an effective treatment for malaria for CU5 (urban and rural, and by sex)	Number of male and female target group who perceived that ACTs including ASAQ and/or ALU is effective to treat malaria for CU5 as a proportion of all male and female target group in urban and rural areas	2011	19% (ASAQ only)	National		Male Female	National: 32%		N/A	N/A	55% (per USAID request)	N/A			2 years					
							Urban			Urban: 43%													
							Rural			Rural: 29.6 %													
26	SC3.1	For rural areas: MIS For urban areas: MAP	Coverage of social marketed products (by product, urban and rural)	Number of distribution areas that have outlets with social marketed products (according to minimum standards for each product)														Mid way during life of project					
										<i>Pilplan OC Community</i>	2011	N/A	Rural		N/A	0% [1]	N/A		N/A	80%	N/A		90%
										<i>Pilplan OC Pharmaceutical</i>	2011	58.4%	Urban		N/A	0%	N/A		N/A	65%	N/A		75%
										<i>Confiance Inj Community</i>	N/A	N/A	Rural		N/A	0%	N/A		N/A	80%	N/A		90%
										<i>Confiance Inj Pharmaceutical</i>	2011	45.5%	Urban		N/A	0%	N/A		N/A	60%	N/A		70%
										<i>Safe Water Solution (SûrEau)</i>	N/A	N/A	Rural		N/A	0%	N/A		N/A	80%	N/A		90%
											2005	65.6%	Urban		N/A	0%	N/A		N/A	70.8%	N/A		80%
										<i>Hydrazinc DTK (Pharmaceut)</i>	N/A	N/A	Urban		N/A	0%	N/A		N/A	55%	N/A		65%
<i>Viasur DTK (Community)</i>	N/A	N/A	Rural		N/A	0%	N/A	N/A	80%	N/A		90%											
<i>Pneumostop</i>	N/A	N/A	Rural		N/A	0%	N/A	N/A	80%	N/A		90%											

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3-Output Level Indicator

Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline		Area	Sex	Age	FY13	FY14	FY15	FY15			Targets		Frequency of data collection		
					Year	Value				Achievement FY13	Achievement FY14	Quarterly Achievements	Achievement FY15	Target FY15	Achievement % FY15	FY16	FY17			
																			Jan-Mar	
27	SC3.2	Program MIS	Percentage of trained community supply points in USAID HPN supported project zones who report no stock out of social marketed products in the last month (by distribution zone and by product)	Number of trained community supply points that didn't have a stock out of social marketed products in the last month as a proportion of all trained community supply points in each distribution zone for each product	2012	80%				N/A	All products : 34% FP products : 82% Child survival products : 36%		All products : 36.6% FP products : 76% Child survival products : 37%				90%	Quarterly		
28	CB2.3	Client Satisfaction Surveys, 2013, 2016	Percentage of clients indicating satisfaction for services received at a Top Réseau clinic (urban and rural, by age, by type of service, and by client sex)	Number of male and female clients indicating satisfaction for services received at a Top Réseau clinic as a proportion of all male and female Top Réseau clients in urban and rural areas by age for each type of service	2013	N/A			Female Youth	100%								Maintain at 95% or more	Twice during the life of project	
									Male Youth	95%										
									Women > 24	98%										
									Caregivers of CU5	100%										
29	CB2.4	Mystery Client Surveys 2014-2016	Percentage of Top Réseau providers reaching minimum service quality standards for FP and IMCI services (urban and rural, by provider sex and by type of service)	Number of male and female Top Réseau providers reaching minimum service quality standards for FP and IMCI services as a proportion of all male and female Top Réseau providers in urban and rural areas by type of service	2009	35%				N/A	FP : 0% IMCI : 0%					80% (per USAID request)	Once during the project life			
30	SM3.8	Total Market Analysis	Total Market Value for FP (oral and injectable contraceptives)[2]	Price times volume for each product on the market (public sector, social marketing and private sector)	TBD	OCs : TBD				N/A	N/A								OCs Baseline+10%	2-3 years (NB. Frequency will depend on chosen methodology and related budget)
																			Inj. Contra-ceptives : TBD	

[1] Activity postponed: data from the MAP study will take place in Q2 FY15

[2] Calculated as price times volume for each product on the market. Total Market Value = (Price * Volume Public Sector) + (Price*Volume Social Marketing) + (Price*Volume Private Sector).

NB: PSIM does not have a fixed budget to measure TMA in FY17

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ISM Program
PSI/Madagascar (2013-2017)
4-Activity Level Indicator

Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline		Area	Service Type	Sex	Age	FY13		FY14		FY15		FY15		Targets		Frequency of data collection																		
					Year	Value					Achievement FY13	Achievement FY14	Target FY14	Achievement % FY14	Quarterly Achievements	Achievement FY15	Target FY15	Achievement % FY15	FY16	FY17																			
																						Jan-Mar																	
31	FPI.3	Program MIS	Number of target population reached through mid-media (mobile video units) communication on FP (urban and rural, by age, and by sex)	Number of male and female target population reached through mid-media (mobile video units) (including projections, special events, flash sales) communication on FP in urban and rural areas	2012	22 563	Urban		M		60 868	10 152	36 000	153%	627	5 757	72 000	38%	96 000	120 000	Quarterly																		
																						Rural		F		12 697	14 215	3 020	6 980										
																														M		17 895	3 600	7 955					
																																			F		54 959	7 846	27 486
32	FPI.4	Program MIS	Number of target population reached through IPC activities on FP (urban and rural, by age, and by sex) (1)	Number of male target population reached through IPC activities on FP in urban and rural areas by age	2011	237 750	Urban		M	5 811	21 118	336 309	172%	6 420	13 293	690 873	43%	1 045 437	1 400 000	Quarterly																			
																					Rural		F		243 808	307 817	63 617	132 271											
																													M		3 508	330	767						
																																		F		555 133	136 540	286 001	
																																							TOTAL (Male)
Rural		F		307 817	3 508	0	0																																
								M		0	0	0																											
													F		0	0																							
																	TOTAL (Female)																						
33	DP/DT 1.4	Program MIS	Number of target population reached through mid-media communications (mobile video unit) on diarrhea prevention and treatment (urban and rural, and by sex)	Number of male and female target population reached through mid-media communications (mobile video unit) on diarrhea prevention and treatment in urban and rural areas	2011	21 419	Urban		M	58 330	5 275	36 000	139%	100	2 115	72 000	28%	96 000	120 000	Quarterly																			
																					Rural		F		6 170	17 685	1 910	7 210											
																													M		21 075	2 270	8 245						
																																		F		50 205	4 430	20 255	
																																							TOTAL
34	SI.1	Program MIS	Number of new Top Réseau health clinics integrated into the franchised network (urban and rural, and by provider sex)	Number of Top Réseau health clinics recruited into the franchised network in urban and rural areas (cumulative)	2012	0	Urban			9	18	20	90%	37	37	n/a	n/a	n/a	20	Quarterly																			
																					Rural																		
35	SI.2	Program MIS	Number of Top Réseau health clinics offering integrated services in at least three health areas (FP/RH; IMCI/nutrition; malaria) (urban and rural)	Number of Top Réseau health clinics offering at least three health areas (FP/RH; IMCI/nutrition; malaria) in urban and rural areas (cumulative)	2012	213	Urban			226	205	233	88%	206	206	n/a	n/a	n/a	233	Quarterly																			
																					Rural																		
36	CB2.1	Program MIS	Number of Top Réseau providers trained in business training & financial management (urban, and by provider sex) (2)	Number of male and female Top Réseau providers trained in business training & financial management in urban areas (cumulative)	2012	0	Urban		M	35	42	150	75%	77	77	n/a	n/a	n/a	150	Quarterly																			
																					Rural		F	74	71	145	145												
																												TOTAL											
37	CB 2.2	Program MIS	Number of new Top Réseau providers who received quality training (urban and rural, and by provider sex)	Number of male and female new Top Réseau providers who received quality training in urban and rural areas	2012	0	Urban		M	46	6	30	203%	2	2	10	60%	5	60	Quarterly																			
																					Rural		F		16	23	0	0											
																													M		16	0	0						
																																		F		61	6	6	
																																							TOTAL

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ISM Program
PSI/Madagascar (2013-2017)
4-Activity Level Indicator

Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline		Area	Service Type	Sexe	Age	FY13		FY14		FY15		FY15		Targets		Frequency of data collection																																
					Year	Value					Achievement FY13	Achievement FY14	Target FY14	Achievement % FY14	Quarterly Achievements	Achievement FY15	Target FY15	Achievement % FY15	FY16	FY17																																	
																						Jan-Mar																															
42	SM3.1	Program MIS	Number of social marketed products distributed (by product and by channel)	Family Planning	2012	See table 1																Quarterly																															
				Pilplan OC Community																			1 231 875	1 976 803	1 712 114	115%	541 670	1 074 540	2 157 552	50%	2 373 307	2 634 371																					
				Pilplan OC Pharmaceutical																			1 046 689	1 626 810	1 141 409	143%	356 140	791 060	1 438 368	55%	1 582 205	1 756 247																					
				Total Pilplan																			2 278 564	3 603 613	2 853 523	126%	897 810	1 865 600	3 595 920	52%	3 955 512	4 390 618																					
				Confiance Inj Community																			826 471	1 355 153	725 149	187%	426 590	669 557	1 225 149	55%	1 347 664	1 495 907																					
				Confiance Inj Pharmaceutical																			487 191	746 455	483 432	154%	174 580	307 280	816 759	38%	898 435	997 263																					
				Total Confiance																			1 313 662	2 101 608	1 208 581	174%	601 170	976 837	2 041 908	48%	2 246 099	2 493 170																					
				Rojo Cyclebeads																			23 351	18 186	21 000	87%	7 977	10 383	22 050	47%	23 153	24 311																					
				IUD																			21 084	26 767	18 900	142%	5 047	13 107	19 845	66%	20 837	21 879																					
				Implanon Implant																			2 165	5 200	2 382	218%	868	2 276	3 820	60%	4 011	4 212																					
				Jadelle Implant																			n/a	n/a	n/a	n/a	209	214	525	41%	551	579																					
				FP Youth Condom (4)																			n/a	n/a	n/a	n/a	0	0	546 000	0%	1 136 700	1 179 210																					
				Emergency Contraceptive (5)																			n/a	12 874	13 000	99%	0	104	n/a	n/a	50 000	65 000																					
				Child Survival																																																	
				Viasur DTK (Community)																																								34 144	100 976	95 000	106%	187 072	247819	118 645	209%	124 577	140 868
				Hydrazinc DTK (Pharmaceutical)																																								50 790	29 996	69 535	43%	13 100	66970	63 886	105%	67 080	60 372
				Total DTK																																								84 934	130 972	164 535	80%	200 172	314789	182 530	172%	191 657	242 630
				Sur Eau 40 ml Community																																								333 231	436 996	507 794	86%	82 787	208497	400 000	52%	1 119 685	1 322 628
				Sur Eau 150 ml Commercial																																								1 642 191	2 052 706	2 031 175	101%	425 665	941301	1 186 133	79%	1 679 528	1 616 546
				Sur Eau (watertablet)																																								n/a	n/a	n/a	n/a	1 500	64000	3 040 000	2%	TBD	TBD
Pneumostop Community (tablet)	n/a	139 310	99 000	141%	103 363	181969	234 185	78%	0	0																																											
Pneumostop Community (syrup)	24 949	132 514	96 000	138%	131	616	97 200	1%																																													
Amoxi DT	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	364 524	221 615																																											
Rapid Diagnostic Test for malaria (RTD)	805 012	1 010 310	821 760	123%	461 191	715526	880 000	81%	940 000	1 006 691																																											
Chlorhexidine Tube (CHX)	n/a	n/a	n/a	n/a	0	0	447 145	0%	0	0																																											
43	SM3.3	Program MIS	Number of insecticide treated nets (ITNs) purchased in any fiscal year with USG funds that were distributed in this reported fiscal year through campaigns	Number of ITN/LLIN distributed in this reported fiscal year	2012	2 111 750						0	2 498 300	2 700 000	93%	0	0	6 350 000	0%	0	TBD	Post campaign in 2013 and 2015																															
44	SM 3.4	Program MIS	Number of insecticide treated nets (ITNs) purchased in any fiscal year with USG funds that were distributed in this reported fiscal year through the private/commercial sector	Number of ITN/LLIN distributed	2012	0						0	77 261	50 000	155%	39 089	118 267	122 739	96%	TBD	TBD	Quarterly																															
45	SM 3.5	Program MIS	Number of insecticide treated nets (ITNs) purchased with USG funds (that were distributed through PA (Continuous distribution)	Number of ITN/LLIN distributed (continuous distribution)	n/a	0						n/a	n/a	n/a	n/a	0	0	50 000	n/a	TBD	TBD	Quarterly																															
46	SM 3.6	Program MIS	Number of artemisinin-based combination therapy (ACT) treatments purchased in any fiscal year with USG funds that were distributed in this reported fiscal year through PA	Number of artemisinin-based combination therapy (ACT) distributed in this reported fiscal year by supply points	2012	0						0	721 304	750 000	96%	114 790	142 794	n/a	n/a	TBD	TBD	Quarterly																															

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ISM Program
PSI/Madagascar (2013-2017)
4-Activity Level Indicator

Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline		Area	Service Type	Sexe	Age	FY13	FY14		FY15	FY15		Targets		Frequency of data collection		
					Year	Value					Achievement FY13	Achievement FY14	Target FY14	Achievement % FY14	Quarterly Achievements	Achievement FY15	Target FY15	Achievement % FY15		FY16	FY17
															Jan-Mar						
47	SM3.6b	Program MIS	Number of health workers (<i>Top Reseau</i> providers) trained, with USG funds, in case management with artemisinin-based combination therapy (ACTs) (by provider sex)	Number of male and female TR providers trained in case management with ACTs	2012	0			M		n/a	100	50	200%	n/a	n/a	n/a	n/a	n/a	Quarterly	
48	SC3.3	Program MIS	Number of distributors of social marketing products (by product, and by type and by distributor sex)	Number of male and female distributors distributing social marketing products by product and by type	2012	Commercial : 286				Authorized wholesalers : 317	8	8	8	10	10	n/a	n/a		Commercial : 5-10		
						Pharmaceutical : 13				13	13	13	13	13	n/a	n/a		Pharmaceutical : 14			
						Community : 870				1 088	1 122	1 155	97%	1 176	1 176	n/a	n/a		Community : 1 200		

(1) Results include results from WHP financed IPC agents

(2) This indicator has been reduced from 300 to 150 and only including urban providers because business training is not relevant for providers affiliated with an NGO such as SAF, SALFA and OSTIE

(3) The pilot "loyalty" scheme involves several providers in Majunga and users invitations from youth peers to attract new youth users to these Top Reseau clinics. The idea to offer a free consultation for every XXXth visit has been abandoned as this was deemed unrealistic.

(4) No distribution target were included for FY14. The condom will be launched in FY 2015.

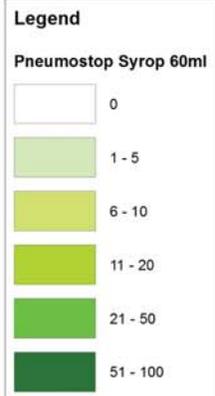
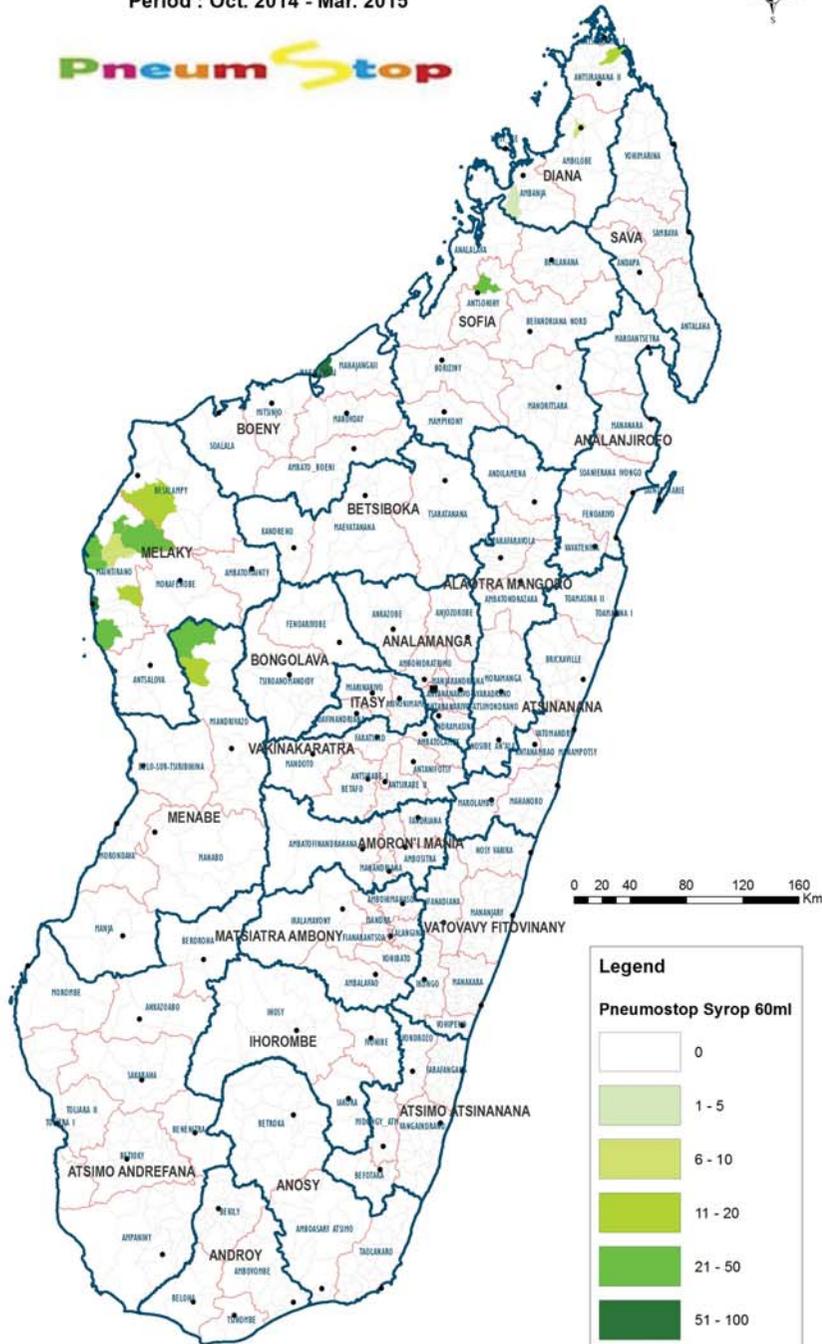
(5) This refers to 13 000 donated product units from MSI, which is being distributed to Top Reseau clinics. New EC product will be launched in FY 15, hence EC targets for FY 15, FY 16 and 17.

Annex B:

Distribution Graphs/Maps

Annex B1a - MATERNAL AND CHILD HEALTH (FY15)
(Pneumonia Prepackaged Treatment)

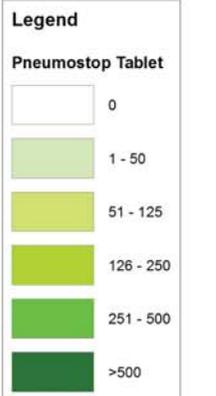
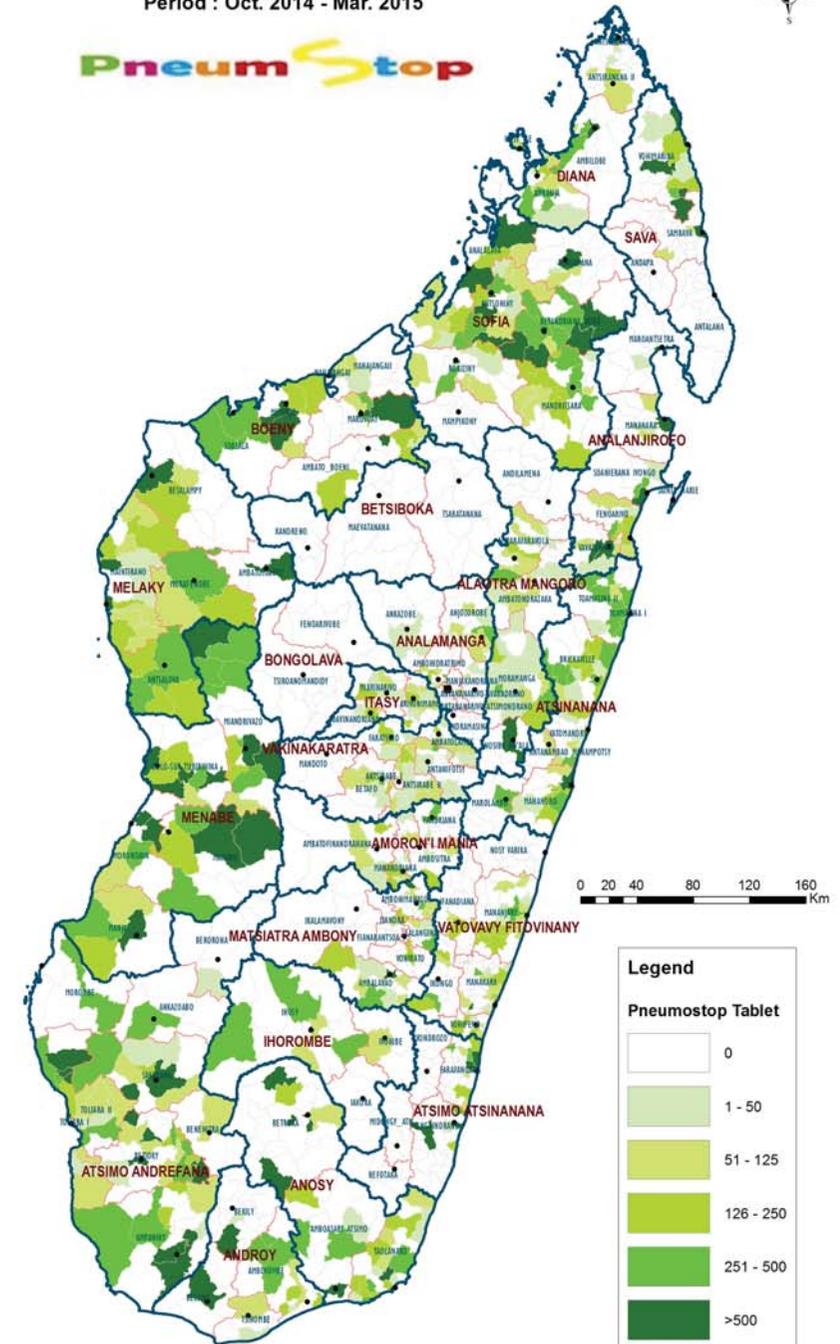
COMMUNITY BASED DISTRIBUTION PNEUMOSTOP SYROP 60ml
Period : Oct. 2014 - Mar. 2015



Datasource : CTL Reports Oct.2014 to Mar. 2015
Harivola (Apr 2015)



COMMUNITY BASED DISTRIBUTION PNEUMOSTOP TABLET
Period : Oct. 2014 - Mar. 2015



Datasource : CTL Reports Oct.2014 to Mar. 2015
Harivola (Apr 2015)

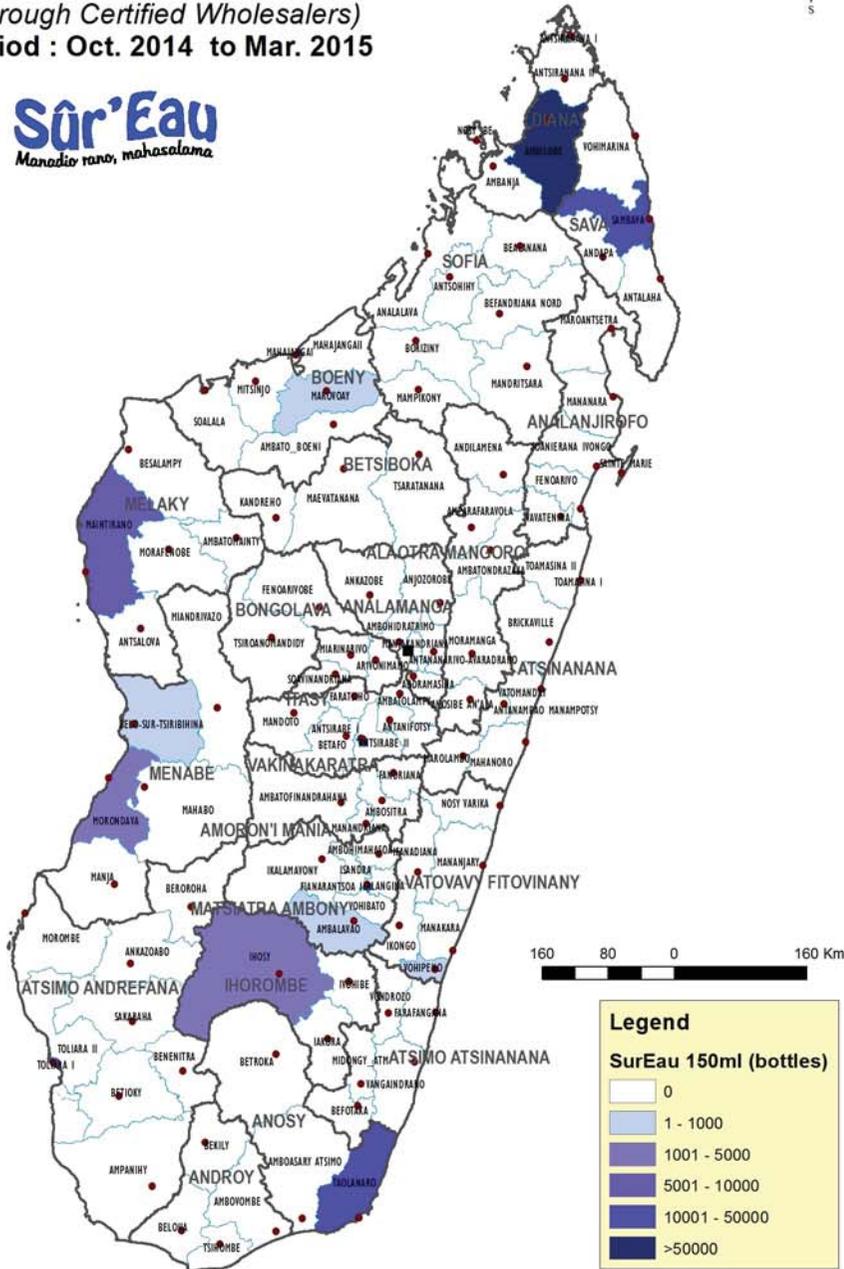


Annex B1b - MATERNAL CHILD AND HEALTH (FY15)

(Diarrheal diseases prevention and treatment)

COMMERCIAL DISTRIBUTION SUR'EAU 150ml
(through Certified Wholesalers)
 Period : Oct. 2014 to Mar. 2015

Sûr'Eau
Manadio rano, mahasalama

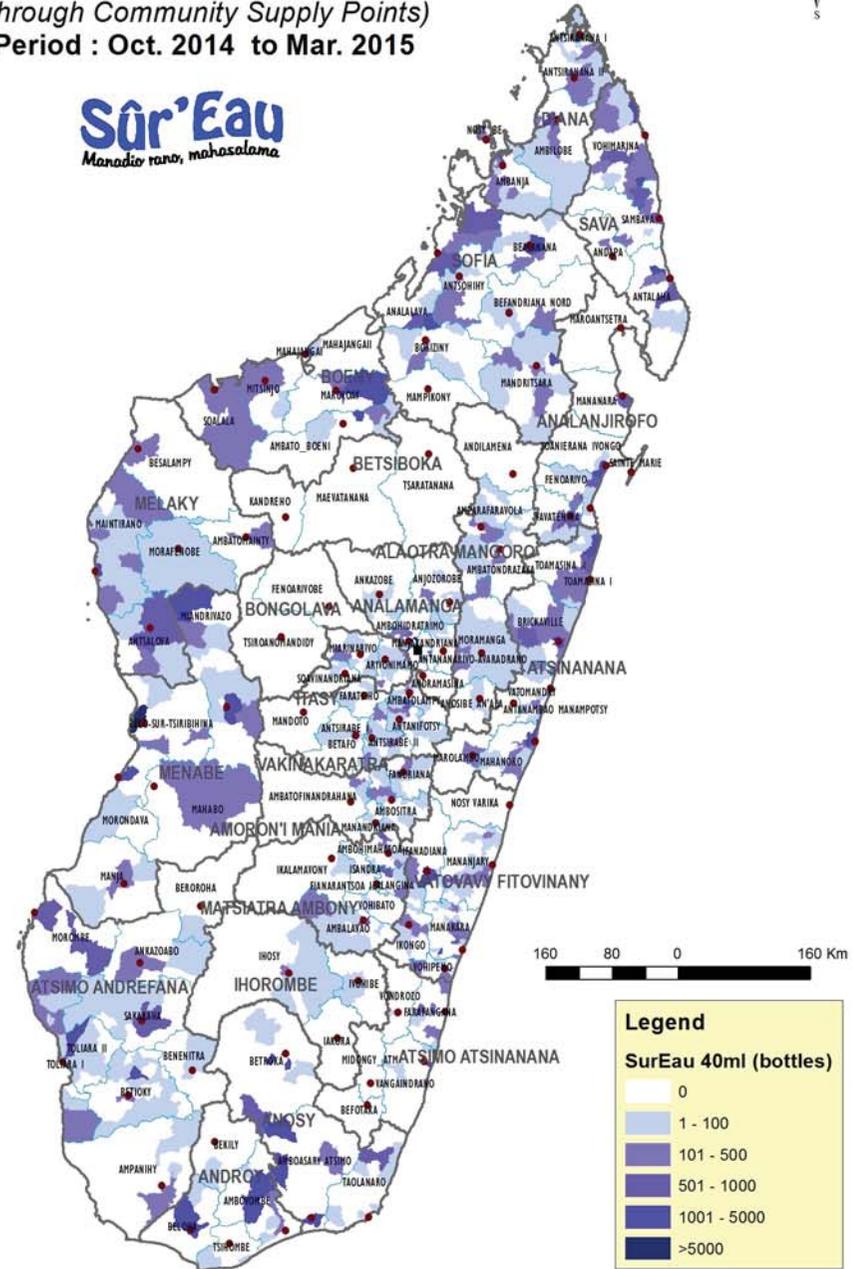


Datasource : CTL Reports Oct 14 to Mar. 15
 Harivola (Apr. 2015)



COMMUNITY BASED DISTRIBUTION SUR'EAU 40ml
(through Community Supply Points)
 Period : Oct. 2014 to Mar. 2015

Sûr'Eau
Manadio rano, mahasalama

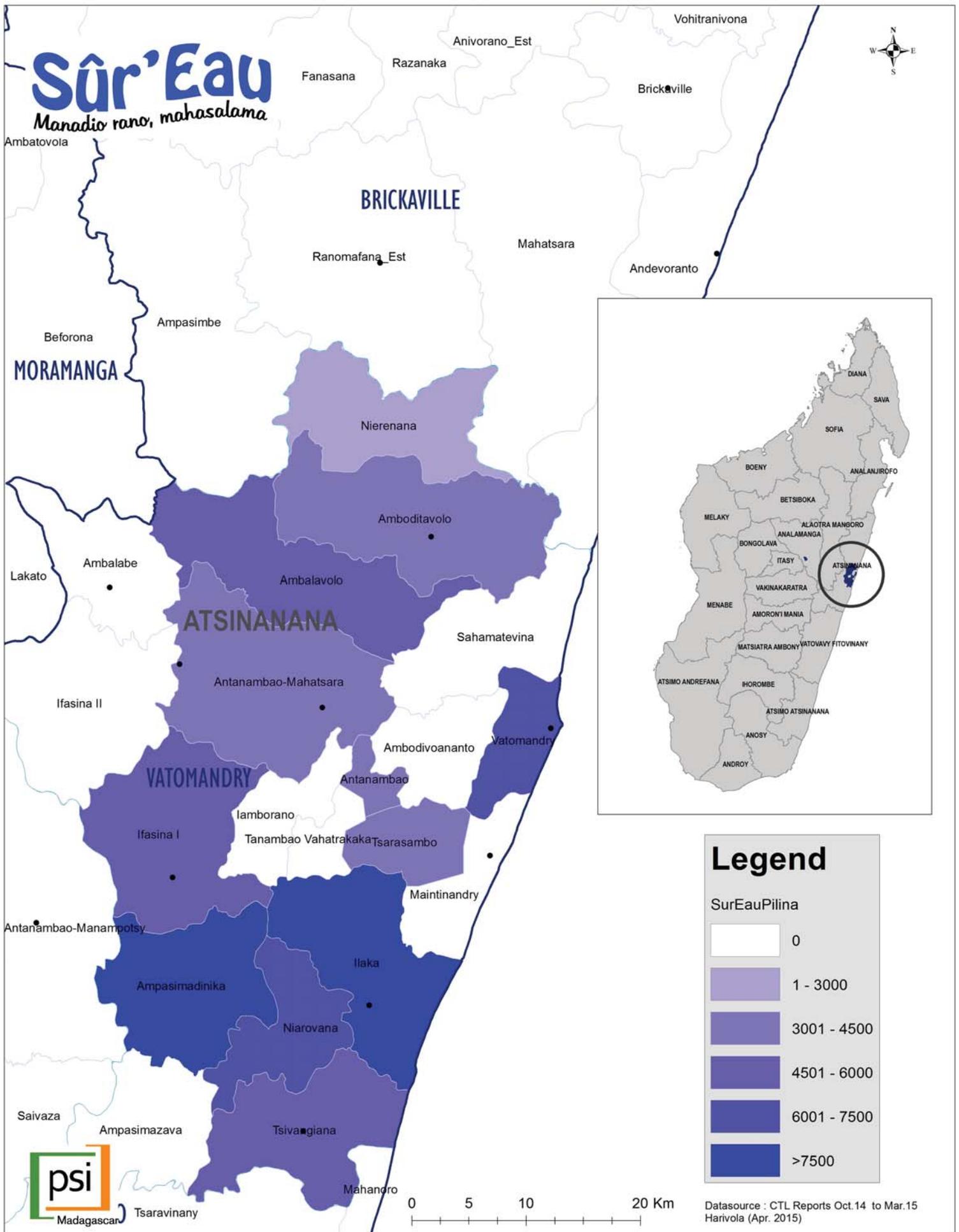


Datasource : CTL Reports Oct 14 to Mar. 15
 Harivola (Apr. 2015)



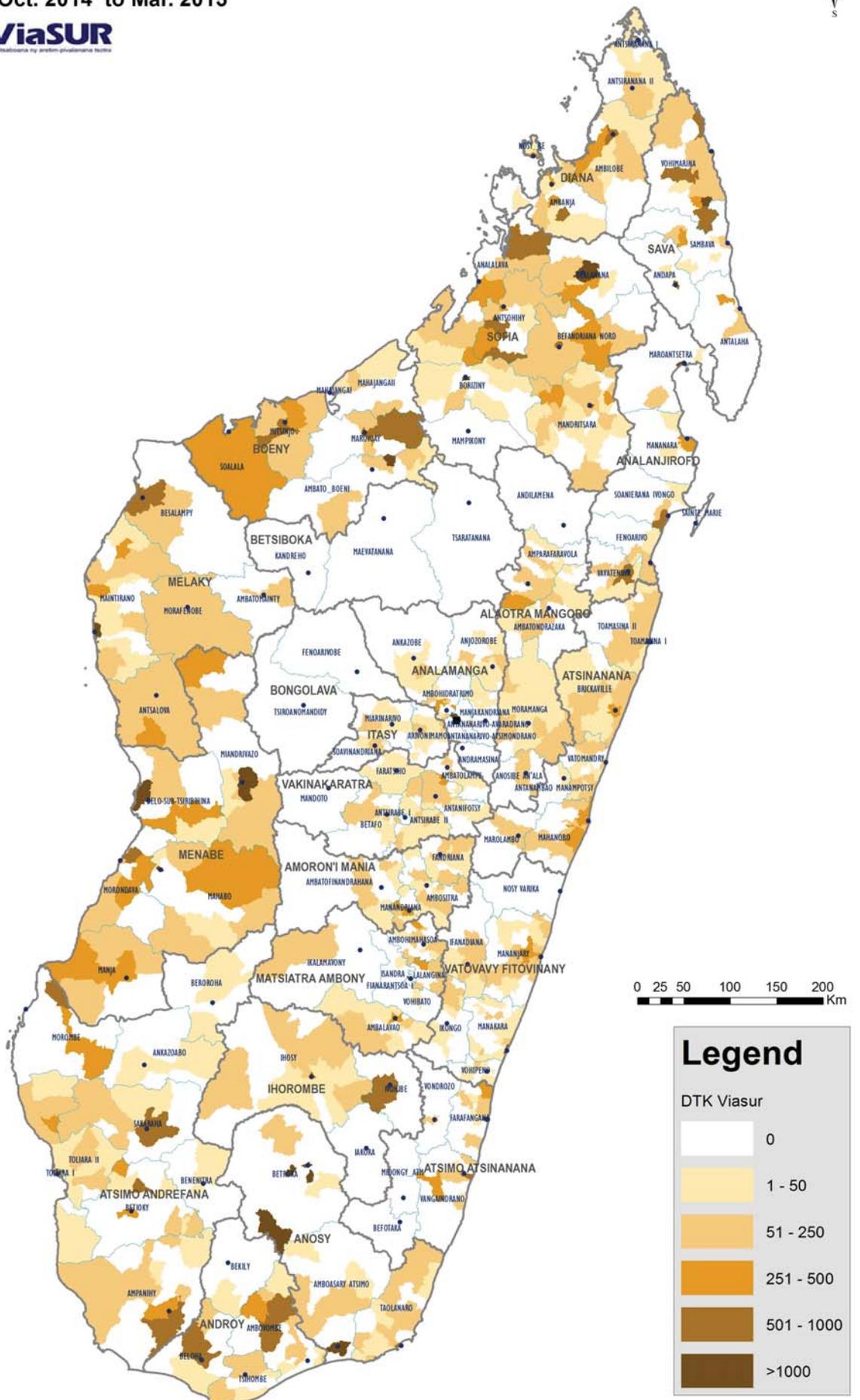
Annex B1c - MATERNAL CHILD AND HEALTH (FY15) (Diarrheal diseases prevention and treatment)

COMMUNITY BASED DISTRIBUTION SUR'EAU TABLET (through community supply points) Period : Oct. 2014 to Mar. 2015

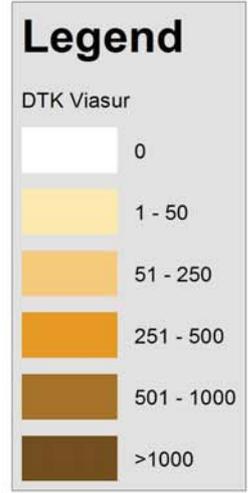


Annex B1d - MATERNAL CHILD AND HEALTH (FY15) (Diarrheal diseases prevention and treatment)

COMMUNITY BASED DISTRIBUTION VIASUR
Period : Oct. 2014 to Mar. 2015



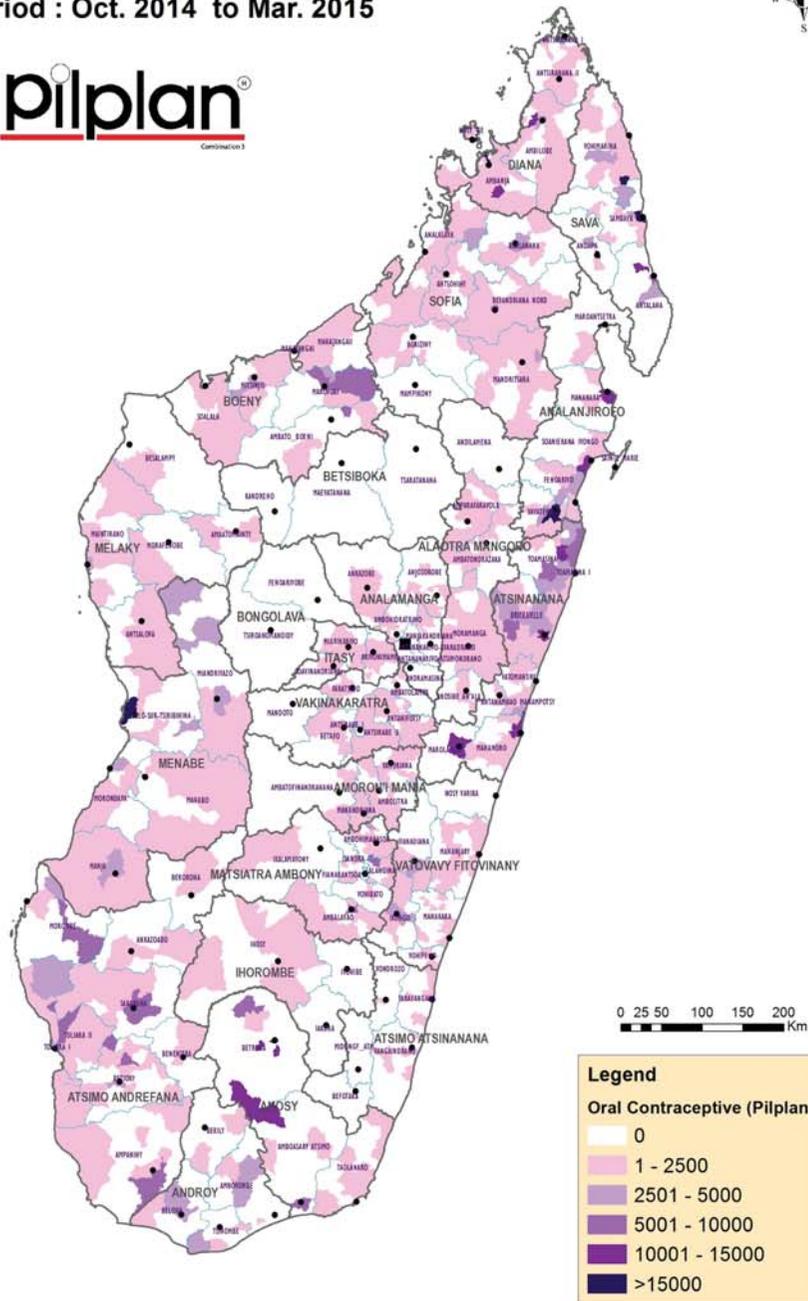
0 25 50 100 150 200 Km



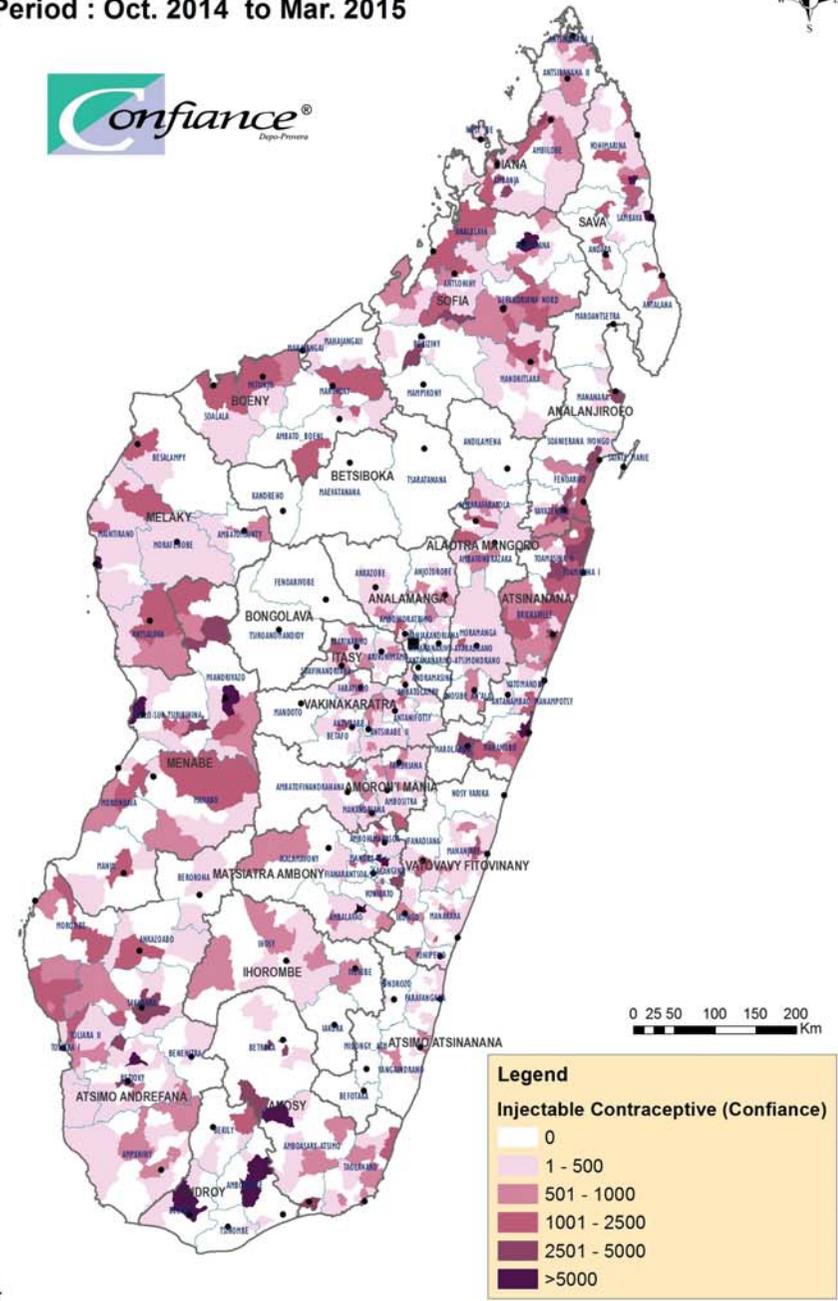
Datasource : CTL Reports Oct.14 to Mar. 15
Harivola (Apr 2015)

Annex B2 - COMMUNITY BASED DISTRIBUTION FAMILY PLANNING (FY15) (Contraceptives)

COMMUNITY BASED DISTRIBUTION PILPLAN
Period : Oct. 2014 to Mar. 2015

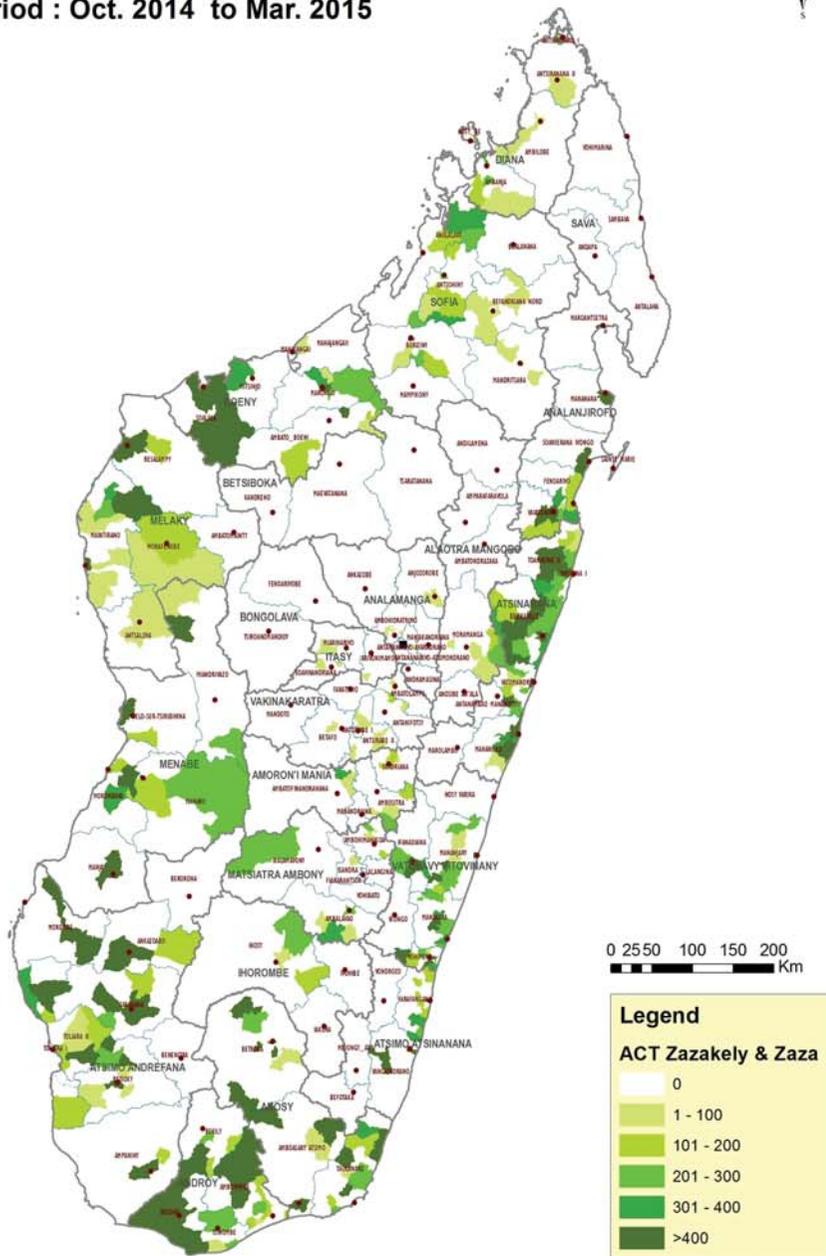


COMMUNITY BASED DISTRIBUTION CONFIANCE
Period : Oct. 2014 to Mar. 2015



Annex B3 - MALARIA (FY15) (Artemisinin-based Combination Therapy & Rapid Diagnostic Test)

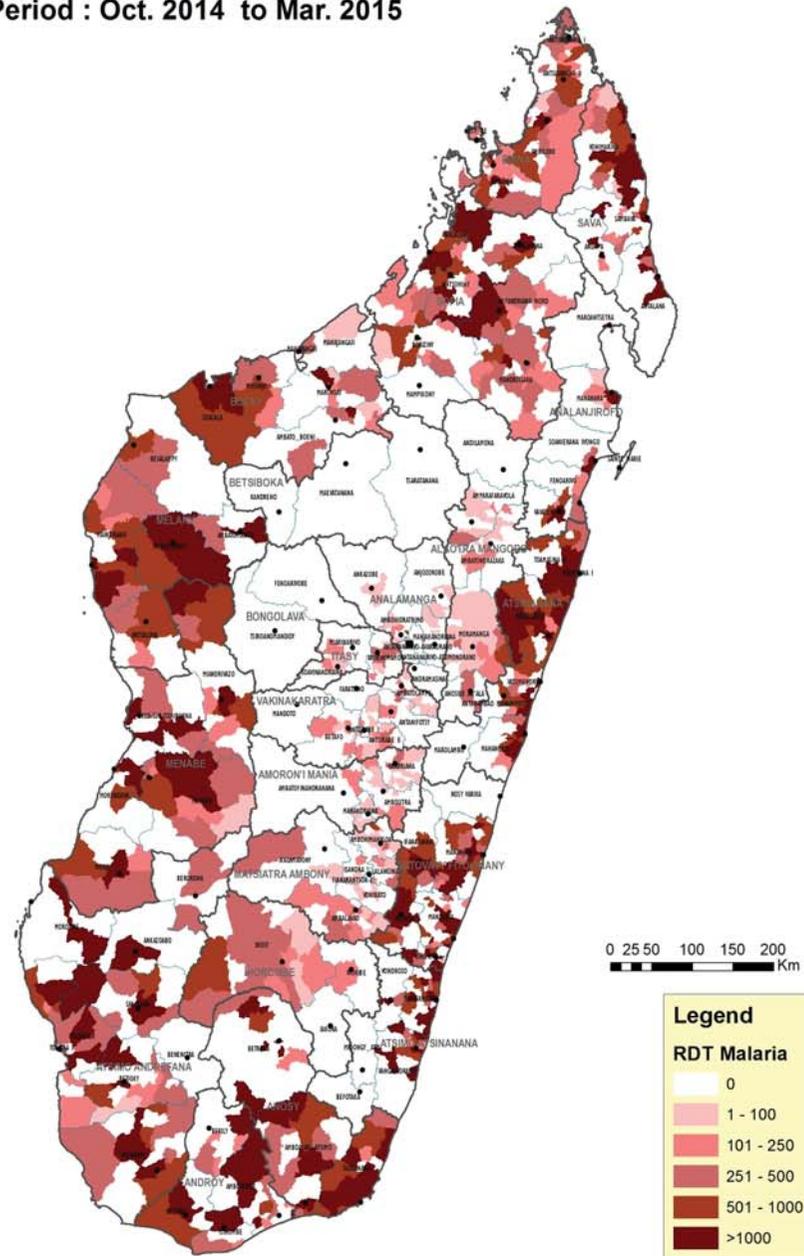
COMMUNITY BASED DISTRIBUTION ACT
Period : Oct. 2014 to Mar. 2015



Datasource : CTL Reports Oct.14 to Mar.15
Harivola (Apr 2015)



COMMUNITY BASED DISTRIBUTION RDT Malaria
Period : Oct. 2014 to Mar. 2015



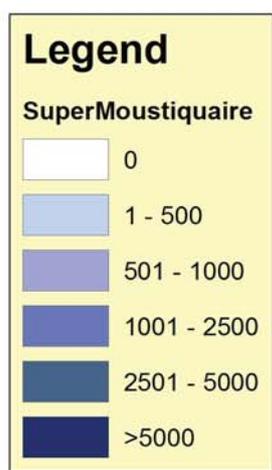
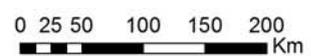
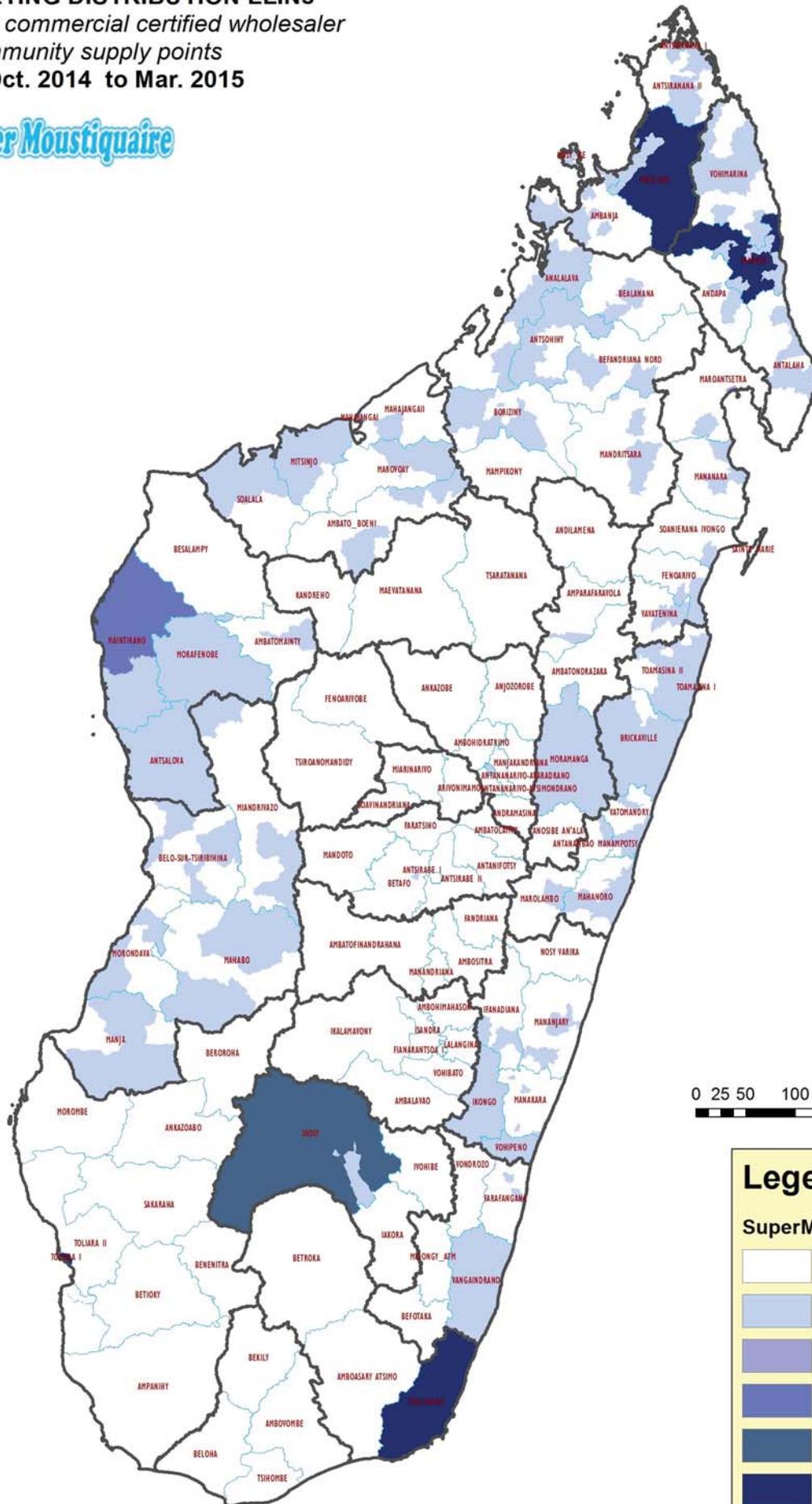
Datasource : CTL Reports Oct.14 to Mar. 15
Harivola (Apr 2015)



Annexe C4 - MALARIA (FY15)

Long-Lasting Insecticide Treated Nets (LLINs)

SOCIAL MARKETING DISTRIBUTION LLINs
*Distribution through commercial certified wholesaler
 and community supply points*
 Period : Oct. 2014 to Mar. 2015



Datasource : CTL Reports Oct. 14 to Mar.15

Annex C:
Family Planning Compliance
Activity Report

Annex C: PSI Family Planning Compliance Plan Activity Report

PSI ISM Program FY 2015

The activities described below are based on the “PSI Family Planning Regulations Compliance Plan” submitted to USAID in the ISM FY 2015 Q1 Report. The Plan also included samples of compliance documents, forms, tools, and IEC materials. Quarterly updates based on a summary of the Plan’s activities are now provided in the format below.

Plan Ref #	Planned Activity	Q 1	Q 2	Q 3	Q 4	Quarterly Activity Update
1	Update Compliance Plan Annually	1				Completed: Dated Jan. 2015
6.1.1 and 6.2.1	Ensure that all PSI staffs involved in FP activities take online training session (www.globalhealthlearning.org/course/us-abortion-and-fp-requirements-2013) on USAID’s FP requirement policy (sr. mgt, comic. teams, IPC, medical detailers, medical service teams, those who provide or oversee counseling or services to clients)	1	2	3	4	Certificates of completion for PSI regional staffs (TR, distribution, FP Supervisors, MVU) are kept on file with Regional Focal Points, and certificates for HQ staffs are kept on file with the HR department. 361 of 447 (81%) staffs have certificates. PSI will ensure that 100% is reached by the end of Q4.
6.1.1 and 6.1.2 .b and 6.2.3	Ensure all services delivered by franchise/ affiliated providers are consistent with PSI QA Plan for FP, including training in free & informed choice (upon joining franchise)	1	2	3	4	The initial training for all franchise providers on FP includes free and informed choice. STM supervision is conducted semi-annually and LTM supervision is conducted quarterly. Refresher trainings are done according to individual provider action plans. The Supervision Observation Sheet tracks: 1) balanced FP counseling; and 2) allows choice.
6.1.2 .a. and 6.2.2	Ensure sub-contractors & implementing partners are oriented & contracts include sub-clause regarding adherence to US policy requirements (as contracted)	1	2	3	4	Sub-contractors SAF/SALFA were oriented to US policy requirements by the PSI FP Compliance Focal Point. Attendance is recorded. Adherence to US policy is included in their contracts.
6.1.2 .b, d, e, g, h & 6.2.4 .1	Ensure all PSI-affiliated workers (providers, Peer Educators (PE), CHWs, pharmaceutical detailers, supply points, FP Counselors) are trained in free & informed choice (upon affiliation)	1	2	3	4	<ul style="list-style-type: none"> - Providers: see above re. training - PE: trained by PE Supervisors - CHWs: trained by SAF/SALFA Supervs. - Pharmaceutical detailers: trained by Health Training & Promotion (HTP) - Supply points: trained by HTPs and by Distribution Supervisors - FP Counselors (FPC): trained by Communication Supervisors. Supervisors ensure periodic visits and conduct quarterly evaluations of FP Counselors
6.1.2 .f	Provide initial training of trainers for CHW Supervisors of NGO-affiliates SAF, SALFA, MAHEFA, and MIKOLU. NGO trainers subsequently conduct CHW training.			3	4	Training of trainers for SAF/SALFA supervisors was conducted in May 2014; New Supervisors are trained on-the-job until the next semiannual training, planned by SAF/SALFA/PSI Rural Coordinator, for Q3 or 4. MAHEFA & MIKOLU have their own FP Compliance Plans.

Plan Ref #	Planned Activity	Q	Q	Q	Q	Quarterly Activity Update
		1	2	3	4	
6.2.2	Ensure SAF & SALFA partners: are oriented to US policy requirements: supervisors receive training of trainers; compliance is monitored (initially, then monitored)			3	4	Orientation is conducted during training (see above). Compliance is monitored by SAF/SALFA Supervisors during field visits. PSI Rural Coordinator will plan to ensure joint supervision with them next semester.
6.2 and 6.2.3	Implement a technical supervision plan to ensure compliance with quality standards in providers' & workers' daily practice (including advantages, side-effects, risks)	1	2	3	4	Technical supervision plans are implemented individually after quarterly supervisions and according to programmatic orientation after external and internal audits. Ongoing tools include counseling card, clinic poster, & client health booklet & flyer distributed to providers, outreach workers, CHWs
6.2.1	Project Management will conduct annual reviews of FP, abortion, and HIV staff requirements, compliance, monitoring, & documentation				4	Conduct annual review with relevant PSI departments (FP/RH, TR clinic services), with prior opportunity for input from partners.
6.2.1	Roll out new PSI/HQ informed choice & Tiaht tools among PSI/M staff in 2015			3	4	PSI/HQ is currently working on an on-line training tool, not yet avail.

Annex D:
**Environmental Mitigation &
Monitoring Report (EMMR)**

ISM FY 2015 Quarterly Environmental Mitigation Monitoring Report (EMMR)^(1.4.15)

Quarter 2

Based on FY 2015 ISM Work Plan, Environmental Standards, p.28-30 (dated 30 Sept. 2014)

Activity Description	Q	Q	Q	Q	Progress on Implementation this Quarter
	1	2	3	4	
Environmental Standards - General					
Activity-specific environmental mitigation activities as detailed in the Environmental Mitigation and Monitoring Statement (EMMS)					
Meetings, events and operations integrating green activities and promoting good environmental practices and eliminating, reducing, or recycling waste	1	2	3	4	Ongoing
Appropriate medical waste management at its offices; written plans and procedures for waste management, minimization, materials reuse and recycling (incl. sharps) (initial training and ongoing supervision)	1	2	3	4	Ongoing
Environmental Standards - Top Réseau Social Franchises					
Promote environmental protection and product safety through: management, distribution and use of health products by <i>Top Réseau providers</i>					
Provide universal precaution training to counselors and laboratory technicians (at initial and refresher HIV trainings).	1	2	3	4	No HIV trainings this quarter
Provide universal precaution training to each new Top Réseau health center (at initial training, equipped w/ poster, and ongoing supervision)	1	2	3	4	6 new Top Réseau health centers were provided with information and posters for universal precautions this Q
Provide supervision to centers by using Rapid Monitoring Tool to assess infrastructure and equipment for washing hands, infection prevention (decontamination and containers for infectious waste), waste cans, safety boxes, etc. (at least annually)	1	2	3	4	Supervision using the Rapid Monitoring Tool was held for the 6 new health centers to evaluate their compliance with the environmental protection standards for Top Réseau
Provide centers with: garbage cans & gloves for ordinary waste (one-time); sharps containers & gloves (as needed)	1	2	3	4	PSI provided waste disposal material for hazardous (safety/sharp boxes) and non-hazardous (garbage cans) waste for the 6 new centers and continues supplying existing clinics with sharps containers
Malaria LLIN Mass Distribution (MD) Campaign					
Adapt existing practices to ensure compliance with USAID and WHO recommendations					
By Oct. 31, 2014, PSI will be responsible for monitoring & improving existing practices with sub-partners and local counterparts to ensure compliance with USAID & WHO plastic disposal & environ. protection recommendations	1				Completed
By February 28, 2015, PSI will submit a comprehensive Net Bag Disposition Monitoring Plan to be reviewed and approved by the AOR		2			See below:

Activity Description	Q 1	Q 2	Q 3	Q 4	Progress on Implementation this Quarter
<p>Plan will include:</p> <p>1.1 Work with MOH to develop instructional materials/job aids, supervision check-lists, training curriculum. Train Malaria District Officers and Health Center Chiefs, who train CHWs. Stress importance of env. considerations of LLIN distribution & plastic bag mgt.</p> <p>1.2 Draft Malaria District Officers SOWs including supervision of CBS chiefs, spot checks during campaign</p> <p>1.3 Draft CSB chief's SOW re. supervision of distribution and plastic bag collection by CHWs</p> <p>1.4 SOW for CHWs revised to ensure strict adherence to bag mgt (i.e. cannot be handed to beneficiaries)</p> <p>1.5 Pre-campaign training and SOWs include WHO recommendations on proper burial practices. Immediately following distribution, burial of bags at distribution sites will take place under the supervision of the <i>Fokontany</i> and/or CSB chiefs</p> <p>1.6 Campaign communication activities reinforce messages on the need to bring a basket to collect the LLIN, as no bags will be handed out due to environmental considerations</p>					<p>1.1 Completed: Job aids for continuous distribution and a training manual for the mass campaign (in Malagasy)</p> <p>1.2 Postponed to Q4 in line with the revised campaign timeline</p> <p>1.3 Per CNC recommendation, SR2 will be responsible for waste treatment. CSB could conduct supervision</p> <p>1.4 Completed. See training manual about BCC campaign</p> <p>1.5 Postponed to Q4 in line with the revised campaign timeline</p> <p>1.6 Postponed to Q4 in line with the revised campaign timeline</p>
<p>By March 31, 2015, develop LLIN distribution monitoring check-list and site visit compliance plan</p>		2	x		<p>Postponed to end of Q3. The list of sites is not yet available</p>
<p>By July 2015, submit to USAID all LLIN MD job aids, training curricula, SOW, and radio messages to ensure proper disposal of LLIN bags is addressed. Tools will have been validated by the CNC (Q2) before submission to USAID; pre-test after CNC validation, revise and finalize</p>		2	3	4	<p>Ongoing. Artwork to be submitted early Q3 before producing</p>

Annex E:
Participant Training Report

Annex E: Participant Training Report, Q2 FY 2015

Start Date	End Date	Subject Area of Training	Male	Female	Total	Direct Cost (K AR)	Direct Cost (USD)
Data Collection							
Community supply points trained on data collection/SMS							
03/02/2015	05/02/2015	Supply points trained on data collection/SMS (Maroantsetra)	9	6	15	-	\$ -
10/02/2015	12/02/2015	Supply points trained on data collection/SMS (Sambava)	11	9	20	-	\$ -
		Subtotal	20	15	35	-	\$ -
IMCI/Child Survival							
Refresh training Top Reseau urban providers IMCI/Child Survival							
11/02/2015	11/02/2015	Refresh training Top Reseau urban providers IMCI/Child Survival (Tana)	4	21	25	2 977	\$ 1 077,24
10/03/2015	10/03/2015	Refresh training Top Reseau urban providers IMCI/Child Survival (Majunga)	4	6	10	1 042	\$ 377,19
18/03/2015	19/03/2015	Refresh training Top Reseau urban providers IMCI/Child Survival (Toamasina)	23	13	36	1 367	\$ 494,74
		Subtotal	31	40	71	5 386	\$ 1 949,16
Family Planning							
Top Reseau urban providers trained on Long Term FP Method (IUD)							
24/02/2015	27/02/2015	Top Reseau urban/rural providers trained on Long Term FP Method (Antananarivo)	6	5	11	1 603	\$ 580,01
		Subtotal	6	5	11	1 603	\$ 580,01
Top Reseau rural providers trained on Long Term FP Method (Implant)							
17/03/2015	20/03/2015	Top Reseau rural providers trained on Long Term FP Method (SAF/SALFA vague 1)	6	6	12	5 681	\$ 2 056,05
24/03/2015	27/03/2015	Top Reseau rural providers trained on Long Term FP Method (SAF/SALFA vague 2)	7	5	12	6 205	\$ 2 245,69
		Subtotal	13	11	24	11 886	\$ 4 301,74
Refresh training Top Reseau urban/rural providers on Short Term FP Method/IMCI							
09/02/2015	10/02/2014	Refresh training Top Reseau rural providers on STM FP/IMCI (SAF/SALFA)	14	7	21	7 101	\$ 2 570,01
12/02/2015	12/02/2015	Refresh training Top Reseau urban providers on Short Term FP Method/IMCI (Tana)	4	21	25	625	\$ 226,20
		Subtotal	18	28	46	7 726	\$ 2 796,21
Youth Peer Educators linked to Top Reseau providers							
19/01/2015	21/01/2015	Youth Peer Educators linked to Top Reseau providers (Tana)	3	1	4	558	\$ 201,58
14/01/2015	16/01/2015	Youth Peer Educators linked to Top Reseau providers (Fort-Dauphin)	2	-	2	563	\$ 203,35
		Subtotal	5	1	6	1 121	\$ 404,93

Start Date	End Date	Subject Area of Training	Male	Female	Total	Direct Cost (K AR)	Direct Cost (USD)
Business Training & Financial Management							
Workshop Focus group on mutual health insurance for Top Reseau providers							
06/02/2015	06/02/2015	Workshop Focus group on mutual health insurance for Top Reseau providers (Tana)	10	9	19	200	\$ 72,38
		Subtotal	10	9	19	200	\$ 72,38
Community supply points trained in business training & financial management							
03/03/2015	05/03/2015	Community supply points trained in business training & financial mgmt. (Vangaindrano)	15	6	21	-	\$ -
10/03/2015	12/03/2015	Community supply points trained in business training & financial mgmt. (Farafangana)	12	10	22	-	\$ -
		Subtotal	27	16	43	-	\$ -
Meeting for FP/IMCI/Child Survival							
Top Reseau Providers meeting for FP/IMCI/Child Survival							
30/01/2015	30/01/2015	Top Reseau Providers meeting for FP/IMCI/Child Survival (Fort-Dauphin)	3	3	6	277	\$ 100,07
19/03/2015	19/03/2015	Top Reseau Providers meeting for FP/IMCI/Child Survival (Fianarantsoa)	8	15	23	1 028	\$ 372,16
		Subtotal	11	18	29	1 305	\$ 472,22
PSI staff meeting for FP/IMCI/Child Survival							
16/02/2015	20/02/2015	PSI staff meeting for FP/IMCI/Child Survival	5	4	9	5 151	\$ 1 864,13
		Subtotal	5	4	9	5 151	\$ 1 864,13
Medical supervisor urban/rural meeting for FP/IMCI/Child Survival							
02/03/2015	06/03/2015	Medical supervisor urban/rural meeting for FP/IMCI/Child Survival (Antsirabe)	11	6	17	6 921	\$ 2 504,62
		Subtotal	11	6	17	6 921	\$ 2 504,62

Annex F: Success Story

Income-Generation Activities: Supporting Supply Points to Increase their Income

At 6 p.m., sitting in the back of his Bajaj cab, Faisaly returns home fully satisfied. This was a busy day. The fares he made were satisfactory. *“Yolandrie will be glad,”* he said to himself. Yolandrie is the owner of the Bajaj, a three-wheeled motorcycle which she has recently acquired. She hired Faisaly as a driver, to take the vehicle between Ambanja and Antsakoamanondro.

Married with two kids, Yolandrie lives in the rural commune of Antsakoamanondro, located about ten kilometers from Ambanja in the north of Madagascar. She also runs a grocery with her husband, whose primary work is harvesting cocoa. In addition to these occupations, Yolandrie is one of PSI Madagascar’s Supply Points. Because of her experience and dynamism acquired from previous employment with an NGO, she was selected by PSI’s distribution team to take on this supply point responsibility. *“I supply 20 community workers in our commune with health products. We are open every day during the rainy season, except for Tuesdays and Thursdays,”* she explained. She operates her supply point business out of her home, which also houses her grocery store.



Working as a Supply Point allows Yolandrie not only to open new entrepreneurial horizons, but she also receives training and information to support her business vision. *“I chose to have a Bajaj cab because I noticed that this mode of transportation is flourishing in our community. It’s a way of improving our income and serving the community,”* she explains.

Yolandrie’s Bajaj purchase was financed by her own funds. In order to make it happen, she contacted PSI Madagascar’s Distribution Supervisor, who then put her in touch with partner organization Banyan Global. Banyan Global’s Business Advisor provided her with business planning and sourcing support. *“A feasibility study, and exploration and negotiations with suppliers in Antananarivo were conducted by Banyan Global’s people,”* she reported.

As part of the USAID-funded “Integrated Social Marketing” program, PSI and Banyan Global (BG) work together to support Supply Points in income generation activities (ICG). Banyan Global is responsible for helping Supply Points identify and implement viable ICG projects, with the goal of reinforcing the financial capacity of the Supply Points through training, feasibility studies, and access to credit from microfinance institutions. Yolandrie received coaching in business plan development and in projecting investment recovery. Her Bajaj has since become operational and allows her to save money – she already plans to acquire a second Bajaj in April.

Annex G:

Budget Pipeline

SO5 PIPELINE ANALYSIS

Name of Project: **Integrated Social Marketing Program**
 Cooperative Agreement No: **AID-687-A-13-00001**
 Start Date: **Jan 1, 2013**
 Ending Date: **Dec 31, 2017**
 Concerned period: **January - March 2015**
 Organization: **Population Services International (PSI)**
 USAID Project Manager: **Sixte Zigirumugabe, AOR**

Description	LOP Budget	Obligated Amount	Actual Expenditures: Jan-March 2015	Actual Expenditures: Inception to Date	Remaining Obligated Funds as of March 2015
Child Survival (CS)	11,761,729	5,882,096	453,510	4,402,167	1,479,929
Family Planning (FP)	15,009,572	7,035,063	412,223	5,610,759	1,424,304
Malaria (MAL)	10,051,752	10,449,024	276,547	4,157,328	6,291,696
TOTAL	\$ 36,823,053	\$ 23,366,183	\$ 1,142,281	\$ 14,170,255	\$ 9,195,928

Total Amount of Agreement: US \$ 36,823,053