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## Integrated Social Marketing Program (ISM)

**USAID ANNUAL REPORT FY 2015 (October 2014-September 2015)**

Submitted November 27, 2015

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# **Integrated Social Marketing Program (ISM)**

## **FY 2015 Annual Report**

**(October 1, 2014 – September 30, 2015)**

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## Acronyms

ABM	<i>Accès Banque 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
ASF	<i>Association Serasera Fananatenana</i>
BCC	Behavior Change Communication
BG	Banyan Global
BNM	<i>Bureau National des Normes de Madagascar</i> (National Office of Norms of Madagascar)
BNGRC	<i>Bureau National de Gestion des Risques et des Catastrophes</i>
CBD	Community Based Distribution
CD	Continuous Distribution
CEM	<i>Caisse d'Épargne de Madagascar</i> (Savings Bank of Madagascar)
CHW	Community Health Worker (same as Community Health Volunteer, or CHV)
CHX	Chlorhexidine
CLTS	Community Led Total Sanitation
CMM	<i>Consommation Moyenne Mensuelle</i> (Average Monthly Consumption)
CNC	<i>Committee National de Coordination</i> (National Coordinating Committee, or NCC)
CRENA	<i>Centre de Récupération et d'Éducation Nutritionnelle Ambulatoire</i>
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)
DCA	Development Credit Authority
DDS	<i>Direction du District Sanitaire</i>
DEG	Distribution Excellence Group
DHIS	District Health Information System
DPLMT	<i>Direction des Pharmacies, Laboratoires et de la Médecine Traditionnelle</i>
DQA	Data Quality Assurance
DRS	<i>Direction Régionale de la Santé</i>
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
EBF	Exclusive Breastfeeding
EC	Emergency Contraception
EMMR	Environmental Mitigation and Monitoring Report
ENSOMD	<i>Enquête Nationale sur le Suivi des indicateurs des Objectifs du Millénaire pour le Développement</i>

ETL	Education through Listening
FGD	Focus Group Discussion
FIEFE	<i>Fonds d'Investissement pour les Entreprises Favorables à l'Environnement</i>
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
GOM	Government of Madagascar
HF	Healthy Family (Campaign)
HIM	Healthy Images of Manhood
HIV	Human Immunodeficiency Virus
HNI	Human Network International
HTS	HIV Testing Service
HQ	Headquarters
IEC	Information, Education, and Communication
IGA	Income Generating Activities
IH	IntraHealth
IMCI	Integrated Management of Childhood Illnesses
IPC	Interpersonal Communication
IPM	<i>Institut Pasteur de Madagascar</i>
IPTp	Intermittent Preventive Treatment – Pregnancy
IR	Intermediate Result
IRS	Indoor Residual Spraying
ISM	Integrated Social Marketing
ITN	Insecticide-Treated Bed Net
IUD	Intrauterine Device
IYCF	Infant and Young Child Feeding
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
LQAS	Lot Quality Assurance Sampling
LTM	Long-Term Method
M&E	Monitoring and Evaluation
MAP	Measuring Access and Performance
MCH	Maternal and Child Health
MCHW	Mother and Child Health Week ( <i>SSME in French</i> )
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
MOE	Ministry of Education
MOH	Ministry of Health

MOU	Memorandum of Understanding
MSM	Marie Stopes Madagascar
MVU	Mobile Video Unit
NCC	National Coordinating Committee ( <i>Committee National de Coordination</i> )
NGO	Non Governmental Organization
NMCP	National Malaria Control Program ( <i>DLP</i> )
NS	Non-Significant
NSA	National Strategy Application
ODDIT	<i>Organe de Développement du Diocèse de Tamatave</i>
OMAPI	<i>Office Malgache de la Propriété Industrielle</i> (Office of 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
OTIV	<i>Ombona Tahiri Ifampisamborana Vola</i>
PA	<i>Point d'Approvisionnement</i> (Supply Point)
PAC	Post-Abortion Care
PAMF	<i>Première Agence de Microfinance</i>
PARC	PA Relay <i>Communautaire</i>
PBCC	Provider Behavior Change Communication
PCIMEC	<i>Prise en Charge Intégrée des Maladies de l'Enfant au niveau Communautaire</i>
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)
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 Dept. of the 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
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UTGL	<i>Unité Technique de Gestion Logistique</i>
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 and Highlights

In December 2012, PSI/Madagascar (PSI) was awarded the Cooperative Agreement Number 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, children under five, 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, and malaria.

PSI and its partners IntraHealth, Banyan Global, Human Network International (HNI), SAF and SALFA, 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 (IRs) 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 MIKOLO and MAHEFA, 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), youth services, 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 74 of the 114 districts across Madagascar.

**IR3: Increased availability of lifesaving health products and services.** PSI is expanding access to affordable health products such as contraceptives, condoms, diarrhea treatment kits (DTK), drinking water treatments, pneumonia and malaria medicines, and long-lasting insecticide-treated nets (LLINs). PSI distributes these social marketing commodities, through a network of nearly 1,200 commercial, pharmaceutical, and community-based outlets. Within the ISM Team, HNI provides mobile technology support to make e-voucher and mobile money payment initiatives easier and more accessible to consumers and retailers.

## Progress Toward Goals

### Family Planning/Reproductive Health

The ISM program seeks to positively impact the high-level indicators of maternal mortality, total fertility rate, adolescent birth rate, and the modern contraceptive prevalence rate (CPR). The goals between 2013 and 2017 are to reduce the maternal mortality rate from 478 to 440, to reduce the current total fertility rate of 5.0, reduce the adolescent birth rate from 163 to 108, and increase the CPR among women in union from 33.3% to 40.2%.

Among this set of impact goals, only the CPR was measured during FY 2015, through PSI's TRaC Family Planning (FP) study. Even though results are preliminary (data to be validated in Q1 FY 2016), they are extremely promising: 41.3% of WRA in union are currently using a modern FP method, thus already exceeding the 2017 goal of 40.2%.<sup>1</sup> This represents a major achievement of the ISM program.

Another area of significant progress is couple years of protection (CYP). In FY 2015, PSI provided 975,781 CYP, which was 110% of the 2015 target, with the LOP goals on track to be met as well.

Indicator	FY 2012 Baseline	FY 2013 Result	FY 2014 Result	FY 2015 Result	FY 2015 Target	FY 2017 Target
Couple Years of Protection (RF indic. #14)	561,510	622,980	929,694	975,781 (110%)	890,762	1,077,822

These encouraging figures are the result of significant efforts from PSI and bi-lateral partners to ensure FP products are available to the end user, as well as combined efforts to educate and motivate women to seek and use FP services through interpersonal communication (IPC) activities and behavior change communication (BCC). Community health workers (CHWs) play a very significant IPC role in rural zones, and PSI's IPC agents – youth peer educators and family planning counselors - play a substantial role in urban zones. The number of individuals reached through PSI's IPC workers continues to grow each year:

Indicator	FY 2011 Baseline	FY 2013 Result	FY 2014 Result	FY 2015 Result	FY 2015 Target
Number of target population reached through IPC activities on FP and RH (RF indic. #32)	237,750	369,702	577,251	660,549 (96%)	690,873

In FY 2015, a total of 660,549 women and men were reached by PSI IPC workers. 95% of those reached were women. Nearly half, or 48%, were youth ages 24 and younger. In addition to educating women and men about FP and RH, IPC agents focus on encouraging the target audience to seek services at *Top Réseau* clinics. Vouchers providing discounts are distributed to all youth and to women who qualify in terms of both low socio-economic status and motivation to seek clinical services. As a result of these outreach efforts, 69,065 clients visited *Top Réseau* clinics seeking FP services using a voucher in FY 2015, reaching 104% of the 2015 target.

<sup>1</sup>ISM indicator #4, mCPR, set the 2017 goal at 40.2% (indicator #6, TRaC FP mCPR, set the 2017 goal at 42.9%).

Other BCC efforts contributing to the increased uptake in FP use and FP-seeking behaviors include mass-media and mid-media efforts. Over the course of 2015, over 25,000 radio spots and nearly 8,000 TV spots were broadcasted promoting FP and specific FP methods. The mid-media activity of mobile video units (MVUs) reaches rural populations: in FY 2015, 162 MVU events showing PSI's FP film were held, reaching 56,007 people.

### Child Health

The overarching child health goal of the ISM program is to reduce the child mortality rate from 62 per 1,000 live births in 2012/13 to 55 in FY 2017.<sup>2</sup> PSI's child health interventions focus on the prevention and treatment of diarrhea, pneumonia, and malaria (malaria is detailed further in the malaria program section). In order to prevent illness and death due to diarrhea and pneumonia, PSI conducts IEC and BCC through mass media radio and TV, and mid-media MVUs. In addition, integrated management of childhood illnesses (IMCI) is provided by *Top Réseau* clinics. Socially marketed childhood illness prevention and treatment products are distributed throughout the country, and partner organization CHWs educate and provide the target population with life-saving prevention and treatment messages and products.

PSI seeks to impact diarrhea prevention and treatment behaviors by promoting the treatment of drinking water and the treatment of child diarrhea with ORS and zinc. While there is no new outcome data from FY 2015, results from the 2014 TRaC IMCI show that such behaviors are on track to meet ISM program life of project goals, with the greatest gains over time reported in the rural sector:

Health Behavior Indicators	FY 2011 TRaC	FY 2014 TRaC Result	FY 2017 Target
% of households who treated their drinking water prior to consumption in last 24 hours (including chlorine, boiling, filtering, etc.) (RF indic. #7)	National: 32.4%	National: 38.7%	National: 43%
	Rural: 29.8%	Rural: 38.5%	N/A
% of CU5 with diarrhea in the last 2 weeks who received combined ORS & zinc treatment (RF indic. #8)	National: 3.6%	National: 8.1%	National: 12%
	Rural: 2.6%	Rural: 7.6%	N/A

Given these positive behavioral results, it is not surprising to note that corresponding knowledge and perceptions related to diarrhea prevention and treatment have also increased over time, again with the greatest gains made in the rural sector:

Knowledge/Perception Indicators	FY 2011 TRaC	FY 2014 TRaC Result	FY 2017 Target
Increase percentage of target group who know 2 ways to prevent diarrhea (RF indic. # 18)	National: 47.7%	National: 50.9%	National: 60%
	Rural: 43.8%	Rural: 47.2%	N/A
Increase percentage of target group who cite that diarrheal treatment with ORS & zinc is effective (RF indic. # 20)	National: 3.0%	National: 8.7%	National: 12%
	Rural: 2.7%	Rural: 7.8%	N/A

<sup>2</sup> Madagascar Millennium Development Goals National Monitoring Survey 2012/2013

In 2014, nearly 51% of the target population knew at least two ways to prevent diarrhea, corresponding to the behavior of nearly 39% treating their drinking water in the past 24 hours. Nearly 9% cited that ORS and zinc is effective for treating diarrhea, corresponding to the behavior of just over 8% of children who had treated diarrhea recently with ORS and zinc.

The integration of CHW efforts, product availability, and BCC combine to produce results. During FY 2015, nearly 8,000 radio messages about water treatment/diarrhea prevention and treatment were broadcasted. 278 MVU events on the topic of diarrhea were conducted, reaching 53,621 persons. These efforts work together to increase knowledge, change perceptions, and facilitate positive health behavior change.

In terms of pneumonia behavior, progress is being made in the treatment of children under 5 (CU5) with pneumonia symptoms who receive the recommended antibiotic, albeit slow. Very significant gains have been made, however, in knowledge of pneumonia symptoms, increasing from just over 6% in 2011 to nearly 56% in 2014. FY 2014 also saw an increase in knowledge of at least one way to prevent pneumonia, including EBF for the first six months, from 12.2% in 2011 to 14.9% in 2014.

Health-seeking Behavior & Knowledge Indicators	FY 2011 TRaC	FY 2014 TRaC Result	FY 2017 Target
% of CU5 with cough & rapid breathing who received the recommended antibiotic (RF indic. #9)	National: 50.9%	National: 52.4%	National: 60%
	Rural: 51.5%	Rural: 53.2%	N/A
% of target group who cite cough & rapid breathing as main symptoms of ARI/pneumonia (RF indic. #21)	National: 6.3%	National: 55.9%	National: 65%
	Rural: 3.8%	Rural: 55.3%	N/A
% of caregivers who know at least one way to prevent pneumonia, including EBF, in CU5 (RF indic. #22)	National: 12.2%	National: 14.9%	National: TBD
	Rural: 9.8%	Rural: 13.6%	N/A

BCC activities in the area of pneumonia in FY 2015 included 2,520 radio and 160 TV broadcasts.

The medical treatment of children who experience diarrhea and pneumonia symptoms is an important means of preventing serious illness and death. PSI's Top Réseau clinical services have grown significantly in terms of the number of IMCI visits provided: from 32,679 visits in FY 2013 to 50,744 visits in FY 2015.

### **Malaria**

PSI's ISM program seeks to reduce mortality due to malaria, with a focus on CU5 and pregnant women. The primary health behaviors promoted by the program include using RDTs to diagnose CU5 with fever, sleeping under LLINs (especially CU5 and pregnant women), and households having at least one LLIN. In terms of knowledge and perception change that lead to these improved health behaviors, PSI's BCC work seeks to increase: women knowing to get two doses of IPTp during pregnancy; understanding that sleeping under an LLIN every night prevents malaria; and perceiving that ACT is effective for treating malaria. All of these indicators are measured through the Malaria Indicator Survey (MIS), which will be conducted mid-FY 2016, at which time progress toward goals will be reported.

Malaria BCC activity was very robust in FY 2015. A total of 13,189 radio spots were broadcasted covering malaria-related topics, and 794 TV spots were broadcasted covering RDTs and World Malaria Day. PSI's MVU events covering malaria prevention and treatment reached 50,123 people, with an additional 1,800 reached by MVU for World Malaria Day.

In terms of making LLINs and ACTs accessible, the distribution of 6.35 million nets scheduled for the FY 2015 mass campaign was postponed to early FY 2016. The following table reports PSI's distribution of USG-funded LLINs through the commercial channel and through continuous distribution:

<b>Indicator</b>	<b>FY 2014 Result</b>	<b>FY 2015 Result</b>	<b>FY 2015 Target</b>
LLINs purchased w/ USG funds distributed through campaigns (RF indic. #43)	2,498,300	postponed	6,350,000
LLINs purchased with USG funds distributed through private/commercial sector (RF indic. #44)	77,261	122,556 (100%)	122,739
LLINs purchased with USG funds distributed through PA/Continuous Distribution (RF indic. #45)	0	29,011 (60%)	48,187
ACT purchased with USG funds distributed through PA/Community channel (RF #46)	721,304	169,419	N/A
TR providers trained with USG funds in case management with ACT (RF # 47)	100 (200%)	N/A	N/A

## **Conclusion**

In summary, PSI and its partners have made significant progress toward health objectives mid-way through the life of the ISM project. The combination of mass and mid-media BCC, IPC work conducted by PSI and partner IPC workers, Top Réseau clinical services, and socially marketed product availability are having a convincing impact on the health of the Malagasy people. While final results from the TRaC FP survey will be reported in FY 2016, there are some very promising preliminary results in the modern CPR. Behaviors contributing to child health, particularly in the areas of diarrhea and pneumonia prevention and treatment, are also on the rise. Through BCC, the LLIN mass campaign, continuous distribution, and other malaria prevention and treatment efforts, it is anticipated that the Malaria Indicator Survey will show positive results as well.

## **IR1: Increased adoption and maintenance of health behaviors**

### **A. Cross-Cutting Communication**

#### **Healthy Family Campaign:**

PSI continued airing the Healthy Family Campaign radio dramas Monday through Wednesday throughout FY 2015. A total of 130 episodes were broadcasted over two radio stations, for a total of 260 broadcasts during the FY. Integrated topics covered by the Healthy Family Campaign include family planning, diarrhea, pneumonia, malaria, and breastfeeding. The final four episodes (172–175) will be broadcast in FY 2016, as well as repeating the entire series. PSI plans to partner with MIKOLO to broadcast the Healthy Family series through their radio station partners in FY 2016.

In addition to the radio drama series, PSI completed production of the Healthy Family Campaign MVU film in Q2. After integrating important feedback from the pre-test, PSI produced a 78-minute film consisting of 3 stand-alone episodes, each with integrated health messages. In FY 2015, only the first episode was shown. The film was used to educate and 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. In total, 14 Healthy Family MVU sessions were conducted in FY 2015. These will continue in FY 2016, using primarily the second and third episodes.

**Partnership supporting MIKOLO/MAHEFA interpersonal communication (IPC) activities:**

In FY 2015, PSI met with MIKOLO to prepare shared ISM strategies and operational plans. Several activities and CHW tools were discussed, aimed at facilitating the work of CHWs. Areas discussed included future signboards to better identify their offices, booklets about healthy behavior, ideas for the development of the ‘Model Father and Mother’ incentive program, and the Education Through Listening (ETL) IPC method. As a result of these discussions, PSI conducted a training of trainers for 21 MIKOLO staffs on September 30, 2015. This was an opportunity to expand the ETL approach. The theme of the training session was the scale-up of the distribution of *Sur'Eau Pilina* water treatment tablets to cover the Atsinanana region and the ETL approach was used. As a result of this training, MIKOLO's staff is now able to incorporate the ETL approach into all of their IPC activities.

PSI and MIKOLO will meet again in FY 2016 to finalize the operational plan for some version of the ‘Model Father and Mother’ incentive program. Both organizations agreed in FY2015 that the *Ankohonana Mendrika Salama*, or ‘Model Healthy Household’ approach already developed and implemented in the field by MIKOLO, will be used as a starting point to avoid duplication.

During FY 2015, PSI participated in the health message harmonization committee led by the Ministry of Health (MOH). PSI actively contributed to a series of meetings to harmonize illustrations and messages for IPC tools at the community level. Partners included USAID bilateral health project partners MAHEFA and MIKOLO. At the end of Q2, messages and tools were developed and approved for the official Malagasy versions, and translation into local dialects and pre-testing were conducted in Q3.

**Partnership supporting Peace Corps Volunteers:**

A memorandum of understanding (MOU) including a job description for the Peace Corps Volunteers (PCV) was agreed upon in Q1. Following the January signing, an annual work plan was established which includes activities such as training PCVs, donating BCC tools to PCVs based in the field, sharing the LLIN mass campaign communication plan, and others.

During a PCV workshop in May, PSI trained 20 PCVs in IPC techniques, stock-checking, and “listening group” organization. In line with the MOU, PSI developed and shared a supply point supervision sheet for support in reinforcing continuous stock availability. In addition, PCVs based in the Atsinanana region were trained in Q4 in *Sur'Eau Pilina* educational and promotional activities.

## **B. Family Planning and Reproductive Health**

### **Contraceptive products**

Marketing the re-introduction of emergency contraception (EC) in the pharmaceutical channel has been a main focus of the FP program. PSI explored with Marie Stopes Madagascar their experiences

and lessons learned on EC distribution from a social marketing perspective. PSI conducted a brand review for EC and decided to develop a brand named *Unipil*. PSI is pursuing discussions with USAID to decide whether to overbrand *Postinor 1* or *Norlevo*, and to assess whether or not the laboratory would send samples for the market authorization request. In any case, PSI is awaiting manufacturer approval prior to producing job aids and other materials that were initially scheduled for Q4.

A challenge that PSI faces within its FP program is in the area of Medical Drug Agency of Madagascar (DAMM) regulations for the request of Authorization to Market (AMM). The DAMM requires that brand names must be put on both the inner blisters/containers and outer packaging. While several alternatives to this prohibitive requirement have been proposed by PSI, no solutions have yet been found. Products impacted include the oral contraceptive over-branded *Pilplan*, and the injectable Depo-Provera over-branded *Confiance*. A derogation letter to the DAMM, to be signed by the MOH with USAID support, will be developed to request allowing the over-branding. At the national level, a progressive migration from Depo-Provera to Sayana Press is underway.

Increasing contraceptive coverage and modern contraceptive use is a main focus of PSI's ISM program. Reaching young people in particular will greatly impact the contraceptive prevalence rate. To that end, PSI developed a condom targeting youth, branded *YES with you*. The Authorization to Market (AMM) was obtained in May 2015, at which time PSI officially launched the product in Antananarivo, during the Libertalia Music Festival. Alongside this festival, mini-launch activities were conducted, including street market activities by youth peer educators to inform and direct individuals to the commodity's points of sale. Sales promoters were dispersed to stores in Antananarivo to further promote the new youth condom. PSI also broadcasted new radio and TV spots produced specifically for this product. Promotional and sales items, including T-shirts, caps, posters, banners, flags and stickers, were distributed to reinforce the visibility of the new brand.

To support awareness of FP products and their correct use, PSI distributed 40,000 booklets in March 2015 covering all FP methods available in the country. The booklets are for distribution to *Top Réseau* clients by IPC agents.

### **Youth programs**

PSI strengthened its youth program by implementing the '*Tanora 100%*' youth campaign and supporting it with youth outreach and promotional materials such as banners and T-shirts. The campaign targets youth aged 15-24 through the activities of 120 PSI youth peer educators promoting healthy behaviors. The two strategic priorities are to reinforce the quality of youth-friendly service delivery in the *Top Réseau* clinics, and to strengthen demand creation for services and products. A package of media communication materials, which included a TV spot, a radio spot and an 18-minute film, was developed, pre-tested, and broadcasted. In addition, youth Zumba events were conducted in five regions of Madagascar to launch the campaign '*Za ve.*' The campaign highlights the 18-minute youth-oriented film, covering reproductive health (RH) topics including FP, sexually transmitted infections (STI) and HIV testing services (HTS). The *Za ve* campaign was launched in September 2015.

PSI is piloting a 'Fan Club Tanora' youth loyalty scheme in the Majunga *Top Réseau* zone. Club members are 'ambassadors' promoting FP/RH services, and select members are rewarded based on referring peers to *Top Réseau* clinics. An evaluation of the loyalty scheme was conducted in July 2015, and results show both successes and needs for improvement. A weakness in the recruitment methodology will be addressed by emphasizing its voluntary nature. In addition, screening for

identifying motivated clients will be emphasized. Regarding the training methodology, the curriculum for Club members will focus more heavily on the referral system and on capacity building for mini-group leaders. In order to boost motivation, a uniform for Club members will be created and various non-monetary incentives will be assessed. A scale-up strategy is currently under development and will begin in Q1 FY 2016.

In strengthening partnerships with the public sector, PSI signed a MOU in September 2015 with the Ministry of Youth (MoY). The collaboration will focus on: 1) training 300 MoY youth peer educators (PE) on adolescent RH, innovative approaches such as Healthy Images of Manhood (HIM), and adapting communication to stages of behavior change; 2) organizing fun community events with MoY youth peer educator support, integrating a more creative and practical ‘life skills’ approach to IPC sessions; and 3) conducting exchanges between the two entities’ peer educators. The goal of these activities is to increase youth awareness and access to RH services, including *Top Réseau* clinics. Activities began in September 2015 with the “100% Youth Urban Show,” where PEs disseminated RH messages among the 1,500 attendees.

### C. Child Health

#### **WASH strategy and partnerships**

In FY 2015, PSI developed a new strategic orientation for its WASH program to reinforce activities primarily around diarrhea and pneumonia prevention. Water treatment product distribution and behavior change communication (BCC) promoting hygienic behaviors, such as treating drinking water and handwashing with soap, were the main focus.

PSI faces challenges with its water treatment product, *Sûr'Eau*, in non-continuous and incorrect use by the target group. PSI’s research indicates that some among the target groups do not always know how to use the product correctly (dosage, waiting period), do not treat their water for daily use, and sometime use the product for non-intended purposes (laundry). To address these issues, PSI launched the *Sûr'Eau Pilina* water treatment product in tablet form.

In collaboration with the USAID-funded MIKOLO program, PSI launched a community-based distribution pilot of the *Sur'Eau* tablet in Q1 of FY 2015 in the district of Vatomaniry. Based on target group acceptance and positive evaluation results, *Sûr'Eau Pilina* was scaled up in the entire Atsinanana region (6 districts).

In terms of diarrheal message dissemination, 1,204 radio spots were broadcasted for prevention and 6,660 radio spots were broadcasted for treatment during FY 2015. Printed IEC tools such as flyers and posters were distributed. MVU events with films, discussions and demonstrations on diarrhea prevention and treatment, including water treatment and hand washing with soap, reached 53,621 individuals through 278 showings during FY 2015.

FY 2015 was also marked by the strengthening of collaborations with partners—particularly with the Peace Corps Volunteer program and the Malagasy Scouts program (*Tily eto Madagasikara*). In addition, PSI signed an agreement with the regional office of nutrition, where community based nutrition workers (ACN) are involved in *Sûr'Eau Pilina* scale-up. PSI also participated in the two Mother and Child Health Weeks (MCHWs), representing the formal resumption of collaboration with, and support to, the public sector.

### **IMCI prevention messages and service promotion**

Throughout FY 2015, PSI consistently supported the MOH in the organization of various events and mass campaigns such as MCHW, World Pneumonia Day, and the polio campaign. PSI supported these social mobilization activities through mass communications and IPC activities through national level radio broadcasts, rural IPC conducted by CHWs, and urban IPC conducted by PSI's teams of youth peer educators and family planning counselors (FPC).

PSI was involved in the preparation and celebration of the MCHW in October 2014 in Antsirabe. PSI was in charge of logistics and communication materials for the official launch day, and a large team from Antsirabe and Antananarivo attended to promote PSI's activities and products. Due to the success of this participation, PSI then focused its efforts on demand creation for *Top Réseau* clinics for the MCHW celebration in May 2015. 44 *Top*



**Mother and Child Health Week, May 2015 (Photo: PSI Staff)**

*Réseau* clinics located in 15 urban and rural districts participated in this event, supporting public health centers in offering a multitude of services. Over the 5-day period, *Top Réseau* clinics vaccinated 1,323 children under five and 119 pregnant women, provided vitamin A supplements to 5,668 children, de-wormed 4,695 children and 214 pregnant women, and distributed 2,040 LLINs. For this event, *Top Réseau* providers received training from public sector staff at regional and district levels. Commodities (seven different vaccines, de-worming medicines, and vitamin A) were provided by the District Health Service. PSI contributed to the communication plan of the official MCHW event and broadcasted 24 TV spots and 153 radio spots. PSI's participation also included producing communication materials (banners) and broadcasting an additional 480 radio spots and 300 TV spots within the 15 *Top Réseau* districts, to inform the public of integrated services offered at *Top Réseau* clinics. Within the framework of MCHW activities, PSI successfully collaborated with the MOH to provide free preventive health services to thousands of Malagasy children and women.

### **Child Health product promotion**

#### **Diarrhea products**

Following the results analysis of the 2014 TRaC IMCI, PSI and partners created a series of programmatic recommendations to improve results in challenging areas. For example, results showed that 8% of the target population still uses traditional medicines to treat diarrhea symptoms. To address this, PSI broadcasted 13,320 radio spots during FY 2015 to: 1) encourage care seeking at health centers and/or request advice from CHWs in case of diarrhea symptoms; and 2) reinforce the availability of the ORS and zinc DTK. In addition, provider behavior change communication (PBCC) was strengthened to reinforce use of DTKs. Various communication tools and materials (flyers, posters and TV spots) were developed and PSI's socially marketed *Hydrazine* DTK product was promoted through sponsoring events organized by health professionals such as the doctors' and pharmacists' national associations (ONM, ONP). BCC challenges remain, including increasing DTK adherence (compliance with 10 days of zinc) and awareness of the benefits of zinc. These will be areas of BCC focus in FY 2016.

## **Pneumonia products**

BCC jobs aids and tools for CHWs regarding pneumonia prevention and treatment were produced in FY 2015 in order to prepare for the scale-up of the new Amoxicillin product implementation in FY2016. PSI continues to be the main actor supporting the MOH in their effort to reinforce prevention and treatment of pneumonia. Each year, PSI makes technical and financial contributions to World Pneumonia Day and has served as the lead event organizer. In FY 2015, PSI facilitated the transition of event organization/leadership to the MOH, in partnership with the Pediatric Pneumonia Specialist Association (SOMAPED).

## **D. Malaria**

### **Malaria product promotion**

In terms of malaria product promotion, PSI developed and produced sales and promotional incentives in FY 2105 to support its social marketing product '*SuperMoustiquaire*.'

### **Communications harmonization**

PSI actively participated in the Malaria BCC Working Group to harmonize messages related to malaria prevention and treatment. Madagascar held the official celebration on May 28 in Mahajanga, a region known as a high malaria transmission zone. The theme this year was 'Investing in the future, defeat malaria' and included health providers and officials from both Mahajanga and Antananarivo (Minister of Health, USAID/PMI, WHO, etc.). During preparation meetings led by the MOH, it was decided that PSI would lead the production and broadcasting of three radio and TV spots: the first to promote Malaria Day activities in Majunga, the second to sensitize people throughout Madagascar on the importance of using LLINs to protect against mosquitoes and malaria, and the third to encourage individuals to seek care when experiencing fevers. PSI also led promotional activities for several on-stage animations, and provided four mobile video unit sessions focused on malaria prevention and treatment during the week prior to the event, reaching approximately 1,800 people.

### **LLIN Mass Distribution Campaign**

Throughout FY 2015, PSI was involved in the preparation of the 2015 mass campaign for the distribution of LLINs funded by USAID/President's Malaria Initiative (PMI) and the Global Fund. PSI was an active participant in the National Coordination Committee of the mass campaign, as well as the Malaria BCC Working Group for message harmonization among PMI partners.

In November 2014 a PSI team participated in a national workshop for both the PMI and Global Fund 2015 mass campaigns organized by the Deliver project in Majunga. Workshop participants included USAID, MOH Regional Directors, the National Malaria Control Program (NMCP, or DLP), the National Coordination Committee, and the WHO. The objectives of this workshop were to: share lessons learned from past campaigns; identify and agree upon appropriate approaches for each operational area; involve MOH staff early in the process; and build an action plan for the 2015 campaign. Operational plans and a draft timeline were created for population census, IEC/BCC, M&E, training, coordination and sub-grants. Also in Q1, messages were developed for advocacy, the census, and pre, per and post campaign, in line with PMI guidelines. In Q2, artwork for communication tools such as posters (for distribution locations and sensitization), brochures for CHWs, caps and banners were developed. By Q3, all of the communication tools were produced and distribution to the districts had begun.

Before the pre-campaign period and for the census, 3,080 radio spots were broadcasted in April for PMI zones and an additional 1,925 were broadcasted in July for Global Fund zones. The main message was to sensitize the population to register their names because the National Coordination Committee had decided to distribute LLINs only to people whose names were included in the census sheets.

During the month of September, PSI broadcasted 2,916 pre-campaign radio spots to make beneficiaries aware of the imminence of the campaign. Messages related to the mode of transmission of malaria and waste management were included in the radio spot script, informing beneficiaries to bring a basket when they pick up their LLINs at the distribution sites.

Under PSI leadership and coordination, the National Coordination Committee organized a special event to officially launch the national LLIN campaign. This successful event was held in Foulpointe on September 30, 2015 and included the participation of various prestigious guests, including the Minister of Health, the Ambassador of the United States, the US Government Deputy Malaria Coordinator, the Director of USAID Madagascar, and local teams from PMI and the CDC. In addition, thousands of attendees from the surrounding area participated.

### **LLIN Continuous Distribution**

Following the LLIN continuous distribution pilot conducted in Tamatave in FY 2014, it was decided to continue the effort in two districts of the Vatovavy Fitovinany and Atsimo Atsinanana regions, due to their high rates of malaria. In December 2014, a PSI team went to Vohipeno in the Vatovavy Fitovinany region, and to Vangaindrano in the Atsimo Atsinanana region, to conduct advocacy activities and meet local authorities. Meanwhile, radio spots already developed for Tamatave were translated into local dialects. Job aids were also produced and distributed to CHWs.

From Q2 to Q4, 2,010 radio spots were broadcasted to support this continuous distribution activity. In addition, local traditional leaders were sensitized on the importance of the fight against malaria. They were asked to contribute to the communication efforts because of their strong influence on the target population at the community level. As a result, ten communes publicly committed to consistent and correct use of LLINs. The district office of the MOH is the entity which is in charge of supervising the implementation of this commitment.

### **E. Polio Campaign**

PSI also participated in the national effort to eradicate polio through immunization. This is an urgent issue, in that Madagascar is the last country in Africa with current polio cases, thus posing a risk to the important goal of eradicating polio in Africa. For the campaigns in September and October 2015, PSI broadcasted 1,544 radio spots through the national channel as well as through 61 local stations.<sup>33</sup> TV spots were broadcast over the national station. All of the spots were pre-existing MOH spots. Following this participation, PSI decided to include a significant communication campaign related to polio prevention and eradication in the ISM FY 2016 work plan. This campaign will be linked with WASH activities, as hand washing with soap, and latrine use are among the behaviors to be adopted to prevent polio.

Below is a summary of all mass-media and mid-media BCC/IEC activity conducted over the course of FY 2015, including radio, TV, and MVU, by health/program area.

Program	IEC/BCC Activity	Q4 Output	FY 2015 Output	Funding	Description
Healthy Family Campaign	Radio drama episode production	34	130	ISM	Radio and film dramas all integrate FP, diarrhea, pneumonia, malaria, and breastfeeding
	Radio drama broadcasts	68	260	ISM	
	MVU - Healthy Family # sessions	2	14	ISM	
Family Planning Program	STM TV spot broadcasts	1,000	1,330	ISM	All short-term FP
	STM radio spot broadcasts	1,000	6,807	ISM	All short-term FP
	LTM music video/TV broadcasts	-	480	WHP	IUD
	LTM radio song broadcasts	-	1,650	WHP	IUD
	LTM radio spot broadcasts	-	5,700	WHP	IUD
	LTM TV spot broadcasts	-	1,168	WHP	IUD
	Tanora 100% Youth radio spot broadcasts	7,578	7,578	ISM	Youth Program
	Tanora 100% Youth TV spot broadcasts	1,160	1,160	ISM	Youth Program
	Tanora 100% Y short movie TV broadcasts	56	56	ISM	Youth Program
	YES condom radio spot broadcasts	2,750	3,290	SIFPO	Condom
	YES condom TV spot broadcasts	3,324	3,449	SIFPO	Condom
	MVU - FP - # sessions	40	162	ISM	56,007 people reached
Pneumonia	Pneumonia TV spot broadcasts	124	160	ISM	Prevention and treatment
	Pneumonia radio spot broadcasts	1,960	2,520	ISM	Prevention and treatment
Diarrhea	World Water Day TV spot broadcasts	-	15	ISM	Generic spot
	World Water Day radio spot broadcasts	-	45	ISM	Generic spot
	Diarrhea Treatment radio spot broadcasts	6,660	6,660	ISM	Generic
	Sur'Eau promotion radio spot broadcasts	520	520	ISM	Promotion
	Sur'Eau Pilina radio spot broadcasts	276	684	ISM	In Vatomandry
	MVU - Diarrhea - # sessions	36	278	ISM	53,621 people reached
Malaria	PMI Census radio spot broadcasts	-	3,080	ISM	Net Mass Campaign
	GF Census radio spot broadcasts	1,925	1,925	NSA 2	Net Mass Campaign
	PMI Pre-campaign radio spot broadcasts	2,916	2,916	ISM	Net Mass Campaign
	PMI Per-campaign radio spot broadcasts	378	378	ISM	Net Mass Campaign
	Net CD radio spot broadcasts	660	2,010	ISM	Net continuous distrib.
	RDT TV spot broadcasts	360	750	UNITAID	RDT
	RDT radio spot broadcasts	1,440	2,880	UNITAID	RDT
	WMD TV spot broadcasts	-	44	ISM	World Malaria Day
	WMD MVU sessions	-	4	ISM	1,800 people reached
	MVU - Malaria - # sessions	44	168	ISM/NSA 2	50,123 people reached
Mat/Child Health Wk	SSME TV spot broadcasts	-	324	ISM	Launch & TR participation
	SSME radio spot broadcasts	-	633	ISM	Launch & TR participation
MNP Zazatomady	Zazatomady radio spot broadcasts	720	4,932	UNICEF	Micronutrient powder (MNP) for children 6-23 months in 3 regions
	Zazatomady TV spot broadcasts	-	336	UNICEF	
	Zazatomady radio show broadcasts	99	99	UNICEF	
Polio Campaign	Polio radio spot broadcasts	1,554	1,554	ISM	Campaign
	Polio TV spot broadcasts	33	33	ISM	Campaign
Top Réseau	Top Réseau radio spot broadcasts	6,030	18,110	ISM	Promotion
	Top Réseau TV spot broadcasts	960	3,812	ISM	Promotion

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

### A. Expanding access to quality services

PSI's network of 244 private, franchised *Top Réseau* health clinics deliver a variety of health care services primarily in the areas of FP/RH, IMCI, and malaria. PSI and its partners IntraHealth, Banyan Global, SAF, and SALFA focus on expanding access to quality health care services through quality assurance, capacity-building, supervision, promotional support, access to financing, and more. Rural and urban *Top Réseau* clinics are present in 74 of the 114 districts across Madagascar.

#### **Top Réseau clinic expansion**

In order to generate health impact through a system of health care delivery, PSI improves access to quality services through *Top Réseau* clinics. PSI recruits high-potential clinics, based on specific selection criteria, which results in expanded access that addresses the target group's health needs. Over the course of FY 2015, 17 clinics were recruited, bringing the total number of clinics to 244 as of Sept. 30, 2015. The 17 newly recruited clinics had expressed interest in being part of the *Top Réseau* network and met the selection criteria per the assessment of PSI medical supervisors. PSI continued to monitor existing clinics, and over the course of the year terminated MOUs with 12 *Top Réseau* clinics in urban areas. Half of the terminations were due to their inability to deliver quality care despite intensive, individually-tailored support from PSI over a long period of time. The other half terminated for personal reasons. There are currently a total of 204 urban clinics and 40 rural clinics. Among the 40 rural clinics, 6 were closed due to the unavailability of providers wanting to stay in these remote areas. To address this situation, SAF and SALFA recruited recent graduates from the SALFA nursing school who are motivated to work in rural areas. To compensate for the lost rural clinics, 6 new SAF and SALFA clinics were recruited during the FY, ensuring the maintenance of 40 rural clinics.

#### **Top Réseau service package and training**

*Top Réseau* was originally created as a youth-friendly franchise which later expanded to encompass family health care services. In Q4, PSI received technical assistance from PSI/HQ to revitalize youth-friendly services. During this visit, 14 PSI staffs participated in a training of trainers for a cascading training to *Top Réseau* providers. One health care provider and six youth were also invited to give their input into the trainings. The training curriculum was updated based on new WHO guidelines and aims to offer quality RH care to youth. The first provider training using the new curriculum will be conducted in Q1 FY 2016.



ToT for PSI staff on Youth-Friendly Services: August 31-September 3, 2015 (Photo: PSI staff)

To broaden the *Top Réseau* service package, PSI integrated IUD and implant service provision into the basic services package of select SAF and SALFA rural *Top Réseau* clinics. Numerous criteria were developed to ensure client safety for long-term FP method (LTM) services, including proximity to health facilities that have the required infrastructure to handle emergencies in case of

complications. During FY 2015, 12 rural providers were trained in IUD services and 40 rural providers were trained in implant services.

All *Top Réseau* providers offer services in the basic integrated health areas of short-term FP methods (STM), STI treatment, child health/IMCI (including malaria), and nutrition. These services are required in order to be part of PSI's franchise, as is PSI's training in all of these services, either through classroom training or on-the-job training. In FY 2015, 11 new providers received classroom training on the package of integrated health services. In addition, the training curriculum for nutrition was updated and 29 *Top Réseau* providers from Antananarivo and Fianarantsoa were trained in December 2014.

Throughout FY 2015, child health/IMCI refresher trainings were carried out to improve the quality of services offered by *Top Réseau* providers. A total of a 222 providers were trained in all *Top Réseau* zones. The refresher trainings updated the knowledge and skills of providers in basic services and were based on the training curriculum developed using IntraHealth's Learning for Performance approach. Malaria rapid diagnostic test (RDT) techniques were updated and shared with providers. Exercises were implemented using updated job aids such as algorithms, the new WHO weight and height chart, and learning tools including the key indicators checklist that allows providers to make their own self-assessments of their progress.

### **Mutual health insurance**

In order to increase access to quality health service, by reducing finance barriers, PSI, with support from Banyan Global (BG) is working toward accessing mutual health insurance. PSI's IPC agents visited 177 households and conducted two group meetings in Q3 in order to identify potential mutual health insurance members. Two groups near two different *Top Réseau* clinics in Antananarivo were identified: 69 potential households in Bemasoandro and 65 potential households in Behenjy. Each of those groups, with the BG Community Organizer's support and coaching, have identified several people to organize the groups and serve as group managers. PSI and BG trained the group managers within these two communities on how to manage members' premium payments, how to motivate members to renew their periodic premiums, and how to develop effective group rules and internal communications. Once established, mutual health insurance will consist of groups of at least 50 households.

During Q4, 58 households from the Bemasoandro group were identified as having the capacity to each pay the 6-month 14,000 Ariary (approximately USD \$4.20) premium up-front, which is the premium required by AFAFI. Because this sum of money can be a significant barrier for households in accessing insurance, BG explored a partnership to facilitate the payment of the 6-months of premiums. One association, *Velona ho an'ny Hafa*, agreed to pay the premiums for 30 households. Several meetings were held between AFAFI and PSI during this fiscal year. Concerning the MOU with AFAFI, their General Manager confirmed their interest in working with PSI, but indicated that they are delaying finalizing the MOU until they finish redesigning their strategy. MOU signature is expected in Q1 FY 2016.

In parallel, PSI signed the MOU with Positive Planet/*OTIV Harena* (former Planet Finance) in September 2015. Under this MOU, the clients who borrow and save at OTIV will have access to health insurance coverage, which will include services at *Top Réseau* clinics. PSI and Positive Planet will conduct joint communication to promote the enrollment in health insurance among the target group.

## Quality Assurance

PSI provides ongoing support to *Top Réseau* providers so that they continually deliver services in accordance with quality standards. Monitoring visits, evaluations, and quality audit support are implemented each year. During FY 2015, a total of 951 supportive supervision visits for all integrated health areas were conducted using Optimizing Performance and Quality (OPQ) and PBCC strategies. A supervision skills workshop was conducted for seventeen participants, including nine medical supervisors from PSI, four supervisors from SAF and four supervisors from SALFA, during which IntraHealth's OPQ supervision tool was adopted. In addition, the segmentation of providers according to the PBCC approach was used to conduct better supervision planning.

In Q3, PSI received a 15-day technical assistance visit from IntraHealth's Senior Clinical Advisor. The scope of work included implementation of the new quality evaluation systems for FP and child health services, and review of PSI's quality assurance (QA) manual to include all integrated health services provided in the *Top Réseau* network. The QA manual was updated and serves as a reference document for all health services. It addresses the five quality norms of technical competency, client safety, informed choice, privacy and confidentiality, and continuity of care.

Service quality among all *Top Réseau* providers is evaluated annually. FY 2015's evaluation was carried out from June to September 2015 under the leadership of the IntraHealth team. FP (STM and LTM separately) and child health service quality were evaluated. Service quality was evaluated through direct observation by medical staff and consists of an enhanced, comprehensive quality assessment. The goal is for providers to achieve a score of 80% or more. A total of 285 *Top Réseau* providers were evaluated on the basic services of STM and child health.

The results for STM service quality show that 65.5% of providers scored 80% or more. Female providers performed better overall, with 72% scoring 80% or more, vs. 55% of male providers scoring 80% or more.

The results for child health service quality show that 54.7% of providers scored 80% or more. Again, female providers performed better overall, with 60% scoring 80% or more, vs. 48% of male providers. The results of the STM and child health services evaluation are considered as a baseline, as it is the first evaluation for these health areas using the new methodology. While the goal is for 100% of providers to score 80% or more, it is important to consider that there are new franchise members within the evaluation, who have not yet benefited from PSI's extensive supervision, refresher training, and monitoring activities. PSI is confident that with this new evaluation methodology, expectations will be even clearer, corrective actions and quality assurance will be more consistent, and results will improve each subsequent year.

For the LTM service quality evaluation, a comparable methodology used in prior years provides results over time:

Indicator	FY 2012 Baseline	FY 2013 Result	FY 2014 Result	FY 2015 Result
# <i>Top Réseau</i> providers evaluated for overall	152	178	171	181

quality in LTM services				
% <i>Top Réseau</i> providers that scored at least 80% on quality standards for FP services - LTM	58.2%	53.9%	90.6%	92.3%

Results show that steady progress has been made over the past four years, with over 92% of providers now scoring at least 80% on LTM quality service standards. It is important to note also that there is no difference in quality scores between male and female providers. PSI will use the evaluation results to better understand factors associated with both weak and strong performance and continue to focus on individually tailored supervision, training, and monitoring.

### ***Data collection modernization***

The objective of data collect modernization is to provide *Top Réseau* managers with timely, accurate and complete data for operational decision-making and reporting purposes. 42 providers participated in the pilot phase for mobile software to enable digital data collection. Scale-up is planned for FY 2016 under Women's Health Project (WHP) funding. Data collection modernization also applied to IPC supervisors and medical supervisors; an android application was developed internally to collect data from each IPC supervision session in Q2. Analysis of completeness and the number of supervision visits was conducted. GPS for each supervision session was also made available every month, facilitating monitoring of outreach activity. Medical Supervisor user training was conducted in Q4. Data collection and analysis was piloted with DHIS2 and interpretation will be reinforced during field supervision in FY 2016. All of PSI's 27 supervisors have benefited from tablet based data collection. Benefits of the modernization include less time spent collecting and entering data, richer data, and more time focused on analysis. The data is available on time for supervisors at both local and national levels, and actions needed to be taken are done in a timely manner.

### ***E-vouchers***

In order to improve the voucher system and reimbursement of *Top Réseau* providers, PSI piloted e-vouchers in Antananarivo and Fort-Dauphin. Under the ongoing voucher program, vouchers are distributed by IPC workers to the target groups of youth and women of reproductive age of low/middle socio-economic status. Clients redeem vouchers at *Top Réseau* clinics and receive a discount. All of these vouchers were then submitted by providers to PSI for reimbursement using SMS. In December 2014, HNI and PSI conducted a focus group session with nine *Top Réseau* providers in the Antananarivo pilot. In general, providers were satisfied with the speed of payments; however, they reported some errors. An evaluation of the e-voucher pilot was conducted in May 2015. Among the main findings is the recommendation to ensure that the process is more fluid and less time-consuming. Overall, the pilot was successful in terms of the system allowing the management of multiple processes, reducing travel, saving time and resources, and facilitating timely payment. A meeting to create an action plan for addressing the findings was conducted in Q4. The scale-up in FY 2016 will provide an opportunity to integrate e-vouchers with the tablet based data collection system.

## **B. Capacity Building**

### **Provider motivation**

As a way to recognize high performing *Top Réseau* providers, PSI trained a group as co-trainers and co-evaluators. Six providers then conducted co-trainings on IUD and implant services in FY 2015,

and five supported PSI during the annual evaluation as co-evaluators. Their involvement proved invaluable for the execution of the evaluation. The providers who were evaluated by these co-evaluators expressed interest in also being trained in co-evaluation and co-supervision.

The results from the annual evaluation are also used to identify high performing providers who are eligible for non-monetary motivation/incentives. The rewards and recognitions are planned for Q1 FY 2016. To add value to the PSI partnership, other incentive schemes were developed, such as high performers advancing to become PSI co-trainers, supervisory staff, and/or be invited to share best practices at peer exchange visits.

As an additional way to enhance the motivation and productivity of Top Réseau providers, PSI organizes peer exchange visits. In FY 2015, five exchange visits were held with a total of 20 Top Réseau providers and 3 public providers. At the end of Q4, one intra-site visit and one inter-site visit were held in urban areas. Action plans are created by providers during each



**Top Réseau provider exchange visit, September 18, 2015, Antananarivo (Photo: PSI staff)**

exchange visit and follow-up to these action plans was conducted in Q4.

### **Gender-based violence (GBV) case management**



**GBV Workshop June 2015 (Photo: PSI staff)**

IntraHealth's Learning for Performance (LFP) approach was adopted to ensure an effective and smooth introduction of the gender-based violence (GBV) case management system among Top Réseau providers. In Q2, two documents were adapted to the local context from PSI's 'Clinical and Programming Standards and Guidelines for responding to Gender-based Violence' protocol. The training curriculum was developed for the GBV

screening, case management, and referral system. An MOU with Environment

Development and Actions Ocean Indian (ENDA OI), a local NGO based in Antananarivo and charged with providing psychosocial, economic and legal support for GBV survivors was developed in Q3 and focuses on prevention of GBV through community education and GBV case management.

In May and June 2015, two workshops were conducted with eighteen Top Réseau providers in Antananarivo in order to design the referral system for GBV case management. Another workshop to coordinate GBV activities with Top Réseau providers and Allo Fanantenana, a free telephone hotline, was organized in September 2015. Fourteen Top Réseau providers among the eighteen trained were supervised during field visits. They requested that GBV referral services be as close to their clinics as possible, and that full service packages (medical care, psychosocial and legal support, and economic

empowerment) be available to clients. In response to this request, PSI partnered with Association Serasera Fanantenana (ASF), a local hotline. ASF received training from PSI on health counseling and gender to better provide accurate counseling and referral services to callers seeking assistance. In terms of GBV referral and case management potential scale-up, it was decided to document all stages of the pilot before deciding on scale-up to other zones. The existence of a structure, resources, and services to ensure comprehensive support is part of the criteria for consideration of scale-up.

### **Business training & access to finance**

PSI, with support from Banyan Global (BG), builds the capacity of Top Réseau providers in business and financial management through training, business counseling, and mentoring. Refresher training is conducted through individual or group coaching. During FY 2015, 124 Top Réseau providers received training on budgeting and basic accounting. Over the course of the ISM program, 184 providers have been trained in business and financial management. With the LOP goal of 150 providers trained, 123% of the goal has been achieved as of the end of FY 2015.

PSI also continues to work on access to finance through the assistance of BG. During FY 2015, 63 ongoing individual coaching sessions were provided to Top Réseau providers with concrete investment plans. Seven providers received coaching on specific investments to improve their medical practices.

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 BG met with the USAID DCA to discuss health sector lending and share lessons learned to date. In June 2015, a second meeting was conducted to provide additional information on the private health sector and challenges in health sector financing. The team also discussed the feasibility of urban vs. rural lending. USAID plans to follow up with PSI on their discussion with AccesBanque and share more information on the progress of the DCA with PSI when available.

During this fiscal year, two new loans were disbursed for two *Top Réseau* providers in Antananarivo. The total loans, worth 23.6 million MGA, will finance the renovation of health facilities. During Q4, BG met with equipment suppliers *Inter Equipement* and *MAEXI*, to help facilitate price negotiations, resulting in purchases of ultrasound equipment for three *Top Réseau* providers and laboratory materials for one NGO in Vangaindrano. Individual coaching in FY 2016 will focus more on supporting providers in loan negotiations.

## **C. Promotional Support**

### **Communications and marketing**

PSI received technical assistance from the International Center for Social Franchising (ICSF) from March 6-13. During the visit, ICSF conducted field visits to 10 different Top Réseau clinics, met with technical partners and the MOH, held a full-day workshop with key PSI staff, and presented their findings in an interactive half-day debrief. A variety of PSI franchise strengths were identified, including high client satisfaction, an ongoing process of quality integration, business training, 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 balancing equity, affordability, and sustainability. Priority work streams for strengthening the franchise were identified, such as better understanding the role of the private sector for serving the lower wealth quintiles, and understanding successful and sustainable business models. In terms of the

equity objective, research to better understand the target audience profile is ongoing and the results will be available by the end of November 2015 (Q1 FY 2016). To develop effective business models, BG will collect financial information from 12 Top Réseau clinics, to be completed in October 2015. Additional ICSF support will be provided before the project ends in December 2015, including the development of a sustainable business model for Top Réseau clinics.

### **Top Réseau clinic promotion**

PSI is working to improve the sexual and reproductive health of Malagasy youth through an integrated intervention consisting of mass media communication, interpersonal communication (IPC) activities, and youth-friendly service delivery. This fiscal year, 18,110 radio and 3,812 TV spots were broadcasted promoting Top Réseau services. IPC in the form of peer education has been particularly important, both for education on health and family planning and for making referrals to Top Réseau clinics. PSI works with 120 youth peer educators (PE) who conduct dynamic FP and RH educational sessions linking clients to nearby clinics. This fiscal year, 93,835 youth (individuals 24 and under) were reached by youth PEs and an additional 225,087 youth were reached by family planning counselors, for a total of 318,922 youth reached.

As noted above, in FY2015, PSI developed a partnership with ASF, an organization that developed and manages a toll-free hotline focused on health, called ‘Allo Fanantenana,’ or ‘Hello Hope’ 511, in response to the need to increase knowledge and referral of both GBV and basic RH services through an anonymous and confidential call service. PSI trained ASF members on gender, health counseling, and general information on integrated services available at Top Réseau clinics. PSI also promoted the hotline among target groups and printed the hotline number on Top Réseau clinic posters and brochures. In five months, the hotline received over 5,800 calls. The most common questions include general information about FP, the side effects of contraceptives methods, proper use of specific products, and the locations of Top Réseau clinics. 237 calls about GBV were received, and callers were provided with GBV counseling and referral services.

PSI continues to promote *Top Réseau* clinics and social marketing products among health providers both inside and outside the network. Over the course of FY 2015, 1,296 health providers were present at professional events carried out by the Regional Doctors’ Association *Conseil Régional d’Ordre des Médecins* (CROM), ONM, and COMAGO (Association of Gynecologist and Obstetrician). PSI’s presence at these events provides an opportunity to promote social marketing products, reinforce their correct use, and expose health professionals to the *Top Réseau* franchise.

### **Spotlight on IPC and New Family Planning Users**

PSI puts a great deal of effort into recruiting FP clients to *Top Réseau* clinics, with teams of IPC agents conducting FP and RH sensitization and clinical service demand-generation. Approximately 120 youth Peer Educators (PE) target female and male youth ages 15-24, and approximately 240 Family Planning Counselors<sup>3</sup> (FPCs) target WRA of lower socio-economic status. All contacts are given information about FP/RH and are encouraged to visit *Top Réseau* clinics. In FY 2015, PSI’s youth PEs and FPCs together reached 660,549 women and men. This is nearly a three-fold increase over the baseline of 237,750 outreach contacts in FY 2011.

Qualified and motivated contacts are given a voucher for a FP service discount, redeemable at *Top Réseau* clinics. Of the nearly 122,000 *Top Réseau* FP visits in FY 2015, 57% were visits using a

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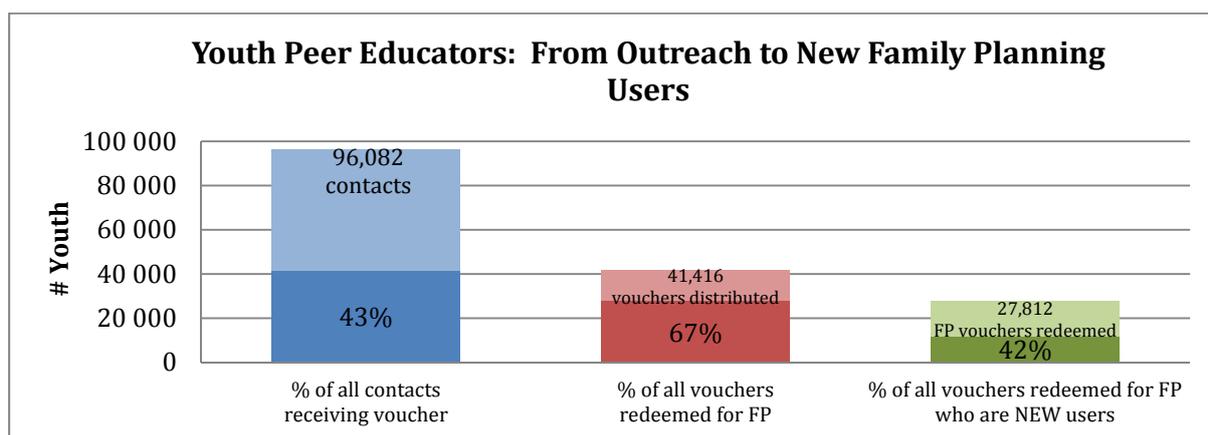
<sup>3</sup> FPCs are funded by the Women’s Health Project

voucher. Over 30% of these voucher visits were by *new* FP users. The voucher system appears to be an effective way of recruiting FP clients in general, and new users in particular.

The journey of the youth PEs’ outreach efforts is the focus of this “spotlight.” In FY 2015, youth PEs reached 96,082 young women and men, 98% of which were age 24 or younger. Seven in ten outreach contacts were women, and three in ten were men. The significant proportion of young men reached reflects the ISM program’s focus on the man’s role in FP, condom use, and supporting his partner in seeking services. 41,416 vouchers for *Top Réseau* service discounts were distributed to youth by youth PEs, which reflects 43% of all outreach contacts. It is important to note that vouchers are given out selectively, to motivated potential clinic users.

Of the 41,416 vouchers that were distributed to youth, 27,812 *Top Réseau* clinic FP visits were made using a voucher, reflecting a high voucher redemption rate of 67%. A significant portion of these FP clinic visits were by *new* clients – 42% -- showing that the youth PE outreach and voucher system is particularly effective in recruiting *new* FP users. In total, 11,817 clinic visits were made by *new* youth FP users as a result of the youth PE IPC program.

The high voucher redemption rate of 67% may be a reflection of two factors: the success of being selective in voucher distribution; and/or the success of vouchers being a significant motivating factor for youth to visit a clinic.



As a result of this analysis, PSI will look further into its whether to distribute vouchers more widely/less selectively, or to continue to limit the number of vouchers due to concerns about budget, low redemption rates, and subsidizing *Top Réseau* providers versus working toward sustainability. Current practice, which appears successful, bases voucher distribution on the target audience’s “stage of behavior” (progressing from knowledge, interest, trial, and adoption to advocacy). Only those at the “interest” and “trial” stages currently receive a voucher. Indeed, a balance will be important between facilitating the FP uptake of as many seekers as possible, and working toward a sustainable model.

### IR3: Increased availability of life-saving health products and services

#### A. Product Procurement and Branding

##### Family Planning/Reproductive Health Products

PRODUCTS	TARGETS	ACHIEVEMENTS	% ACHIEVED
<i>Pilplan OC</i>	3 595 920	3 645 135	101%
<i>Confiance Injectable</i>	2 041 908	2 244 193	110%
<i>Rojo Cyclebeads</i>	22 050	18 185	82%

<b>IUD</b>	19 845	27 105	137%
<b>Implanon Implant</b>	3 820	4 637	121%
<b>Jadelle Implant</b>	525	1 558	297%
<b>YES with you condom</b>	546 000	257 400	47%

In FY 2015, PSI achieved 975,781 couple years of protection, which is 110% of the fiscal year target, through the distribution and promotion of the socially marketed contraceptives listed above. Excluding *YES with you* and *Rojo*, all FP products surpassed estimates, with particular significance for insertion methods due to additional provider training. Distribution of *YES with you* condoms only began in late May 2015 (with only 25% of the FY remaining), due to the delay of the Authorization to Market (AMM). As a result, 47% of the fiscal year distribution estimate was reached. However, monthly sales, which were expected to be 45,000 units/month, surpassed expectation and now average 65,350 units/month. While the FY 2015 estimates for *Rojo* was not reached, sales remained stable as compared to previous fiscal years estimates.

PSI launched the two-rod implant *Jadelle*, distributed through *Top Réseau* clinics, and the new one-rod implant, *Nexplanon*, in February 2015, which replaces the implant branded *Implanon*. The manufacturer of *Nexplanon* conducted a training of trainers in Q3, who then trained *Top Réseau* health providers. *Implanon* and *Nexplanon* sales are reported together, under *Implanon*.

In May 2015, the AMM for the subcutaneous injectable *Sayana Press* was approved. A separate USAID donation of 100,000 *Sayana Press* units was expected to arrive in country in July 2015, to be distributed by MIKOLO and MAHEFA as a three-month pilot in the Atsimo Andrefana and Sofia regions starting in August 2015. A pilot evaluation was planned for three months after implementation. Instead, 314,000 units of *Sayana Press* arrived in September, which was later than expected. Following various meetings with partners, it was decided that these products would be fully distributed by MIKOLO and MAHEFA CHWs in their respective regions. CHWs will procure products through PSI's supply points beginning Q1 FY 2016.

#### Diarrheal/WASH products

PRODUCTS	TARGETS	ACHIEVEMENTS	% ACHIEVED
<b><i>Sur'Eau Vaovao 150ml</i></b>	1 186 133	1 792 496	151%
<b><i>Sur'Eau Vaovao 40ml</i></b>	400 000	474 283	119%
<b><i>Sur'Eau Pilina</i></b>	3 040 000	1 397 410	46%
<b><i>DTK HydraZinc</i></b>	63 886	92 111	144%
<b><i>DTK ViaSur</i></b>	118 645	175 745	148%
<b><i>Generic ORS/Zinc kits</i></b>	N/A	187 033	N/A

PSI distributed 1,792,496 bottles of *Sur Eau* 150ml through the commercial channel and 474,283 *Sur Eau* 40ml through the community based channel, representing 151% and 119%, respectively, of the fiscal year targets. In collaboration with the USAID-funded MIKOLO project, PSI also launched a community-based distribution pilot of the new *Sûr'Eau* tablets in Q1 FY 2015 in the district of Vatomaniry. Based on target group acceptance and positive evaluation results, *Sûr'Eau Pilina* was scaled up in June 2015 for the entire Atsinanana region (6 districts). 1,065 CHWs were trained,

received starter packs, and began distribution. Over the course of FY 2015, 1,397,410 tablets were distributed, representing 46% of the FY 2015 target. The low achievement rate was a consequence of the late product arrival, which only permitted scale-up activities to begin in June 2015. Overall, distribution of household water treatment products contributed to 2.9 billion liters of water treated in FY 2015.

In an effort to achieve progressive cost-recovery, PSI increased the price of *Sûr'Eau 150ml* in April 2015, which had not been done for 11 years, from 150AR to 250AR at the wholesale level. Despite this price increase, demand remains high without any significant impact to end-users.

During FY 2015, PSI distributed a total of 454,889 diarrhea treatment kits (DTK), among which 175,745 were *ViaSur* kits distributed through the community channel, 92,111 were *HydraZinc* kits distributed through the pharmaceutical channel, and 101,106 generic ORS/Zinc kits donated to the MOH for victims of post-cyclone flooding. The significant increase of *ViaSur* consumption, accounting for 148% of the fiscal year target, was due to the stock out of DTKs at public health centers located in rural areas. PSI plans to donate generic ORS/Zinc kits to the public sector to lessen the impact of stock outs during emergency situations.

#### Pneumonia Products

PRODUCTS	TARGETS	ACHIEVEMENTS	% ACHIEVED
<b><i>Pneumostop Total</i></b>	<b>331 385</b>	<b>331 838</b>	<b>100%</b>
<i>Pneumostop Syrup</i>	97 200	97 686	101%
<i>Pneumostop Tablet</i>	234 185	234 152	100%

In FY 2015, PSI distributed 97,686 *Pneumostop* syrup and 234,152 *Pneumostop* tablets, representing 101% and 100% of fiscal year targets respectively. Following the MOH recommendation to change the pneumonia treatment molecule, from Cotrimoxazole to amoxicillin, PSI launched the procurement of 586,000 amoxicillin dispersible tablets branded *Pneumox*. With the procurement process already begun, the MOH decided in September 2015 to change the pneumonia treatment protocol duration at the community level, from 3 to 5 days of treatment. Consequently, PSI instructed the supplier to change the product format from 6 tablets per blister to 10 tablets per blister. This modification significantly impacted procurement, which was originally scheduled to arrive in country in November 2015, and is now planned for March 2016, after lengthy negotiations with the supplier.

Given these delays, PSI ordered additional stocks of *Pneumostop* totaling 240,000 units. Products will be received and distributed in Q1 and Q2 of FY 2016, while awaiting availability of amoxicillin.

#### Umbilical Cord Care: Chlorhexidine

In September 2015, PSI received 216,480 tubes of Chlorhexidine for umbilical cord care. The remaining 230,665 tubes are expected to arrive in Q1 FY 2016. Distribution will begin in Q1 FY 2016 following MIKOLLO and MAHEFA CHW training.

#### Malaria Products

PRODUCTS	TARGETS	ACHIEVEMENTS	% ACHIEVED
<b>RDT</b>	880,000	1,722,396	196%
<i>Supermoustiquaire</i>	122,739	122,756	100%

During the fiscal year, 1,722,396 RDTs donated by USAID/Deliver were distributed in MIKOLO, MAHEFA, and prior SantéNet2 zones, representing 196% of the FY target. Demand for RDTs was significantly higher than the donation provided by USAID/Deliver. In addition, 122,756 units of *Supermoustiquaire* were distributed through the commercial and community channels (92,293 units and 30,463 units respectively), representing 100% of the FY 2015 target. These targets and quantities distributed were not based on market demand, but rather on products donated by USAID during FY 2015. PSI plans to receive additional *Supermoustiquaire* from USAID through the DELIVER project in FY 2016.

## **B. Supply Chain Management**

Minimizing or eliminating the risk of stock-out in the entire supply chain is a challenge as well as a significant priority for PSI. Over the course of FY 2015, procedures within each distribution channel were revised to ensure not only product availability but also reliable stock data. PSI's distribution manual was updated to respond to these changes, including updated forecasting, product expirations, and administrative procedures. As an important stakeholder in the health system in Madagascar, PSI also participated in multiple supply chain workshops to strengthen the national health system.

### **Enhance community-based distribution**

As of the end of FY 2015, PSI works with 1,180 PAs in MIKOLO, MAHEFA, and prior *Santénet2* zones. To support PAs, 1,166 commodity cabinets have been provided, with only 14 PAs in very remote areas having not yet received their cabinets. A community solution is being sought, with delivery anticipated for Q1 FY 2016.

Throughout FY 2015, PSI invested significantly in human resources, materials and equipment to improve the community distribution channel. PSI's sales team was expanded, with the recruitment of distribution staff in Sambava, Antsohihy, Antananarivo, Toamasina and Fianarantsoa. Vehicles for product delivery were also re-deployed, including one in Manakara, one in Fianarantsoa and one in Tuléar. These investments allow PSI to ensure PA visit and stock delivery frequency of every 1 to 2 months. A capacity building workshop for the distribution team was organized in February 2015, with the participation of all staffs from PSI's central and regional offices. Distribution plans were explained and product forecasting sessions for PAs were reinforced. The workshop allowed distribution field staff to share best practices, including how to conduct efficient field visits.

In collaboration with BG and HNI, 26 training sessions on PA capacity building were conducted in FY 2015, reaching 414 PAs and completing the LOP for PA training in the topics of stock management, simplified accounting and sending data via SMS on current stock situations. Nevertheless, given the new community based distribution model mentioned below, PSI will provide additional trainings to all PAs, to train them in the new strategy while also taking advantage of these sessions to reinforce previous training topics. Through business training and financial coaching supported by BG, some PAs were also able to develop income generating activities, which help them to better run their businesses for the long-term.

### **New community distribution model pilot**

A new community based distribution strategy to eliminate stock-outs and facilitate data collection, is being piloted with 201 PAs in three regions of Madagascar, including Sofia, Haute Matsiatra and Ihorombe. The goal is to have complete and timely stock data in order to improve product access by beneficiaries. The pilot began in July 2015, for a period of three months. The new system places PA Relay Communautaires (PARCs) as community wholesalers within districts, to allow PAs greater

access to commodities and the ability to self-replenish. PAs that source from these PARCs are entitled to a comprehensive incentive program designed to motivate high performance at all levels, including subsidies for product purchases, travel allowance based on the distance and/or transportation costs as a rebate on purchase, and non-monetary performance recognition items for PAs without stock-outs for a three month period. In an effort to maximize existing resources, the new strategy also expands the role of existing distribution chauffeurs to assist in product distribution to PARCs.

To expedite data collection and significantly increase data submission rates, PSI distribution supervisors in the pilot zones will be responsible for direct reporting of stock data using tablets programmed with supervision tools, rather than asking PAs to submit data via SMS, as is the current strategy. PA supervision visits will occur on a monthly basis, allowing PSI greater visibility into commodity issues that can be addressed in a timely manner. An evaluation of the effectiveness of the new strategy is scheduled for November 2015.

### **Enhance private sector (commercial and pharmaceutical channel)**

During this fiscal year, PSI expanded its commercial distribution network with super wholesalers to better ensure coverage. PSI recruited two new super wholesalers, including *Central Ankaratra* in Antsirabe and *Mac Sing* in Manakara. With these additions, PSI has a total of 10 super wholesalers in Madagascar supplied by PSI's distribution team. The distribution team is responsible for ensuring that partnerships with other wholesalers and retailers are effective in assuring vast product availability. This year, wholesalers who surpassed their objectives received recognition awards from PSI acknowledging their partnership and efforts.

PSI continues to work with NIPHAR for all packaging and invoicing of pharmaceutical products. One new pharmaceutical wholesaler, NAJMI PHARMA, was identified to increase coverage of pharmaceutical products. All wholesalers' contracts were renewed, adding an amendment requiring sales reporting in order to trace products sold to pharmacies and drug depots. Certified wholesalers also received their quarterly bonuses based on their performance as stipulated in their contracts.

### **Depo-Provera Leakage Mitigation Strategy**

The leakage of Depo-Provera is a significant challenge that has been discussed with USAID and other partners. PSI has identified ways to mitigate leakages within the socially-marketed sector. PSI has also met with relevant departments of the MOH, (DSFa, DAMM, DPLMT) to discuss actions to be taken. In addition, PSI met with implementing partners to discuss potential sources of leakage at the community level, acknowledging that a significant discrepancy exists between the number of regular users and the number of products purchased by CHWs. PSI developed an action plan in Q4 highlighting agreed upon mitigation activities (*see Annex H. for full Depo-Provera Leakage Mitigation Plan*).

## **C. LLIN Campaigns**

### **Malaria Campaigns**

Throughout FY 2015, PSI was engaged in the preparation of the 2015 USAID/PMI LLIN mass distribution campaign organized for 50 districts of the North-East and East of Madagascar. A total of 6.3 million LLINs were procured by USAID/PMI to protect more than 11.5 million people. In total, the campaign covers 746 communes, 7,795 *Fokontany* and 2,928 distribution sites. 39 of the 50 districts will distribute LLINs from September 28 –October 11, 2015. The remaining 11 districts will distribute LLINs from November 2-15 2015, due to delays in the availability of sub-recipient 2 (SR2)

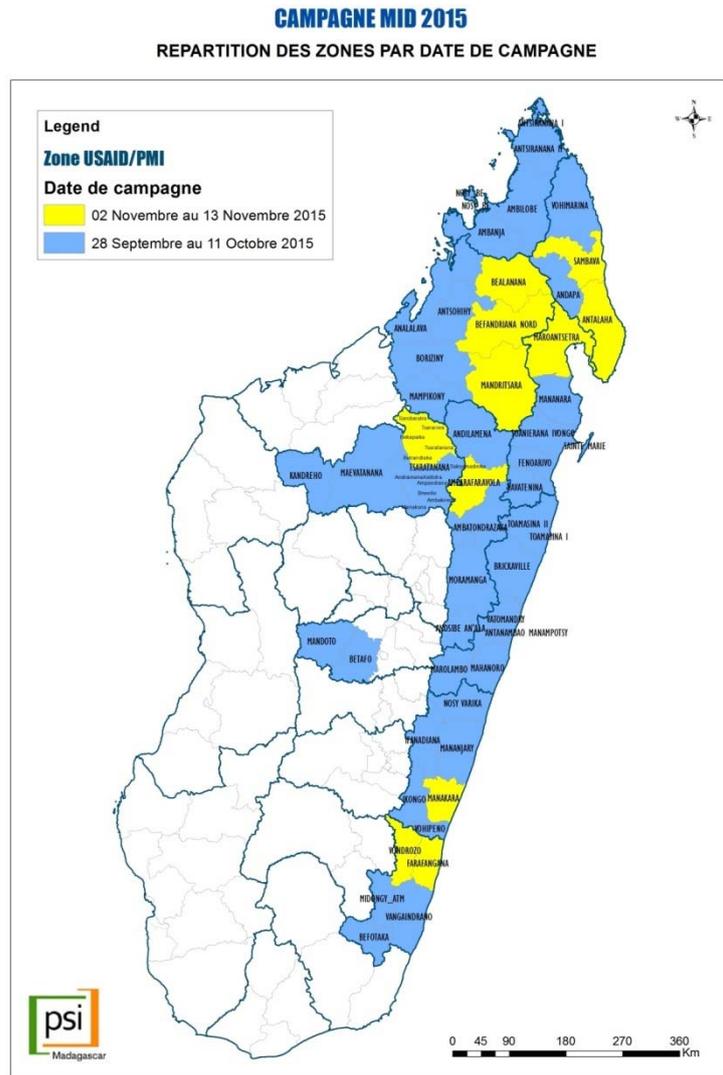
NGOs. The map below illustrates the planned LLIN distribution coverage areas for the mass campaign:

With financial support from the Global Fund, PSI will also distribute approximately 4.2 million LLINs in 42 additional districts of Madagascar in November 2015.

This narrative reports achievements during the pre-campaign period, as per and post campaign periods fall under FY 2016. Pre-campaign activities cover coordination, census, training, micro-planning, social mobilization, sub-award contracting, logistics, and environmental management. The national mass campaign was officially launched on September 30, 2015 in the Foulpointe commune, with attendance including USAID and national & local leaders. PSI will share details of per and post campaign activities in the Q1 FY 2016 report.

**Coordination:** With support from the PMI and the National Coordinating Committee (CNC), the strategic plan for the campaign was revised through weekly coordination meetings. The role of PSI focused on campaign organization, administration and finances.

**Census:** The results of household identification allow for quantifying the LLINs to be distributed. The census consists of assessing the number of households and the total population in each *fokontany*, commune and district, and creating a list of beneficiary households. This work was completed by community census workers in close cooperation with local authorities and NMCP. 11,677,194 individuals were counted. However, PSI has noted various cases of poorly conducted censuses in some areas. For example, some individuals and households were not recorded on the census registers, which led to underestimation of LLINs; in other cases, individuals' names were repeated in multiple registers and/or fictitious households were recorded, leading to overestimations of LLINs. PSI has discussed these issues with the NMCP and the CNC and it was agreed that PSI will relocate and redistribute nets from site to site. In cases where there are insufficient nets within the district to cover the gaps, a "catch up" campaign will be organized in order to provide nets to the individuals who were recorded in separate unofficial notebooks by the NMCP.



**Cascading training (NMCP, NGOs and CHWs):** Effective training is a key factor in the campaign's success, as it guarantees not only quality of implementation but also reliability and timeliness of reporting. Campaign supervisors and CHWs were trained to conduct data collection and information activities. Trainings followed a cascade model and covered a series of topics including: census, development of micro-plans, social mobilization & communication, and funds management for SR1; and logistics (storage, and distribution), monitoring and funds management for SR2. At the central level, 172 people were trained. Training data at district and commune levels are being verified by PSI's M&E team and will be available in Q1 FY 2016.

**Micro-planning:** This activity allows for accurate assessment of LLIN needs and IEC support per district conducted by SR1 NGOs, while assessing LLIN mode of transportation and warehousing needs are completed by SR2 NGOs. Initial micro-plans and IEC support materials developed by SR1 NGOs contained numerous mistakes and required additional efforts by PSI for careful verification of each micro-plan. Micro-plans for the 50 districts have been validated by the CNC.

**Social mobilization and communication:** PSI led the implementation of two types of communications, namely mass media (radio spots, MVU) and IPC by CHWs (home visits). 8,299 campaign radio spots were broadcasted, with each spot lasting 30 seconds in 10 different dialects: 3,080 PMI census; 1,925 GF census; 2,916 PMI pre-campaign; and 378 PMI per campaign. Pre-campaign home visits conducted by SR1s are being verified and will be available in Q1 of FY 2016.

**Sub-award contractor:** PSI works with contractors to lead local implementation activities. Zones covered by PMI during the 2015 campaign were divided into 20 lots. For the 39 districts, NGOs were identified and selected during the first round. For the remaining 11 districts (Sambava, Antalaha, Farafangana, Vondrozo, Amparafaravola, Maroantsetra, Mananara Nord, Befandriana, Bealalana and Mandritsara), Tsaratanana Nord the CNC re-launched a tender to identify NGOs for the remaining districts. NGOs for six districts were identified in the second round, while an additional tender was required to identify NGO for the remaining five districts (Maroantsetra, Mananara Nord, Befandriana, Bealalana and Mandritsara). Because of the difficulties identifying implementing NGOs for the 11 districts, two distribution periods of the PMI campaign were necessary.

**Logistics:** PSI received 6,340,850 LLINs donated by USAID/DELIVER to distribute from the central to district and site levels. 6,152,750 LLINs were delivered to district levels for the 50 districts. There remains 188,100 LLINs at PSI's central warehouse after validation of all micro-plans.

**Environmental management:** PSI provided LLIN disposal instructions to participants during the training sessions, including: a) LLIN packaging should be removed in front of the beneficiary before handing the LLIN to them; b) instructions to bury the net packaging at one designated location for each site, in order to mitigate environmental impact.

#### **Challenges:**

The following represent challenges encountered by PSI during the pre-campaign phase:

- Availability of quality and timely data on pre-campaign activities at the PSI central level. PSI's monitoring and evaluation team is currently investing significant amounts of time and resources in to verify data, as information of variable quality trickled in from the districts and delivery sites.

- LLIN accessibility for the district of Marolambo: Transportation to Marolambo was difficult due to limited access to the distribution sites.
- At the request of PMI, PSI will be in charge of distributing left-over nets in collaboration with SR2s. The challenge remains to ensure that partner NGOs conduct planned activities as agreed.

#### Continuous distribution in Vangaindrano and Vohipeno:

While mass distribution campaigns are the most effective method to rapidly scale up LLIN coverage, continuous distribution systems are essential in sustaining results. PSI began continuous distribution field preparation activities in December 2014, with the objective of distributing approximately 48,187 USAID/PMI -funded LLINs in two priority districts (Vohipeno and Vangaindrano), given their high rates of malaria transmission. Distribution began in April 2015. LLINs are distributed to PAs by PSI distribution staff and subsequently transported to each Fokontany by CHWs. After completing sensitization activities during household visits, CHWs provide vouchers to each household in need of a LLIN.

The table below summarizes overall continuous distribution achievements through September 2015.

LLIN Continuous Distribution DISTRICT	COMMUNE	# of Fokontany within each Commune	Population of Commune	LLINs Delivered to Fokontany by CHWs	# beneficiary households	Household reached by CHW IPC activities
VOHIPENO	ANDEMAKA	8	15,657	2,737	2,603	2,811
	ANKARIMBARY	9	8,535	1,583	1,500	1,510
	IVATO	3	3,613	626	607	607
	LANIVO	7	8,044	1,527	1,514	1,514
	MAHABO	6	9,855	1,495	1,495	1,519
	ONJATSY	3	2,107	353	347	347
	SAVANA	4	5,653	1,049	972	972
	VOHILANY	3	1,292	242	235	239
	VOHINDAVA	7	11,530	1,753	1,430	1,430
	VOHITRINDRY	8	14,685	1,928	1,898	1,898
	Subtotal	<b>58</b>	<b>80,971</b>	<b>13,293</b>	<b>12,601</b>	<b>12,847</b>
VANGAINDRANO	AMPASIMALEMY	10	14,737	2,414	2,133	2,133
	LOHAFARY	7	8,333	1,842	1,630	1,630
	LOPARY	15	18,010	2,998	2,444	2,444
	NOSIBE MASIANAKA	12	18,986	3,300	2,406	2,406
	RANOMENA	8	22,221	3,393	3,017	3,017
	TSIANOFANA	4	10,750	1,771	1,375	1,395
	Subtotal	<b>56</b>	<b>93,037</b>	<b>15,718</b>	<b>13,005</b>	<b>13,025</b>
<b>TOTAL</b>	<b>16</b>	<b>114</b>	<b>174,008</b>	<b>29,011</b>	<b>25,606</b>	<b>25,872</b>

Many sensitization activities involving the 'Ampanjaka,' or king of the communes, were performed in 10 communes of Vohipeno. The continued challenge is the motivation of CHWs to provide transportation between the commune level and *Fokontany*. In the current system, the community is responsible for the transportation allowance. Currently only 60% of LLINs placed at PAs were transported to the *Fokontany* by CHWs. Greater emphasis is needed on the CHW incentive/motivational scheme to ensure transportation to the *Fokontany* level.

The following table provides detailed information on PSI's product procurement and distribution throughout FY 2015.

### Product Status Report as of September 21<sup>st</sup> 2015

Product	Opening Balance (October 2014)	Quantity In	Quantity Out	Other Quantity out	Ending Balance (Sept 2015)	CMM	Coverage Through	Ordered	ETA	Status	Action
Sur'Eau 150 ml.	523,421	1,274,400	1,792,496	-	5,325	325,000	Sep-15	560,000	Oct-15		
Sur'Eau 40 ml.	132,333	481,600	474,283	-	139,650	45,000	Déc-15	348,000	Nov-15		
Sur Eau tablet		4,592,010	1,397,410	10	3,194,590	458,000	Avr-16	14,207,000	Mar-16		
Hydrazinc.	4	280,961	92,111	5	188,849	7,000	Déc-17				
ZINC	124,742	286,280	187,033	-	223,989						
ORS	822,044	-	374,066	-	447,978						
Viasur	2	274,005	175,745	-	98,262	23,000	Janv-16	267,400	Dec-15		
Pneumox (Amoxicilline)		-	-	-	-			546,000	Mar-16		
Pneumostop Comprimé	234,185	-	234,152	-	33			120,000	Oct-15		
Pneumostop syrop	486	97,200	97,686	-	-					STOCK OUT	
Supermoustiquaire	122,760	150	122,756	150	4					STOCK OUT	Request to Donor
Moustiquaire Campaign (Permanet white)		4,891,450			4,891,450						
Moustiquaire Campaign (Bednet)		1,449,400			1,449,400						
Moustiquaire Générique (Net Protect White)	273	54,100	31,907	-	22,466						
ACT	29,170	140,250	169,419	1						STOCK OUT	Request to Donor
RDT	347,760	1,486,575	1,722,396	239	111,700	140,000	Oct-15			RISK of STOCK OUT	
Pilplan	2,522,342	4,456,138	3,645,136	274	3,333,070	310,000	Août-16	2,700,000	Mars-16		
Confiance	250,192	4,000,000	2,244,193	74	2,005,925	230,000	Juin-16	1,350,000	Mars-16		
SAYANA		314,000	-	-	314,000			236,000	Nov-15		
Rojo	26,873	20,147	18,185	-	28,835	1,350	Juin-17				
IUD Copper T MIUD	5,519	57,205	27,105	4,205	31,414	2,400	Oct-15	15,000	Sep-15		
Implanon	2,755	4,995	4,637	75	3,038	320	Juin-16	3,600	Févr-16		
Jadelle	600	1,200	1,558	-	242	175	Oct-15	2,000	Déc-15	RISK of STOCK OUT	
Norlevo	126	-	104	22				50,000	Mars-16		
Zarin	414	-	204	-	210	15	Nov-15				
YOUTH CONDOM	1,203,000	-	257,400	-	945,600	100,000	Juin-16	1,152,000	Mars-16		
PROTECTOR PLUS	6,990,461	3,001,705	6,705,192	870	3,286,104	565,000	Mars-16	5,000,000	Janv-16		
FEELING	86,296	467	40,605	867	45,291	3,000	Déc-16				
GENERIC	2,224,592	-	1,985,492	-	239,100	96,000	Nov-15	400,000	Oct-15		
CHX		216,480	-	-	216,480						

## Cross Cutting Activities: Research, Monitoring and Evaluation, Gender, and Environment

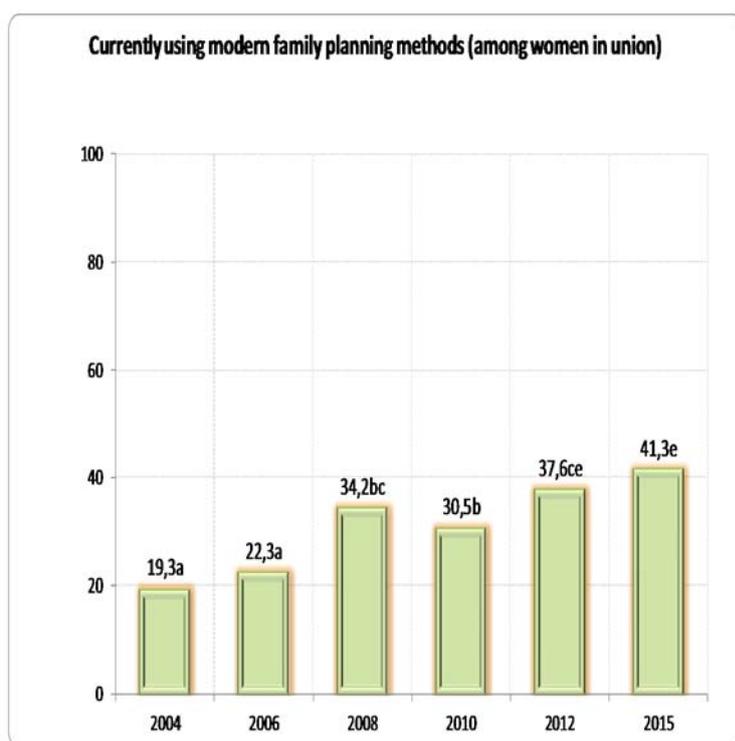
### Quantitative Research/Operational Quality Improvement

#### TRaC Family Planning (FP), June-August 2015

The FY 2015 TRaC FP study is the sixth FP TRaC Survey conducted among sexually active women of reproductive age (15-49 years old) since 2004. Sexually active is defined as ever had sexual intercourse. The survey aims to determine: current use of modern FP methods; factors related to safer behavior adoption such as opportunity, ability, and motivation (OAM); and exposure to PSI interventions such as BCC and FP products.

Data collection took place from the end of June to mid-August, 2015. A total of 2,558 WRA were interviewed. While the data has not yet been finalized, preliminary key findings related to contraceptive prevalence are presented below.

**Graph 1: Current use of modern contraceptive methods among sexually active women 15-49 years old, nationally, 2015**



Initial analysis shows that 41.3% of women in union use a modern contraceptive method, which continues the positive upward trend from 2010, and reflects a very significant increase from 19.3% in 2004. Complete TRaC data is currently being validated and analyzed, with final results expected at the end of December 2015. A full report and dissemination among partners and stakeholders is planned for Q2 FY 2016, either during a workshop or FP partners meeting.

*(Letters (a, b, c, d, e) are for pair-wise comparisons: proportions marked by the same letter are not significantly different from each other; proportions marked by different letters are significantly different from each other)*

#### MAP Study, March-May 2015

PSI conducted Measuring Access and Performance (MAP) studies for almost all of PSI's products: *Pilplan*, *Confiance*, *Protector Plus*, *Sur'Eau*, *Hydrazinc*, *Viasur* and *Pneumostop*. The main purpose was to assess nationally representative geographic coverage of products, the quality of coverage, and total market approach metrics for socially marketed products at rural, urban, and national levels. Data collection took place from the end of March to the end of May, 2015. Included in the data collection were 25,302 pharmaceutical, commercial, and community outlets. (Community outlets refers to

CHWs, from whom the target population directly accesses products, and does not refer to PAs.) Data is still being validated, and a final report is expected in Q2 FY 2016.

### **Polio Campaign Assessment, September 2015**

PSI conducted a household survey in Analamanga to measure coverage of the polio campaign held from September 14-18, 2015 in Madagascar. This survey was used to pilot the survey methodology as well as provide measurement of coverage in the Analamanga Region. Results show that approximately 90% of rural *fokontany* (communities) and 75% of urban *fokontany* have adequate coverage, which is defined as having at least 90% of children/ adolescents immunized for polio. 77.2% of children received the polio vaccine at home by a health agent. (*See Annex for power point presentation*).

### **Evaluation of the introduction of *Sur'Eau Pilina* in Vatomaniry District, March 2015**

PSI conducted a household survey to evaluate the pilot phase of the introduction of *Sur'Eau Pilina* (tablet form) in the Vatomaniry District in March 2015. Results are as follows:

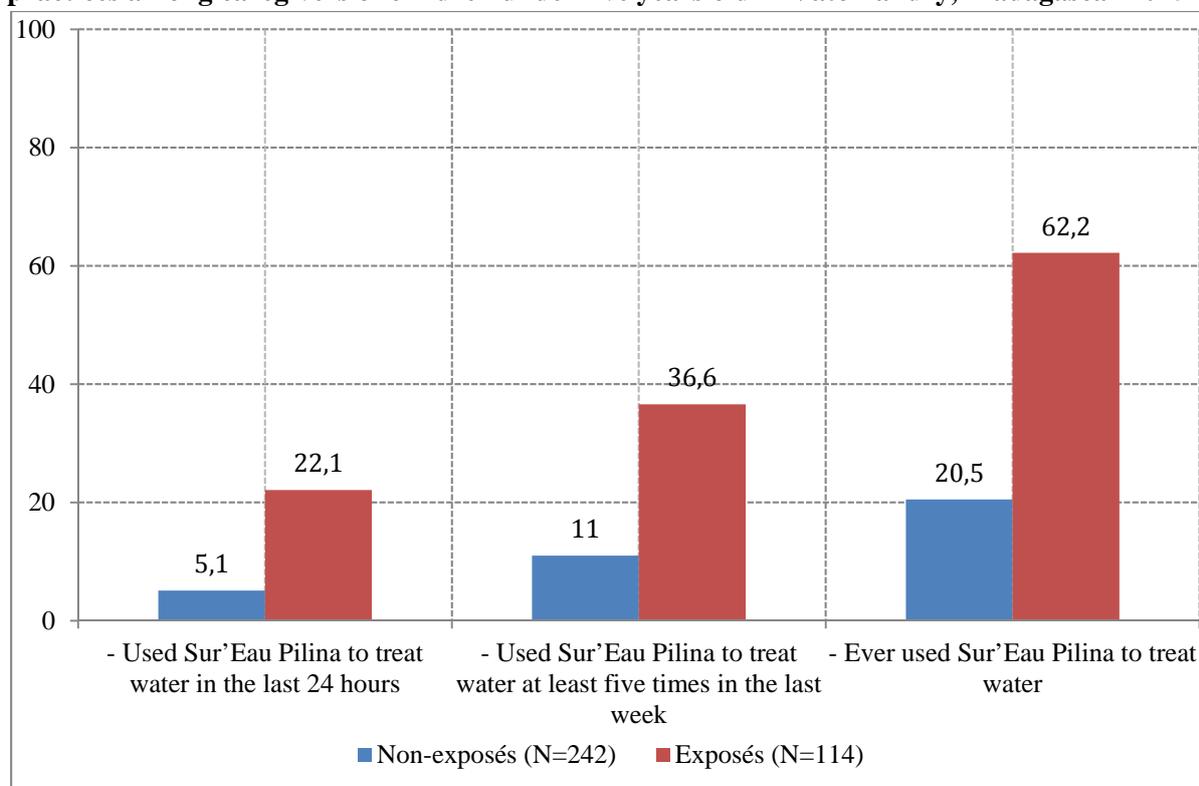
**Table 3: Household behavior regarding water treatment**

<b>Indicators regarding <i>Sur'Eau Pilina</i> water treatment use among caregivers of children under five years old, by background characteristics, in Vatomaniry, Madagascar, 2015.</b>					
	% Treated water prior to consumption (including chlorine, boiling, filtering) in the last 24 hours	% Used <i>Sur'Eau</i> (any format) to treat water in last 24 hrs	% Ever used <i>Sur'Eau Pilina</i> to treat water	% Used <i>Sur'Eau Pilina</i> to treat water in the last 24 hours	N
<b>Education</b>					
Primary or less	63.1	13.6	31.1	8.6	360
Secondary or more	70.3	17.2	35.9	12.5	64
<b>Marital status</b>					
Not married	59.8	13.7	26.5	6.9	102
Married	65.5	14.3	33.5	9.9	322
<b>Household wealth index</b>					
Lowest	60.6	15.0	29.9	11.8	127
Second	64.9	12.0	31.4	7.9	191
Middle	0	0	0	0	0
Fourth	67.0	17.0	34.9	8.5	106
Highest	0	0	0	0	0
<b>Total</b>	<b>64.2</b>	<b>14.2</b>	<b>31.8</b>	<b>10.6</b>	<b>424</b>

In total, 10.6% of caregivers of children under 5 years old reported using *Sur'Eau Pilina* to treat water in the past 24 hours, which is higher than the 2.6% use of *Sur'Eau* bottle at the national level (TRaC

IMCI nationwide survey conducted in 2014). Caregivers with a higher level of education were more likely to use *Sur'Eau Pilina* (12.5%) as compared to those with a lower level of education (8.6%).

**Graph 3: Effectiveness of Home Visits or Group Activity/Talk led by CHW on water treatment practices among caregivers of children under five years old in Vatomandry, Madagascar 2015**



As demonstrated above, those who were exposed to IPC were more likely to adopt water treatment behavior. PSI's diarrhea prevention program plans to continue and reinforce the use of IPC through CHW in order to reach and influence the target audience. Based on these positive results, the program determined that *Sur'Eau Pilina* distribution should be expanded to the national level. (See Annex for final report.)

## Qualitative Research/Operational Quality Improvement

### E-voucher Pilot Evaluation

A qualitative study was conducted in Q3 to identify the strengths and weaknesses of the e-voucher system, and to determine the feasibility of scaling up across all *Top Réseau* sites. Main findings from the study show that the electronic submission and reimbursement system is appreciated by the providers as it is reliable for recording the details of the consultations and is efficient for provider reimbursement. However, some areas of improvement were identified, such as the instant confirmation of the output just after receiving the SMS data. This was discussed with the HNI team and the problem will be fixed before proceeding to the scale-up phase. (see Annex for power point presentation.)

### **Pretest of youth communication campaign concept**

The youth communication campaign includes TV, radio, and printed formats. A new “news coverage” concept with the stories of three different individuals, was pre-tested among youth. Four focus groups among 24 young men and women were used to pretest the “reporting” concept in Majunga in December 2014. Results showed that:



- The target group appreciated hearing about the lives of the three different characters, as they could learn lessons based on the past and the present lives of the actors in term of FP method use and STI treatment and prevention.
- Through the stories, the target group understood that caring about RH can make a difference in one’s personal, professional and family life.

**Focus group discussion among young men in Majunga, December 2014 (Photo: PSI staff)**

The results helped both PSI’s communications and RH/youth program teams to refine the TV and audio components. (See Annex for power point presentation.)

### **Pretest of youth condom promotion and advertising tools: radio and TV spots**

The *YES with you* condom promotion and advertising concept for all communication tools, including print materials and TV and radio spots, was tested among young men and women 15-24 years old in Antananarivo in December 2014. The concept, targeting youth 15-19, is as follows: “the use of the male condom *YES with you*, perfumed, thin, and colored, is a proof of love.” A storyboard and songs were pre-tested through four focus groups involving 23 young men and women.

Results of the focus groups show that: 1) the love and faithfulness of the young man is the most appreciated element; and 2) participants identify with the characters in the tools. The song used in the video and radio spots was chosen by the target group. The concept was validated by the target group, and suggestions helped the communication team finalize the TV and radio component of the advertising tools which began being broadcasted on TV and radio in May 2015. (See Annex for power point presentation.)

### **Monitoring and Evaluation**

#### **Routine Management Information System (MIS)**

The main focus of PSI’s MIS in FY 2015 was the implementation of the District Health Information System 2 (DHIS2), which is a flexible, web-based open-source information system with visualization features including GIS (Graphic Information Systems), charts, and pivot tables. PSI’s goal for FY 2015 was 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. DHIS2 also provides program managers with several tools for activity monitoring at all levels.

Progress was made on the implementation steps throughout FY 2015:

Step	Description	Timeline
DHIS 2 initial configuration	System configuration for PSI/M to allow data collection and analysis	Completed in Q1
Data importation	Data importation into DHIS 2 related to Distribution, Service Delivery data	Initiated in Q2 and ongoing in Q2 to Q4
Dashboard configuration	Graphs and table initial configuration for data interpretation and decision making	Initiated in Q3 and ongoing in Q4
Data collection tests: 1) Provider supervision using DHIS 2 mobile; 2) PA supervision w/ 5 distribution supervisors	Full-scale data collection using DHIS 2 data entry	Implemented in Q4

In June 2015, PSI's M&E team participated in the DHIS2 Academy Level 2 & 3 workshop in Benin. Following this advanced level training, PSI is now able to configure not only basic, but also complex DHIS 2 modules.

As a leader in the implementation of DHIS 2 in Madagascar, PSI also provides support to the MOH through the Regional Directorate of Health in Analanjirofo. This support is focused on DHIS2 training and implementation in five districts, primarily related to the UNICEF-funded nutrition project. In FY 2016, this project will be extended with USAID funds, at which time the data system will be configured at the district level as well.

Significant activity in general MIS improvement also occurred this FY:

- **Cloud database server:** A dedicated database server on the cloud with 2TB of storage capacity and 64GB of memory was acquired in Q1, in order to optimize the electronic field-data collection process and to promote data-sharing and interactive collaboration
- **Database update:** Updating of database applications to integrate new indicator data collection
- **Electronic analysis:** Development of new tools for data analysis on IPC agent supervision
- **Intranet improvement:** A consultant was hired for PSI intranet re-design, featuring Electronic Document Management for access to official documents, report download and upload, and file management for field teams

#### **Routine Data Quality Assessment (RDQA)**

PSI invested in routine data quality assessment (RDQA) and improvement over the course of the FY. Data quality control related to service delivery and IPC activities was conducted in nine field offices<sup>4</sup>. The RDQA tool was updated, including scopes of work of field missions, data verification checklists and methodologies, random record verification, and more. In addition, focal points were assigned to ensure the coordination of RDQA. The main objectives of the RDQA in the field are to align the quality of data with USAID's standards, check the database against physical data, supervise field form completion, and provide capacity building in the field related to M&E basics:

<sup>4</sup>Antananarivo, Antsirabe, Fianarantsoa, Tuléar, Morondava, Fort-Dauphin, Tamatave, Majunga and Diégo

## **mHealth Initiative**

PSI uses the mHealth tool to enhance data collection for decision making. The main strategy is the gradual migration from paper to digital tools. During FY 2015, several initiatives were implemented:

**Electronic Client Based Record System (e-CBRS):** 42 providers in Antananarivo, Diégo, Fianarantsoa, Majunga and Tuléar were equipped with tablets. Each client will be coded electronically, and providers will input client consultation information directly into the tablet. The data will be centralized, in real time, at the PSI/M web server and paper records will no longer be used. Stock management, simplified accounting, materials management, and online knowledge management are also incorporated.



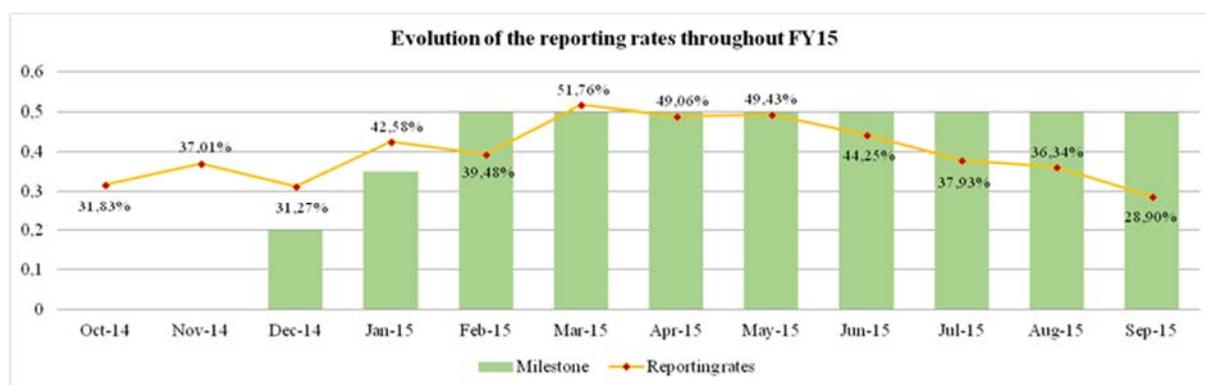
**Provider training on tablet-based data collection in Tulear, April 2015. Photo by M&E staff.**

**Electronic Supervision:** IPC e-supervision was implemented in Q2 with 19 IPC Communication Supervisors. Supply Point electronic supervision and tracking was initiated in Q3 during the launch of the distribution new strategy, involving the training of the supervisors of the PAs using tablets. The scale up of this initiative to the entire distribution supervisory team is planned for Q1 FY 2016. In addition, provider e-supervision was implemented in Q4 with 10 medical supervisors. This pilot activity allows for entering the supervision checklist in real time. Web dashboards are then available immediately, for provider feedback and action plan creation.

**E-vouchers:** The e-voucher system automates the process of the creation, distribution, provider payment and reporting of vouchers using mobile money. It continues in the two zones of Fort Dauphin and Antananarivo as a pilot. The e-voucher has improved the voucher reimbursement payment process, saving time, eliminating paper, and allowing real time data to be saved in the database. Improvements to the e-voucher system were made following a workshop with providers conducted by HNI in Q1. Measures were taken to address network difficulties, including SMS notifications to providers informing them of planned downtimes and when to resume submissions, as well as email alerts to PSI administrators in the case of system outages.

**SMS data collection among PAs:** PSI, with the support of HNI, implemented stock tracking at the community level using SMS. The system design and process are generally satisfactory; however, challenges are present, including low technical capacity on the part of PAs in the handling of phones and texting, low motivation to send three SMS every month, and insufficient network coverage in remote areas. Faced with these challenges, several steps were taken to address them: HNI recruited a call center operator in Q1 to provide technical assistance and follow-up to the PAs for SMS reporting; and a call monitoring and support ticket system was developed for coordination between HNI's Call Center and the PSI Data Administrator to jointly address reporting challenges among the PAs. In addition, HNI's operator made calls to PAs, and an incentive program for PA reporting was developed.

The table below provides an overview of FY 2015 reporting trends:



It is evident that reporting problems remain. While improvements were made over Q2 and maintained over Q3, there was another decline in reporting in Q4. The continuing challenge remains that a large number of PAs are consistently un-reachable. This is due to several factors: the PA has changed his/her telephone number; defective telephones; problems with network coverage; and PAs leaving phones off to conserve the battery and only turning them on for certain occasions. PSI is addressing these issues and testing new approaches through the new community distribution pilot.

**mHealth Lessons learned:** The mHealth technology through SMS has an advantage in the speed of the data collection and decision making. Large-scale data collection requires significant support measures. Data senders require monitoring and close supervision. An incentive system should be in place during all phases. For FY 2016, if the new community distribution model currently being piloted is brought to scale, SMS data collection at the PA level will be suspended. It is anticipated that data collection will be conducted each month by distribution supervisors using the tablet based tool.

### M&E for Malaria Campaign/CAMPMID

PSI continues to strengthen national health information systems and contribute to achievements in the monitoring and evaluation of the malaria net distribution using CAMPMID software. This database application was 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 was held in Q3. All reports related to the mass net distribution campaign will be extracted through CAMPMID, including the census, supply chain processes, training, communication, and distribution. Data collection and verification are ongoing at the district level.

While the CAMPMID work is ongoing, some challenges have been noted: low capacity of stakeholders (MOH agents, NGO staff) in the use of information technology tools; the number of districts that are inaccessible, making technical assistance difficult; and little data interpretation and analysis in relation to the quantity of information entered. Specific responses were developed to address these challenges, including remote technical support, supervision visits, and data verification at the district level.

### Gender Mainstreaming

#### Healthy Images of Manhood

As part of the gender strategy of the five-year ISM program, PSI continued to implement the “Healthy Images of Manhood” (HIM) program initiated in January 2014. Youth peer educators (PE) led group

discussions to identify gender stereotypes, engage men in sexual and reproductive health decisions, and encourage youth to seek STI/HIV services. Group discussions were conducted separately for young boys and young girls, while some were mixed in order to reinforce gender messages. The sessions also addressed misconceptions regarding FP and how they can hinder youth from either seeking services or supporting their partners. In May 2015, FPCs began adapting the approach to married men, which will be evaluated to determine successes, challenges, and recommendations for improvement. During FY 2015, approximately 2,500 group discussions were conducted.

A workshop for youth PE supervisors on the implementation of the HIM approach was conducted in July 2015, as an opportunity to review best practices and lessons learned regarding implementation. A research brief for evaluation of the HIM approach was developed in September 2015, and the evaluation will be conducted in Q1 FY2016. Field reviews of the HIM approach for sites within Antananarivo and its peri-urban areas were completed in August and September 2015 in order to better understand implementation and also revitalize the activity. HIM activity will continue during FY 2016.

### **Gender mainstreaming within PSI programming**

**Marketing/BCC/training:** Capacity-building of IPC Supervisors and FPCs on gender was completed in Q3. Tools and job aids related to gender mainstreaming in BCC messages and HIM in FP were developed and tested with supervisors and peer educators in April 2015. These tools were used by youth peer educators, FPCs, and supervisors during Q4. PSI's IntraHealth gender expert was involved throughout the process.

**Organizational capacity:** Standards for GBV screening were developed by PSI and IntraHealth before designing the *Top Réseau* provider training. The first step in the process was a meeting including *Top Réseau* providers, the *Top Réseau* National Coordinator, youth peer educators, and partner CHWs. The meeting highlighted the need for community services, among both married and single young women. In addition, the fact that *Top Réseau* providers and CHWs already manage cases of violence in their daily work was discussed. Information gathered during this meeting informed the groundwork for the trainers' manual and job aides, which were adapted from PSI/HQ's Clinical and Programming Standards and Guidelines. IntraHealth developed a light case management protocol through a systematic instructional design process that connects learning to specific job responsibilities and competencies. Job aids and a protocol of the roles and responsibilities of *Top Réseau* providers, all adapted to the local context.

Two training workshops were conducted in Q2 and Q3 to ensure the implementation of the GBV case management pilot program. The 19 *Top Réseau* providers in Antananarivo who had expressed interest in providing effective case management participated. Monitoring tools were developed to track clinic-based GBV activities, supervision and documentation of the case management/referral system. Capacity-building of IPC Supervisors and FPCs on gender was conducted.

**Women's economic empowerment via business training:** Over the course of FY 2015, 124 *Top Réseau* providers attended business and budgeting training. 71, or 57%, were female providers. An additional way to support women's economic empowerment is through the IntraHealth team meeting with providers to offer training and support in microfinance activities. As a result of these efforts, one female provider in Antananarivo secured a loan. This process, the benefits to the provider, and recommendations for improvement to the initiative are documented and available.

**Gender Working Group:** PSI's IntraHealth team led the organization of the International Women's Day Conference held on March 13, 2015. IntraHealth participated in the preparation of the National Symposium on Gender and Development held on July 1-3, 2015, and facilitated the topic, "Women's rights on marriage, women's rights in inheritance, women's rights and access to land, women's rights and gender-based violence."

PSI participates regularly in the Gender Working Group, which meets monthly. The group provides a setting for its members to share their work and coordinate opportunities. Gender Links, a group member and national organization in charge of the follow-up of the implementation of the SADC (Southern African Development Community) protocol on gender and development, organized a national summit. PSI's ISM program was selected to make an oral presentation on the GBV screening and referral system among *Top Réseau* providers. As a result of this presentation, PSI's IntraHealth was awarded second place in the GBV category for this work.

### **Environment**

PSI took lead responsibility for the mass LLIN distribution campaign's environmental mitigation and LLIN disposal work. PSI is responsible for monitoring and improving existing practices, with sub-partners and local counterparts, to ensure compliance with USAID and WHO plastic disposal and environmental protection recommendations. In Q4, a monitoring tool on waste management was developed for pre, per, and post campaign activities. The indicators monitored during the campaign are 1) availability of disposal holes at sites before distribution; 2) compliance (depth and position) of the holes; 3) correct collection of bags; 4) burial of bags; and 5) proper coverage of the hole after the burial.

# **Work Plan Activity Update**

## ISM Quarter 4 FY 2015 Work Plan Activity Update

CoAg pg	Activity Description	FY Q1	FY Q2	FY Q3	FY Q4	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
<b>Intermediate Result 1: Increased Adoption and Maintenance of Health Behaviors</b>						
<b>CC Cross-Cutting Communication (Family Planning/Reproductive Health, Child Survival, Malaria)</b>						
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: In Q4, 34 episodes were broadcast over 2 radio stations, for a total of 68 broadcasts. 171 of the 175 planned (98% of LOP) have been broadcasted. Episode 171 was broadcasted at the end of Q4 and the last 4 episodes will be broadcasted in early October 2015.
	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	Completed. A total of 14 Healthy Family MVU sessions were conducted in FY15. Each session began with a projection of the first episode of the Healthy Family film, which integrates several health areas (FP, diarrhea, pneumonia, malaria, breastfeeding). After the projection, a question and answer session was conducted to make sure that health messages were understood. To encourage participation, the MVU team may distribute some promotional items such as t-shirts or caps.
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 were harmonized. Messages and illustrations were developed and validated for the official Malagasy versions and also translated into local dialects. The translation and pre-testing of these new versions were completed in Q3. Design of IPC tools for CHWs is ongoing and finalization is postponed to Q1 FY 2016.
	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	Ongoing: Following the message harmonization activities with the MOH, PSI presented to MIKOLO on June 12th, the "model mother and model father" concept note. During this meeting, PSI and MIKOLO agreed on including this concept in MIKOLO's program called "Ankohonana Mendrika Salama" (Model Healthy Family). This program aims to recognize and provide prizes to families within the community adopting positive health behaviors, similar to PSI's "model mother and model father" program. The two organizations met in Q4 and began to elaborate the implementation plan. This plan will be finalized in Q1 FY 2016.

CoAg pg	Activity Description	FY Q1	FY Q2	FY Q3	FY Q4	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
	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	Ongoing: Planning and discussion of BCC tools began internally. PSI requested a meeting with MAHEFA and MIKOLO in Q4 to identify appropriate BCC tools for this activity. A meeting with MIKOLO was conducted to discuss the tools. PSI will organize a meeting with MAHEFA in Q1 FY 2016.
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	x	Completed: 21 trainers were trained in FY 2015.
	Produce CHW tools		2	x	x	Postponed: The finalization of the messages/illustration harmonization was completed, but the CHWs common name may still change. PSI sent a letter to the Ministry of Health to confirm if this change will or will not occur, with no responses yet. An email was sent to the Director of Health Promotion but no response received. PSI will request to meet with the Director of Health Promotion in Q1 FY 2016.
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
	Implement activities included in the MOU	1	2	3	4	Ongoing: Several activities were implemented with PCV over the course of FY 2015, including : training sessions on Sûr'Eau Pilina and the LLIN mass campaign distribution; and PCV involvement in IPC sensitization with the PSI MVU team. Ongoing activities and further collaborations are planned for FY 2016.
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
<b>1.1 Family Planning and Reproductive Health</b>						
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
	Finalize the brand and develop the packaging		2	3		Completed

CoAg pg	Activity Description	FY Q1	FY Q2	FY Q3	FY Q4	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
	Produce job aids and other materials for doctors and pharmacists			3	4	Postponed: This activity is postponed to Q1 FY 2016. Job aids and other materials, including a technical documents and pictures for doctors and pharmacists are under development, but the production originally planned for Q4 was postponed due to the late approval of the brand from the manufacturer.
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		Completed: Coordination meetings are actually held on a semestrial basis. The most recent meeting was held on April 1, 2015.
	Celebrate National Family Planning Day and participate in MOH workshops on FP/RH		2		x	Completed: The National Family Planning Day was held on 21 September, 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. The last workshop with partners was held in September 2015, focusing on Sayana Press.
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		Completed: USAID has discussed with the supplier the possibility of putting the brand name on the blister according to the DAMM regulation. As per information from USAID, over-branding of the blister could not be done. After the DAMM's review, the current packaging of Pilplan will be kept the same
	Explore different design in order to find the less expensive packaging production cost		2	3		N/A: As per the DAMM recommendation, the current packaging will be kept for AMM requests
	Develop and finalize the Pilplan new packaging according to cost issue and including DAMM recommendation			3	4	N/A: As per the DAMM recommendation, the current packaging will be kept for AMM requests
33/34	Support the launch of "YES with you" youth condom and develop a scaling-up strategy for urban youth					
	Organize small launch events in selected urban areas	1	2	3	4	Ongoing: 4 launch events in urban areas were held from May to September 2015. Events will continue in FY 2016. It is estimated that 5,000 persons were reached during FY 2015 launch events.
	Broadcast existing YES radio and TV spot and place printed materials	1	2	3	4	Ongoing: 3,290 Radio spots and 389 TV spots were broadcasted during FY 2015. Printed materials were placed at the grocery store/shops level, and 5 billboards were placed in popular areas of Antananarivo. The broadcasts will continue in FY2016.

CoAg pg	Activity Description	FY Q1	FY Q2	FY Q3	FY Q4	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
	Produce and distribute the communication tools in the selected urban areas	1	2	3	4	Ongoing: Communication tools have been distributed and will continue in FY 2016.
	Develop and implement a scaling-up strategy for another urban areas				4	Postponed: The scale-up strategy is postponed to Q1 and Q2 FY 2016 due to the late launch and in order to collect more information from the field for better implementation.
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: In Q4, the Youth Zumba tour was organized in 5 sites (Antsirabe, Majunga, Tamatave, Diego, Tuléar) for revitalization of the 100% Youth campaign. In August, the "Za ve campaign" was launched, which includes radio and TV spots focusing on the promotion of healthy behaviors. From August to October, 216 TV spots and 7,378 radio spots were broadcasted over national and local stations.
	Participate in youth educational events with Ministry of Youth	1	2	3	4	Ongoing: Following the MOU signature between PSI and the Ministry of Youth on 7 September 2015, PSI participated in youth educational events with the Ministry of Youth. A youth urban show was organized in Q4, with IPC sessions conducted jointly by PSI and the Ministry's youth peer
	Broadcasting youth radio program & youth radio spot	1	2	3	4	Ongoing: Radio spots continue to be broadcasted. The broadcasts will continue in FY 2016.
	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: Monitoring of implementation is conducted on quarterly basis.
	Evaluate the pilot of the youth loyalty scheme in Mahajanga			3		Completed: Evaluation of the youth loyalty scheme was conducted on May 18 - 20, 2015, and the report was finalized in August 2015. The "Dashboard for Decision Making" document was completed in September 2015, and an action plan will be developed and implemented in FY 2016.
	Develop and implement a scaling-up strategy for the concept in another urban areas				4	Initiated: a scaling-up strategy for Antananarivo is developed and the implementation will begin in FY 2016.
<b>1.2 Maternal and Child Health</b>						
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	x	Completed: New label produced for Sûr'Eau 150ml, tools for scale up of Sûr'Eau Pilina in Atsinanana region produced and distributed to CHWs, new PSI WASH strategy finalized with USAID contribution and PSI/HQ approval.
	Develop and disseminate tools and materials for product promotion			3	4	Ongoing: Production of tools for the Sûr'Eau Pilina was completed for the needs of the Atsinanana region. Production will continue in Q1 & Q2 FY 2016.

CoAg pg	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
		Q1	Q2	Q3	Q4	
34	Continue supporting new Sûr'Eau tablet pilot phase					
	Continue broadcasting Sûr'Eau tablet radio spots through local radio stations	1	2	x	x	Completed: 276 radio spots were broadcasted from July to August.
	Conduct MVU sessions in the pilot area	1	2	x	x	Completed: From October 2014 to March 2015, 24 MVU sessions were conducted.
34	Scale up of the Sûr'Eau tablet project (areas TBD)					
	Finalize branding and packaging according to the pilot phase results			3		Completed
	Broadcast Sûr'Eau Pilina radio spots through local radio stations in the new areas (TBD)				4	Completed: Radio spots were broadcast in the 6 districts of the Atsinanana region. These are districts based in the same region as Vatomandry, the pilot site.
	Product and disseminate printed materials for CHWs and target audience				4	Completed
	Conduct MVU sessions in the scale up area				4	Completed: MVU sessions were conducted after the CHWs' training at the commune level.
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	Completed. In addition, PSI sponsored a Scout Association 25th Anniversary celebration in Manakara from September 1 to 5, during which sensitization on good citizenship, bednet use, and WASH were conducted. PSI donated to this event 4 megaphones and 10 latrines.
	Training of Trainers (TOT) on Education Through Listening (ETL)	1	x	3	x	PSI and the National Scout Association signed a convention on August 14, 2015 and the plans for the collaboration were presented to about 300 Scout leaders during their national meeting in Toliara, at the end of August. Following the signature, PSI provided ETL training combined with Sûr'Eau Pilina training to 10 Scout trainers on August 20, 2015.
	Schedule and monitor Scout sensitization activities		2	3	4	Postponed: Activities specified in the convention will begin in Q1 FY 2016. Activity was postponed due to internal Scouts Organization issues. Discussion between PSI and the National Scout Organization resumed in Q3 and Q4 of FY 2015.
19/ 20	Orient CHWs in MIKOLO & MAHEFA areas on referral of women to rural TR clinics for Integrated Management of Childhood Illnesses (IMCI)	1	2	3	4	Completed
24	Continue broadcasting child survival messages through national and local radio stations (diarrhea, malaria, nutrition, pneumonia)	1	2	3	4	Completed
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
	World Pneumonia Day celebration	1				Completed

CoAg pg	Activity Description	FY Q1	FY Q2	FY Q3	FY Q4	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
	Semaine de la Santé de la Mere et de l'Enfant (SSME) (Mother & Child Health Week twice yearly events)	1		3		Completed
40	Support the new amoxicillin pre-packaged treatment (PPT) with support from MIKOLO and MAHEFA NGOs in rural areas					
	Produce/refresh and disseminate training materials for MIKOLO and MAHEFA technical advisors			3		Completed: Training materials for technical advisors have been refreshed.
	Produce and disseminate job aids for CHWs		2	3	x	Completed: Job aids for CHWs were produced in Q4. PSI will begin disseminating them in Q1 of FY 2016.
	Produce media materials on pneumonia prevention and treatment (new video spot or mini-film according to the budget)	1	x			Completed: Following the 2014 TRaC IMCI 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	x	Completed: 1,200 Jerry cans for CHWs were produced and distributed in Atsinanana region.
	Produce sales and promotion incentives for DTKs		2	3	x	Completed: Promotional tools for ViaSur have been produced and received. PSI awaits delivery of the promotional tools for HydraZinc (Items include promotional materials and tools for pharmacists and CHWs to improve Zinc use).
	Produce sales and promotion incentives for PPT	1	2	3	x	Completed: Delivery of t-shirts and caps are expected in Q1 FY 2016.
--	Promote new CHX 7.1 gel formula at community level					
	Produce printed media	1	2			Completed in Q1.
	Produce radio spot	1	2	x		Completed.
	Broadcast radio spot		2	3	4	Postponed: Radio spots will be broadcasted after the trainings of MAHEFA & MIKOLO's CHWs are completed.
<b>1.3 Malaria</b>						
24	Produce sales and promotion incentives for malaria products (Rapid Diagnostic Test (RDT), Supermoustiquaire)	1	2	3	4	Ongoing: The design of promotional items (t-shirts) was completed. The procurement process was launched. Waiting for delivery.
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
77	Celebrate World Malaria Day supporting public sector events			3		Completed: PSI was fully involved during the preparation and celebration with the Ministry of Health.
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.

CoAg pg	Activity Description	FY Q1	FY Q2	FY Q3	FY Q4	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
	Prepare, produce and disseminate communication tools (radio spots, posters, caps, banners, flyers,...)		2	3	4	Ongoing: Tools were produced and disseminated (posters, brochures, radio spots, banners), radio spots will continue to be broadcasted (per-campaign for 11 districts in November, post-campaign for all 50 districts).
	Organize small events for the campaign launch (new activity)				4	Completed. Following the decision of the steering committee of the campaign launch, one big event was conducted in Foulpointe on September 30, 2015. All partners were represented during this event.
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	x	x	x	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	Completed: Job aids were distributed to CHWs. Radio spots were broadcasted.
<b>Institutional Branding and Communication</b>						
n/a	Re-paint PSI vehicles, including logos	1	2	3	4	Ongoing: 3 vehicles remain to be painted, scheduled for Q1 FY 2016.
	Paint PSI regional office buildings and signs				4	Ongoing: Painting and signs completed for the office of Fianarantsoa; ongoing for the rest.

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	
<b>Intermediate Result 2: Improved Quality of Selected Health Services in the Private Sector</b>						
<b>2.1 Expanding Access to Quality Services at Private Health Clinics</b>						
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	X	Ongoing: PSI continues to provide materials to Top Réseau clinics to ensure minimum quality standards such as waste management and infection prevention. This is a routine activity and will continue in FY 2016. In Q4, 2 providers newly trained in permanent method service provision were equipped with appropriate kits.
	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	Completed: During FY 2015, 178 providers received refresher training in Child Health/IMCI and Nutrition; and 198 providers received training in short-term family planning methods. All zones have been reached by refresher training.
	Continue to recruit potential clinics - monitor and evaluate existing clinics	1	2	3	4	Completed: 17 new clinics were recruited over the course of the year. These clinics had expressed interest in being part of the Top Réseau network and met the selection criteria per the assessments conducted by PSI medical supervisors. PSI continues to evaluate compliance with practice norms and standards for existing clinics. As of the end of FY 2015, 204 clinics in urban areas and 40 clinics in rural area are members of the Top Réseau social franchise.
	Develop training curriculum on medical communication (social franchise (SF) approach, clinical and non-clinical quality standards)		2	3		Completed
	Train new and existing TR providers (including SAF and SALFA providers) on medical communication (SF approach, clinical and non-clinical quality standards)			3	4	Completed: 48 Top Réseau providers were trained on medical communication, particularly on how to develop customer loyalty, to deliver friendly services and to improve marketing strategies. For rural clinics, this session is the beginning of the capacity building of providers in business management, with the goal of providers generating appropriate resources for a sustainable model to serve the target group. Providers find these topics relevant to their practice and complementary to the business management trainings they received. A business management training plan is set for rural clinics in FY 2016 and work with urban clinics will continue throughout FY 2016.
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: PSI continues to promote integrated services available at Top Réseau clinics through mass media. During FY 2015, a total of 18,110 radio broadcasts and 3,812 TV spots were aired promoting Top Réseau clinics.

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 activities of TR promotion in 1 selected rural site (celebration of Mother & Child Week or World FP Day with the DSMER)			3		Completed: 44 rural and urban Top Réseau clinics participated in the celebration of Mother & Child Health Week led by the MOH in May 2015. During this week, 5,668 CU5 and 214 pregnant women received services at Top Réseau clinics. 2,040 LLINs were distributed to target audiences, including fully immunized children under 1, CU5, and pregnant women in malaria endemic areas.
	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	Completed: 120 Youth peer educators were trained. 93,835 youth were reached by youth PEs through Interpersonal communication (IPC) and small group sessions. Youth PEs distributed a total of 41,416 vouchers. (In addition, WHP-funded Family Planning Counselors (FPCs) reached an additional 225,087 youth, for a total of 318,922 youth reached (ages 24 and younger).
	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 SAF and SALFA Rural Community Agents throughout all quarters of the year. Voucher are not distributed - rather, referrals are made.
	Develop and share SF brochures for CHWs	1	2			Completed: Top Réseau clinic/Social Franchise (SF) brochures were distributed.
	Advertise TR clinics in rural areas (2nd advertising sign anti-ultraviolet, painting)		2	3	4	Ongoing: PSI continues to provide advertising signs to Top Réseau clinics. PSI started painting clinics in Q4. The goal is to improve access to services through brand recognition.
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	x	Completed: 2 Top Réseau providers were trained in the permanent method of tubal ligation in September 2015. The training curriculum is based on MOH guidelines and was developed in May 2015 during the STTA visit from IntraHealth's Senior Clinical Training Advisor.
	Refresher training on new product Jadelle for urban TR clinics		2	3	4	Completed: 7 medical supervisors and 38 Top Réseau providers received refresher training on the Jadelle Implant. Consistent with the plans to transition from Implanon to the new NXT Implant, two trainers from PSI attended the training on the NXT Implanon product organized by Merck in July 2015.

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	
	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	Completed: PSI distributed 20,000 RDTs to Top Réseau clinics. (These RDTs were funded by PMI.)
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	Completed: A total of 28 rural Top Réseau providers were trained on Implant and 23 on IUD services. 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	Completed: A cumulative total of 177 households were visited by PSI IPC agents and a Banyan Global Community Organizer. Two groups were identified in Antananarivo, including the Fokontany of Bemasoandro with 69 potential households and the Fokontany of Behenjy with 65 potential households. These household numbers exceed AFAFI's minimum requirement of 50 households in an association in order to function as a mutual insurance group. In September 2015, PSI met with the national consultant who is in charge of the assessment of existing health coverage programs. PSI participated in the workshop to finalize the development of a national strategy regarding Universal Health Coverage (UHC).
	Tana Pilot: Define and negotiate the roles and the responsibilities of PSI, Banyan Global (BG), AFAFI	1				Completed
	Tana Pilot: Finalize the MOU with AFAFI	1	2	x	x	Ongoing: Several meetings were held between AFAFI and OTIV Harena in May and June 2015 to discuss the MOU. The General Manager of AFAFI confirmed their interest in continuing the collaboration, but indicated they are delaying finalization of the MOU until they finish redesigning their mutual insurance strategies with volunteer household groups. Discussion is ongoing. AFAFI updated their request and the MOU signature is expected in October 2015 (FY 2016). The MOU with POSITIVE PLANET (former PLANET FINANCE) was signed in Q4 FY 2015 for 3 different regions: with the mutual "OTIV Harena" in Antananarivo, and Tsiharofy and Mahavelona in the North Side of Madagascar (Region of Diana). After signing, a detailed work plan for FY 2016 was sent to POSITIVE PLANET and a meeting to discuss the implementation is planned in October 2015.
	Tana Pilot: Prepare the MOU with the partner and start the pilot phase		2	x	x	
	Tana Pilot: Start group registration process and collection of premiums		2	x	x	
	Tana Pilot: Official start of service coverage after observation period		2	3	x	
	Tana Pilot: Conduct mid-term evaluation				4	Postponed: Due to the delay of the beginning of the mutual insurance collaboration, the mid-term evaluation is expected to be done in Q2 FY 2016 after the beginning of the activities.
	Tamatave Pilot: Identify partner for mutual insurance (explore possibility of AFAFI expanding into Tamatave)	1	2			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	
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	Completed: QA tools for provider supervision/evaluation on FP and child survival were updated in the area of critical steps. The updated tools were pretested and will enable medical supervisors to focus on critical issues, and will allow the providers to conduct quality self-assessments. The tools were used during the annual evaluation conducted in Q4.
	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	Completed: In May 2015, PSI received short-term technical assistance from IntraHealth's Senior Clinical Advisor in order to provide support to the teams on quality improvement. The integrated QA manual for all health services provided at Top Réseau clinics is now finalized. This manual is the reference document for all health services within PSI and was based on international and national standards.
	Conduct meeting to improve supervision skills of Medical Supervisors from PSI, SAF and SALFA - Continue capacity building in Provider BCC (PBCC)		2			Completed
	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	Completed: A total of 951 supportive supervision visits in all health areas were conducted over the course of FY 2015.
	Conduct annual evaluation of TR providers (reaching minimum service quality standards) for FP and IMCI services			3	X	Completed: The quality of services provided by Top Réseau providers is evaluated annually. It is required for Top Réseau providers to reach a minimum score of 80%. The results show that 57.5% of providers met the minimum score of 80% in FP services and 47.9 % of Top Réseau providers met the minimum score for IMCI. FY 2015's evaluation for IMCI and FP services is an internal evaluation and covers all Top Réseau providers, both urban and rural. This year, 285 Top Réseau providers were included. To ensure objectivity, the evaluations are conducted by PSI QA teams or program staff who are not directly responsible for the Top Réseau clinics being evaluated.
--	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	Completed: 42 providers participated in the pilot phase for mobile software in order to enable digital data collection (Antananarivo, Fianarantsoa, Toliary, Antsiranana and Mahajanga). Scale-up is planned for FY 2016 under WHP funding.

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	
	Support PSI's Top Réseau team to develop tablet-based supervision tools for the supervisory team	1	2	3	4	Completed: The tablet based IPC supervision tool was implemented in Q2. An android application was developed internally to collect data for each supervision session. Analysis of completeness and the number of supervision visits conducted, as well as GPS for each supervision, is available every month, facilitating monitoring of outreach activity. Medical Supervisor user training was conducted in Q4. Data collection is piloted with DHIS 2 to for data collection and analysis with the web based dashboard. Data analysis and interpretation will be reinforced during field supervision in FY 2016. A total of 27 supervisors have benefited from tablet based data collection.
	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		Completed: An evaluation of the e-voucher pilot was conducted in May 2015 to assess the feasibility of scale-up and assist the program and M&E teams in designing the scale-up phase. Data collection was completed in Antananarivo and Fort-Dauphin among 17 Top Réseau providers, 19 IPC agents and 8 internal staffs. The results were shared in June 2015. Among the main findings is the recommendation to review the process to ensure it is more fluid and less time consuming for providers. The pilot was shown to be successful in terms of the system allowing the management of multiple processes, reducing travel, saving time and resources, facilitating timely payment (electronic voucher management and reimbursement system), and involving providers in sending periodic SMS. The scale-up will be an opportunity to strengthen the voucher monitoring system and reimbursement of providers.
	In case of successful pilot, assist with scale up (database/technical issues) in other TR sites		2	3	4	Completed: The action plan meeting for addressing the findings from the pilot evaluation was held in Q4. The plan to develop e-vouchers with the tablet based data collection is in process and will be implemented in FY 2016.
--	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					
	Develop and continue to improve a provider state payroll through the E-voucher database to provide provider payment by mobile banking	1	x	x	x	Ongoing: A meeting to discuss the addition of Orange Money services was held in July to discuss the conditions and implementation plan. The full integration of Orange is planned for FY 2016. Nevertheless, all providers involved in the e-voucher system are reimbursed via Airtel Money and MVola.

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	
<b>2.2 Capacity Building</b>						
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	Completed: 5 providers were selected to be part of the team of QA evaluators. These providers were selected from the 10 providers who received TOT and have served as co-trainers and co-evaluators on quality of services.
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	Completed: 20 technical staff were trained in 9 Top Réseau zones. PSI also developed tablet-based tools on DHIS2 application for provider quality. Training of the remaining Top Réseau zones are planned simultaneously with the training of the mobile application in FY 2016.
	Use information in the dashboard as a tool for decision-making and strategy development			3	4	Completed: Decision-making at regional levels to segment providers and plan supervision visits based on their performance have begun. All regional supervision was planned and designed according to the segmentation.
	Conduct gender analysis of information gathered in the quality database to ensure effective gender mainstreaming within the Top Réseau franchise			3	4	Ongoing: GBV activities are integrated into the data collection tools within Top Réseau. A dashboard to follow up on key indicators on gender mainstreaming was developed in June 2015. This is a continuing activity according to the GBV data available. The result analysis will be used for extended GVB activities for FY 2016.
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	Ongoing: The motivation system has been developed and is based on the quality performance of services assessed this FY. The recognition ceremonies will be conducted in Q1 FY 2106 in each Top Réseau zone.
	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	Completed: 2 intra-site exchange visits were organized in Fianarantsoa and Antananarivo. Six providers had the opportunity to visit 3 Top Réseau clinics in Antananarivo. Those site visits were an opportunity to share best practices. The providers developed individual action plans at the end of each visit.
	Develop and share TR newsletters for providers	1	2	3	4	Completed : PSI shared 5 editions of the PSI newsletter with Top Réseau providers , where different health topics were discussed ,including updates on clinical services such as fever caps management, information about how social marketing products save lives, the investment financing facility for all doctors in Madagascar with the ONM, etc. In Q4, PSI developed a newsletter focused on Top Réseau providers, where service quality, provider success stories, and a summary of the year's results highlights were shared.
31	Roll out Optimizing Performance & Quality Approach for Quality Assurance (QA) for Top Réseau franchise with particular focus on QA 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	Completed: Updated IMCI and FP tools were used for the annual evaluation.

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	
42	Ensure gender is mainstreamed throughout the program by piloting the expansion of Top Réseau services to include Gender Based Violence (GBV) case management					
	Develop/adapt GBV case management protocols and corresponding training manual and job aids for Top Réseau providers within the Madagascar context	1	X			Completed
	Train select TR providers on GBV case management	1	X	X		Completed
	Design referral system for GBV case management among Top Réseau providers	1	2	X		Completed
	Provide an orientation to Top Réseau providers and peer educators on the availability of GBV case management and the referral system		2	3		Completed
	Supervise and document the referral system of GBV case management among Top Réseau providers			3	4	Completed: GBV activities are included in the data collection tools at Top Réseau clinics. A dashboard to follow up on key indicators on gender mainstreaming was developed in June 2015. A GBV referral system partnership with the Association Serasera Fanantenana, who runs the free telephone helpline, was developed in Q4. Eight members from the Association received training from PSI on health topics and GBV in May 2015. The free helpline refers survivors to ENDAOI or other specific services according to survivors' needs. The helpline also provides information and referral to Top Réseau services.
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	Completed: Refresher training is conducted through individual or group coaching. 101 Top Réseau providers in six regions (Fianarantsoa, Toamasina, Antananarivo, Mahajanga, Fort-Dauphin and Antsirabe) received refresher training on basic accounting and seven providers received coaching on investments to improve their medical practices.
	Supervise the roll-out of periodic post-training monitoring visits	1	2	3	4	Completed: This ongoing activity is conducted by Banyan Global's Business and Finance Team Leader and local PSI staff (Training and Health Promotion team).
	Develop and roll out new curriculum on <b>budgeting and cash flow management</b> for TR members		2	3	4	Completed: The curriculum was developed. One TOT and eight trainings were conducted in six different regions (Fianarantsoa, Toamasina, Antananarivo, Mahajanga, Fort-Dauphin and Antsirabe). Post-training monitoring visits were conducted during one-on-one follow-up visits.

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 offer training on <b>financial analysis</b> to select TR members if necessary			3	4	Postponed: Meaningful financial analysis requires that providers regularly produce financial statements (profit and loss statements and/or balance sheets). Since providers are still in the learning phase, PSI will postpone the analysis activity to FY 2016 in order to allow for more coaching on recording their financial transactions and producing financial statements. During coaching, BG will collect appropriate financial information from 12 Top Réseau clinics in different regions in order to develop effective business models/prototypes for Top Réseau clinics. This is an ongoing activity, with results expected in Q1 FY 2016 and a business model developed by end of December 2015.
	Conduct mini-survey to identify training needs of NGO TR providers	1	2			Completed
	Develop and roll out curriculum for <b>NGO TR providers</b> if necessary		2	3	4	Ongoing: The curriculum was developed. A training plan was developed, taking into account lessons learned from urban Top Réseau providers. Following the meeting with SAF and SALFA, the training will begin in Q2 FY 2016.
31	Facilitate access to local financing for Top Réseau providers					
	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	Completed: During this FY, 63 ongoing individual coaching sessions were provided to Top Réseau providers with concrete investment plans.
	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: Until now, PAMF and ABM were present in the zones where there are financing needs. However, PSI and BG continue to explore other partners and will continue to work with equipment suppliers such as Inter Equipment and MAEXI who can offer payment in installments options in order to facilitate purchases.
	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 BGI 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. In June 2015, PSI and BG met with USAID Consultant, Christa Watson, to provide additional information on the private health sector and challenges in health sector financing. During this visit, Christa Watson also met with Access Banque Madagascar (ABM) and agreed to share more information on the DCA with the project, when available.
	Monitor and track loans to Top Réseau providers	1	2	3	4	Completed: During this fiscal year, two new loans were disbursed for two Top Réseau providers in Antananarivo. The total loans, worth 23.6 million MGA, will finance the renovation of the health facilities. In addition, one NGO provider in Fianarantsoa purchased laboratory equipment. With coaching and advice from PSI and BG, the NGO was able to negotiate the price from 21 million to 16 million MGA to be paid over time with no interest.

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	
	Link Banyan Global's activity with the Quality Assurance and "Standards" for TR clinics to stimulate providers' demand for financing	1	2			Completed
n/a	Conduct network exchange meetings among Top Réseau providers (each region will have at least 1)	1	2	3	4	Ongoing: Twelve exchange meetings among Top Réseau providers all Top Réseau regions were held over the course of FY 2015. The main topics included quality assurance for the service delivered, follow-up on action items developed after external and internal quality audits on infection prevention, and continuity of care.
28	Conduct follow-up and supervise the community agents from SAF & SALFA in BCC innovative techniques (ETL technique)	1	2	3	4	Ongoing: Ongoing supervision of rural community agents was conducted by SAF and SALFA IPC supervisors who were trained by PSI in BCC using ETL techniques.
<b>2.3 Promotional Support</b>						
32	Supervise peer educators (PE) in urban areas (youth, male, female) to promote FP/RH services at TR clinics	1	2	3	4	Ongoing: Ongoing supervision of IPC activities was conducted through individual supervision and during bi-weekly meetings with the PE team.
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: Twelve special events were organized in five Top Réseau regions to sensitize people on health behaviors, to promote integrated services at Top Réseau clinics and to create demand for services.
n/a	Review marketing, branding and communication plan for Top Réseau					
	Implement marketing & communication plan for TR	1	2	3	4	Ongoing: With the support from ICSF (International Center for Social Franchising), various strategies were identified to be implement in the marketing plan. The result from the research study to better understand the target audience will be available by the end of November 2015 (Q1 FY 2016). According the work streams identified, in order to develop effective business models, Banyan Global will collect appropriate financial information from 3 out of the 12 Top Réseau clinics in different regions. All of the information is planned to be available by October 2015 and the marketing strategies for a sustainable business models at Top Réseau clinics by the end of December 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: This is a routine activity conducted with the Health Training and Promotion team throughout all quarters of the year.
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	X	Postponed: All events were organized at the regional levels (rather than national level). PSI will continue to promote Top Réseau among all health providers during national events organized by ONM and CROM.
	Collaborate with CROM at regional level for the promotion of the TR at regional/local events	1	2	3	4	Ongoing: PSI continues to promote Top Réseau clinics and social marketing products, and to reinforce products' correct use among health providers. 1,296 providers were present during events carried out by the CROM in close collaboration with the ONM (in the regions of Vakinankaratra, Diana, Ihorombe, Antsinanana and Analamanga,) and in collaboration with COMAGO (Association of Gynecologist and Obstetrician) in the region of Boeny.

CoAg pg	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
		Q1	Q2	Q3	Q4	
<b>Intermediate Result 3: Increased Availability of Life Saving Health Products and Services</b>						
<b>3.1 Product Procurement and Branding</b>						
<b>3.1.1 Family Planning and Reproductive Health</b>						
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	Completed: 3,645,135 units of Pilplan, 2,244,193 units of Confiance, 4,637 units of Implanon, 27,105 units of IUDs and 18,185 units of Rojo-branded cycle beads have been distributed this fiscal year to date, representing 101%, 110%, 121%, 137% and 82% of the respective fiscal year targets. PSI far surpassed the IUD objectives due to the training of providers in IUD service provision.
	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 Top Réseau clinics and PAs. This is a routine activity during TR and PA visits.
	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 is ongoing. These additional consumables (alcohol swabs, syringes etc.) are part of the Confiance kit and are not distributed separately.
33	Introduce a new emergency contraceptive (EC) to prevent pregnancy after an episode of unprotected intercourse					
	Procure EC products (quantity TBD)				4	Postponed: This procurement is scheduled for FY 2016
	Work on obtaining AMM for EC			3	x	Initiated: Packaging artwork for EC was sent to USAID on April 8 for approval and monthly reminders were conducted. Putting the brand name in the blister was not accepted by the supplier. PSI discussed with USAID the option of pursuing a letter of approval from the manufacturer to over brand the product (secondary packaging). Discussions will continue in FY 2016.
33	Introduce a new implant (Jadelle)					
	Procure Jadelle Implant	1				Completed
	Distribute 525 Jadelle Implants through TR clinics	1	2	3	4	Ongoing: 1,558 units of Jadelle Implants were distributed this fiscal year, representing 297% of the fiscal year target. Since Jadelle is a new product, PSI was only able to roughly estimate the monthly consumption average (CMM) to set the objective. By the end of Q1 FY 2016, a more accurate projection will be set.
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		Completed: The AMM was signed on March 30, 2015.
	Distribute 546,000 "YES with you" youth condoms through wholesalers in urban sites		2	3	4	Ongoing: The official launch was conducted May 28-30 in Antananarivo. This FY, 257,400 YES condoms were distributed in Antananarivo through different outlets, including gas stations, grocery stores, and self-service sale points. The sales and promotion plan will continue as planned without increasing free distribution to reach objectives. Because the launch was delayed, only 47% of the FY 2015 objective was met. However, projected monthly sales were originally 45,500 units, but recent monthly sales are in fact 64,350 units, so PSI is on track to meet targets in FY 2016.

CoAg pg	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
		Q1	Q2	Q3	Q4	
<b>3.1.2 Child Survival</b>						
34	Continue to promote ViaSur and HydraZinc branded Diarrhea Treatment Kits (DTK)					
	Distribute 182,530 DTKs (118,644 ViaSur / 63,886 HydraZinc)	1	2	3	4	Completed: In Q4, PSI distributed 64,644 units of ViaSur and 13,686 units of HydraZinc. In FY 2015, PSI distributed 175,745 ViaSur and 92,111 HydraZinc kits, representing 148% and 144% of the respective fiscal year targets. PSI surpassed the objectives due to the high demand before the flood period.
	Launch procurement of 187,000 HydraZinc (need for FY15 & FY16)	1	2			Completed
	Launch procurement of 267,330 ViaSur (need for FY16 & FY17)	1	2			Completed
	Work on obtaining AMM of DTKs	1	2			Completed: The AMM was obtained on March 2, 2015 for both ViaSur and HydraZinc.
34	Distribute generic DTKs donated by USAID (874,000 SRO & 87,500 Zinc)					
	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 ViaSur 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 25,107 ViaSur kits to the MOH and Bureau National de Gestion des Risqué et des Catastrophes (BNGRC).
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 Q2: 64,000 tablets were distributed in this pilot district in FY 2015. These quantities are only a portion of the total 1,397,410 tablets distributed in FY 2015.
	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	Completed: 1,065 CHWs were trained and distributed the product in all 6 Districts of the Atsinanana Region, in collaboration with MIKOLo's NGOs (ODDIT/MSIS). All CHWs received starter packs consisting of 20 packets of 2 strips (10 tablets per strip). Sûr'Eau Pilina is also available at rural "épicerie" in these districts. In Q4, 56,084 packets (1,121,680 tablets) were distributed, and overall in FY 2015, 1,397,410 tablets were distributed, representing 46% of the FY 2015 target. This is lower than projected because the scale up did not start as expected in Q1 , and scale up in Atsinanana region started late in Q3 (June).
	Continue to promote Sûr'Eau bottle format for community level (40ml)	1	2	3	4	Completed: Promotional activities were conducted using mass media, MVUs and CHWs. Sensitization activities promoting use of Sûr'Eau also continued until the beginning of the rainy season beginning in November 2015.
	Explore introduction of a commercial Sûr'Eau using imported product (non-Madagascar manufactured)	1	2	x		Completed: After conducting further cost analysis, PSI decided to continue with the production of this product locally. The idea of an imported product was therefore canceled.

CoAg p6	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
		Q1	Q2	Q3	Q4	
	Distribute remaining stock of 450,000 bottles Sûr'Eau 150ml through commercial channel	1				Completed: The product continues to be in high demand in spite of the first price increase. A second price increase was postponed to November 2015 due to some quality assurance issues required by PSI of the new suppliers of this product (bottles must be sealed and the liquid should have stable chlorine). In Q4, 368,937 bottles of Sûr'Eau 150 ml were distributed, and overall in FY 2015 1,792,496 bottles were distributed, representing 151% of the FY 2015 target of 1,186,133.
	Distribute 400,000 bottles Sûr'Eau 40ml through community based channel	1	2	3	4	Completed: In Q4, 140,203 bottles of Sûr'Eau 40 ml were distributed, and overall in FY 2015 474,283 units of Sûr'Eau 40 ml were distributed, representing 119% of the fiscal year target.
	Introduce a commercial cost recovery Sûr'Eau 150 ml (non-ISM funded)			3	X	Postponed: The second stage of the price increase originally planned for August is postponed due to the capacity of the supplier to satisfy demand. PSI decided to postpone this activity to November (FY 2016).
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 by DSMER)					
	Distribute PPT syrup (97,200)		2	3	4	Completed: In Q4, 35,452 units of PPT syrup were distributed. Overall in FY 2015, 97,686 units of PPT syrup were distributed, representing 101% of the fiscal year target.
	Distribute PPT tablets (186,300)	1	2	3	4	Completed: In Q4, 250 units of PPT tablets were distributed. Overall in FY 2015, 234,152 units of PPT tablets were distributed, representing 100% of the fiscal year target of 234,185 (figure of 186,300 in Work Plan was prior to adjustment). Additional stock of 240,000 units will be received and distributed in Q1 and Q2 of FY 2016, while awaiting the arrival of Amoxicillin.
35	Promote new pneumonia treatment product (with new molecule amoxicillin DT)					
	Launch procurement of 586,000 amoxicillin DT	1				Completed: Based on recent information from SALAMA, these products are now scheduled 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	X	Ongoing: One selected international supplier was validated by the National Committee including MOH, DAMM, ONP (Ordre National des Pharmacies) Civilian Society and SALAMA through SALAMA's procurement procedures. The selected international supplier began working on the AMM procedure in Q4 FY 2015 and will continue in Q1 FY 2016.
	Organize refresher training for partner NGO TAs for the correct use of the new molecule amoxicillin DT				4	Postponed: Awaiting product arrival in Q2 FY 2016 (November 2015). The planning and budgeting for TA and CSB director trainings will be finalized with MIKOLO in Q1 FY 2016.

CoAg pg	Activity Description	FY Q1	FY Q2	FY Q3	FY Q4	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
	Distribute amoxicillin DT through community based channel				4	Postponed to Q2 FY16: Due to the new MOH pneumonia treatment duration protocol from 3 to 5 days, PSI and SALAMA required the supplier to change the product format from blisters of 6 tablets to blisters of 10 tablets (2 tablets per day for 5 days). This modification impacted product procurement. After negotiation with the supplier, their best timing for production and shipment is March 2016.
	Implementation of pharmaco vigilance activity in the community distribution channel for the amoxicillin use				4	Initiated with MOH/DSFa. A meeting with other partners will be planned in Q1 FY16 to discuss a detailed implementation strategy.
	<b>Chlorhexidine 7.1% (CHX)</b>					
	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	x	x	Ongoing: the first quantity of 216,480 tubes was received on 18 September 2015. The second shipment is expected to arrive in Q1 of FY 2016.
	Distribute 447,145 tubes of CHX 7.1% to supply points in MIKOLO & MAHEFA zones (12-14 regions)			3	4	Postponed: distribution will be completed when the trainings of MAHEFA & MIKOLO's CHWs are completed. The distribution to supply points will be conducted in Q1 of FY2016.
	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	Completed: IEC tools have been produced and distributed to MIKOLO and MAHEFA, who will dispatch to their intervention areas.
<b>3.2.1 Malaria</b>						
36	Distribute free non-branded RDTs (with safety box & gloves) through community based distribution in MIKOLO and MAHEFA zones	1	2	3	4	Completed: In Q4, 350,420 RDTs were distributed, and overall in FY 2015, 1,722,396 RDTs were distributed in MIKOLO and MAHEFA zones and prior SantéNet2 zones, representing 196% of the fiscal year target.
39	Distribute socially marketed nets (122,739 Supermoustiquaire)	1	2	3	4	Ongoing: In Q4, 200 units of Supermoustiquaire were distributed, and overall in FY 2015, 122,756 units of SuperMoustiquaire were distributed through Commercial channels (92,293 units) and Community based channels (30,463 units), representing 100% of the FY 2015 target. PSI will receive additional SuperMoustiquaire products from USAID through the DELIVER project in FY 2016.
<b>HIV/STIs</b>						
	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: In Q4, PSI distributed 1,694,184 units of Protector Plus ,288,569 units of generic condoms, and 8,550 units of Feeling condoms. Overall in FY 2015, PSI distributed 6,705,192 units of Protector Plus, 1,985,492 units of generic condoms, and 16,674 units of Feeling, representing 90%, 113% and 90% of the fiscal year targets, 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 needed to produce the entire 60,000 kits. In addition, since the SIFPO project ended at the end of September 2015, the time would be too short to have an effective acquisition of the product.

CoAg pg	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
		Q1	Q2	Q3	Q4	
<b>3.3 Supply Chain Management</b>						
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	Completed: This is a routine training activity of trainers and was conducted in all 4 quarters.
	Conduct integrated field supervision	1	2	3	4	Completed: In Q4, integrated field supervision visits were conducted in the Atsimo Andrefana Region with the participation of partners MIKOLO, DELIVER, PSI, DPLMT and the SDSP (Service du District de la Santé Publique) as a local representative of MOH at the district level. This region is part of the integrated health commodities distribution through public channels pilot.
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	Completed: PAs were connected to PA Relays as a routine activity of the distribution team. In the new distribution strategy piloted in Sofia, Haute Matsiatra and Ihorombe, PAs were connected to "PA Relay Communautaires" (PARC) and loyalty cards were used with vouchers as a discount to support the PAs' trips for supplying stocks. Loyalty cards are used in the pilot zone to confirm PAs' supply from PARC. In the pilot, 195 loyalty cards and 600 vouchers were distributed to PAs. Link cards are used in the non-piloted zones in order to link PAs to PA Relays and include the address and phone number of the PA Relay.
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: As of the end of Q4, PSI has 1,180 PAs, including PA Relays and PA Relay Communautaires. Due to the change of 5 PA Relays in the pilot zone, who were replaced by 3 PA Relay Communautaires, the current number of PAs is 1,180 .
	Continue to purchase and place commodity cabinets	1	2	3	4	Ongoing: This fiscal year, 1,160 commodity cabinets were provided to PAs. For the new PA Relay Communautaires, in Q4 PSI distributed 27 palettes for the storage of box of commodities.
	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 training sessions. This fiscal year, 414 PAs received these materials.
Explore capacity building of and partnership with public sector in supply chain and CBD						
	Meet with SALAMA to discuss challenges and propose ideas for collaboration on the community supply chain	1	2			Completed: PSI met with SALAMA to discuss shared challenges regarding distribution in the nearly inaccessible zones, such as Besalampy. 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.

CoAg pg	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
		Q1	Q2	Q3	Q4	
	Meet with Phagedis and Phagecom to discuss challenges and propose ideas for collaboration on the community commodity supply chain	1	2	3		Completed: PSI continues to participate in workshops initiated by partners and the MOH on supply chain challenges and improvement strategies. PSI is also now a member of the "Unité Technique de Gestion Logistique" (UTGL). Members meet to improve the public supply chain and work toward harmonization between public and private supply chains.
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	Completed: PSI identified and trained 84 PAs in the Anosy and Androy region. (MIKOLO and MAHEFA are not present in these 2 ex-SanteNet2 zones). These 84 PAs were the last group to receive training, as the others were all trained in FY 2014.
	Train community PAs in MIKOLO and MAHEFA zones	1	2	3	4	Completed: See above regarding training 84 PAs. Banyan Global's Business Advisor conducted 3 ToT on Simplified Accounting for the PSI Team ( 6 Formateur et Promoteur en Santé, 3 Superviseur de Distribution and 1 consultant).
	Conduct monitoring and technical assistance to ensure the Simplified Accounting record keeping	1	2	3	4	Completed: In FY 2015, 414 PAs were trained during 26 training sessions. This includes PAs in the Analamanga region (MIKOLO area). The trainings of PAs were completed by the end of Q3.
	Identify projects to develop income-generating activities of Relay Supply Points (PA RELAIS)	1	2	3	4	Ongoing: Seven income generating projects were identified and are underway: In ANTETEZAMBARO-TOAMASINA/Expansion of pig-rearing activity ; in ANTSOSO-BETAFO/Photocopying, printing, and data entry services ; in MANANASY-MIARINARIVO/Retail point for plant and animal sanitation products ; in VOHÉMAR/Purchase of tricycle (Bajaj) for local transportation ; in VOHÉMAR/Purchase mechanic lathe - turning tool ; in AMBANJA/Purchase of tricycle (Bajaj) for local transportation; in SOAMANATASY-IHOSY/Purchase wood working machine.
	Provide coaching to portfolio of qualified PAs to help them in loan application process and monitor success rate	1	2	3	4	Ongoing: With support from PSI and Bayan Global, 4 PAs have been successfully assisted: one in Antsakoamanondro to purchase a tricycle for use as public transport (10 million MGA, own fund); one in Djangoa to purchase a rice husking machine with a loan from PAMF (for 5 million MGA); purchase of one small equipment for a fast food establishment in Marovantaza for 0.12 million MGA (own-fund) and one kit Village Phone Orange by PA in Anosibe an`Ala for 0.1 million MGA by own fund.
36	Improve the current commercial channel pull system through the private sector	1	2	3	4	Ongoing: PSI has contacted JB, a large local distributor well known as an enterprise leader with a large national distribution network distributing biscuits and sweets, to explore methods to reinforce PSI's commercial distribution channel. JB and PSI are examining collaborative strategies in an effort to develop a positive partnership. Due to the complexity of the collaboration process (fiscal payment process, invoices, etc.), JB requested an extension of PSI's market analysis (analysis of sales history, pricing, data and strategy, and comparisons with their products) before signing a contract to implement social marketing through this private network. The next meeting is scheduled for October 21, 2015.
36	Continue collaboration with the super wholesalers (10) to distribute social marketing products at the commercial channel					
	Continue to identify new distributors to reinforce wholesalers network	1	2	3	4	Ongoing: As mentioned above, PSI is exploring a potential collaboration with JB. All of these 10 Super wholesalers are JB's clients.

CoAg pg	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
		Q1	Q2	Q3	Q4	
	Review of contract terms including rewards and recognition performance system	1	2	x	x	Completed: PSI distributed performance recognition awards to super wholesalers who surpassed their objectives.
36	Improve the pharmaceutical distribution channel					
	Continue to work with Niphar for packaging and invoicing products to the wholesalers	1	2	3	4	Completed: All repackaged products and invoicing of pharmaceutical products were completed by NIPHAR. PSI will continue to work with NIPHAR in FY 2016, as it is a continued activity.
	Continue to work with certified wholesalers for pharmaceutical products distribution	1	2	3	4	Completed: All certified wholesalers continued to distribute PSI's pharmaceutical products. These wholesalers will continue to work with PSI next year, and contracts will be continued.
	Continue to identify new pharmaceutical distributors	1	2	3	4	Ongoing: One new pharmaceutical wholesaler (NAJMI PHARMA) was identified during Q4. PSI continues to identify new wholesalers to ensure coverage of pharmaceutical products. The wholesaler based in Majunga is not yet ready to work with PSI due to contract content, but PSI will continue to negotiate.
	Review of contract terms including rewards and recognition performance system	1	2	3	4	Ongoing: Pharmaceutical wholesalers received their quarterly rewards based on their performance as stipulated in the contract.
39	Continue active participation in the monthly supply chain working group in partnership with USAID	1	2	3	4	Completed: PSI participated in 10 GAS meetings over the course of FY 2015.
	Participate quarterly in the sub-contractor coordination meetings under MOH/DSMER leadership	1	2	3	4	Completed: The MOH developed a logistical committee including all country programs with technical and financial partners to create more supply chain coordination. PSI participated in these meetings. In September, Term of Reference of the committee was validated by partners.
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	Completed: This is an ongoing activity and will continue next fiscal year.
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 PSI distribution staff is continuing to collect and send data directly. With the new pilot distribution strategy, distribution staffs submit stock data via tablets, providing real-time stock data available on a monthly basis.
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 reinforced the capacity of staff to better manage PA's supplies and supervision. PSI continues to work on identifying an efficient system to ensure that the supply chain functions more effectively, including significant investment in the pilot program.

CoAg pg	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
		Q1	Q2	Q3	Q4	
<b>3.3 Malaria Campaign</b>						
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	x	x	Ongoing: The National Campaign Committee meeting is a regular activity during pre- per- and post-campaign. Additional meetings are also held, if needed, in case of urgent decision making.
	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		Completed
	Develop mass campaign timeline (chronogram) with NCC committee	1	2			Completed: It is important to note that the initial mass campaign distribution date was August 31 to September 13. It was postponed to September 28 to October 11 due to municipal elections. This was a March 31 PMI decision.
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.
	Central level training of trainers for logistic and M&E campaign activities		2	x	x	Completed
	Training of all sub-recipient (SR) logistics personnel at all levels, notably for central level		2	x	x	Completed: The central level training was conducted from July 20-29 July, 2015, and 1-2 weeks later for the peripheral level.
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	x	Completed: Logistic micro-planning was developed and validated in August for all Districts.
	Develop and publish tenders for selection of transport companies from central level to districts		2	x	x	Completed: Tenders publication was conducted in early July and transportation companies were selected in mid-August. Routing began the 3rd week of August.

CoAg pg	Activity Description	FY	FY	FY	FY	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
		Q1	Q2	Q3	Q4	
39	Produce logistics management tools and M&E tools					
	Transportation campaign IEC, registration & M&E tools--from central to district level		2	x	x	Completed: Management and M&E tools were transported along with LLINs.
	LLINs transportation of 6,350,000 LLINs from central to district level based on Campaign macro planning			3	x	Ongoing: Transportation of 4,440,250 LLINs was completed for 38 Districts. For the District of Marolambo (road is impassable) and 11 other districts (NGOs delayed recruitment), transport is ongoing.
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	Completed: Contracts signed.
	Sub-awards - multiplication of management tools for pre, per and post-campaign (bon de livraison)		2	x	x	Completed
	Sub-award - Malaria campaign conducting pre and per campaign		2	3	x	Ongoing: Completed for 38 Districts. For Marolambo and 11 other districts, it will be conducted between November 2-11, 2015.
	Sub-awards logistical training for each level		2	3	x	Completed
	Sub-awards - 6,350,000 LLINs storage at district level			3	x	Ongoing: This will be conducted in Q1 FY 2016 due to the change in dates for the mass campaign. As an update, 38 districts will conduct distribution September 28 to October 11. For Marolambo and 11 other districts, distribution is postponed to November 2 to 15, due to very bad road conditions for LLIN transportation and difficulties in finding NGOs for distribution
	6,350,000 LLINs transportation from district to site level based on micro planning			3	4	Completed for 38 Districts. For Marolambo and 11 other districts are in current routing
	Sub-awards - 6,350,000 LLINs storage at site level				4	Completed for 38 Districts. For Marolambo and 11 other districts are ongoing
	Distribution of 6,350,000 LLINs				4	Completed for distribution of 4,440,250 LLIN in 38 Districts. The remaining will be distributed in November 2-11
	Sub-awards campaign monitoring				4	Completed for 38 Districts.
	Conduct "hung-up" households visits				4	Postponed in FY16 Q1
39	Monitoring and supervision of Campaign distribution (pre -per -post)					
	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		2	x		Completed
	Mass campaign monitoring done by PSI team and supervisors, health agents at each level (central to community level)		2	3	4	Completed for 38 Districts.
	Malaria committee monitoring at district level		2	3	4	Completed for 38 Districts.
	Mass campaign data operator management and final report			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
		Q1	Q2	Q3	Q4	
3.4	<b>Continuous Distribution (CD)</b>					
	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 conduct in Q2.
39	Ensure logistics: transport, warehousing & supply chain at each level (central, district, communes)					
	Distribution exercise		2	3	X	Completed: 29 011 LLINs have been distributed at 114 Fokontany in the districts of Vohipeno and Vangaindrano from March to September 2015.
39	Monitoring and supervision of the CD done by health agents and PSI team at all levels (district, commune, Fokontany)		2	3	X	Completed: One supervision session was conducted by PSI during Q4. Close out for the pilot phase in the two districts

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	
<b>46 Research</b>						
	Pretest new tools of the Healthy Family Campaign: MVU	1	2			Completed: Completed in October 2014.
	Pretest educational tools for new FP products: radio spots, flipchart for rural area		2	3	4	Removed from the research plan since the educational tools are not ready for this 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 FY 2015, but will take place in Q2-Q3 FY 2016 due to the revised FP program scheduling for the distribution of the new subcutaneous injectable planned for Q1 FY 2016. The study will take place after the distribution of the product.
	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 of the logo and packaging of the Emergency Contraceptive was conducted respectively among 47 and 78 PSI employees in Antananarivo in March 2015.
	Pretest of LLIN IEC tools and brochures		2	x	x	Postponed : To avoid overlap with the LLIN mass distribution campaign, continuous distribution activity was shortened and the revision of IEC tools was no longer feasible for the time period. This activity will be included within the pretest of radio and TV spots and printed IEC materials, scheduled for Q2 - Q3 FY 2016 on malaria activities before the large scale up.
	Evaluate the pilot phase of the use of the E-voucher		2	3		Completed: The evaluation was completed in May 2015. The results show that the system is accepted by the providers, as they found it efficient. The providers appreciated the payment using mobile money, which is more practical. However, some areas (HNI system) need to be improved before moving to scale. The evaluation presentation is available in the annex.
	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. Preliminary results will be available in December 2015.
	Net durability study 24 months after mass campaign distribution				x	Ongoing: As requested by PMI, the net durability study 24 months after mass campaign distribution in 2013 needed to be conducted in September and October 2015, prior to the current mass campaign distribution. Data collection in PMI sites was completed in September while GF sites will be completed in October/November 2015. Preliminary results on bio-efficacy analysis will be available in Q3 FY 2016. However, the findings on the 2 first components of the study, which are net survivorship and integrity, will be conducted by PSI and will be available in Q2 FY 2016.
	Tracking Results Continuously (TRaC) FP study among women 15-49 years old		2	3	4	Ongoing: Data collection started the last week of June and ended in mid-August 2015. Data cleaning was completed and data analysis is ongoing. Preliminary results are provided in this Annual Report Narrative. A dissemination event with partners is scheduled for Q2 FY 2016 and the study report will be shared as well in Q2 FY 2016.

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	
	Measuring Access and Performance (MAP) study for IMCI and FP products		2	3	4	Ongoing: Measuring Access and Performance (MAP) is designed to measure coverage and quality of coverage of PSI products. Fieldworker training and preparations took place during March and data collection was conducted from March through May. Data analysis was conducted in September and will continue into October. Data will be finalized with the PSI Regional Researcher during his visit at the end of November. Final study report will be available in Q2 FY 2016.
	Flash FoQus : Relooking of Sûr'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 Sûr'Eau 150 ml. This study was added to the work plan and was conducted among users and non-users of Sûr'Eau in urban and peri-urban Antananarivo during the last two weeks of March 2015.
	Evaluate the pilot phase of Sûr'Eau tablet including the communication tools and packaging		2	3	x	Completed: Data collection for the Vatomandry household survey was completed the last week of March. Results were disseminated among the program. The study report is available in the Annex.
	Baseline study on social marketing product coverage and motivation of Supply point toward the new community distribution strategy (Qualitative and quantitative) - Baseline and endline			3	4	Initiated: This study is designed to measure motivation of the supply point in the new community based distribution strategy. It will also evaluate the coverage of some social marketing products that will be used for comparison with the endline data. Qualitative aspect: data collection was completed in June 2015. Quantitative aspect: Fieldwork preparation started in mid-June and data collection started in July, for a period of 24 days. An endline study is scheduled in November 2015 to evaluate the efficiency of the pilot phase. Comparison of the baseline versus endline surveys will be shared internally within program and distribution teams in January 2016. Dissemination with partners is scheduled for Q2 FY 2016.
	Evaluation of Polio campaigns				4	Completed: This study was designed to measure coverage of children under 15 years old who were immunized against polio during the polio vaccination campaign held from 14 to 18 September 2015. Data collection was done immediately after the last day of the polio campaign and results were presented on October 5, 2015 to partners, including WHO, UNICEF, CDC and USAID. The presentation is available as an Annex.
	Evaluate the pilot demand-side community savings mechanisms in 2 Top Réseau sites (peri-urban)			3	4	Due to the delay of the beginning of the demand-side saving mechanisms, the mid-term evaluation will be conducted in Q2 FY 2016 by BG. The final results are expected to be available in Q3 FY 2016.

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	
<b>Monitoring and Evaluation (M&amp;E)</b>						
48	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 : In June 2015, PSI's M&E team participated in the DHIS 2 Academy Level 2 & 3 workshop in Benin. The objective of this training was to reinforce the technical capacity of participants and create a platform for sharing best practices among implementing countries. PSI currently has three experts to accelerate the integration process. Data importation is ongoing. PSI plans to use the tracking module to track individual customers (service delivery and IPC) in Q4. User training sessions will also be conducted in Q4.
	Develop new version of the database system		2	x	x	Ongoing: A new version of the Service Delivery Database is under development. Specifically, for the IPC database, # of visits by IPC Agents was integrated and a new web based data collection tool was developed for all capacity building activities. Under Service Delivery, Client Unique Identifiers were integrated as well.
48	Improve Data Quality Insurance					
	Conduct routine data quality assessment and quarterly supervision on MIS	1	2	3	4	Ongoing: All data quality assessments will be completed in Q4.
	Finalize and share the Data Quality Manual			3	x	Postponed: The data quality manual will follow the data quality assessments and data quality training, which will be completed in Q4.
48	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	N/A (Completed for Q2 and will be conducted again in Q4)
	In the field capacity building of various PSI staff			3	4	Initiated: Refresher training on M&E tools and data analysis will be planned in Q4 for PSI regional staff
47	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	Postponed: Due to the postponement of LLIN campaign activities due to municipal elections, this activity is now planned for Q4.
	Conduct routine data quality assessment and data analysis for campaign activities			3	4	Postponed: Due to the postponement of LLIN campaign activities due to municipal elections, this activity is now planned for Q4.

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	
<b>Gender Activities</b>						
40, 42	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	Completed: The supervision of supervisors in the implementation of the HIM approach was conducted during the workshop with the peer educators supervisors in July 2015. This workshop was an opportunity to review best practices and lessons learned on the implementation of the HIM approach. A qualitative evaluation of this approach will be conducted in Q1 FY 2016.
	Document the implementation of HIM			3	4	Completed: The documentation of the HIM approach, based on the results of supervision of HIM activities, was conducted during field reviews in August and September, 2015 for sites within Antananarivo (urban and peri-urban areas). This activity will continue during FY 2016, informing the revision of the HIM training curriculum. The revisions will better integrate positive images of masculinity and will reach younger boys as well, as a way to conduct primary prevention of gender based violence.
41	Ensure gender is mainstreamed throughout the program by piloting the expansion of Top Réseau services to include GBV case management (see IR2)					
41	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	Completed: The DELTA marketing plan was completed in Q1, to include targeting young women. Updates to communications tools were conducted over the FY, taking into account the role of the young woman in supporting condom use and promoting her empowerment to choose to use the condom, thus integrating the gender component within the marketing plan.
	Build organizational capacity in implementing gender transformative programming	1	2	3	4	Completed: Capacity-building of IPC Supervisors and FP Counselors on gender was completed in Q3.
	Document the women's economic empowerment part of the business training program conducted by Banyan Global	1	2	3	4	Completed: Documentation of the female TR provider who benefited from microfinance was produced and is available.
	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: Tools, including job aids, related to BCC messages in gender mainstreaming and HIM in family planning activities were developed with the gender expert's input and tested with supervisors and peer educators in April 2015. Family Planning Counselors were trained in their use in Q4 and the tools were used by IPC agents and supervisors during Q4 and will continue in FY 2016.
	Participate in the USAID/ Gender Working Group	1	2	3	4	Completed: Participation in all meeting held by the Gender Working Group. This year, the Gender Working Group was leading the organization of the Women's Day on March, 2015, and the Group participated in the organization of the International Girl's Day.

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	
<b>General/International travel</b>						
	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	Ongoing: In April 2015, PSI received technical assistance from PSI/HQ Senior Procurement Officer. The objective of the visit was to technically support PSI/Madagascar in revising the comprehensive procurement manual based on updated procurement policies and best practices as well as updating the organizational chart to best meet the high volume of procurement requests. PSI/Madagascar has since finalized the manual and began implementation in September 2015. In May, PSI received a STTA visit from PSI/HQ backstopping.
	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.
	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 Need State marketing approach. A Need State analysis of condoms in Madagascar will likely be funded under SIFPO 2, with the Mission's approval.
	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.
	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		Completed: In May 2015, PSI received TA from IntraHeath's Senior Clinical Advisor Dr. Boniface Sebikali, 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.
<b>39 Environment</b>						
	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 each quarter and included in Q Reports.

**Annex A: Results Framework Including  
Annual 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	
1a	G1	INSTAT/ENSOMD 2012/13	Adolescent Birth Rate (births per 1,000 women 15-19)	Annual number of births to women 15-19 years of age per 1,000 women in that age group	2012/13	163	N/A	N/A	N/A	130	N/A	N/A	108	5 years
1b		INSTAT/ENSOMD 2012/13	Total Fertility Rate	The average number of children that would be born to a woman over her lifetime	2012/13	5,0							TBD	
2	G2	INSTAT/ENSOMD 2012/13	Under Five Mortality Rate (per 1,000 live births) NB. Included in USAID Standard Indicator List	Number of all-cause deaths among CU5 in a given year, as a proportion of the number of live births in the same year	2012/13	62	N/A	N/A	N/A	60	N/A	N/A	55	5 years
3	G3	INSTAT/ENSOMD 2012/13	Maternal Mortality Ratio (MMR) (per 100,000 live births) NB. Included in USAID Standard Indicator List	Number of maternal deaths that occurred during pregnancy or delivery as a proportion of the number of live births	2012/13	478	N/A	N/A	N/A	469	N/A	N/A	440	5 years
4	G4	INSTAT/ENSOMD 2012/13	Modern Contraceptive Prevalence Rate (among women in union) NB. Included in USAID Standard Indicator List	Number of women 15-49 years old in union who currently use modern contraceptives as a proportion of all women 15-49 in union	2012/13	33,3%	N/A	N/A	N/A	34.2%	N/A	N/A	40.2%	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	Baseline		FY13	FY14		FY15	FY15	FY15	Target		Frequency of data collection	
					Year	Value	Achievement % FY13	Achievement % FY14	Target FY14	Achievement % FY14	Achievement % FY15	Target FY15	Achievement % FY15	FY16		FY17
6	SO1	TRaC FP 2012 & 2015	Modern Contraceptive Prevalence Rate among women (WRA) 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% Urban: 43.9% Rural: 36.7%					15-49: National: 41.3% Urban: 39.4% Rural: 43.1%	15-49: 42.9%	96,3%		2-3 years	
						15-24: National: N/A Urban: N/A Rural: 29.6%					15-24: National: N/A Urban: N/A Rural: 49.2%	15-24: 34.6%	142,2%			
7	SO2	TRaC IMCI 2014 & 2017	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% Urban: 39.5% Rural: 38.5%	38%	101,8%				43%	2-3 years	
8	SO3	TRaC IMCI 2014 & 2017	Percentage of CUS with diarrhea in the last two weeks who received combined ORS & zinc treatment (urban and rural)	Number of CUS with diarrhea who received combined ORS & zinc treatment as a proportion of all CUS with diarrhea in urban and rural areas	2011	3.6%		National: 8.1% Urban: 9.7% Rural: 7.6%	8%	101,3%				12%	2-3 years	
9	SO4	TRaC IMCI 2014 & 2017	Percentage of CUS with cough and rapid breathing in the last two weeks who received the recommended antibiotic (urban and rural)	Number of CUS with cough and rapid breathing who received the recommended antibiotic (Cotrimoxazole and Amoxicilline) as a proportion of all CUS with cough and rapid breathing in urban and rural areas	2011	50.9%		National: 52.4% Urban: 48.8% Rural: 53.2%	55%	95%				60%	2 years	
10	SO5	MIS Survey 2013 & 2016 (baseline: 2011)	Percentage of pregnant women who slept under an LLIN the previous night	Number of pregnant women who slept under an LLIN the previous night as a proportion of all pregnant women in urban and rural area	2011	71.5%	National: 61.4% Urban: 67.1% Rural: 61.0%							75%	2 years	
11	SO6	MIS Survey 2013 & 2016 (baseline: 2011)	Proportion of CUS who slept under an insecticide-treated net (ITN) the previous night (urban and rural) NB. Included in USAID Standard Indicator List	Number of CUS who slept under an ITN the previous night as a proportion of all CUS in urban and rural areas	2011	76.5%	National: 61.5% Urban: 74.8% Rural: 60.7%				N/A	N/A	N/A	80%	2 years	
12	SO7	MIS Survey 2013 & 2016 (baseline: 2011)	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% Urban: 79.5% Rural: 66.8%				N/A	N/A	N/A	80%	2 years	
13	SO8	MIS Survey 2013 & 2016 (baseline: 2011)	Percentage of CUS 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 CUS 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 CUS who had a fever in the past two weeks	2011	National: 6.2% Urban: 8.6% Rural: 6.1%	National: 13.4% Urban: 9.1% Rural: 13.6%				N/A	N/A	N/A	20%	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	617 425	150,6%	975 782	890 762	109,5%	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	674 378	124,4%	720 431	616 280	116,9%	TBD	TBD	Quarterly

[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 CUS 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			Targets		Frequency of data collection	
					Year	Value				Achievement FY13	Target FY13	Achievement % FY13	Achievement FY14	Target FY14	Achievement % FY14	Achievement FY15	Target FY15	Achievement % FY15	FY16	FY17		
16	FPI.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												2-3 years	
						Urban: 13.3%	Urban															
						Rural: 17.3%	Rural															
						Rural: 88.2%	Rural															
17	FPI.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													2-3 years
						Urban: 58.0%	Urban															
						Rural: 71.9%	Rural															
						Rural: 58.2%	Rural															
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													National: 60%	2-3 years
							Urban															
							Rural															
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														National: 9%	2-3 years
							Urban															
							Rural															
20	DTI.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													National: 12%	2-3 years
							Urban															
							Rural															
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													65%	2-3 years
							Urban															
							Rural															
22	PI.2	TRaC IMCI 2014-2016	Percentage of caregivers with knowledge of 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 children 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	12.2%	National														TBD	2-3 years
							Urban															
							Rural															

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3-Output Level Indicator																								
Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline		Area	Sex	Age	FY13	FY13	FY13	FY14			FY15			Targets		Frequency of data collection			
					Year	Value				Achievement FY13	Target FY13	Achievement % FY13	Achievement FY14	Target FY14	Achievement % FY14	Achievement FY15	Target FY15	Achievement % FY15	FY16	FY17				
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%	72%	29.6%				N/A	N/A	N/A	80%		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%	73%	99.5%				N/A	N/A	N/A	77%		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				N/A	N/A	N/A	55%		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)	2011	N/A	Rural			N/A	N/A	N/A	n/a [2]	80%	n/a [2]	N/A [2]	80%	N/A [2]		90%	Mid way during life of project			
							Urban			58.4%			N/A	N/A	N/A	n/a	65%	n/a	N/A	65%		N/A		75%
							Rural			N/A			N/A	N/A	N/A	n/a	80%	n/a	N/A	80%		N/A		90%
							Urban			45.5%			N/A	N/A	N/A	n/a	60%	n/a	N/A	60%		N/A		70%
							Rural			N/A			N/A	N/A	N/A	n/a	80%	n/a	N/A	80%		N/A		90%
							Urban			65.6%			N/A	N/A	N/A	n/a	70.8%	n/a	N/A	70.8%		N/A		80%
							Urban			N/A			N/A	N/A	N/A	n/a	55%	n/a	N/A	55%		N/A		65%
							Rural			N/A			N/A	N/A	N/A	n/a	80%	n/a	N/A	80%		N/A		90%
							Rural			N/A			N/A	N/A	N/A	n/a	80%	n/a	N/A	80%		N/A		90%

**Quarterly Reports Results Framework**  
**ISM Program**  
**PSI/Madagascar (2013-2017)**  
**3-Output Level Indicator**

Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline		Area	Sex	Age	FY13	FY13	FY13	FY14			FY15			Targets		Frequency of data collection		
					Year	Value				Achievement FY13	Target FY13	Achievement % FY13	Achievement FY14	Target FY14	Achievement % FY14	Achievement FY15	Target FY15	Achievement % FY15	FY16	FY17			
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%							All products : 34% FP products : 82% Child survival products : 36%	85%	40%	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%	N/A	N/A										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 Survey 2014	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%							FP : 0% IMCI : 0%	45%	FP : 0% IMCI : 0%					80% (per USAID request) (3)	Once during the project life		
30	SM3.8	Total Market Analysis	Total Market Value for FP (oral and injectable contraceptives)[3]	Price times volume for each product on the market (public sector, social marketing and private sector)	TBD	OCs : TBD Inj. Contra-ceptives : TBD				N/A			N/A									OCs	2-3 years (NB.
																						Baseline	Baseline+10%

[1] Baseline + 5% used to calculate FY 2015 target

[2] Activity postponed: MAP study will take place Q2 FY15; results validated/available Q2 FY2016.

[3] Mystery Client Survey will not be conducted again after FY 2014; replaced by annual evaluations

[4] 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: PSI/M does not have a fixed budget to measure TMA in FY17

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PSI/Madagascar (2013-2017)																																																																										
4-Activity Level Indicator																																																																										
Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline					FY13	FY14	FY15	FY15	Targets		Frequency of data collection																																																										
					Year	Value	Area	Service Type	Sex					Age	Achievement FY13		Achievement FY14	Target FY14	Achievement % FY14	Quarterly Achievement Jul-Sept	Achievement FY15	Target FY15	Achievement % FY15	FY16	FY17																																																	
31	FP1.3	Program MIS	Number of target population reached through mid-media (mobile video units) communication on FP (urban and rural)	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%	1 305	8 847	72 000	77.8%	96 000	120 000	Quarterly																																																					
																						Rural		F		14 215	0	0	0	0	0	0	0	0	0	0	0	0	0	0																																		
																																									Rural		M		17 895	0	0	0	0	0	0	0	0	0	0	0	0	0																
																																																											Rural		F		0	0	0	0	0	0	0	0	0	0	0	0
32	FP1.4	Program MIS	Number of target population reached through IPC activities on FP and RH (urban and rural, by age, and by sex) (1)	Number of male target population reached through IPC activities on FP and RH in urban and rural areas by age	2011	237 750	Urban		M	15-24	5 811	21 118	336 309	172%	7 306	31 360	690 873	95.6%	1 045 437	1 400 000	Quarterly																																																					
										25-49		939			2 354	4 624																																																										
										Other		61			103	193																																																										
										15-24		0			0	0																																																										
										25-49		0			0	0																																																										
							Rural		F	15-24	0	0	0																																																													
										25-49	0	0	0																																																													
										Other	0	0	0																																																													
										TOTAL (Male)	22 118	9 763	36 177																																																													
							Urban		M	15-24	363 891	243 808	336 309	172%	75 357	287 562																																																										
										25-49		307 817			92 877	333 369																																																										
										Other		3 508			1 448	3 441																																																										
										15-24		0			0	0																																																										
25-49	0	0	0																																																																							
Rural		F	15-24	0	0	0																																																																				
			25-49	0	0	0																																																																				
			Other	0	0	0																																																																				
			TOTAL (Female)	555 133	169 682	624 372																																																																				
TOTAL M & F	369 702	577 251	336 309	172%	179 445	660 549	690 873	95.6%																																																																		
33	DP/DT 1.4	Program MIS	Number of target population reached through mid-media communications (mobile video unit) on diarrhoea 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 diarrhoea prevention and treatment in urban and rural areas	2011	21 419	Urban		M		58 330	5 275	36 000	139%	650	3 385	72 000	74.5%	96 000	120 000	Quarterly																																																					
																						Rural		F		17 685	0	0	0	0	0	0	0	0	0	0	0	0	0	0																																		
																																									Rural		M		21 075	0	0	0	0	0	0	0	0	0	0	0	0																	
																																																										Rural		F		0	0	0	0	0	0	0	0	0	0			
																																																																								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) (cumulative total from FY 2014 onward; goal is to grow from 213 to 273 by 2017)	Number of new Top Réseau health clinics recruited into the franchised network in urban and rural areas (cumulative total from FY 2014 onward; goal is to grow from 213 to 273 by 2017)	2012	0	Urban			9	18	20	90%	39	38	n/a	n/a	n/a	20	Quarterly																																																						
						0	Rural			16	24	20	120%	40	40	n/a	n/a	n/a	40																																																							
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) (cumulative; goal is 100%)	Number of Top Réseau health clinics offering at least three health areas (FP/RH; IMCI/nutrition; malaria) in urban and rural areas (cumulative; goal is 100%)	2012	213	Urban			226	205	233	88%	204	204	n/a	n/a	n/a	233	Quarterly																																																						
						0	Rural			16	40	40	100%	40	40	n/a	n/a	n/a	40																																																							
36	CB2.1	Program MIS	Number of Top Réseau providers trained in business training & financial management (urban, and by provider sex) (2) (cumulative and unduplicated)	Number of male and female Top Réseau providers trained in business training & financial management in urban areas (cumulative and unduplicated)	2012	0	Urban		M		109	42	150	75%	0	68	150	123%	n/a	150	Quarterly																																																					
																						Rural		F		74	71	0	116	0	184	150	123%	n/a	150																																							
																																				TOTAL				109	113	150	75%	0	184	150	123%	n/a	150																									

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ISM Program																								
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4-Activity Level Indicator																								
Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline					FY13	FY14	FY15	FY15		Targets		Frequency of data collection							
					Year	Value	Area	Service Type	Sex				Age	Achievement FY13	Achievement FY14	Target FY14		Achievement % FY14	Quarterly Achieveme Jul-Sept	Achievement FY15	Target FY15	Achievement % FY15	FY16	FY17
37	CB 2.2	Program MIS	Number of new Top Réseau providers who received integrated health area classroom training (urban and rural, and by provider sex) [2.B.]	Number of male and female new Top Réseau providers who received integrated health area classroom training in urban and rural areas [2.B.]	2012	0	Urban		M		46	30	203%	10	110%	5	60	Quarterly						
									F										6	4				
																			16	7				
							Rural		M										23	0				
									F										0	0				
				16	0																			
				TOTAL		61		4	11															
38	PS3.1	Program MIS	Number of clinic visits by target group clients seeking FP services at Top Réseau health clinics (urban and rural, by age, by client sex, by type of service, and by voucher or insurance) (stated motive of visit is FP)	Number of clinic visits by male target group clients seeking FP services at Top Réseau health clinics in urban and rural areas by age for each type of service (With voucher)	2012	n/a (started tracking in 2013)	Urban	FP	M	<15	267	750	276%	2 171	100,3%	FY 2015 achievement+ 5%	FY 2016 achievement+ 5%	Quarterly						
																			15-24	7	2			
																			>25	2 043	2 154			
							Rural												<15	18	7	22		
																			15-24	0	0			
						>25	0	0																
								TOTAL (Male)		2 068		338	2 178											
								Urban	FP	F	<15	71 338	74 905	84%	66 163	101,1%	FY 2015 achievement+ 5%	FY 2016 achievement+ 5%	Quarterly					
						15-24	82	84																
						>25	37 944	41 157																
				Rural		<15	24 986	25 646																
						15-24	0	0																
						>25	0	0																
				TOTAL (Female)		63 012		15 437	66 887															
				Urban	FP	M	<15	n/a	n/a	n/a	250	0%	500	n/a	Quarterly									
		15-24	0	0																				
		>25	0	0																				
Rural		<15	0	0																				
		15-24	0	0																				
		>25	0	0																				
				TOTAL (Male)		0		0	0															
				Urban	FP	F	<15	n/a	n/a	n/a	250	0%	500	n/a	Quarterly									
		15-24	0	0																				
		>25	0	0																				
Rural		<15	0	0																				
		15-24	0	0																				
		>25	0	0																				
				TOTAL (Female)		0		0	0															
39	PS3.2	Program MIS	Number of clinic visits by target group clients receiving IMCI services at a Top Réseau clinic (urban and rural, by client sex, by type of service)	Number of clinic visits by male and female target group clients receiving IMCI services at a Top Réseau clinic in urban and rural areas by age for each type of service	2012	n/a	Urban	IMCI	M	32 679	34 313	135%	n/a	n/a	n/a	FY 2013 achievement +10%	Quarterly							
																		F	22 265	22 844				
																				20 305	21 526			
							Rural											M	2 011	3 418				
																		F	1 820	2 956				
				TOTAL		46 401		10 374	50 744															
				Urban	IMCI	M		n/a	n/a	n/a	n/a	n/a	n/a	FY 2013 achievement +10%	Quarterly									
		F																						
Rural		M																						
		F																						
				TOTAL																				

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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									FY13	FY14		FY15	FY15	FY16	FY17						
					Area	Service Type									Sexe	Age		Quarterly Achieveme	Jul-Sept	Target FY15	Achievement % FY15						
40	PS3.3	Program MIS	Number of target group clients accessing medical insurance or group savings for Top Réseau clinics (urban and rural, age, sex, service type)	Number of male and female target group clients accessing medical insurance or group savings for Top Réseau clinics in urban and rural areas by age for each service type	2014	n/a	Urban		M		n/a	n/a	250	n/a	0	0	250	0%	TBD	TBD	Quarterly						
							Rural		F						0	0											
							TOTAL								0	0											
41	PS3.4	Program MIS	Number of target group clients who are new FP method users (with invitation, or with voucher) at Top Réseau clinics (urban and rural, age, sex, service type) (3) (FY 2015 target set at 2014 plus 5%)	Number of male and female target group clients who are new FP method users at Top Réseau clinics using services with peer introduced "invitation" in urban areas by age - pilot program	2014	n/a	Urban		M	15-24	31					0	267			TBD	TBD	Quarterly					
										Other																	
										F	15-24	n/a	29	480	13%	0	156										
										Other																	
							TOTAL								0	423											
					2014	n/a	Urban		M	15-24	595				71	437											
				Other						0		2	3														
				F					15-24	16 175				3 984	17 137												
				Other						0				1 142	3 902												
							Rural		M	15-24	0				0	0			17 608	122,0%	TBD	TBD					
							Other				0				0	0											
							F		15-24		0				0	0											
							Other				0				0	0											
							TOTAL				16 770				5 199	21 479											
42	SM3.1	Program MIS	Number of social marketed products distributed (by product and by channel) (community, pharmaceutical, commercial)	Family Planning	2012	See table I					Pilplan OC Community	1 231 875	1 976 803	1 712 114	115%	638 101	2 535 920	2 157 552	118%	2 373 307	2 634 371	Quarterly					
											Pilplan OC Pharmaceutical	1 046 689	1 626 810	1 141 409	143%	184 755	1 109 215	1 438 368	77%	1 582 205	1 756 247						
											<b>Total Pilplan</b>	<b>2 278 564</b>	<b>3 603 613</b>	<b>2 853 523</b>	<b>126%</b>	<b>822 856</b>	<b>3 645 135</b>	<b>3 595 920</b>	<b>101%</b>	<b>3 955 512</b>	<b>4 390 618</b>						
											Confiance Inj Community	826 471	1 355 153	725 149	187%	475 721	1 721 973	1 225 149	141%	1 347 664	1 495 907						
											Confiance Inj Pharmaceutical	487 191	746 455	483 432	154%	82 740	522 220	816 759	64%	898 435	997 263						
											<b>Total Confiance</b>	<b>1 313 662</b>	<b>2 101 608</b>	<b>1 208 581</b>	<b>174%</b>	<b>558 461</b>	<b>2 244 193</b>	<b>2 041 908</b>	<b>110%</b>	<b>2 246 099</b>	<b>2 493 170</b>						
											Rojo Cyclebeads	23 351	18 186	21 000	87%	3 824	18 185	22 050	82%	23 153	24 311						
											IUD	21 084	26 767	18 900	142%	7 037	27 105	19 845	137%	20 837	21 879						
											Implanon Implant	2 165	5 200	2 382	218%	1 172	4 637	3 820	121%	4 011	4 212						
											Jadelle Implant	n/a	n/a	n/a	n/a	502	1 558	525	297%	551	579						
											FP Youth Condom "YES with you"(4)	n/a	n/a	n/a	n/a	204 420	257 400	546 000	47%	1 136 700	1 179 210						
											Emergency Contraceptive (5)	n/a	12 874	13 000	99%	0	104	n/a	n/a	25 000	65 000						
											<b>Child Survival</b>																
											Viasur DTK (Community)	34 144	100 976	95 000	106%	64 654	362 778	118 645	306%	124 577	140 868						
											Hydrazinc DTK (Pharmaceutical)	50 790	29 996	69 535	43%	13 686	92 111	63 886	144%	67 080	60 372						
											<b>Total DTK</b>	<b>84 934</b>	<b>130 972</b>	<b>164 535</b>	<b>80%</b>	<b>78 340</b>	<b>454 889</b>	<b>182 531</b>	<b>249%</b>	<b>191 657</b>	<b>242 630</b>						
											Sur Eau 40 ml Community	333 231	436 996	507 794	86%	140 203	474 283	400 000	119%	1 119 685	1 322 628						
											Sur Eau 150 ml Commercial	1 642 191	2 052 706	2 031 175	101%	368 937	1 792 496	1 186 133	151%	1 679 528	1 616 546						
											Sur Eau (watertablet)	n/a	n/a	n/a	n/a	1 121 680	1 397 410	3 040 000	46%	TBD	TBD						
											Pneumostop Community (tablet)	n/a	139 310	99 000	141%	250	234 152	234 185	100%	0	0						
											Pneumostop Community (syrop)	24 949	132 514	96 000	138%	35 452	97 686	97 200	101%								
											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%	350 420	1 722 396	880 000	196%	940 000	1 006 691						
Chlorhexidine Tube (CHX)	n/a	n/a	n/a	n/a	0	0	447 145	0%	387 000	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	92,5%	0	0	6 350 000	0%	0	TBD	Post campaign in 2013 and 2015						

Quarterly Reports Results Framework																					
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 Achieveme	Achievement FY15	Target FY15	Achievement % FY15		FY16	FY17
															Jul-Sept						
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	154,5%	200	122 756	122 739	100,0%	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	29 011	29 011	48 197	60,2%	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	96,2%	0	169 419	n/a	n/a	TBD	TBD	Quarterly
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	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	100%	10	10	n/a	n/a		Commercial : 5-10	
						Pharmaceutical : 13					13	13	13	100%	13	13	n/a	n/a		Pharmaceutica l : 14	
						Community : 870					1 088	1 122	1 155	97%	1 080	1080	n/a	n/a		Community : 1 200	

(1) Results include results from WHP financed IPC agents (Family Planning Counselors) and Youth Peer Educators, as reported by 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

[2.B.] While the stated goal is to add 60 new clinics, the ultimate goal is to reach the total of 273 clinics. De-franchised clinics are also replaced by new clinics. In addition, the number of providers is greater than the number of clinics (multiple providers per clinic).

[3] The pilot "loyalty" scheme involves several providers in Majunga and uses invitations from youth peers to attract new youth users to these TR clinics. The idea to offer a free consultation after a certain # of visits was abandoned

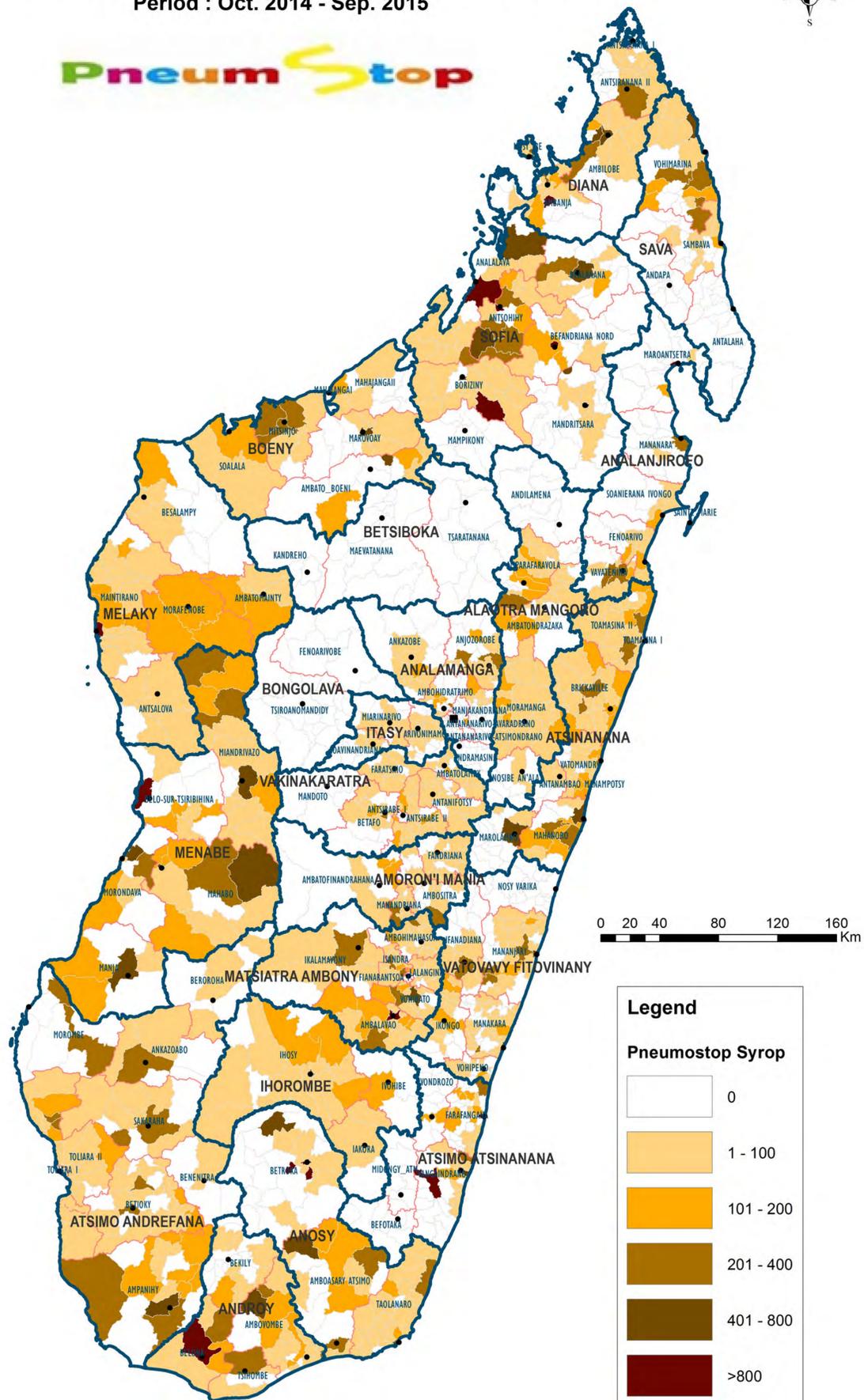
(4) Launched May 2015

(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**

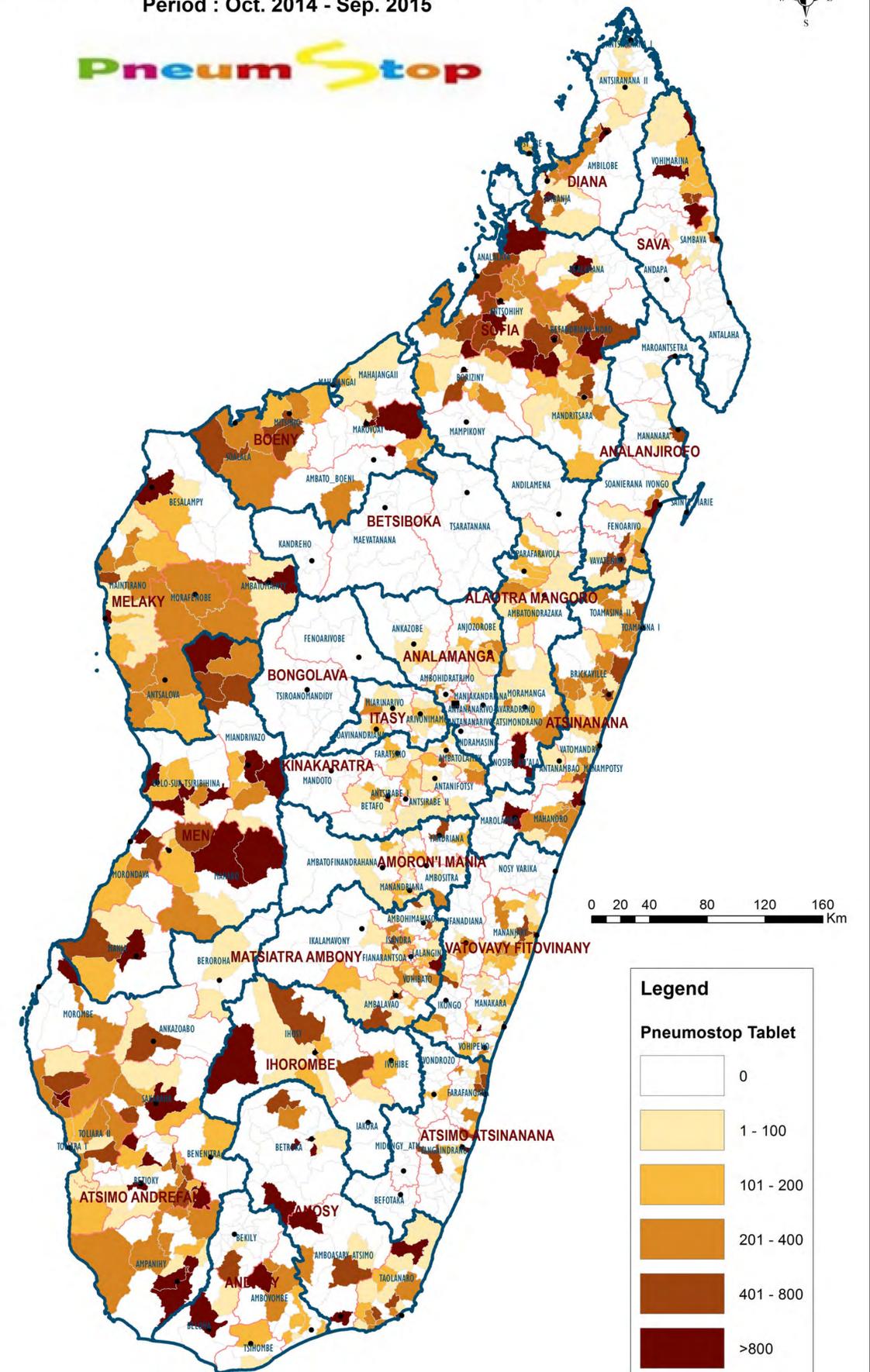
**Annex B1a - MATERNAL AND CHILD HEALTH (FY15)**  
 (Pneumonia Prepackaged Treatment)

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



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

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

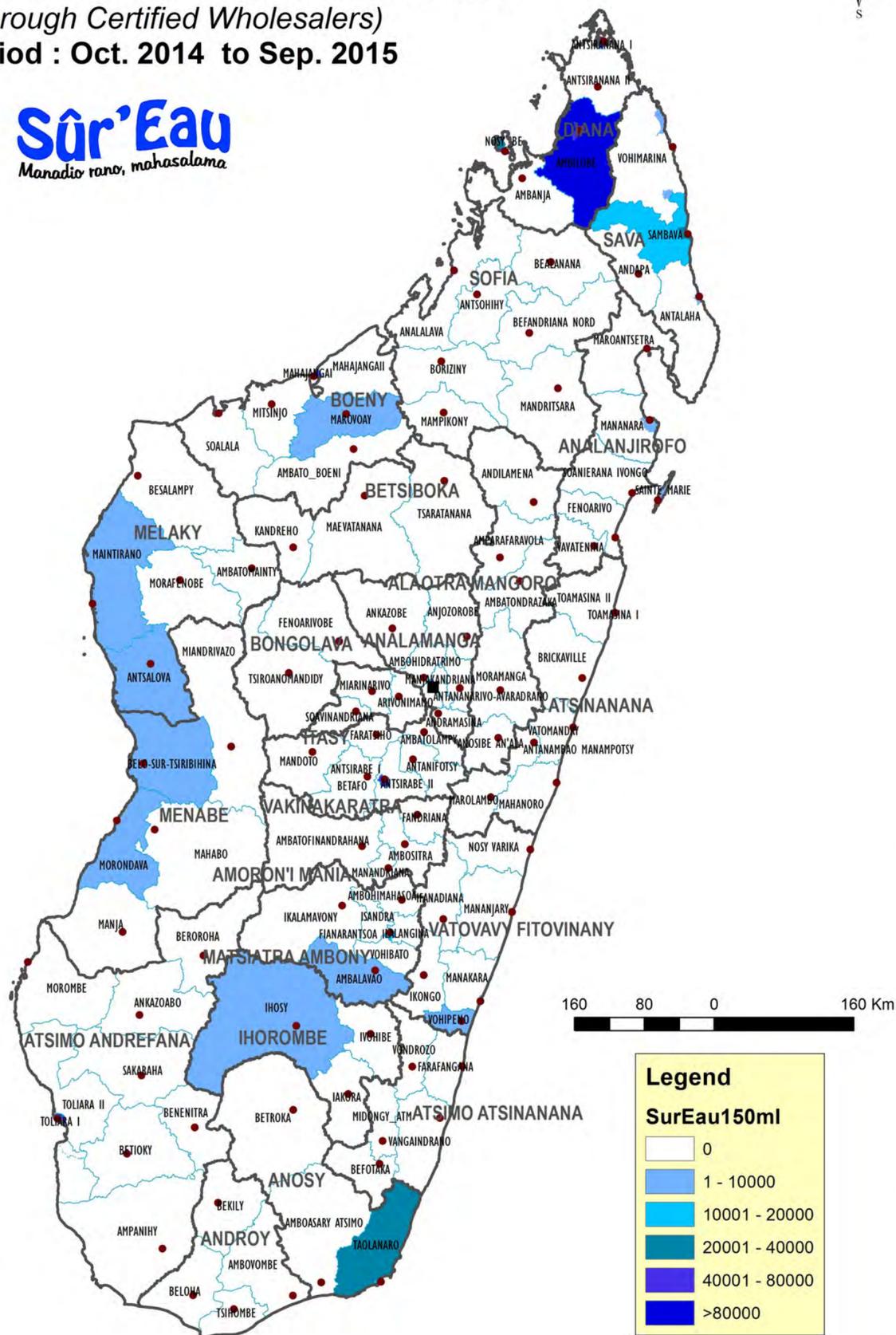


Datasource : CTL Reports Oct.2014 to Sept. 2015  
 Harivola (Oct 2015)

# Annex B1b - MATERNAL CHILD AND HEALTH (FY15) (Diarrheal diseases prevention and treatment)

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

**Sûr'Eau**  
Manadio rano, mahasalama

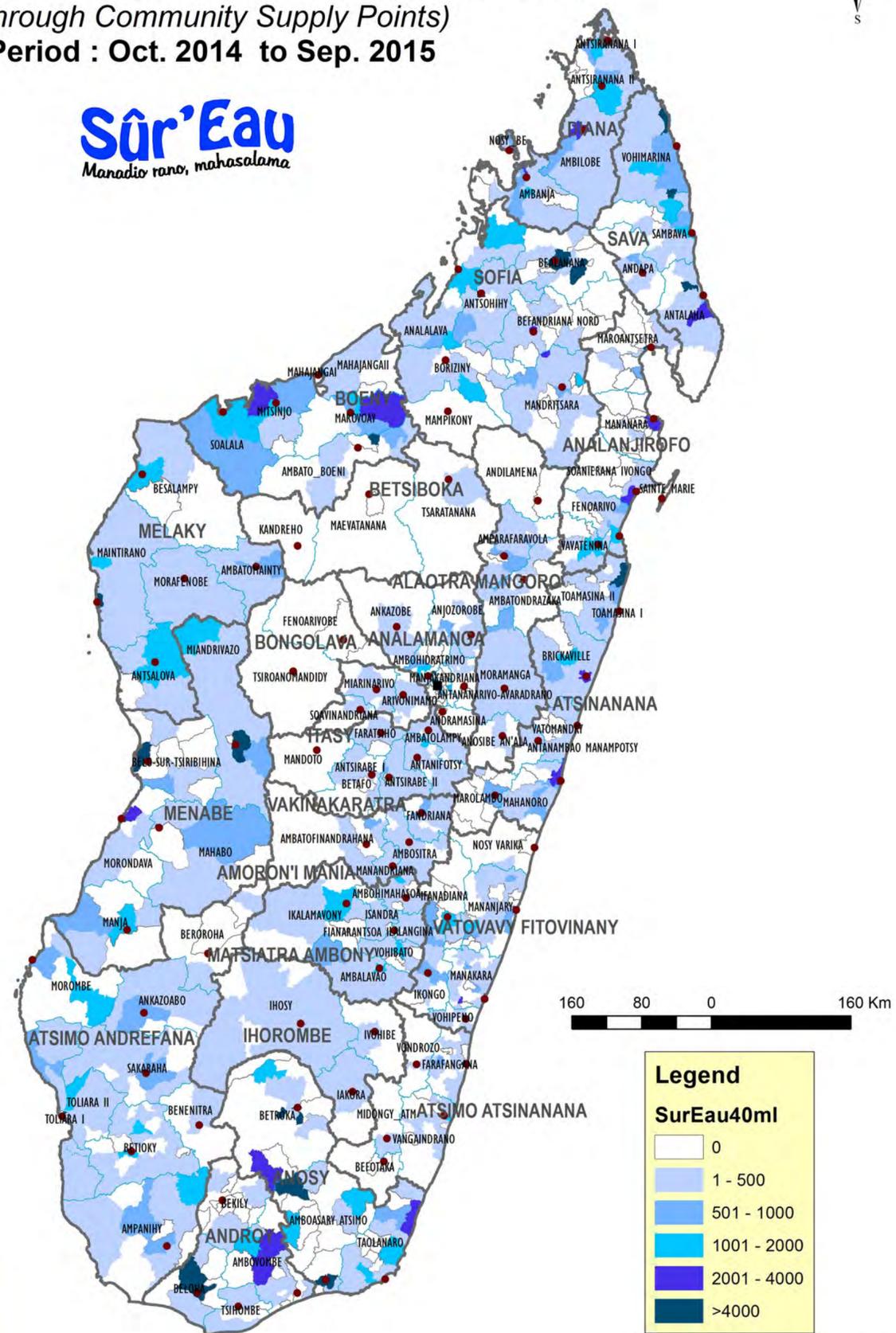


160 80 0 160 Km

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

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

**Sûr'Eau**  
Manadio rano, mahasalama



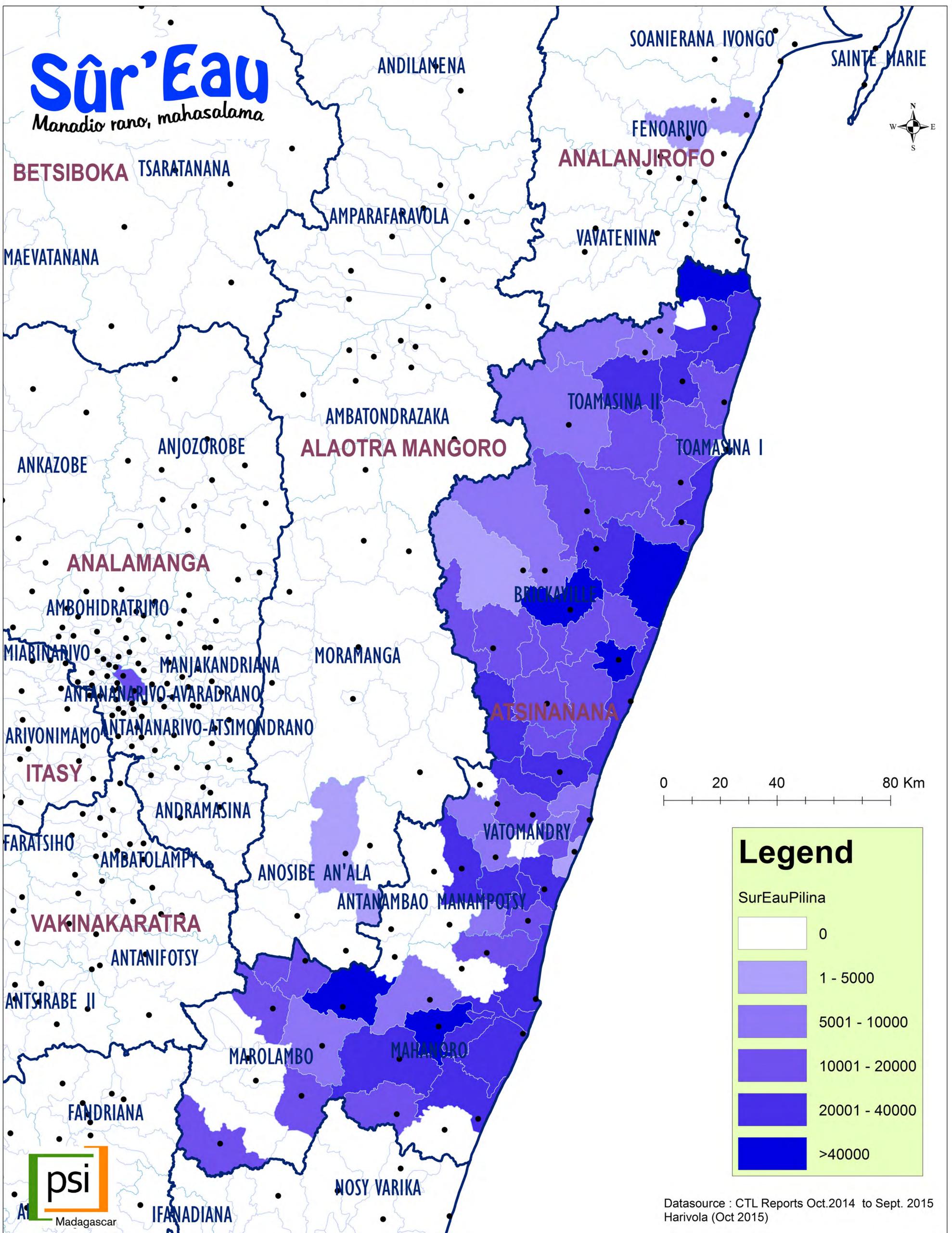
160 80 0 160 Km

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

# Annex B1c - MATERNAL CHILD AND HEALTH (FY15)

## (Diarrheal diseases prevention and treatment)

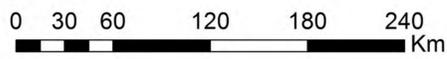
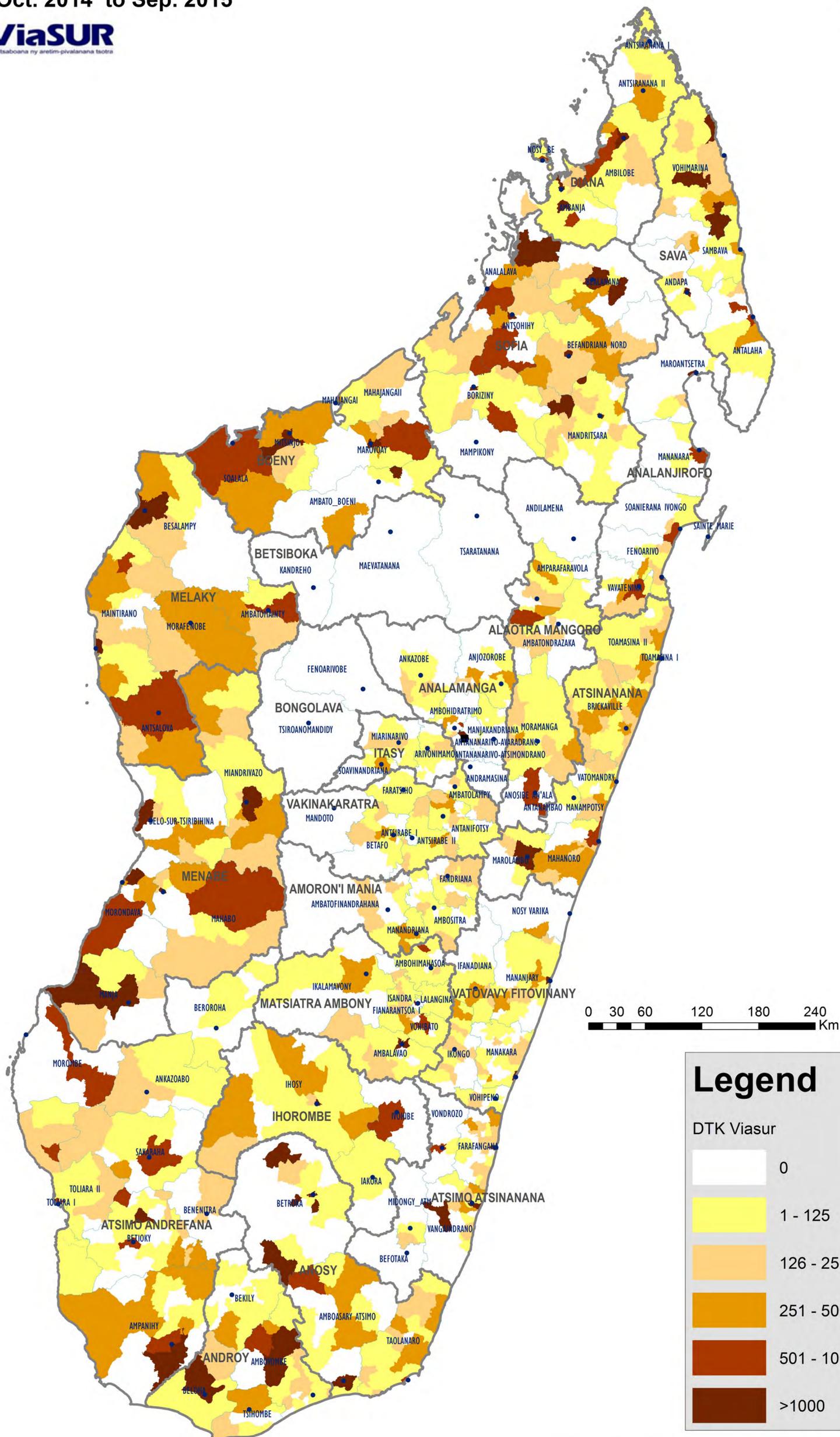
COMMUNITY BASED DISTRIBUTION SUR'EAU TABLET  
 (through community supply points)  
 Period : Oct. 2014 to Sep. 2015



# Annex B1d - MATERNAL CHILD AND HEALTH (FY15)

## (Diarrheal diseases prevention and treatment)

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



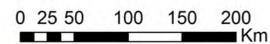
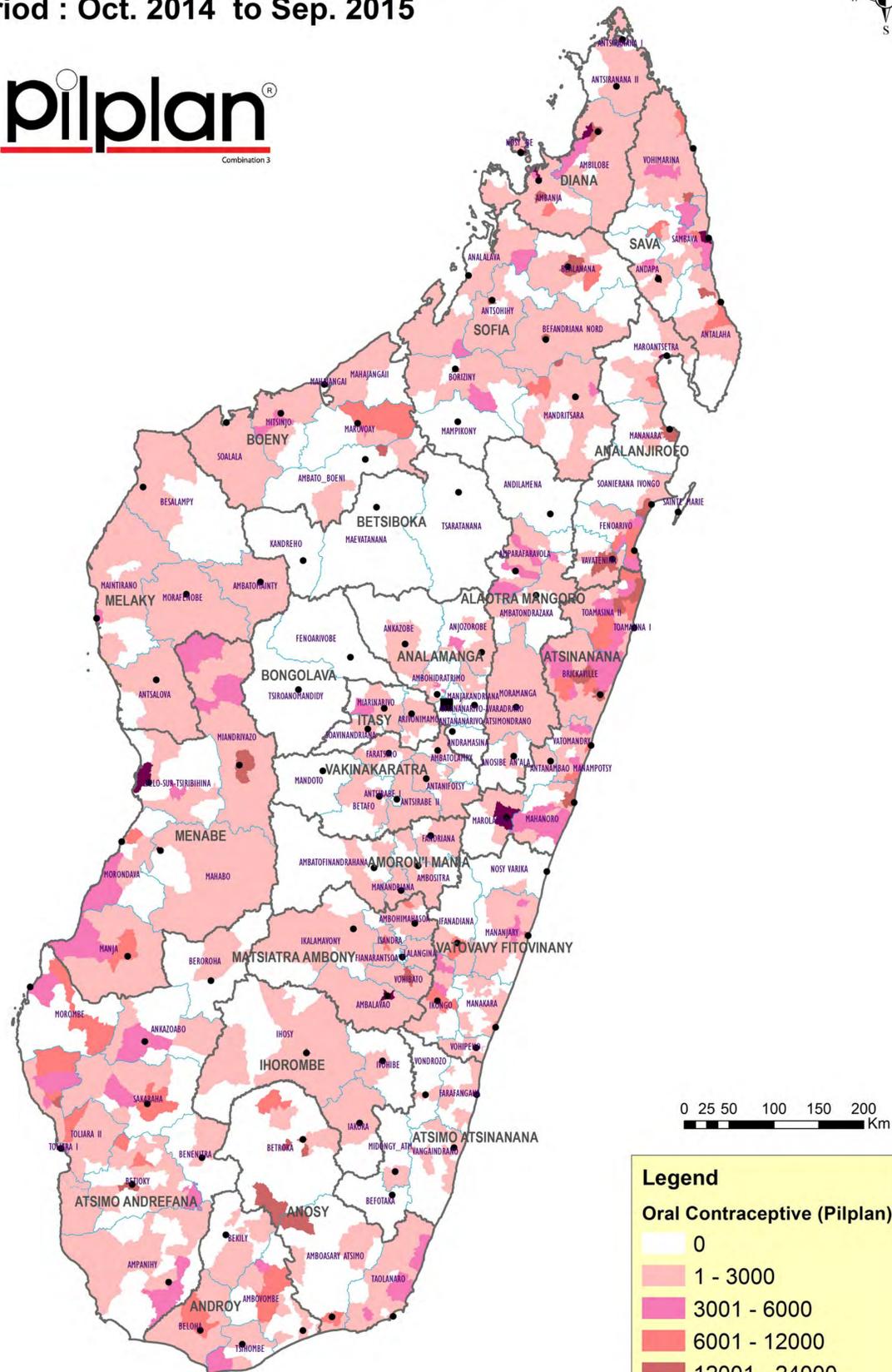
Legend	
DTK Viasur	
	0
	1 - 125
	126 - 250
	251 - 500
	501 - 1000
	>1000

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



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

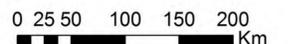
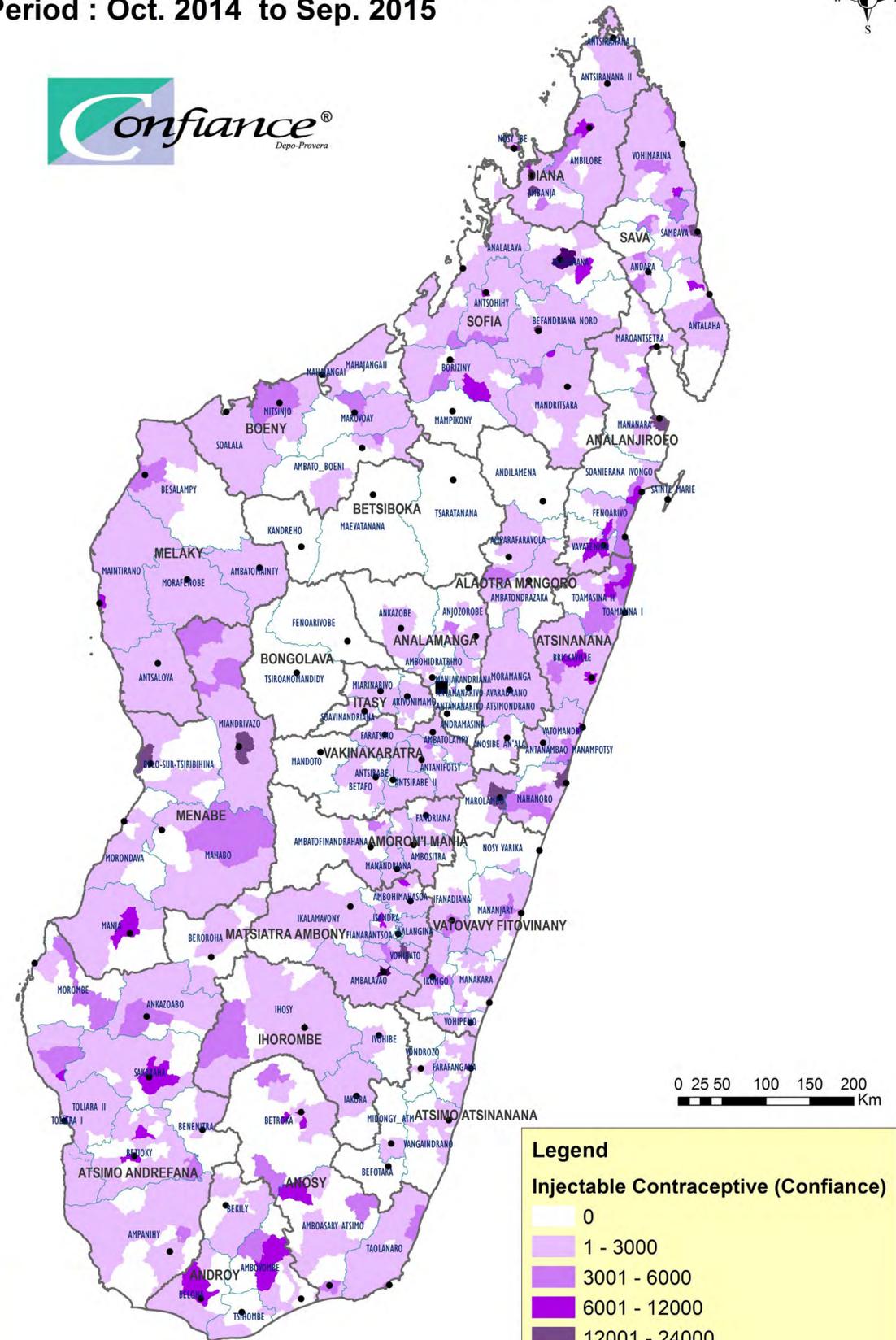
## COMMUNITY BASED DISTRIBUTION PILPLAN Period : Oct. 2014 to Sep. 2015



Legend	
Oral Contraceptive (Pilplan)	
	0
	1 - 3000
	3001 - 6000
	6001 - 12000
	12001 - 24000
	>24000



## COMMUNITY BASED DISTRIBUTION CONFIANCE Period : Oct. 2014 to Sep. 2015



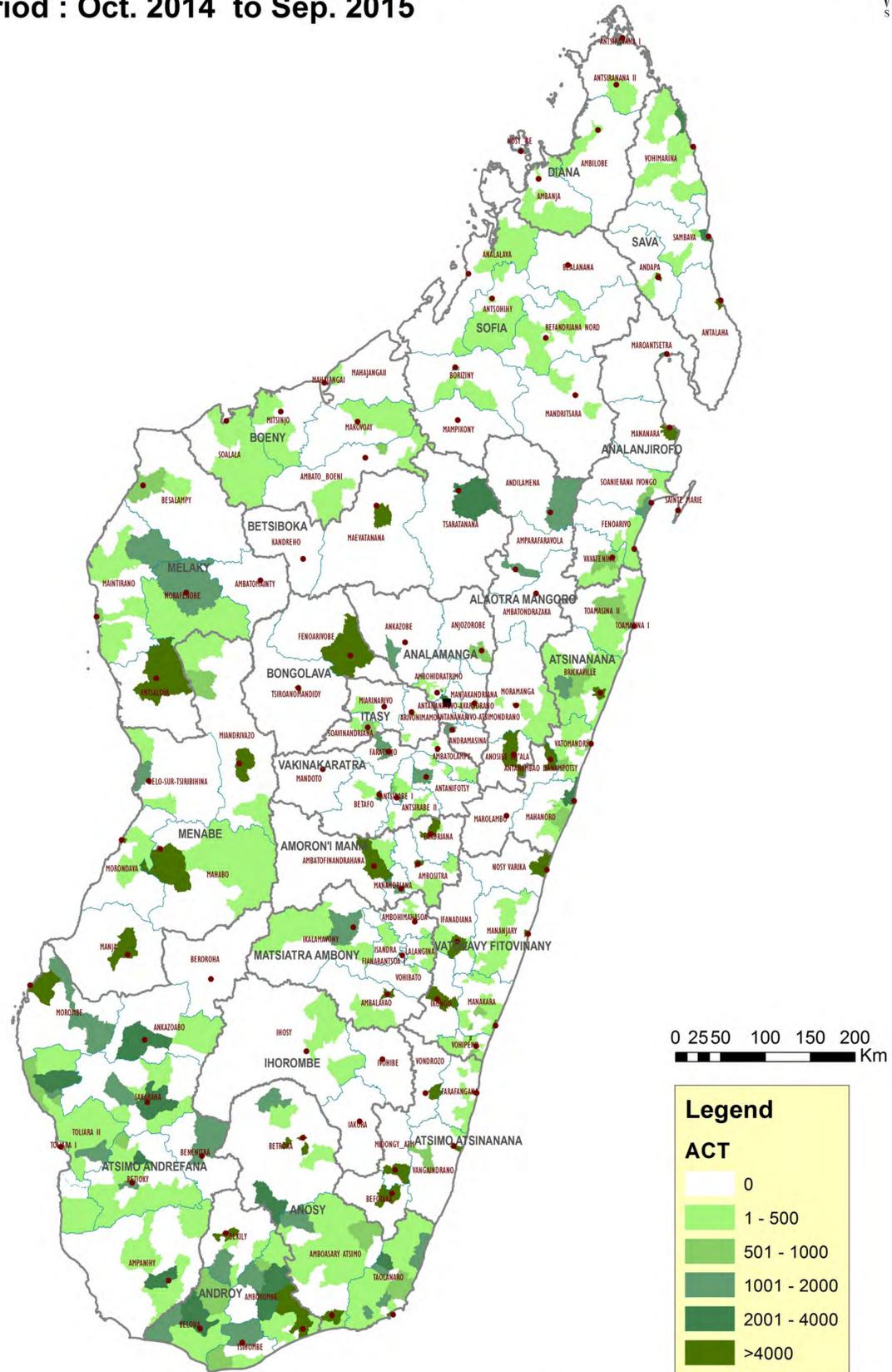
Legend	
Injectable Contraceptive (Confiance)	
	0
	1 - 3000
	3001 - 6000
	6001 - 12000
	12001 - 24000
	>24000



# Annex B3 - MALARIA (FY15)

## (Artemisinin-based Combination Therapy & Rapid Diagnostic Test)

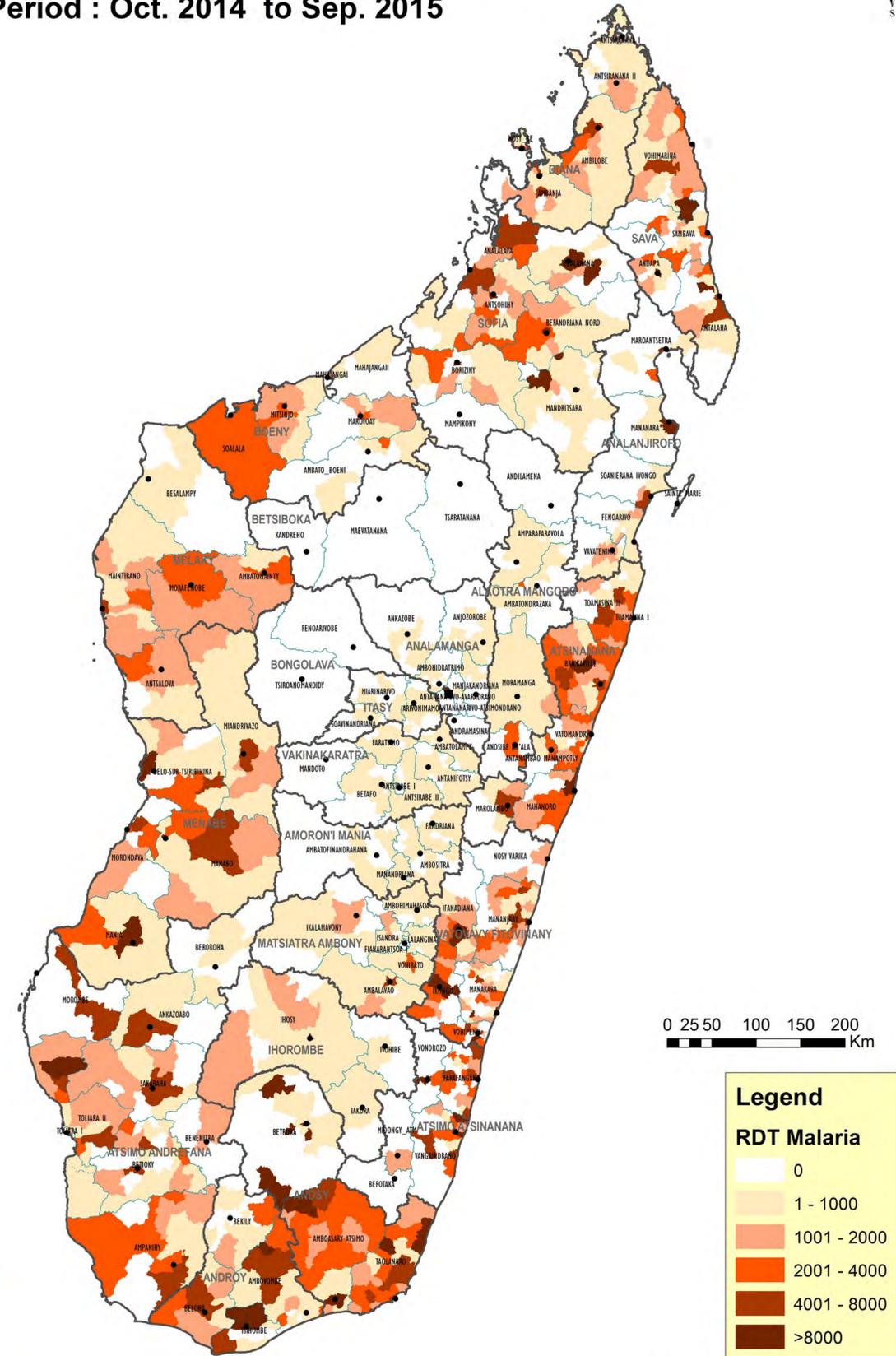
**COMMUNITY BASED DISTRIBUTION ACT**  
 Period : Oct. 2014 to Sep. 2015



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



**COMMUNITY BASED DISTRIBUTION RDT MALARIA**  
 Period : Oct. 2014 to Sep. 2015



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

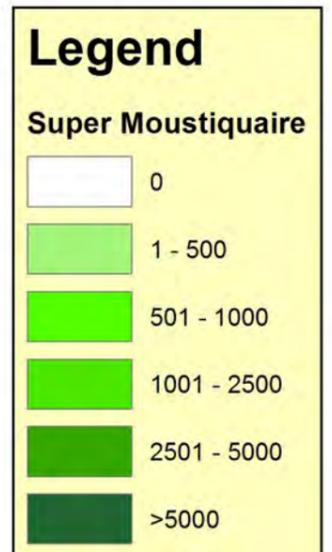
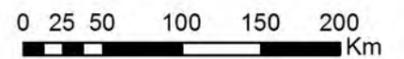
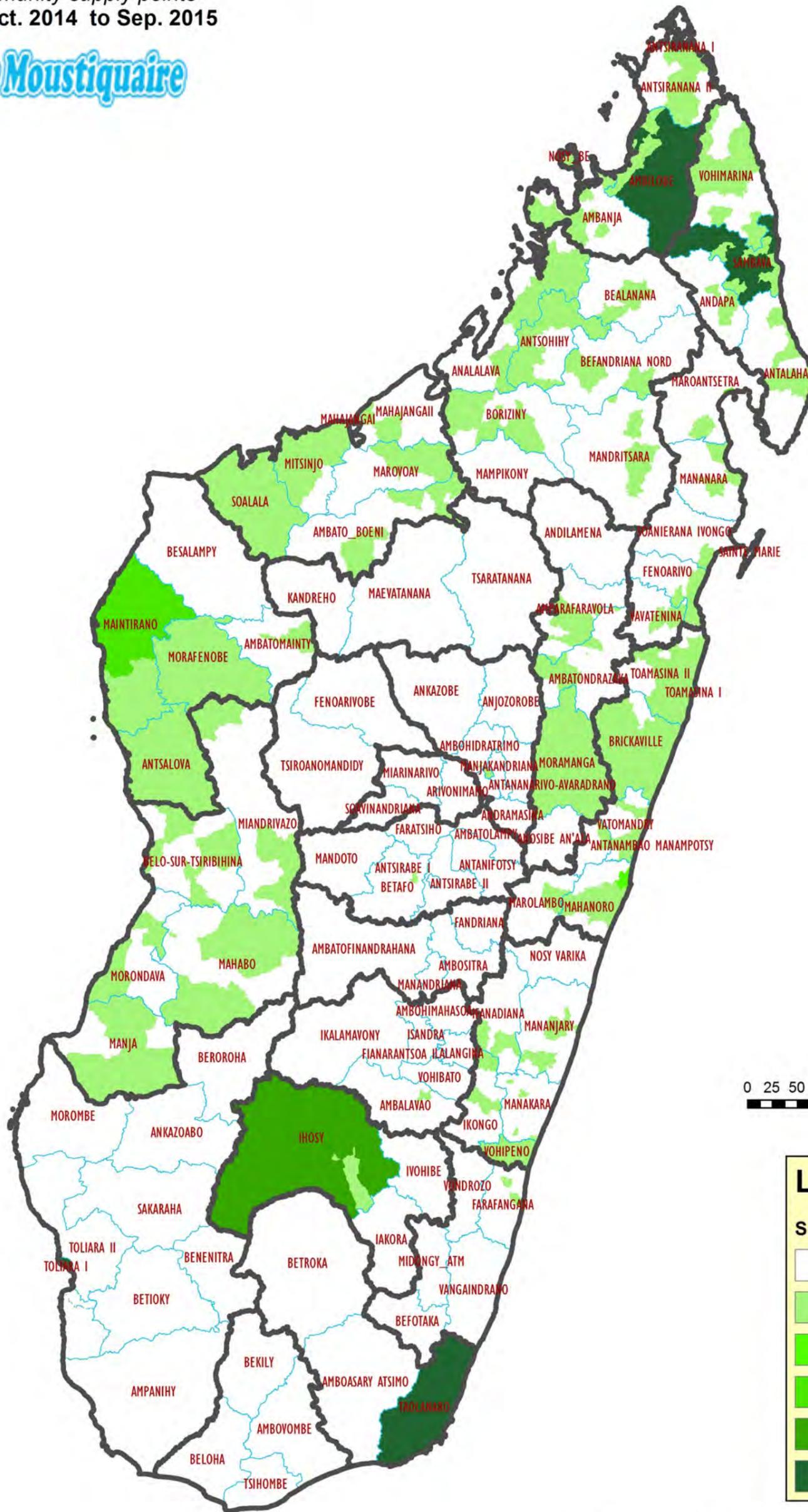


# Annexe C4 - MALARIA (FY15)

## Long-Lasting Insecticide Treated Nets (LLINs)

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

**Super Moustiquaire**



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

**Annex C: Family Planning Compliance  
Activity Report**

## Annex C: PSI Family Planning Compliance Plan Activity Report

### PSI ISM Program Q4 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 ( <a href="http://www.globalhealthlearning.org/course/us-abortion-and-fp-requirements-2013">www.globalhealthlearning.org/course/us-abortion-and-fp-requirements-2013</a> ) on USAID’s FP requirement policy (sr. mgt, comm.. 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. As of the end of Q4, 434 of 468 staffs (93%) have certificates.
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, conducted upon joining the franchise, 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) if client was allowed 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"> <li>- Providers: see above re. training</li> <li>- PE: trained by PE Supervisors</li> <li>- CHWs: trained by SAF/SALFA Supervs.</li> <li>- Pharmaceutical detailers: trained by Health Training &amp; Promotion (HTP)</li> <li>- Supply Points: trained by HTPs and by Distribution Supervisors</li> <li>- FP Counselors (FPC): trained by Communication Supervisors. Supervisors ensure periodic visits and conduct quarterly evaluations of FP Counselors</li> </ul>

Plan Ref #	Planned Activity	Q	Q	Q	Q	Quarterly Activity Update
		1	2	3	4	
6.1.2.f	Provide initial training of trainers (TOT) for CHW Supervisors of NGO-affiliates SAF, SALFA, MAHEFA, and MIKOLO. NGO trainers subsequently conduct CHW training.			3	4	Initial TOT for SAF/SALFA supervisors was conducted in FY 2014. In total, 4 supervisors were trained on-the-job by the SAF/SALFA/PSI Rural Coordinator in FY 2015. MAHEFA & MIKOLO have their own Compliance Plans.
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 PSI Rural coordinators and SAF/SALFA Supervisors during field visits. In total, 130 supportive supervision visits were conducted for SAF & SALFA rural clinics, and compliance on US policy requirements were part of the topics supervised.
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 and 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	A meeting has been held with FP/RH program, Distribution, and Service Delivery Dept. teams to review FP compliance implementation. It was agreed that, following completing the online <i>US Abortion and FP Requirements Compliance</i> course, staff capacity should be taken into account and some staffs should be trained directly by a facilitator.
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. As of Q4, it is not yet available.

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

## ISM FY 2015 Quarterly Environmental Mitigation Monitoring Report (EMMR)

### Quarter 4

Based on FY 2015 ISM Work Plan, Environmental Standards, p.28-30

Activity Description	Q 1	Q 2	Q 3	Q 4	Progress on Implementation this Quarter
<b>Environmental Standards - General</b>					
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
<b>Environmental Standards - Top Réseau Social Franchises</b>					
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	11 TR providers (including counselors and lab techs) received refresher HIV training in FY 2015 and universal precautions were provided
Provide universal precaution training to each new Top Réseau health center (at initial training, equipped w/ poster, and ongoing supervision)	1	2	3	4	11 new Top Réseau health center was provided with information and posters for universal precautions in FY 2015
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 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 new center and continues supplying existing clinics with sharps containers. In FY 2015, 2,215 sharp collectors were distributed to TR clinics
<b>Malaria LLIN Mass Distribution (MD) Campaign</b>					
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

Activity Description	Q 1	Q 2	Q 3	Q 4	Progress on Implementation this Quarter
<p>By February 28, 2015, PSI will submit a comprehensive Net Bag Disposition Monitoring Plan to be reviewed and approved by the AOR 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 &amp; 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>		2			<p>See below:</p> <p>1.1 Completed: Job aids for continuous distribution and a training manual for the mass campaign (in Malagasy)</p> <p>4</p> <p>1.2 Completed. Instructions have been given to NMCP personals during Training of Trainers at each level (Region, District, Communes) to establish campaign monitoring and supervision plan</p> <p>4</p> <p>1.3 Per CNC recommendation, SR2 will be responsible for waste treatment. CSB will conduct supervision.</p> <p>In Q4, a monitoring tool on waste management was developed for pré, per and post campaign phases. Three indicators were developed to monitored pre-campaign : the availability of a landfill hole at site before distribution, and compliance with depth and position ; one indicator for per campaign : collection bags; and two indicators for the post campaign: proper bag burial and good coverage of the hole after the burial.</p> <p>1.4 Completed. See training manual about BCC campaign</p> <p>4</p> <p>1.5 Completed (see 1.3)</p> <p>4</p>

Activity Description	Q 1	Q 2	Q 3	Q 4	Progress on Implementation this Quarter
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					1.6 Completed. Messages were aired through mass media (radio spots) during a one month period before distribution date. CHWs also reinforced messages during pre-campaign household visits
By March 31, 2015, develop LLIN distribution monitoring check-list and site visit compliance plan			3	4	Completed. A workshop was held on October 10 with all LLIN mass campaign partners to share LLIN distribution monitoring check-list
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		2	3		Completed

## **Annex E: Participant Training Report**

**Annex E: Participant Training Report, FY 2015**

Start Date	End Date	Subject Area of Training	Male	Female	Total	Direct Cost (Ar)	Direct Cost (K AR)	Direct Cost (USD)
<b>IMCI/Child Survival</b>								
<b>Top Reseau urban providers trained on IMCI/Child Survival</b>								
9/24/2014	9/24/2014	Top Reseau urban providers trained on IMCI/Child Survival (Antsirabe)	1	1	2	-	-	\$ -
4/14/2015	4/14/2015	Top Reseau urban providers trained on IMCI/Child Survival (Diego)	1	6	7	-	-	\$ -
4/16/2015	4/16/2015	Top Reseau urban providers trained on IMCI/Child Survival (Ambilobe)	3	2	5	-	-	\$ -
6/3/2015	6/5/2015	Top Reseau urban providers trained on IMCI/Child Survival (Antsirabe)	-	3	3	-	-	\$ -
7/8/2015	7/8/2015	Top Reseau urban providers trained on IMCI/Child Survival (Antsirabe)	1	-	1	-	-	\$ -
		<b>Subtotal</b>	<b>6</b>	<b>12</b>	<b>18</b>	<b>-</b>	<b>-</b>	<b>\$ -</b>
<b>Refresh training Top Reseau urban providers IMCI/Child Survival</b>								
2/11/2015	2/11/2015	Refresh training Top Reseau urban providers IMCI/Child Survival (Tana)	4	21	25	2,976,500	2,977	\$ 1,077.24
3/10/2015	3/10/2015	Refresh training Top Reseau urban providers IMCI/Child Survival (Majunga)	4	6	10	1,042,200	1,042	\$ 377.19
3/18/2015	3/19/2015	Refresh training Top Reseau urban providers IMCI/Child Survival (Toamasina)	23	13	36	1,367,000	1,367	\$ 494.74
3/24/2015	3/24/2015	Refresh training TR urban providers IMCI/Child Survival (Fort-Dauphin)	1	1	2	1,066,000	1,066	\$ 385.80
3/30/2015	3/30/2015	Refresh training Top Reseau urban providers IMCI/Child Survival (Tulear)	5	4	9	522,800	523	\$ 189.21
4/9/2015	4/10/2015	Refresh training Top Reseau urban providers IMCI/Child Survival (Tana)	7	34	41	6,134,600	6,135	\$ 1,973.12
6/4/2015	6/4/2015	Refresh training Top Reseau urban providers IMCI/Child Survival (Tana)	7	12	19	1,637,000	1,637	\$ 511.03
		<b>Subtotal</b>	<b>51</b>	<b>91</b>	<b>142</b>	<b>14,746,100</b>	<b>14,746</b>	<b>\$ 5,008.32</b>
<b>NGO staff trained on IMCI/Child Survival</b>								
5/13/2015	5/13/2015	NGO staff trained on IMCI/Child Survival (PCV Mantasoa)	10	10	20	-	-	\$ -
		<b>Subtotal</b>	<b>10</b>	<b>10</b>	<b>20</b>	<b>-</b>	<b>-</b>	<b>\$ -</b>
<b>Training of trainers on IMCI/Child Survival</b>								
5/13/2015	5/13/2015	Training of trainers on IMCI/Child Survival (ODDIT Toamasina)	11	4	15	-	-	\$ -
		<b>Subtotal</b>	<b>11</b>	<b>4</b>	<b>15</b>	<b>-</b>	<b>-</b>	<b>\$ -</b>
<b>Family Planning</b>								
<b>Top Reseau urban providers trained on FP/RH Service</b>								
9/24/2014	9/24/2014	Top Reseau urban providers trained on FP service (Antsirabe)	1	1	2	-	-	\$ -
		<b>Subtotal</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>\$ -</b>
<b>Top Reseau urban providers trained on Short Term FP Method</b>								
4/25/2015	4/25/2015	TR urban providers trained on Short Term FP Method (Fort-Dauphin)	5	4	9	1,091,000	1,091	\$ 350.91
		<b>Subtotal</b>	<b>5</b>	<b>4</b>	<b>9</b>	<b>1,091,000</b>	<b>1,091</b>	<b>\$ 350.91</b>
<b>Top Reseau urban/rural providers trained on Long Term FP Method</b>								
9/24/2014	9/24/2014	Top Reseau urban providers trained on Long Term FP Method (Tana)	3	9	12	-	-	\$ -
2/24/2015	2/27/2015	Top Reseau urban/rural providers trained on Long Term FP Method (Tana)	6	5	11	1,602,625	1,603	\$ 580.01
3/17/2015	3/20/2015	TR rural providers trained on Long Term FP Method (SAF/SALFA vague 1)	6	6	12	5,681,050	5,681	\$ 2,056.05
3/24/2015	3/27/2015	TR rural providers trained on Long Term FP Method (SAF/SALFA vague 2)	7	5	12	6,205,050	6,205	\$ 2,245.69
9/8/2015	9/11/2015	Top Reseau rural providers trained on Long Term FP Method (Tana)	3	7	10	2,529,800	2,530	\$ 765.87
		<b>Subtotal</b>	<b>25</b>	<b>32</b>	<b>57</b>	<b>16,018,525</b>	<b>16,019</b>	<b>\$ 5,647.62</b>
<b>Top Reseau urban providers trained on Reproductive Health/STI service case management</b>								
5/8/2015	5/9/2015	TR urban providers trained on RH/STI service case management (Fianarantsoa)	6	12	18	2,150,200	2,150	\$ 683.72
5/22/2015	5/22/2015	TR urban providers trained on RH/STI service case management (Tulear)	4	6	10	710,624	711	\$ 225.96
6/4/2015	6/4/2015	TR urban providers trained on RH/STI service case management (Fort-Dauphin)	5	3	8	935,700	936	\$ 292.10
8/11/2015	8/12/2015	TR urban providers trained on RH/STI service case management (Antsirabe)	3	10	13	2,694,300	2,694	\$ 813.77
9/16/2015	9/17/2015	TR urban providers trained on RH/STI service case management (Antsirabe)	3	4	7	1,614,900	1,615	\$ 488.89
		<b>Subtotal</b>	<b>21</b>	<b>35</b>	<b>56</b>	<b>8,105,724</b>	<b>8,106</b>	<b>\$ 2,504.44</b>
<b>Top Reseau urban providers trained on GBV service case management</b>								
6/18/2015	6/19/2015	Top Reseau urban trained on GBV service case management (Tana)	2	12	14	2,094,000	2,094	\$ 653.69
		<b>Subtotal</b>	<b>2</b>	<b>12</b>	<b>14</b>	<b>2,094,000</b>	<b>2,094</b>	<b>\$ 653.69</b>
<b>Refresh training Top Reseau urban/rural providers on Short Term FP Method/IMCI</b>								
2/9/2015	2/10/2014	Refresh training TR rural providers on STM FP/IMCI (SAF/SALFA)	14	7	21	7,101,167	7,101	\$ 2,570.01
2/12/2015	2/12/2015	Refresh training TR urban providers on Short Term FP Method/IMCI (Tana)	4	21	25	625,000	625	\$ 226.20
4/11/2015	4/3/2015	Refresh training TR urban providers on Short Term FP Method (Tana)	15	41	56	4,608,500	4,609	\$ 1,482.27
4/27/2015	4/28/2015	Refresh training TR urban providers on Short Term FP Method (Toamasina)	11	21	32	1,705,000	1,705	\$ 548.39
5/20/2015	5/20/2015	Refresh training TR urban providers on Short Term FP Method (Diego)	4	7	11	1,049,500	1,050	\$ 333.72
5/22/2015	5/22/2015	Refresh training TR urban providers on Short Term FP (Ambilobe-Ambanja)	4	2	6	981,000	981	\$ 311.94
5/22/2015	5/22/2015	Refresh training TR urban providers on Short Term FP Method (Fianarantsoa)	7	14	21	1,840,700	1,841	\$ 585.30
6/8/2015	6/8/2015	Refresh training TR urban providers on Short Term FP Method (Majunga)	5	8	13	1,905,700	1,906	\$ 594.91
6/11/2015	6/11/2015	Refresh training TR urban providers on Short Term FP Method (SAVA)	3	6	9	1,313,000	1,313	\$ 409.89
		<b>Subtotal</b>	<b>67</b>	<b>127</b>	<b>194</b>	<b>21,129,567</b>	<b>21,130</b>	<b>\$ 7,062.63</b>
<b>Refresh training Top Reseau urban providers on Long Term FP Method (Implant)</b>								
4/21/2015	4/24/2015	Refresh training TR rural providers on Long Term FP - Implant (Fort-Dauphin)	3	6	9	3,323,400	3,323	\$ 1,068.93
5/19/2015	5/20/2015	Refresh training TR rural providers on Long Term FP Method Implant (Tulear)	5	8	13	1,295,741	1,296	\$ 412.02
5/27/2015	5/29/2015	Refresh training TR rural providers on Long Term FP - Implant (Morondava)	1	4	5	906,000	906	\$ 288.09
5/27/2015	5/29/2015	Refresh training TR rural providers on Long Term FP Method Implant (Majunga)	3	6	9	1,905,700	1,906	\$ 605.97
6/16/2015	6/19/2015	Refresh training TR rural providers on Long Term FP Method Implant (Diego)	3	6	9	2,245,250	2,245	\$ 700.91
6/17/2015	6/18/2015	Refresh training TR rural providers on Long Term FP - Implant (Toamasina)	13	21	34	1,905,700	1,906	\$ 594.91
6/29/2015	7/2/2015	Refresh training TR rural providers on Long Term FP Method Implant (Sambava)	2	8	10	2,550,500	2,551	\$ 796.20
7/22/2015	7/23/2015	Refresh training TR rural providers on Long Term FP - Implant (Fianarantsoa)	1	5	6	1,144,260	1,144	\$ 349.08
		<b>Subtotal</b>	<b>31</b>	<b>64</b>	<b>95</b>	<b>15,276,551</b>	<b>15,277</b>	<b>\$ 4,816.12</b>
<b>Refresh training TR urban providers on STI case management and PF method post-STI</b>								
8/5/2015	8/6/2015	Refresh training TR urban providers on STI/PF method post-STI (Tana)	17	8	25	9,322,200	9,322	\$ 2,815.63
		<b>Subtotal</b>	<b>17</b>	<b>8</b>	<b>25</b>	<b>9,322,200</b>	<b>9,322</b>	<b>\$ 2,815.63</b>
<b>Youth Peer Educators linked to Top Reseau providers</b>								
10/15/2014	10/15/2014	Youth Peer Educators linked to Top Reseau providers (Majunga)	2	2	4	-	-	\$ -
1/19/2015	1/21/2015	Youth Peer Educators linked to Top Reseau providers (Tana)	3	1	4	558,000	558	\$ 201.58
1/14/2015	1/16/2015	Youth Peer Educators linked to Top Reseau providers (Fort-Dauphin)	2	-	2	562,900	563	\$ 203.35
4/11/2015	4/3/2015	Youth Peer Educators linked to Top Reseau providers (Ambovombe)	3	3	6	92,000	92	\$ 29.59
6/29/2015	7/3/2015	Youth Peer Educators linked to Top Reseau providers (Fianarantsoa)	10	10	20	6,669,920	6,670	\$ 2,082.18
7/1/2015	7/3/2015	Youth Peer Educators linked to Top Reseau providers (Diego)	5	5	10	2,118,000	2,118	\$ 646.14
7/20/2015	7/24/2015	Youth Peer Educators linked to Top Reseau providers (Majunga)	4	2	6	1,750,300	1,750	\$ 533.97

Start Date	End Date	Subject Area of Training	Male	Female	Total	Direct Cost (Ar)	Direct Cost (K AR)	Direct Cost (USD)
7/27/2015	7/31/2015	Youth Peer Educators linked to Top Reseau providers (Morondava)	2	2	4	1,047,000	1,047	\$ 319.41
7/27/2015	7/31/2015	Youth Peer Educators linked to Top Reseau providers (Tana)	10	10	20	5,646,600	5,647	\$ 1,722.61
8/24/2015	8/30/2015	Youth Peer Educators linked to Top Reseau providers (Antsirabe)	8	8	16	6,203,000	6,203	\$ 1,873.52
		<b>Subtotal</b>	<b>49</b>	<b>43</b>	<b>92</b>	<b>24,647,720</b>	<b>24,648</b>	<b>\$ 7,612.35</b>
<b>Counsellor in Family Planning trained on ETL / PF method post-STI</b>								
8/24/2015	8/27/2015	Youth Peer Educators linked to Top Reseau providers (Diego)	5	15	20	2,436,574	2,437	\$ 735.93
		<b>Subtotal</b>	<b>5</b>	<b>15</b>	<b>20</b>	<b>2,436,574</b>	<b>2,437</b>	<b>\$ 735.93</b>
<b>Top Reseau services</b>								
<b>Training of Trainer on Youth Friendly Services</b>								
8/31/2015	9/4/2015	Training of Trainer on Youth Friendly services (Tana)	10	11	21	11,461,800	11,462	\$ 3,461.86
		<b>Subtotal</b>	<b>10</b>	<b>11</b>	<b>21</b>	<b>11,461,800</b>	<b>11,462</b>	<b>\$ 3,461.86</b>
<b>Client respondents trained on Top Reseau services</b>								
4/22/2015	4/23/2015	Client respondents trained on TR services (Ecoutant Allo Fanantenana) V1	2	2	4	-	-	\$ -
4/29/2015	4/30/2015	Client respondents trained on TR services (Ecoutant Allo Fanantenana) V2	2	2	4	-	-	\$ -
		<b>Subtotal</b>	<b>4</b>	<b>4</b>	<b>8</b>	<b>-</b>	<b>-</b>	<b>\$ -</b>
<b>Staff PSI trained on Top Reseau services (Allo Fanantenana)</b>								
6/22/2015	6/24/2015	Staff PSI trained on Top Reseau services (Allo Fanantenana)	8	7	15	-	-	\$ -
		<b>Subtotal</b>	<b>8</b>	<b>7</b>	<b>15</b>	<b>-</b>	<b>-</b>	<b>\$ -</b>
<b>Business Training &amp; Financial Management</b>								
<b>Community supply points trained in business training &amp; financial management</b>								
11/25/2014	11/27/2014	Community supply points trained business & financial mgmt. (Ambatondrazaka)	4	12	16	-	-	\$ -
3/3/2015	3/5/2015	Community supply points trained in business & financial mgmt. (Vangaindrano)	15	6	21	-	-	\$ -
3/10/2015	3/12/2015	Community supply points trained in business & financial mgmt. (Farafangana)	12	10	22	-	-	\$ -
		<b>Subtotal</b>	<b>31</b>	<b>28</b>	<b>59</b>	<b>-</b>	<b>-</b>	<b>\$ -</b>
<b>Workshop Focus group on mutual health insurance for Top Reseau providers</b>								
2/6/2015	2/6/2015	Workshop Focus group on mutual health insurance for TR providers (Tana)	10	9	19	200,000	200	\$ 72.38
		<b>Subtotal</b>	<b>10</b>	<b>9</b>	<b>19</b>	<b>200,000</b>	<b>200</b>	<b>\$ 72.38</b>
<b>Top Reseau providers trained on budgeting</b>								
4/29/2015	4/30/2015	Top Reseau providers trained on budgeting (Toamasina)	10	17	27	1,938,700	1,939	\$ 623.56
5/21/2015	5/21/2015	Top Reseau providers trained on budgeting (Fianarantsoa)	10	5	15	1,478,000	1,478	\$ 469.97
6/3/2015	6/3/2015	Top Reseau providers trained on budgeting (Tana) V1	7	17	24	2,622,500	2,623	\$ 818.68
6/3/2015	6/3/2015	Top Reseau providers trained on budgeting (Fort-Dauphin)	5	2	7	962,700	963	\$ 300.53
6/10/2015	6/11/2015	Top Reseau providers trained on budgeting (Tana) V2	4	12	16	2,622,500	2,623	\$ 818.68
6/18/2015	6/19/2015	Top Reseau providers trained on budgeting (Majunga)	4	3	7	1,351,300	1,351	\$ 421.84
7/1/2015	7/2/2015	Top Reseau providers trained on budgeting (Tana)	-	1	1	-	-	\$ -
6/22/2015	6/24/2015	Top Reseau providers trained on budgeting (Tana)	8	5	13	-	-	\$ -
6/30/2015	7/1/2015	Top Reseau providers trained on budgeting (Antsirabe)	2	3	5	1,000,500	1,001	\$ 312.33
7/9/2015	7/10/2015	Top Reseau providers trained on budgeting (Diego)	3	6	9	2,077,000	2,077	\$ 633.63
		<b>Subtotal</b>	<b>53</b>	<b>71</b>	<b>124</b>	<b>14,053,200</b>	<b>14,053</b>	<b>\$ 4,399.23</b>
<b>Medical marketing and clients loyalty</b>								
<b>Top Reseau providers trained on medical marketing</b>								
6/29/2015	6/30/2015	Top Reseau providers trained on medical marketing and clients loyalty (Tana)	10	14	24	2,255,500	2,256	\$ 704.11
		<b>Subtotal</b>	<b>10</b>	<b>14</b>	<b>24</b>	<b>2,255,500</b>	<b>2,256</b>	<b>\$ 704.11</b>
<b>Meeting for FP/IMCI/Child Survival</b>								
<b>Top Reseau Providers meeting for FP/IMCI/Child Survival</b>								
10/7/2014	10/7/2014	Top Reseau Providers meeting for FP/IMCI/Child Survival (Antsirabe)	9	8	17	596,000	596	\$ 248.04
11/12/2014	11/12/2014	Top Reseau Providers meeting for FP (Antananarivo)	11	50	61	-	-	\$ -
12/5/2014	12/5/2014	Top Reseau Providers meeting for FP/IMCI/Child Survival (Alaotra Mangoro)	4	3	7	490,500	491	\$ 192.52
1/30/2015	1/30/2015	Top Reseau Providers meeting for FP/IMCI/Child Survival (Fort-Dauphin)	3	3	6	277,000	277	\$ 100.07
3/19/2015	3/19/2015	Top Reseau Providers meeting for FP/IMCI/Child Survival (Fianarantsoa)	8	15	23	1,028,300	1,028	\$ 372.16
3/26/2015	3/26/2015	Top Reseau Providers meeting for FP/IMCI/Child Survival (Diego)	10	8	18	2,807,600	2,808	\$ 1,016.11
4/24/2015	4/24/2015	Top Reseau Providers meeting for FP/IMCI/Child Survival (Majunga)	5	9	14	961,500	962	\$ 309.26
5/22/2015	5/22/2015	Top Reseau Providers meeting for FP/IMCI/Child Survival (Tana)	13	51	64	1,867,950	1,868	\$ 593.97
7/23/2015	7/23/2015	Top Reseau Providers meeting for FP/IMCI/Child Survival (Majunga)	3	10	13	330,150	330	\$ 100.72
9/8/2015	9/8/2015	Top Reseau Providers meeting for FP/IMCI/Child Survival (Antsirabe)	10	12	22	430,000	430	\$ 130.18
9/19/2015	9/19/2015	Top Reseau Providers meeting for FP/IMCI/Child Survival (Fianarantsoa)	5	13	18	297,900	298	\$ 90.19
		<b>Subtotal</b>	<b>81</b>	<b>182</b>	<b>263</b>	<b>9,086,900</b>	<b>9,087</b>	<b>\$ 3,153.20</b>
<b>PSI staff meeting for FP/IMCI/Child Survival</b>								
2/16/2015	2/20/2015	PSI staff meeting for FP/IMCI/Child Survival	5	4	9	5,150,750	5,151	\$ 1,864.13
		<b>Subtotal</b>	<b>5</b>	<b>4</b>	<b>9</b>	<b>5,150,750</b>	<b>5,151</b>	<b>\$ 1,864.13</b>
<b>Medical supervisor urban/rural meeting for FP/IMCI/Child Survival</b>								
3/2/2015	3/6/2015	Medical supervisor urban/rural meeting for FP/IMCI/Child Survival (Antsirabe)	11	6	17	6,920,500	6,921	\$ 2,504.62
		<b>Subtotal</b>	<b>11</b>	<b>6</b>	<b>17</b>	<b>6,920,500</b>	<b>6,921</b>	<b>\$ 2,504.62</b>
<b>Private providers regional meeting for FP/IMCI/Child Survival</b>								
3/31/2015	3/31/2015	Private providers regional meeting for FP/IMCI/Child Survival (CROM Sofia)	31	29	60	-	-	\$ -
4/28/2015	4/28/2015	Private providers regional meeting for FP/IMCI/Child Survival (CROM Diana)	1	2	3	-	-	\$ -
5/7/2015	5/7/2015	Private providers regional mtg. FP/IMCI/Child Survival (CROM Atsinanana)	10	3	13	-	-	\$ -
		<b>Subtotal</b>	<b>42</b>	<b>34</b>	<b>76</b>	<b>-</b>	<b>-</b>	<b>\$ -</b>
<b>Data Collection</b>								
<b>Community supply points trained on data collection/SMS</b>								
11/25/2014	11/27/2014	Supply points trained on data collection/SMS (Ambatondrazaka)	4	12	16	-	-	\$ -
2/3/2015	2/5/2015	Supply points trained on data collection/SMS (Maroantsetra)	9	6	15	-	-	\$ -
2/10/2015	2/12/2015	Supply points trained on data collection/SMS (Sambava)	11	9	20	-	-	\$ -
		<b>Subtotal</b>	<b>24</b>	<b>27</b>	<b>51</b>	<b>-</b>	<b>-</b>	<b>\$ -</b>
<b>Top Reseau providers trained on Mobile Health Information System Application mTRISIG</b>								
8/12/2015	8/13/2015	Top Reseau providers trained on mTRISIG (Diego)	2	3	5	250,000	-	\$ -
		<b>Subtotal</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>250,000</b>	<b>-</b>	<b>\$ -</b>

## **Annex F: Success Story**

# TAKING CHARGE OF WATER SECURITY THROUGH SÛR'EAU® PILINA



**R**olline Razafisoa is a 25 year-old shop owner from Vohibendrana, located in the Antsinana region. Married with two kids, her income is reliant on products she sells at her shop, including soap, biscuits, oil, homemade donuts, etc. Barring unforeseen expenses, her family is able to live comfortably with their income.

Rolline tries to pay attention to hygiene, even if access to water is limited. She and her neighbors draw water from a well quite far from their home. They don't have confidence in the appearance and quality of the water, and question whether it's suitable for drinking. As there is a need for drinking water, they boil the well water for drinking, but only sometimes given the time it takes to boil, the need for charcoal, and the hot weather which isn't favorable for drinking hot water. Before the availability of Sûr'Eau® Pilina, Rolline and her family often resorted to drinking the well water without any treatment, which often led to her children suffering from diarrhea.

Rolline had previously used Sûr'Eau® in solution format, but was afraid her son would accidentally drink the concentrated solution. The strong bleach smell was also a barrier for continued use. She heard of Sûr'Eau® Pilina through radio spots and by CHWs who conducted awareness campaigns in her commune. Demonstrations and tastings convinced Rolline and her neighbors to use Sûr'Eau® Pilina. They find this new product much more attractive and convenient as the treated water is odorless and the pack of Sûr'Eau® Pilina tablets are easy to store. Moreover, they have noticed the positive impacts of drinking treated water: "Since using Sûr'Eau® Pilina, my children are sick less often, so I have saved on the cost of medication. Now I can focus more on my work."

*Sûr'Eau® Pilina pilot results among caregivers of children under five years old in Vatomaniry Madagascar 2015.*

## 10.6%

of caregivers of children under 5 reported using Sûr'Eau® Pilina to treat water in the past 24 hours, compare to 2.6% using Sûr'Eau® solution at the national level.

## 31.8%

had ever used Sûr'Eau® Pilina to treat water.

## 62.2%

of those who had ever used Sûr'Eau® Pilina to treat water had been exposed to IPC by a CHW, as compared to only 20.5% who had not been exposed.

*To prevent diarrhea from unsafe water, PSI Madagascar launched Sûr'Eau®, a household water treatment solution. In September 2014, to respond to various challenges with the Sûr'Eau® solution format, PSI launched Sûr'Eau® Pilina in tablet format, as a pilot program in the district of Vatomaniry. Findings from the pilot evaluation were positive, suggesting scale-up. Subsequently, PSI expanded the product to the Antsinana region in June 2015. Scale-up in all MIKOLO zones is planned for FY 2016.*

## **Annex G: Budget Pipeline**

# SO5 PIPELINE ANALYSIS

Name of Project: **“Integrated Social Marketing Program”**  
 Cooperative Agreement Number: **AID-687-A-13-00001**  
 Start Date: **Jan 1, 2013** Ending Date: **Dec 31, 2017**  
 Concerned period: **July-Sept 2015**  
 Organization: **Population Services International (PSI)**  
 USAID Project Manager: **Sixte Zigirumugabe, AOR**

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Description	LOP Budget	Obligated Amount	Actual Expenditures: July-Sept 2015	Actual Expenditures: Inception to Date	Remaining Obligated Funds as of September 2015
Child Survival (CS)	11,761,729	5,882,096	387,274	5,236,659	645,437
Family Planning (FP)	15,009,572	7,035,063	398,643	6,677,396	357,667
Malaria (MAL)	10,051,752	10,449,024	350,712	4,761,560	5,687,464
<b>TOTAL</b>	<b>\$ 36,823,053</b>	<b>\$ 23,366,183</b>	<b>\$ 1,136,629</b>	<b>\$ 16,675,616</b>	<b>\$ 6,690,567</b>

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

# **Annex H: Depo-Provera Leakage Mitigation Plan**

# PSI's Strategy to Minimizing Depo-Provera Leakages

## Context:

Within the framework of supporting women and couples to plan their pregnancies, as well as reducing maternal and infant mortality, PSI Madagascar implements a program offering Malagasy women access to a wide range of family planning products and services. Since 1998, PSI has promoted family planning activities including distribution of injectable contraceptives, branded *Confiance*, as a short term family planning method. The availability of this product has contributed significantly to increasing the modern contraceptive prevalence rate and overall reduction of maternal mortality in Madagascar.

In 2013, Vincent Porphyre's article "Residues of medroxyprogesterone acetate detected in sows at a slaughterhouse, Madagascar," published findings purporting misuse of injectable contraceptives (Depo-Provera) in pig husbandry<sup>1</sup>. In July 2015, the DELIVER project conducted a qualitative assessment of the USAID supported supply chain for FP commodities; preliminary findings showed significant leakages of *Confiance* (Depo-Provera) in the pharmaceutical channel (a majority of the 8 pharmacies and 11 drug stores sampled admitting selling these contraceptives to farmers).

Significant leakage and misuse leads to the wastage of health commodities, compromising availability of a highly demanded contraceptive method for FP clients and may lead to adverse health impacts for the general population consuming contaminated meat. Misuse also tarnishes forecasting exercises causing inaccurate projections for future needs. PSI is taking this problem very seriously and is committed to minimizing these leakages. The following strategy, illustrated in the adjacent activity cycle, proposes concrete measures that PSI will enact in collaboration with governmental Ministries and bi-lateral partners to mitigate the leakage and misuse of Depo-Provera. Particular attention was given to ensuring proposed measures do not have a consequential impact on availability and access of products for genuine FP clients.



## Commodity Distribution Plan:

According to population data published in *INSTAT/ ENSOMD 2012/2013*, roughly 16% of women age 15-49 report using injectable contraceptives<sup>2</sup>. Of these current injectable users, 63.6% report sourcing their products from the public sector (CSB, CHD) supplied by UNFPA.<sup>3</sup> 16% report sourcing their products from the private sector (private health centers/clinics/hospitals, pharmacies and drug stores). 3.2% report sourcing products from community health volunteers. Looking at PSI's community and private sector channels only, the table below summarizes estimated regular users and supplies required per channel. Estimated annual supplies are calculated with the understanding that each user receives an injection every 3 months as recommended.

<sup>1</sup> Vincent Porphyre, "Residues of medroxyprogesterone acetate detected in sows at a slaughterhouse, Madagascar," *Food Additives & Contaminates: Part A*, Nov 2013; pg. 4

<sup>2</sup> Tableau 5.6.5 "Utilisation actuelle des méthodes contraceptives par les femmes de 15-49 ans actuellement en union, non en union, et celles étant sexuellement actives," *INSTAT/ENSOMD 2012/2013*, p. 104

<sup>3</sup> Tableau 5.6.9. "Répartition (en %) des utilisatrices actuelles de méthodes contraceptive modernes, âgée de 15-49 ans, par source d'approvisionnement la plus récente, selon la méthode," *INSTAT/ENSOMD 2012/2013*, p. 112

<b>TOTAL POPULATION</b>		<b>23,001,549</b>	
<b>% of women aged 15-49 (WRA)</b>	<b>23.00%</b>	<b>5,290,356</b>	
<b>% of WRA using injectable contraceptives</b>	<b>16.00%</b>	<b>846,457</b>	
<b>SOURCES</b>		<b>Estimated Regular Users (2012/2013)</b>	<b>Estimated Annual Supply Requirements</b>
<b>Agent Communautaire</b>	<b>3.00%</b>	25,394	101,575
<b>Agent VBC</b>	<b>0.20%</b>	1,693	6,772
<b>Total Community Channel</b>		<b>27,087</b>	<b>108,346</b>
<b>Dépôts/pharmacie</b>	<b>1.60%</b>	13,543	54,173
<b>Médecin privé</b>	<b>8.60%</b>	72,795	291,181
<b>Centre de santé privé</b>	<b>2.00%</b>	16,929	67,717
<b>Hôpital / clinique privé</b>	<b>0.70%</b>	5,925	23,701
<b>Total Private Channel</b>		<b>109,193</b>	<b>436,772</b>

The table below depicts PSI's actual distribution of *Confiance* per distribution channel from Jan 2012 – Dec 2014. Quantities distributed through the community channel are based on quantities procured by CHV over the previous three months, including one month of additional security stock. Quantifications for the pharmaceutical channel are based on historic orders placed by pharmaceutical wholesalers over previous quarters.

<b>Channel</b>	<b>Jan – Dec 2012</b>		<b>Jan – Dec 2013</b>		<b>Jan – Dec 2014</b>	
	<b>Sales</b>	<b>%</b>	<b>Sales</b>	<b>%</b>	<b>Sales</b>	<b>%</b>
Community	849,311	52%	1,118,585	62%	1,306,006	65%
Pharmaceutical	787,390	48%	672,431	38%	693,915	35%
<b>Total</b>	<b>1,636,701</b>	<b>100%</b>	<b>1,791,016</b>	<b>100%</b>	<b>1,999,921</b>	<b>100%</b>

#### **Community Channel:**

For the community channel, PSI notes a stark contrast between estimated annual supplies required (108,346) and PSI's actual distribution in 2013 (1,118,585). As such, PSI requested regular user (UR) data on injectable contraceptives from partners MIKOLO and MAHEFA, to compare URs reported by partners in the community channel vs. estimated regular users sourcing from the community channel.

<b>Bi-Lateral Partners</b>	<b>Regular Users</b>	<b>Estimated Annual Supply Requirements</b>
MIKOLO ZONES	32,478	129,912
MAHEFA ZONES	97,456	389,824
<b>Total</b>	<b>129,934</b>	<b>519,736</b>

Based on these findings, **PSI proposes to revise its community based distribution plan for *Confiance*, aligning distribution of products with CHVs reported URs plus an additional 25% as security stock. An additional 3% of commodities will also be included to account for an overall anticipated increase in CPR.**<sup>4</sup> This represents roughly a 48.8% reduction in *Confiance* distribution to the community

<sup>4</sup> PSI examined the % of injectable users among all WRA, comparing the rate of growth of DHS 2008/2009 data vs. the more recent INSTAT/ENSOMD 2012/2013. Results illustrated an average .475% growth per year. On the other hand, the *National Roadmap for the Acceleration of the Reduction of Maternal & Neonatal Mortality (2015-2019)*

channel (in comparison to quantities distributed in 2014). This proposed strategy will have to be agreed upon by all partners to avoid complications in the event of stock outs if this strategy is implemented.

Bi-Lateral Partners	Regular Users	Estimated Annual Supply Requirement	Projected Increase in CPR (+3%)	Security Stock (+ 25%)	Revised Distribution Plan (Annual)	Revised Distribution Plan (Quarterly)
MIKOLO ZONES	32,478	129,912	3,897	33,452	167,262	41,815
MAHEFA ZONES	97,456	389,824	11,695	100,380	501,898	125,475
<b>Total</b>	<b>129,934</b>	<b>519,736</b>	<b>15,592</b>	<b>133,832</b>	<b>669,160</b>	<b>167,290</b>

#### Pharmaceutical Channel:

It is essential to clarify that a great majority of supplies sourced by the private sector are obtained through PSI's pharmaceutical channel. Private medical clinics, hospitals and private health centers (product source to 11.3% of injectable users) procure products directly from pharmacies and drugs stores. Thus, in addition to the 1.6% of injectable users sourcing from pharmacies and drug stores, PSI concludes a total of 12.6% of injectable users source from PSI's pharmaceutical channel. As such, **PSI proposes to revise its pharmaceutical based distribution plan, aligning distribution of products with INSTAT/ENSOMD data on regular users that source from the private sector plus an additional 25% as security stock. An additional 3% of commodities will also be included to account for an overall anticipated increase in CPR.** This represents roughly a 19% reduction in *Confiance* distribution to the pharmaceutical channel (in comparison to quantities distributed in 2014).

<b>TOTAL POPULATION</b>		<b>23,001,549</b>					
<b>% of women aged 15-49</b>	<b>23%</b>	<b>5,290,356</b>					
<b>% of WRA using injectable contraceptives</b>	<b>16%</b>	<b>846,457</b>					
SOURCE		Estimated Regular Users	Estimated Annual Supply Requirements	Projected Increase in CPR (+3%)	Security Stock (+25%)	Revised Distribution Plan (Annual)	Revised Distribution Plan (Qtrly)
Dépôts/pharmacie	1.60%	13,543	54,172	1,625	13,949	69,746	17,437
Médecin privé	8.60%	72,795	291,180	8,735	74,979	374,894	93,724
Centre de santé privé	2.00%	16,929	67,716	2,031	17,437	87,184	21,796
Hôpital / clinique privé	0.70%	5,925	23,700	711	6,103	30,514	7,628
<b>Total Privé</b>		<b>109,193</b>	<b>436,772</b>	<b>13,103</b>	<b>112,469</b>	<b>562,344</b>	<b>140,586</b>

The new Commodity Distribution Plan for *Confiance* in both channels calls for significant reduction in product distribution. PSI will closely review these figures with USAID prior to implementation. If

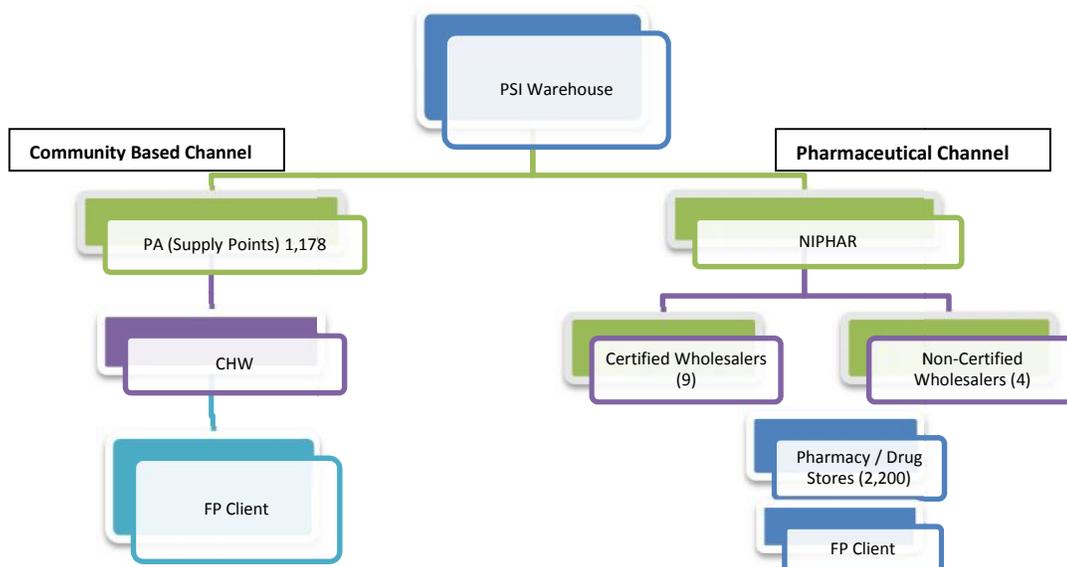
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has set a goal of a 2% increase in contraceptive coverage per year. PSI has decided to take an average of both sources and factor a 1% increase per year since 2012/2013 (3% total) in the revised distribution plan to account for anticipated increases in the CPR.

reduced distribution is decided, PSI will ensure enough storage capacity exists with the recommended storage conditions given current stock and purchase orders in the pipeline. In Q1 FY 2016, PSI will also conduct a similar analysis for all USAID-supported family planning commodities.

**Monitoring Plan:**

PSI distributes *Confiance* (Depo-Provera) injectable contraceptives through two distribution channels: community based and pharmaceutical distribution.



**Community Channel:**

Within the community based distribution channel, PSI distributes *Confiance* injectable to 1,178 supply points (PAs). This distribution channel allows CHVs greater access to health commodities for FP clients within their communities. Quantities distributed to each PA are based on quantities procured by CHV over the previous three months including one month of additional security stock. The system, in its existing form, allows for monitoring of product flow from PSI’s central and regional warehouses to PAs, facilitated through the use of stock management tools (order forms, invoices, and stock tracking sheets). Correct use of these tools are monitored and verified during on-site supervision visits conducted by distribution staff. For PAs in accessible zones, which account for 96% of total PAs, PSI also collects sales data on products and quantities sold from PAs to CHVs. Efforts will be strengthened to monitor this data to ensure stock distributed to PAs and subsequent sales to CHVs are consistent. These monitoring efforts will ensure product leakages are mitigated at the PA level.

To ensure products are only reaching their intended users, PSI has recently worked with MIKOLO and MAHEFA to identify the number of regular Depo-Provera users (UR) per commune derived from CHV monthly reporting data. This information will be communicated to each PA to ensure coherence between CHV procurements vs. actual FP clients. Given the number of URs is likely to change over time, PSI will request that CHVs note their updated URs on invoices during each visit to PAs. Verification of this analytical data will be added to supervision activities conducted by distribution staff during PA monthly visits to ensure supplies placed at PAs correspond to UR product needs. Any irregularities identified will be communicated to bi-lateral partners during coordination meetings.

### *Pharmaceutical Channel:*

Within the pharmaceutical channel, PSI partners with NIPHAR, a pharmaceutical manufacturer, for packaging, invoicing and distribution of *Confiance* to pharmaceutical wholesalers. NIPHAR is connected to a network of 13 pharmaceutical wholesalers throughout Madagascar (9 certified, 4 non-certified), who purchase products direct from NIPHAR's warehouse. Wholesalers certified by PSI are defined as those that have direct contracts with PSI and are required to: a) report quantities distributed to each individual pharmacy/drug store, and b) respect pricing structures. If conditions are met, certified wholesalers receive quarterly bonuses based on total volume sold. Contrarily, the four non-certified wholesalers who have not chosen to accept PSI's contractual terms, have no obligation to submit reporting data nor respect recommended pricing. Both certified and non-certified wholesalers sell pharmaceutical products to approximately 2,200 pharmacies and drug stores throughout Madagascar.

PSI is able to monitor the distribution of *Confiance* from PSI's warehouse to NIPHAR and subsequently to certified wholesalers, which account for 81% of *Confiance* stock distributed by NIPHAR. As of June 2015, contracts with certified wholesalers were updated, specifying the need to report not only total quantities distributed but also quantities distributed per individual pharmacy and drug store. The remaining 19% of *Confiance* stock distributed by NIPHAR are procured by non-certified wholesalers, where visibility into their distribution activities is lacking. According to Malagasy law, free market regulations prohibit PSI from excluding the distribution of products to wholesalers not certified by PSI as long as these wholesalers are registered by MOH entities (*Direction de l'Agence du Médicament de Madagascar* (DAMM) and *Direction des Pharmacies, Laboratoires et de la Médecine Traditionnelle* (DPLMT)).

Seeking resolution, PSI recently met with the *Direction de la Sante Familiale* (DSFa) expressing concern about the Depo-Provera leakage issue. The DSFa, understanding the importance of this problem, agreed to deliver a Letter of Support aimed at requiring all wholesalers to report quantities distributed to each individual pharmacy and drug store. This letter will strengthen PSI's efforts in collecting data from existing certified wholesalers, require non-certified wholesalers to report distribution data, and will allow PSI to exclude distribution to wholesalers that do not respect these terms. Greater visibility into distribution activities for both certified and non-certified wholesalers allows PSI to determine the total number of pharmacies and drug stores purchasing *Confiance*. With this information, PSI will put in place a system to monitor distribution from wholesalers to pharmacies and drug stores, analyzing sales trends over a minimum six month period with a particular focus on select facilities procuring significant quantities of *Confiance* products. PSI is in the final stages of recruiting a new pharmaceutical distribution coordinator who will be tasked with monitoring these sale trends and ensuring wholesalers are respecting their monthly reporting requirements.

At the pharmacy and drug store level, PSI's ability to monitor products distributed to clients is limited given the sheer number of pharmacies and drug stores, lack of direct contractual agreements, and confidentiality clauses preventing facilities from disclosing this information. As a result, PSI met with DPLMT and had discussions with *Ordre National des Pharmaciens* (ONP) to highlight the challenges of monitoring sales at the pharmacy and drug store levels. Representatives from DPLMT and ONP informed PSI of their challenges as well; it was mentioned that a register for sales of all prescription medication exists and is required by Malagasy regulations to be filed out by each pharmacy and drug store. However, pharmacies and drug stores rarely, if ever, fill out these forms, and supervision/ enforcement of these regulations are limited given: a) the lack of resources by DPLMT and DAMM, and b) any attempts to remove irregularities identified are met by opposition by notable authorities (parliamentary officials,

mayor, etc.). Meetings with MOH entities (DSFa, DAMM, and DPLMT), ONP, and other ministries implicated (Ministry of Livestock, Ministry of Justice), are being planned to seek solutions to this issue.

#### **BCC/IEC/Capacity Reinforcement Plan:**

PSI proposes several BCC/IEC measures and capacity reinforcement activities at the pharmaceutical channel:

- Train and sensitize PSI sales staff on required knowledge (use, side-effects, etc.) of *Confiance*/Depo-Provera
- Reinforce sensitization efforts by PSI's medical detailers during visits to pharmacies/drug stores, communicating that prescription medications such as Depo-Provera should not be sold without a prescription
- Collaborate with the MOH to develop pamphlets to be inserted into the Depo-Provera packaging, reinforcing that selling Depo-Provera for any use other than human contraception is illegal. PSI will evaluate the extra time and cost for NIPHAR and PSI to insert these pamphlets in every box of *Confiance*, as this will need to be done for all commodities in the pipeline.
- Conduct workshop/advocacy meetings and joint supervision activities with stakeholders including Ministry of Livestock and Ministry of Veterinarian, to raise awareness of this issue
- Advocate with respective MOH entities to allow health providers, including Top Réseau clinics, to make products available directly to patients from their clinics
- Leverage on the UNITAID project to sensitize pharmacist

#### **Research:**

PSI proposes to conduct the following additional research studies to have a comprehensive understanding of the leakage of *Confiance*:

- Conduct a porcine market survey (structure, geography, size) to better understand the magnitude of the problem (actors, animals involved, leakage channels, etc.). Results from the survey will inform the appropriate region in which to conduct the voucher pilot.
- Conduct routine mystery client monitoring among select pharmacies, drug stores, PAs, and CHVs to determine the degree of pharmacies/ drug stores selling Depo-Provera without prescriptions, those selling to clients identified as pig farmers, and price sold to clients. A list of pharmacies caught violating the law will be communicated to DPLMT. PSI will facilitate reinforcement of the law by assisting with logistical costs for these follow-up inspections by the DPLMT.
- Pilot a voucher system in the private sector (pharmaceutical channel) to better monitor and control sales. Vouchers, which will be distributed by IPC agents and possibly Top Réseau providers, will assure that the cost to genuine FP clients will not increase.

#### **Conclusion:**

In summary, PSI plans to take measures to mitigate Depo-Provera leakages by better aligning community and pharmaceutical distribution quantities with estimated family planning use and by a variety of additional measures (monitoring, capacity building, IEC/BCC, advocacy etc.). It is important to keep in mind, however, that maintaining access by the end user who relies on Depo-Provera for her family planning needs is priority above all else. Therefore, it will take a multi-faceted approach to educate all actors on correct use, enforce correct distribution and sales, and penalize illegal distribution and use.

**Annex I: Top Réseau Clinic Family  
Planning Visits (FY 2015)**

### Top Reseau Clinic Family Planning Visits - FY 2015

Methods - Female Users	NEW Users						ALL Users (New & Continuing)				
	<15	15-19	20-24	25+	TOTAL	New users as % of all users	<15	15-19	20-24	25+	TOTAL
<b>Short-Term Methods TOTAL</b>	<b>78</b>	<b>9016</b>	<b>8356</b>	<b>3413</b>	<b>20863</b>	<b>25%</b>	<b>227</b>	<b>18926</b>	<b>28645</b>	<b>35850</b>	<b>83648</b>
Male Condoms - Female Users	20	1412	571	70	2073	49%	25	2406	1428	376	4235
Oral Contraceptives	27	4331	3522	513	8393	46%	74	7470	7812	3054	18410
Injectible - Contraception	24	2563	3935	2742	9264	16%	113	8068	18669	32189	59039
Sayana Press					0						0
Emergency Contraception		73	67	42	182	50%	3	119	145	96	363
Cycle Beads	7	637	261	46	951	59%	12	863	591	135	1601
LAM/MAMA					0						0
<b>Long-Term Methods TOTAL</b>	<b>15</b>	<b>1693</b>	<b>2815</b>	<b>3787</b>	<b>8310</b>	<b>23%</b>	<b>24</b>	<b>3479</b>	<b>8664</b>	<b>23596</b>	<b>35763</b>
IUD	6	1193	2128	2981	6308	22%	10	2464	6690	19665	28829
Implant-Implanon-3 yrs.	8	458	632	751	1849	30%	13	910	1785	3524	6232
Implant-Jadelle-4 yrs.	1	34	42	33	110	21%	1	83	145	307	536
Implant-Zarin-5 yrs.		8	13	22	43	26%		22	44	100	166
<b>Tubal Ligation TOTAL</b>											
<b>Other Modern Methods TOTAL</b>	<b>1</b>	<b>145</b>	<b>98</b>	<b>142</b>	<b>386</b>	<b>23%</b>	<b>3</b>	<b>533</b>	<b>507</b>	<b>616</b>	<b>1659</b>
<b>TOTAL- ALL METHODS-Females</b>	<b>93</b>	<b>10709</b>	<b>11171</b>	<b>7200</b>	<b>29173</b>	<b>24%</b>	<b>251</b>	<b>22405</b>	<b>37309</b>	<b>59446</b>	<b>119411</b>
<b>Condoms - Male Users</b>	<b>1</b>	<b>389</b>	<b>156</b>	<b>6</b>	<b>552</b>	<b>24%</b>	<b>17</b>	<b>1163</b>	<b>1077</b>	<b>65</b>	<b>2322</b>
<b>TOTAL -ALL METHODS-M&amp;F</b>	<b>94</b>	<b>11098</b>	<b>11327</b>	<b>7206</b>	<b>29725</b>	<b>24%</b>	<b>268</b>	<b>23568</b>	<b>38386</b>	<b>59511</b>	<b>121733</b>

# **Annex J: Research Reports and Presentations**

# EVALUATION DE LA CAMPAGNE DE VACCINATION SUR LA POLIO

Analamanga, 14 au 18 septembre



# Objectif

- Mesurer la couverture vaccinale contre la polio chez les enfants de moins de 15 ans réalisée pendant la campagne du 14 au 18 septembre 2015

# Méthodologies pour la collecte des données

- Une enquête ménage réalisée dans la Région Analamanga
- L'enquête donne une représentativité pour la zone urbaine, zone rurale et l'ensemble pour la Région Analamanga
- 19 Fokontany ont été sélectionnés dans chaque zone urbaine et rurale. 38 Fokontany au total.
- Les Fokontany ont été sélectionnés aléatoirement utilisant la PPT (ou probabilité proportionnelle à la taille de la population)
- Au niveau de chaque Fokontany sélectionné, 20 ménages ont été approchés aléatoirement pour l'enquête (suivant un intervalle calculé selon la taille estimative du nombre de ménages fournis par le Fokontany)
- Toutes les personnes éligibles dans les ménages sélectionnés ont été enquêtées (responsables d'enfants de moins de 15 ans)

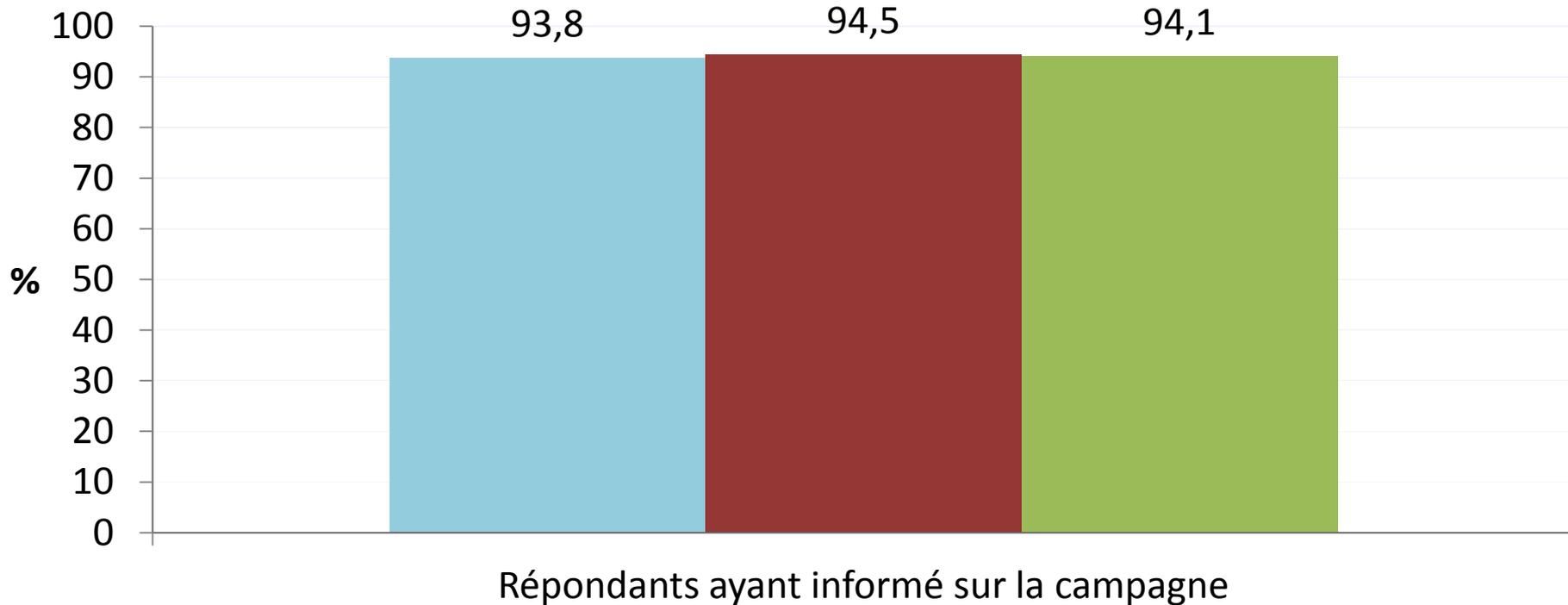
# Méthodologies pour l'analyse des données

- Unité de décision: zone rurale et urbaine
- Minimum standard: Un Fokontany est couvert si plus de 90% des enfants de moins de 15 ans ont été vaccinés [*minimum standard défini dans le document « GLOBAL POLIO ERADICATION INITIATIVE (GPEI)»*]
- La méthodologie LQAS est utilisée pour mesurer la couverture vaccinale dans les zones urbaine et rurale. La proportion est tirée dans la table de décision LQAS suivant la correspondance avec le nombre de Fokontany couverts
- Les autres proportions ont été calculées avec introduction des coefficients de pondération pour les zones rurale et urbaine

## Couverture vaccinale des enfants et adolescents de moins de 15 ans (*A partir de la table de décision LQAS*)

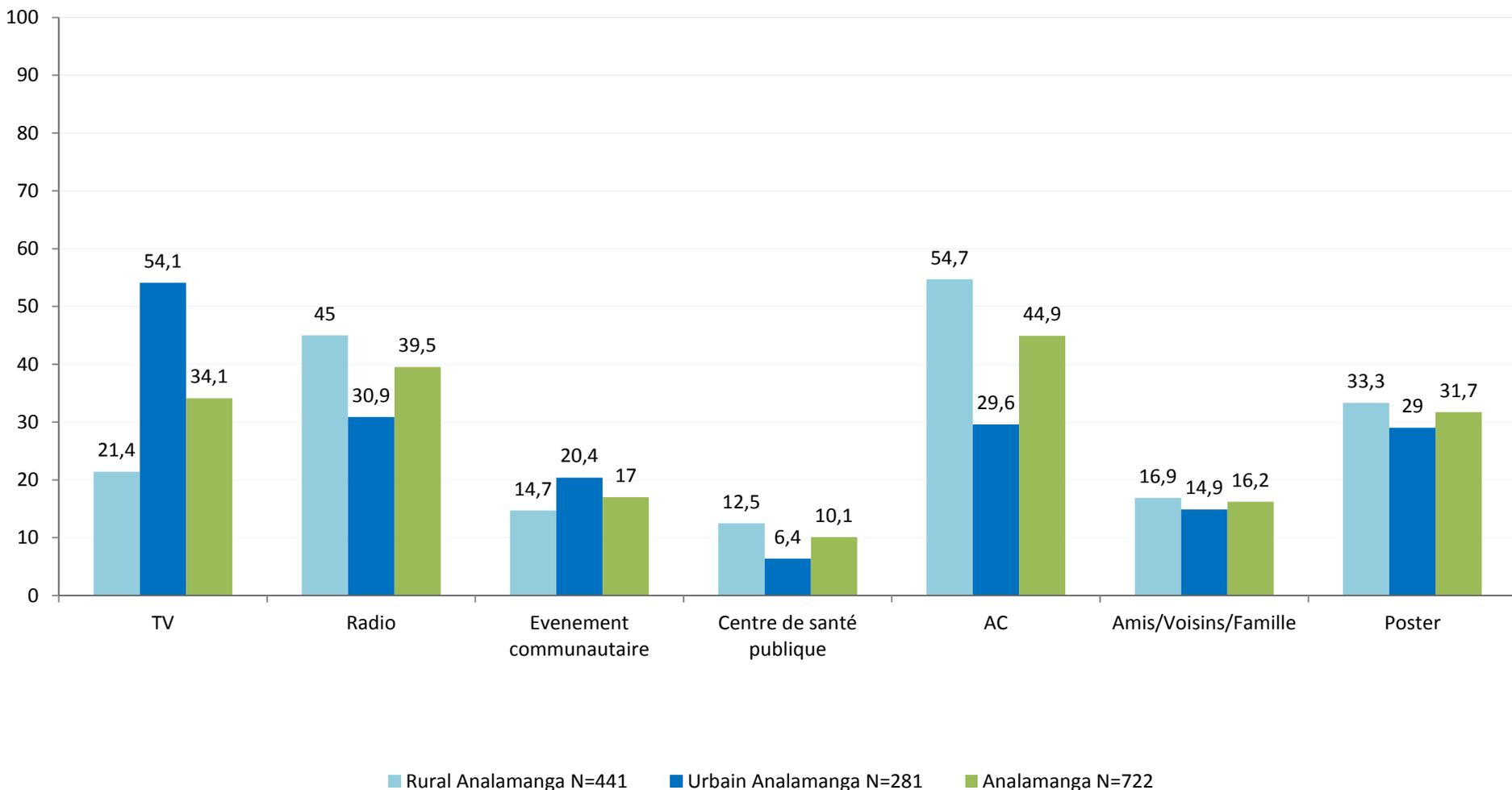
	<b>Rural N=19 Fokontany</b>	<b>Urbain N=19 Fokontany</b>
<b>-Proportion de Fokontany couverts</b> <i>(Minimum standard au niveau du Fokontany :au moins 90% des enfants de moins de 15 ans ont été vaccinés contre la Polio)</i>	<b>90%</b> <i>(15 FKT couverts)</i>	<b>75%</b> <i>(12 FKT couverts)</i>

# Responsable d'enfants de moins de 15 ans ayant entendu parlé de la campagne (pourcentage pondéré)

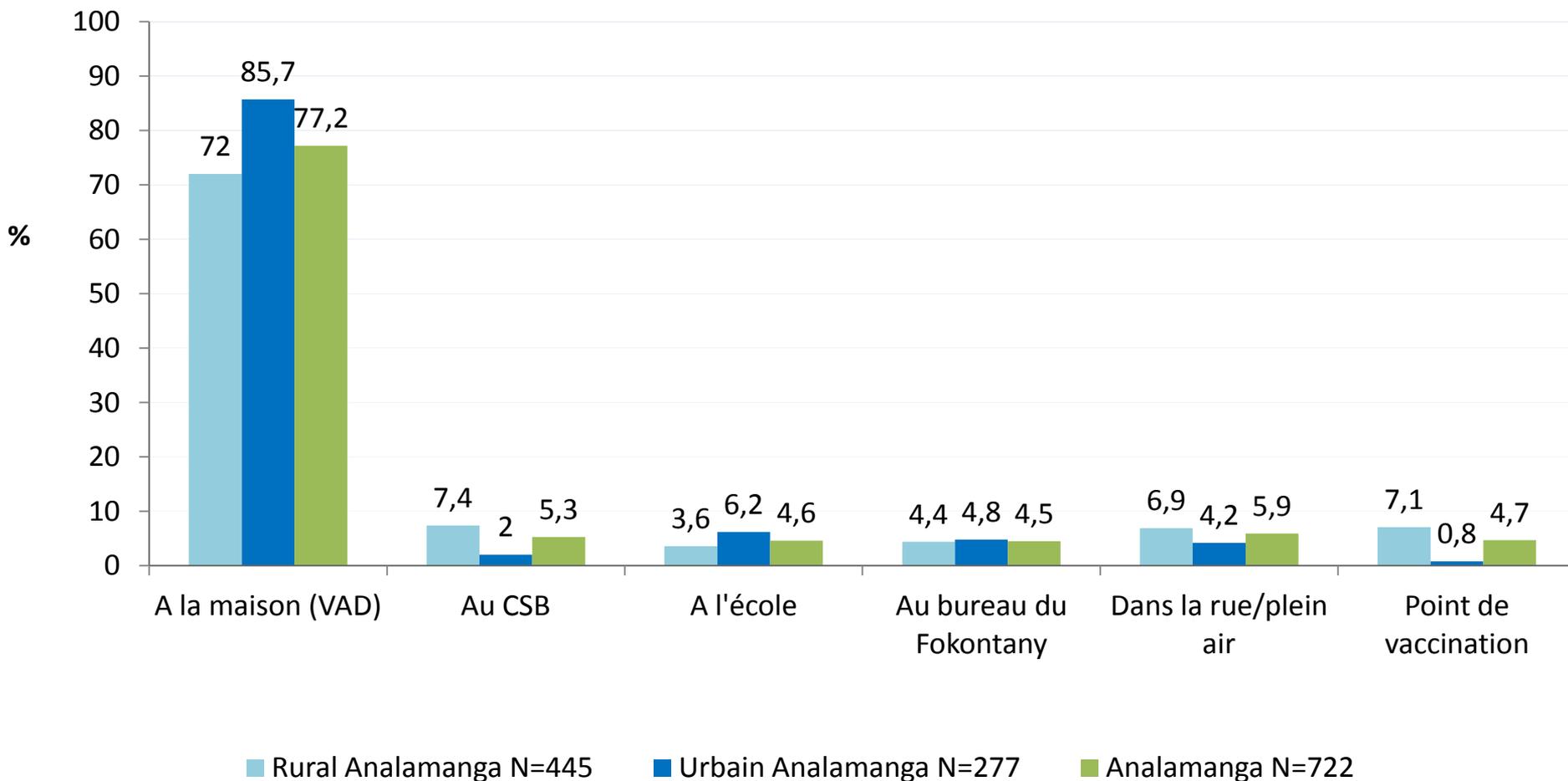


■ Rural Analamanga N=470   ■ Urbain Analamanga N=297   ■ Analamanga N=767

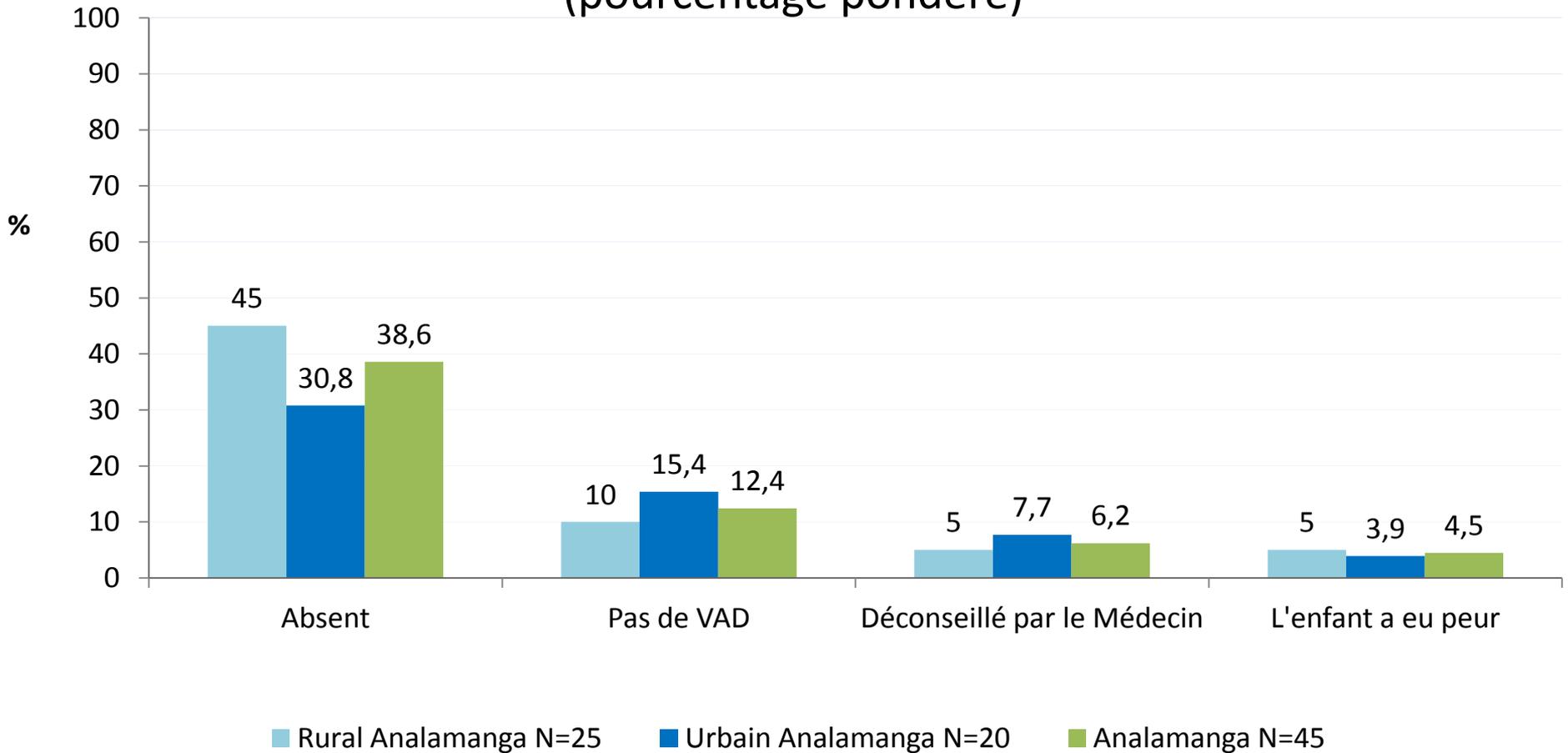
## Source d'information sur la campagne parmi ceux qui en ont entendu (pourcentage pondéré)



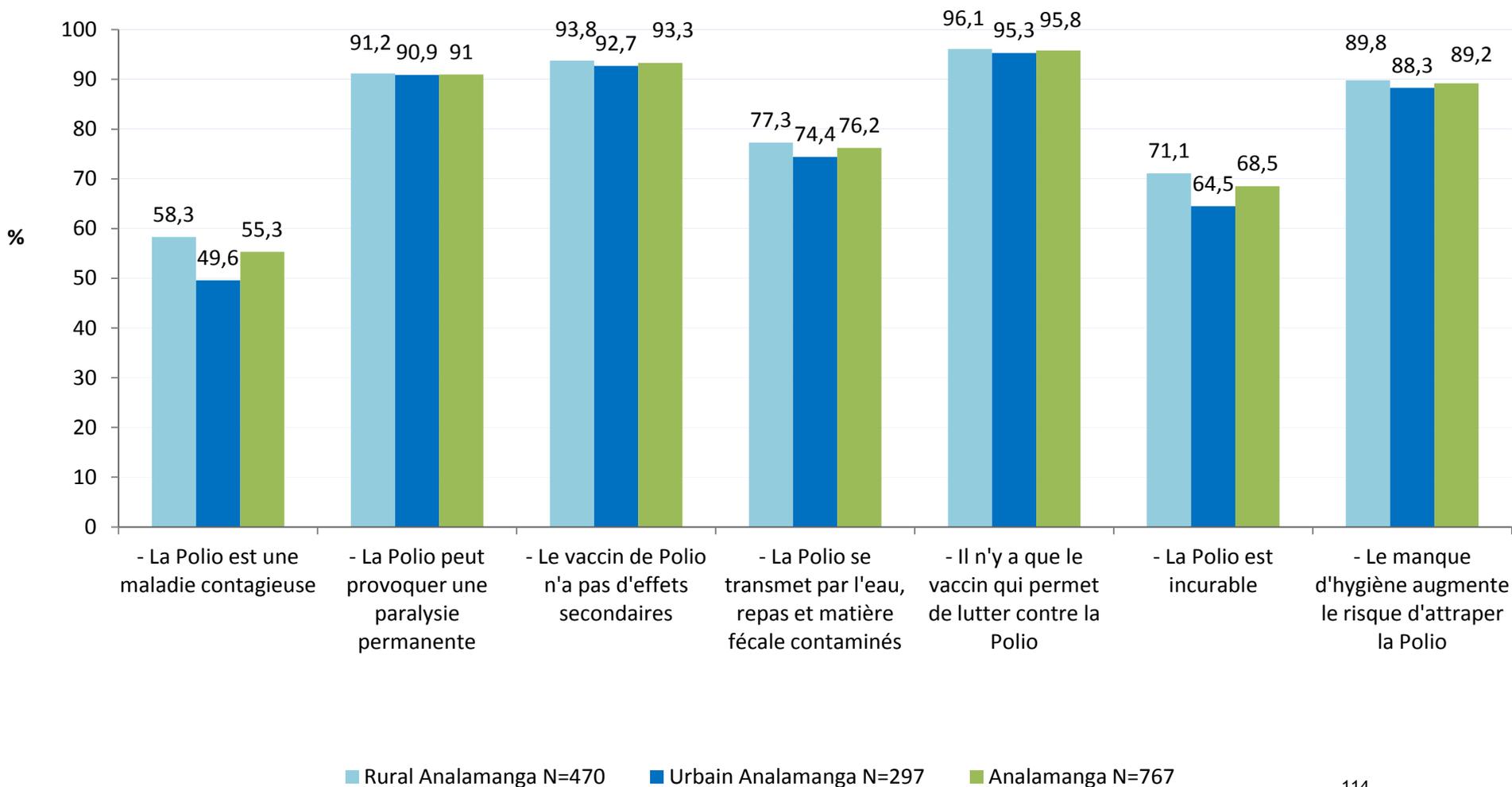
## Lieu où les enfants ont reçu le vaccin contre la polio parmi ceux qui en ont reçu (pourcentage pondéré)



## Différentes raisons pourquoi les enfants n'ont pas été vaccinés contre la polio parmi ceux qui n'ont pas reçu le vaccin (pourcentage pondéré)



## Niveau de connaissance sur la polio basée sur les messages clés validés et diffusés au niveau national (interview assistée - pourcentage pondéré)



# Attitude vis-à-vis de polio (pourcentage pondéré)



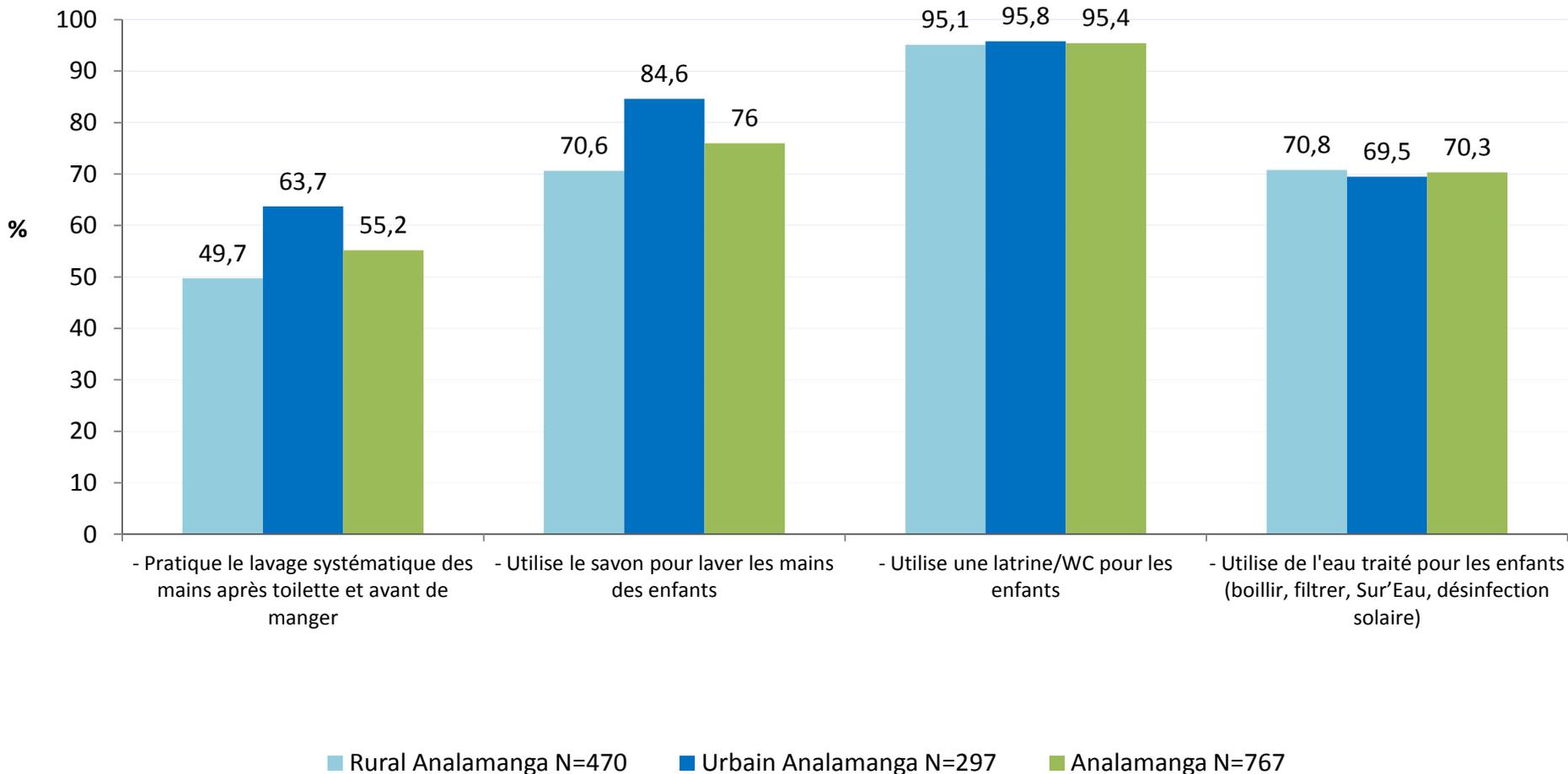
- Ont pensé que les responsables d'enfants de moins de 15 ans dans leur communauté sont convaincus que le vaccin reçu pendant la dernière campagne protègera les enfants pour une longue période

■ Rural Analamanga N=470

■ Urbain Analamanga N=297

■ Analamanga N=767

# Comportement vis-à-vis de polio (pourcentage pondéré)



# Conclusion

- L'intervention en milieu rural semble plus efficace que celle en milieu urbain avec des taux de couverture allant de 75% (urbain) à 90% (rural).
- Plus de 94% des personnes enquêtées ont été informées de la campagne sur la Polio
- Les différents canaux d'information ont tous joué leur rôle mais la TV, la radio, les AC et les affiches sont le plus cités
- La plus part des enfants ont reçu leur vaccin contre la Polio à la maison
- La connaissance que la Polio est une maladie contagieuse est relativement faible, moins de 60%
- Le lavage systématique des mains après toilette et avant de manger est pratiqué par plus de 55% des gens

Merci



# ***EVALUATION SYSTEME E-VOUCHER À Antananarivo et Fort Dauphin***





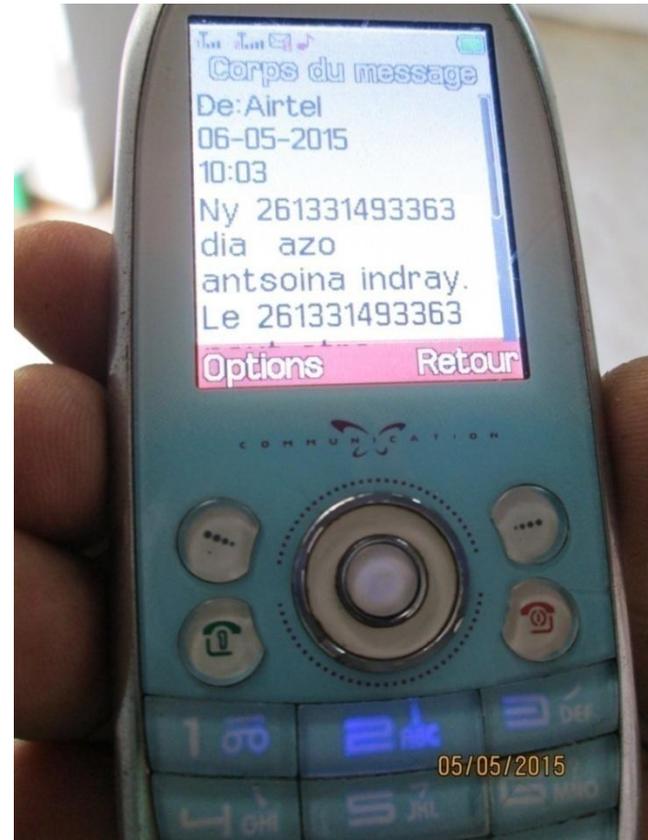
# Justification de l'étude

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- Dans le cadre du projet ISM, en collaboration avec HNI, PSI Madagascar a mis en place une phase pilote sur 2 sites de E-voucher pour offrir des services de SR/PF à prix réduit au groupe les plus vulnérables et a mis en œuvre le remboursement des coupons de remise aux prestataires par mobile money
- Afin de voir la possibilité d'une mise à l'échelle du système, une étude d'évaluation servira à identifier ce qui a bien fonctionné et ce qui n'a pas bien fonctionné, afin d'aider à concevoir une échelle possible dans les années suivantes

# Objectif général

- Le pilotage du projet E-voucher sera évalué afin de mesurer la **faisabilité** et l'**acceptabilité** de la mise en œuvre de l'utilisation des e-vouchers et du remboursement par mobile money à une plus grande échelle.





# Besoins d'informations auprès des prestataires

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- ❑ Quels sont les niveaux de motivations des prestataires par rapport au système (fournitures de services aux clients avec E-voucher, longueur du code pour SMS et remboursement du service par mobile money)?
- ❑ Voir le lien entre les comportements avec les profils des prestataires privés/ONG, par rapport à l'âge du prestataire, au nombre de clients, à l'utilisation en général du SMS et du service de mobile money et faire une comparaison entre sites
- ❑ Savoir les défis des Utilisateurs par rapport à l'application du système et quelles ont été les solutions appliquées.
- ❑ Différence entre les 2 sites / dans un même site (extension ou non) en termes d'efficacité, d'acceptabilité, de pérennité de la mise en œuvre
- ❑ Quelles sont les bénéfices d'E-voucher et mobile money pour l'accès, l'efficacité et la pérennité des services de santé où PSI/M travaille



# Techniques

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- ❑ Interview Individuelle de 17 médecins privés (8 à Tàna, 9 à Fort-Dauphin dont 2 médecins OSIET pour FTU).
- ❑ Interview individuelle de 8 collègues internes impliqués dans le système
- ❑ Focus group auprès de **19** PE, ACIP et CPF (7 PE à Antananarivo , 4 PE à Fort-Dauphin, 8 CPF)



# Plan de présentation

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- Partie 1 : résultats auprès du staff interne
- Partie 2 : résultats auprès des prestataires
- Conclusions de l'évaluation

# I. EVALUATION DU SYSTÈME E- VOUCHER AU NIVEAU DES STAFF



# GENERATION DE CODE

Systeme /HNI

Téléchargement codes

Imprimante /réseau /  
Coupons limités /

Non valorisation du coupon: taille/ qualité

Longue attente /  
Manque de conviction par rapport au système E-voucher

Reconfirmation remboursement

Acceptation code

Envoi code

SCIP/ SPE

prestataires restreints (Tnr)

PE/CPF

CIP / réception/ présentation / activités ludiques et négociations. Distribution Accompagne ment

Cibles

Visite

Prestataires

Réception coupon  
Consultation avec remise  
Remplissage SIGS  
Envoi sms

Impression  
Distribution code  
Collecte et envoi  
SIGS/  
coupons

Impact sur les honoraires des PE (sms non envoyé ou code erroné)

Perception de perte de temps  
Absence de remboursement si code erroné

# CODE et COUPONS (1/2)

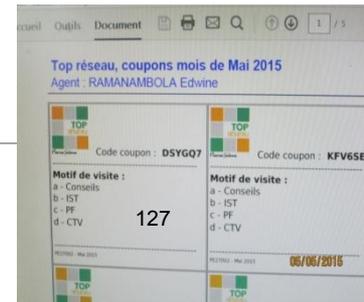
## Les aspects qui marchent

### COUPONS

- ❖ Rapidité et praticité de l'impression des coupons par soi-même par rapport à l'impression dans les imprimeries
- ❖ Petite taille pratique (spécif Tàna), plus économique et faisant gagner du temps
- ❖ Diminution de risque de perte du coupon bleu (spécif FTU)
- ❖ Incitation des pax à faire une consultation médicale par peur de péremption du coupon (spécif FTU)
- ❖ Facilitation de comptage et de contrôle des coupons et gain de temps
- ❖ Anonymat du coupon
- ❖ Couleur non stigmatisante du coupon

### CODE

- ❖ Identification Individuelle impliquant responsabilité individuelle
- ❖ Efficacité de suivi personnalisé
- ❖ Ne nécessitant plus de remplissage manuel (spécif FTU)





# CODE et COUPONS (2/2)

## Suggestions d'amélioration

- Agrandir la taille du coupon pour une meilleure lisibilité des codes
- Assurer la disponibilité d'encre d'imprimante pendant la période de tirage et distribution des coupons
- Assurer une bonne fonctionnalité de connexion réseau
- Doter les SCIP d'un login pour ne pas attendre la disponibilité des CRFS pour le tirage des coupons
- Adopter une forme de carnet ou de carte pour mieux protéger (spécif Tàna) et véhiculer la valeur des coupons
- Souhait d' 'Electronisation' intégrale du système : coupon à codes barres et machine à carte (spécif Tàna)

# Collecte et gestion coupon au niveau CRFS (1/2)

Saisie, manque de  
ressource comptage  
manuel = perte de  
temps

AFR/AFS



CRFS



CNFS

Contrôle et  
validation  
coupons  
physiques et  
électroniques  
Saisie  
Elaboration  
état de  
coupon

- Gestion des  
demandes  
d'assistance  
des  
prestataires
- Incohérence  
des coupons  
Physiques et  
électroniques

Téléchargement et  
impression fiche  
de collecte  
Validation (FTU)  
Exportation dans  
Excell (FTU)  
Demande de  
paiement  
Appui prestataires

Problème  
masque  
Système  
non fluide

Perte de  
temps

Validation  
Envoi  
demande  
de  
paiement

# Collecte et gestion coupon au niveau CRFS (2/2)

Les aspects qui marchent	Suggestions d'amélioration
<ul style="list-style-type: none"><li>❖ Message de confirmation rapide</li><li>❖ Comptabilisation automatique des coupons pour le comptage et contrôle</li><li>❖ Masque de saisie unique permettant de gagner du temps</li><li>❖ Système de vérification (saisie)</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Doter les SCIP et l'AFR de Login</li><li><input type="checkbox"/> Rajouter une signalisation pour les opérations effectuées</li><li><input type="checkbox"/> Adopter communication directe entre HNI et prestataires</li><li><input type="checkbox"/> Engager un operateur de saisie temporaire</li><li><input type="checkbox"/> Faire des coupons semi-collants pour éviter la déperdition</li></ul>

# Paieement (1/2)



Problème 'SI' non  
réception de pièces  
justificatives de  
paiement si extension  
de zone.

Envoi pièces  
justificatives  
de paiement

Finance

Vérification  
pièces  
Etablissement  
Chèque  
Contrôle et  
validation  
Approbation et  
signature  
Ordre de virement



Airtel

→ Prestataires

# Paieiment (2/2)

## Les aspects qui marchent

- ❖ Non exigence de déplacement des AFR pour le paiement des prestataires
- ❖ Moins d'argent liquide à gérer par les AFR
- ❖ Sécurité de paiement pour les prestataires.

## Suggestions d'amélioration

- Alléger le processus pour écourter le paiement
- Doter aux prestataires des tablettes pour faciliter l'envoi de sms et régler ainsi le paiement des PE

# Demande d'appui / assistance (1/2)

Prestataires



CRFS/  
CNFS

Systeme /HNI



ACME

Mise en place non  
effective de  
l'OUTPUT

Manque de temps  
pour le suivi

SCME

Suivi de l'utilisation  
du système

- Intermediaire entre HNI et PSI
- Fournitures d'information et d'assistance
- Facilitateur du systeme
- Participer à la reunion de coordination



# Demande d'appui / assistance (2/2)

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## Suggestions d'amélioration

- Mettre une assistance disponible et accessible pour les prestataires
- revoir le système pour sa fluidité

# Par rapport au système en général

## Les aspects qui marchent

- ❖ Adaptation / rodage de l'équipe interne et du staff
- ❖ Habitude et expérience des prestataires à l'envoi des SMS
- ❖ Système de vérification
- ❖ Analyse personnalisée pour chaque rapport
- ❖ Processus rapide
- ❖ Eradication des doublons
- ❖ Meilleur suivi de la coordination des tâches dans le système
- ❖ « ***coupon physique=coupon électronique=paiement médecins = paiement PE*** »

## Suggestions d'amélioration

- Calquer ce même système pour les autres thèmes /programmes
- Réunion de tous les acteurs de e-voucher pour la résolution des problèmes

## II. Résultats auprès des prestataires





# Profil des prestataires

Nombre de clients reçus par jour	Entre 5 à 50 clients par jour, dont pour la majorité entre 10 à 20 clients.
âge	Entre 38 à 59 ans. Âge Moyen 51 ans
Formation E-voucher	<input type="checkbox"/> Février, Mars, juin, Juillet, Août, Septembre 2014 à Tàna (Une vague) <input type="checkbox"/> Mai, juin (1 <sup>ère</sup> vague), Oct, Novembre 2014 (2 <sup>ème</sup> vague) à FTU
Envoi d'SMS	<b><u>Qui ?</u></b>  Médecin même : quasi-totalité Ses enfants : infime minorité (Tnr)  <b><u>Quand ?</u></b> <input type="checkbox"/> Pendant les moments libres, regroupement des coupons (majorité) <input type="checkbox"/> Tous les soirs (minorité) <input type="checkbox"/> Au moment de la consultation ( 1 médecin FTU)

# Expériences d'utilisation de l'E-voucher

## POSITIVES

Antananarivo	Fort Dauphin
<input type="checkbox"/> Adoption d'un nouveau système/marque d'évolution / sentiment d'appartenance.	<input type="checkbox"/> Déplacement évité pour le remboursement
	<input type="checkbox"/> Délai court de remboursement
<input type="checkbox"/> Développement d'astuce d'envoi des SMS (période, système de contrôle)	
	<input type="checkbox"/> Réactivité et réponse au niveau de PSI
	<input type="checkbox"/> Rapidité SMS de validation
	<input type="checkbox"/> Evolution cohérence entre coupon physique et électronique
<input type="checkbox"/> Acquisition progressive d'habitude d'envoi des SMS	



# Expériences d'utilisation de l'E-voucher

## NEGATIVES

### Antananarivo

- Non concordance coupons physiques et électroniques
- Perte de temps à l'envoi des SMS
- Problème / inadéquation (FTU) de réseau
- Code alpha-numérique confondant
- Erreur d'envoi de SMS non identifiée
- Absence d'SMS de retour
- Non réponse / saturation du serveur
- Usure du téléphone
- Constat de manque de confiance / gêne du client si envoi d'SMS pendant la consultation.

### Fort Dauphin

- Non réception de coupon électronique => oubli d'envoi de SMS



- Où est la tablette promise ?

# Expériences de remboursement

*Les médecins à Tàna : récupère le remboursement en liquide. Les médecins à FTU utilise plus le remboursement pour des transferts d'argent.*



## POSITIVES

- Evolution du délai de remboursement
- Praticité de récupération de l'argent
- Argent bien gardé / disponible
- Opportunité d'économie
- Facilité des traitements par Mobile Money

## NEGATIVES

- Perte de temps pour la récupération par rapport au faible montant perçu
- Remarque de l'arrêt / du retard de remboursement [oct- nov à Tàna, Fev-Mars FTU)

# Difficultés et défis du système (1/2)

Difficultés et défis	Sources	Solutions
<b>Retard du remboursement</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Vérification de l'écart entre coupon physique et électronique</li> <li><input type="checkbox"/> Traitement retardé</li> <li><input type="checkbox"/> Non versement de l'argent par PSI à Airtel</li> <li><input type="checkbox"/> Problème technique au niveau de PSI</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Confronter les données entre PSI- HNI – Médecin avant la collecte</li> <li><input type="checkbox"/> Payer les médecins mensuellement</li> <li><input type="checkbox"/> Utiliser le système électronique pour toutes les étapes</li> </ul>
<b>Problème de réseau</b>	Problème de réseau de Airtel	<ul style="list-style-type: none"> <li><input type="checkbox"/> Telma/orange</li> </ul>
<b>Code difficile à déchiffrer</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Saisie erronée du code</li> <li><input type="checkbox"/> Ecritures pas bien écrites</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Agrandir l'écriture du code</li> <li><input type="checkbox"/> bien arrondir le chiffre 8</li> <li><input type="checkbox"/> Bien anguler le chiffre 5</li> <li><input type="checkbox"/> Agrandir le coupon</li> </ul>
<b>SMS de validation retardé</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Défaillance du système</li> <li><input type="checkbox"/> Problème de réseau</li> <li><input type="checkbox"/> Système non encore au point au niveau Airtel</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Un seul message pour validation et confirmation</li> </ul>

# Difficultés et défis du système (2/2)

Difficultés et défis	Sources	Solutions
<b>Beaucoup trop d'étapes</b>	<input type="checkbox"/> Système au départ Trop de messages à envoyer	
<b>Perte de temps</b>	<input type="checkbox"/> Système compliqué <input type="checkbox"/> Obligation <input type="checkbox"/> A la fois remplissage de registre et envoi de Sms	<input type="checkbox"/> Simplifier le système <input type="checkbox"/> Envoyer le nombre de coupons envoyés et enregistrés dernièrement <input type="checkbox"/> Simplifier le remplissage
<b>Coupon physique différent de coupon électronique</b>	<input type="checkbox"/> Oubli des coupons à envoyer <input type="checkbox"/> Message envoyé non enregistré par Airtel	<input type="checkbox"/> Paiement de la différence par PSI
<b>Manque de matériel</b>	<input type="checkbox"/> Aucun support matériel offert	<input type="checkbox"/> Distribution de tablette pour chaque prestataire
<b>Moins de pax</b>	<input type="checkbox"/> Non priorité pour la santé à cause de la pauvreté <input type="checkbox"/> Indisponibilité du PE	



### III. Conclusions de l'évaluation

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- ❑ L'utilisation du système requiert une habitude, une organisation, une méthode par rapport à l'envoi d'SMS et plus d'amélioration.
- ❑ Les médecins se plaisent au système une fois habitué
- ❑ L'utilisation du Mobile Money est appréciée des médecins
- ❑ La Coordination interne PSI ; PSI – HNI ; PSI – Airtel serait une condition de réussite de la mise à l'échelle



**MERCI DE VOTRE ATTENTION**

**Résultat Test  
de concept &  
Chanson *Spot*  
*TV YES with you*  
à Tàna**

***Décembre 2014***





# Objectifs généraux du pré-test

- Tester le concept des images animées auprès des cibles
- Vérifier que les messages promus sont retenus et compris.
- Identifier les impacts du contenu sur les comportements des cibles: Croyance/ Efficacité personnelle.
- Faire choisir par les cibles la chanson à retenir pour le spot TV

# Méthodologie et techniques

- ❑ 4 Groupes de discussions pour collecter les informations concernant le concept du spot auprès 23 participants répartis comme suit :
  - *8 jeunes hommes sexuellement actif, 15 à 24 ans, non en union, utilisateurs réguliers du préservatif masculin*
  - *8 jeunes hommes sexuellement actif, 15 à 24 ans, non en union, **utilisateurs non réguliers** du préservatif masculin*
  - *8 jeunes filles sexuellement actif, 15 à 24 ans, non en union, **utilisateurs réguliers** du préservatif masculin*
  - *8 jeunes filles sexuellement actif, 15 à 24 ans, non en union, **utilisateurs non réguliers** du préservatif masculin*
- ❑ Discussion basée sur le visionnage d'images animées moyennant la narration du script.
- ❑ Présentation des variantes de chanson aux participants en vue d'en faire le choix par rapport a celui qui évoque le plus: l'amour, la passion .

# Réactions spontanées des participants par rapport à l'imagerie et le script

## Spontanée

- Spot évoquant la fidélité et le respect (Maj)
- Histoire d'amour (Maj Reg)
- Spot de courte durée (Maj)
- Spot concernant l'utilisation du préservatif (Min Reg)
- Confusion par rapport aux filles qui aguichent Njaka (Inf Min Non Reg)

## Après question

- Histoire d'amour d'un couple (Tot)
- Incitation à surpasser la tentation (Min Non Reg)
- Réactions normales des hommes (Inf Min Reg)
- Protection IST (Inf Min Reg)

# Les éléments frappants et appréciés dans le spot

## Les éléments frappants

- ❑ Sentiment de Njaka envers sa copine (Tot des jeunes filles Rég)
- ❑ Njaka apportant une rose : rare (Moit JH)
- ❑ Attitude méprisant de Njaka (Maj des jeunes filles)
- ❑ Njaka aguiché par 3 filles (Maj jeunes hommes Reg)
- ❑ Triomphe de l'amour !!! (Inf Min Reg)

## Les éléments appréciés

- ❑ Geste de Njaka en portant la rose dans la main (Quasi-tot des filles)
- ❑ Fidélité et respect de Njaka envers sa copine (Quasi-tot des filles)
- ❑ Evocation d'un couple de jeunes heureux et amoureux : Fin du scénario (Maj des filles rég)
- ❑ Gestes aguichants des 3 filles inhabituels (Inf Min Non Reg)
- ❑ Maturité de Njaka (Inf Min Non Reg)

# Les éléments non appréciés

- ❑ Regards provoquant des trois filles (Tot Jeunes filles)
- ❑ Résistance anormale de Njaka face aux provocations des filles (Maj des garçons)
- ❑ Indiscrétion de la rose (Maj des garçons)
- ❑ Confusion des 4 filles dans le spot (Min Non Reg)
- ❑ Image de couple entrelacée à la fin du spot : non explicite d'amour (Inf Min Reg)
- ❑ Irréalité des gestes d'aguichement des filles et attitude de fidélité de Njaka (Inf Min Reg)

# Identification des jeunes urbains par rapport au spot

- Spot destiné aux jeunes agés de 15 ans et plus (Tot)
- Identification des jeunes hommes et jeunes femmes en tant que cibles (Tot)
- Destiné au couple marié (Min)





# Leçons tirées, pré-intention, intention des cibles après le spot

- Respect et fidélité envers la / le partenaire (Maj ++JH)
- Maîtrise de soi face à la tentation (Maj Non Reg ++ JH)
- Sensibilisation des pairs à la fidélité (Min Reg)
- Porter une rose par la bouche (Inf Min JH Non Reg)

# Interprétation du nom YES with you par les cibles

- “Hianao ihany”
- “Manaiky aho fa hianao irery ihany”
- “Oui avec toi”
- “Question sans response adressée au téléspectateur »
- « Mahafinaritra foana ny miaraka aminao »
- « Assurance »
- « Résistance à la tentation »
- « Tiany foana »
- “Respect du partenaire”

**RMQ** : Après guidage, identification de la majorité que le produit derrière le spot sera le Préservatif ou PF.

# Acceptabilité du concept du spot par rapport à la promotion de YES

- ❑ Concept non adéquat (image non expressive, absence de l'image de préservatif) (Maj)
- ❑ Concept adéquat (histoire d'amour, scénario expressif) (Min)



# Suggestions des cibles pour améliorer le spot (1/2)

- Insérer une image de préservatif dans le spot
- Insérer dans le spot l'existence du parfum à la fraise
- Apport de YES with you au lieu de rose
- Changer le nom Yes with you en "Raozy"
- Apport de la rose et de Yes with you en même temps
- Ajouter un scénario montrant l'image de la fille dans la rue en tirant Njaka par la main

# Suggestions des cibles 2/2

- ❑ Enlever la scène montrant Njaka portant une rose
- ❑ Enoncer par voix off dans le spot le nom YES with you
- ❑ Ajouter une scène de Njaka en train d'acheter YES with you
- ❑ Changer les 3 chansons par la chanson de l'ary chanson en malgache, plus rythmée
- ❑ Faire échanger YES with you et rose entre le couple
- ❑ Changer l'image de 3 filles en plus sexy et plus provocatrice



# Perception par rapport au déclinaison spot RADIO

- Déclinaison spot Radio adéquate : accessible à tous, et facile à capter (QTOT)
- Déclinaison spot Radio Non adéquate : Non identification de nom du produit (Inf Min)

## Suggestions des cibles :

- Modifier le scénario sous forme de dialogue
- Enoncer dans le spot “YES with you”



# Perception par rapport au déclinaison

## Affiche

### Déclinaison adéquate (QTOT)

Existence de personne n'ayant pas de TV et de Radio, accessible à tous

### Déclinaison non adéquate (Inf Min Non Reg)

Image dans le spot inappropriée

## Image pertinente à mettre sur l'affiche

### Image du couple entrelacé (Maj)

### Image de rose (Min Reg)

### Image du couple debout et mettre face à face (InfMin Non Reg)

# Chanson adaptée au Spot

❑ **Thousand Years**  
(Christina Perri) : (Maj)  
*Chanson d'amour, Tendance ,  
Romantique*

❑ **Say something** : (Min)  
Paroles adaptées au spot,  
Musique douce, évoquant  
amour

❑ **XO** : (Inf Min)  
Rythmée, entraînante



# Chanson évoquant plus l'amour et la passion

## ❑ Thousand Years (Christina Peri) : (Maj)

*Douce, parole expressive, sentimental*

## ❑ Say something (Christina Aguilera) : (Min Reg)

*Adéquate au nom Yes with you, touchant, douce*

## ❑ Aucune idée (Min JF Non Reg)





Résultat Test du  
concept Mini reportage  
100% jeunes  
Majunga

Décembre 2014



# Objectifs du pré-test

## Généraux

- Avoir les informations nécessaires pour l'exécution du concept de la campagne de communication « Zaho ve ? »
- Avoir la perception des cibles par rapport au concept.



# Méthodologie et techniques

- ❑ Discussion en grand groupe et en petit groupe en utilisant des photos représentant les personnages, accompagné d'une narration du scénario afin de représenter le mini reportage le plus réellement possible aux cibles.

Ayant regroupé au total **24 Jeunes** répartis comme suit :

- ❑ *8 jeunes mixtes 15 à 24 ans, sexuellement actif, non en union et sans enfants ayant fréquenté la franchise Top Réseau.*
- ❑ *8 jeunes mixtes 15 à 24 ans, sexuellement actif, non en union et sans enfants, n'ayant pas fréquenté la franchise Top Réseau.*
- ❑ *4 jeunes Hommes 15 à 24 ans, sexuellement actif, non en union et sans enfants ayant fréquenté la franchise Top Réseau.*
- ❑ *4 jeunes Femmes 15 à 24 ans, sexuellement actif, non en union et sans enfants n'ayant pas fréquenté la franchise Top Réseau.*



# Plan de présentation

- ❑ Perception des cibles sur la vie des 3 personnages
- ❑ La rétention des histoires de vie
- ❑ L'appréciation du film et leçons apprises
- ❑ Le choix parmi les 3 histoires de vie
- ❑ Choix et perceptions des cadres du mini-reportage
- ❑ La perception des cadres du mini-reportage en tant que support de communication pour les jeunes
- ❑ Suggestions d'amélioration du mini-reportage



**La perception des cibles sur la vie des 3 personnages**

# Perception générale du vécu des 3 personnages

- Identification que les 3 personnages ont vécu des existences aventurières et risquées dans le passé mais que chacun a eu une vie meilleure par la suite.
- La vie passée d'Alexia a été considérée par la majorité comme une vie décente.



# Perception des cibles par rapport a la vie des personnages

**Patrick**

## Vie passée

- Infidélité
- Vie juvénile normale
- Vie chanceuse :  
bonne santé  
reproductive malgré  
vie sexuelle active.

## Vie actuelle

- Vie réussie  
financièrement,  
professionnellement,  
personnellement, et  
coté santé, après  
changement et  
adoption de bons  
comportements



## Rivo

### Vie passée

- Infidélité
- Non recours à la consultation médicale en cas d'IST,
- Consommation de tisane pour traitement d'IST

### Vie actuelle

- Vie réussie financièrement, professionnellement, familialement après changement et adoption de bons comportements



## Alexia

### Vie passée

- Vie décente : fidélité, consultation médicale, respect des parents.
- Non recours à la consultation médicale, non utilisation de préservatif, manque de confiance en soi, manque d'expérience

### Vie actuelle

- Vie réussie professionnellement, familialement en ayant adopté de bons comportements

# Rétention des histoires de vie



## Éléments retenus par rapport aux histoires de vie

Patrick	Rivo	Alexia
<ul style="list-style-type: none"><li>• Le changement de comportement après une vie de débauche déclenchée par une déception amoureuse</li><li>• La réussite professionnelle et personnelle après avoir surpassé des épreuves</li><li>• La prise de conscience à faire du dépistage</li></ul>	<ul style="list-style-type: none"><li>• Le mauvais choix de traitement de l'IST (consommation de tisane )</li><li>• Les conséquences néfastes de son antécédent dissolu (maladie IST)</li><li>• L' impassibilité au changement de comportement qu'après avoir enduré des épreuves</li></ul>	<ul style="list-style-type: none"><li>• Le manque de confiance soi (panique au moindre souci)</li><li>• Les bons comportements (fidélité, consultation médicale immédiat après retour des règles, honnêteté vis à vis des parents)</li><li>• Le dénouement heureux de sa situation (retour de ses règles)</li></ul>

# Eléments retenus par rapport aux histoires de vie

Patrick	Rivo	Alexia
<ul style="list-style-type: none"><li>• Le changement de comportement après une vie de débauche déclenchée par une déception amoureuse</li><li>• La réussite professionnelle et personnelle après avoir surpassé des épreuves</li><li>• La prise de conscience à faire du dépistage</li></ul>	<ul style="list-style-type: none"><li>• Le mauvais choix de traitement de l'IST (consommation de tisane )</li><li>• Les conséquences néfastes de son antécédent dissolu (maladie IST)</li><li>• L'impassibilité au changement de comportement qu'après avoir enduré des épreuves</li><li>• les bons comportements (utilisation du préservatif pour chaque RS, viser haut, valoriser sa famille)</li><li>• réussite professionnelle</li></ul>	<ul style="list-style-type: none"><li>• Le manque de confiance soi (panique au moindre souci)</li><li>• Les bons comportements (fidélité, consultation médicale immédiat après retour des règles, honnêteté vis à vis des parents)</li><li>• Le dénouement heureux de sa situation (retour de ses règles)</li></ul>



# Appréciations du mini-reportage et leçons apprises

Le plus  
apprécié  
dans  
l'histoire

Le moins  
apprécié dan  
l'histoire

Les leçons  
apprises



## Le plus apprécié dans l'histoire

- ❑ Malgré que Patrick et Rivo ont vécu leur jeunesse pleinement en y tirant le plus de profit, ils ont eu une réussite : professionnelle et familiale.
- ❑ Patrick a eu la forte chance de sortir indemne de son infidélité.
- ❑ Rivo a expérimenté les bienfaits d'une consultation médicale
- ❑ Alexia a été protégée par sa décence et sa fidélité de jeunesse.

## Le plus apprécié dans l'histoire

Patrick

Rivo

Alexia

•Leur réussite professionnelle et personnelle

- Sa prise de conscience pour le changement de comportement
- Jouissance de sa jeunesse à profit
- Sa chance en ce qui concerne sa santé reproductive ( en bonne santé malgré la vie de débauche)

- La démonstration de l'efficacité de la consultation médicale (*chez TR n.f*)
- Jouissance de sa jeunesse à profit

- Les bons comportements qu'elle a eu : la fidélité, la consultation médicale, non recours à l'automédication en cas de GND, partage des problèmes avec les parents, transmission de l'éducation reçu des parents à ses enfants

# Le moins apprécié dans l'histoire

Patrick	Rivo	Alexia
<ul style="list-style-type: none"><li>•Sa vie de débauche : abus en aventure amoureuse</li><li>•Abattement d'un homme suite à une déception amoureuse</li><li>•La manque de persévérance dans la vie amoureuse</li><li>•La relation amoureuse conditionnée par le dépistage (irréal)</li></ul>	<ul style="list-style-type: none"><li>•L'adoption de comportement inadapté face à sa maladie : persistance à consommer de la tisane, non consultation médicale dès le premier signe de l'IST, RS non protégé avec beaucoup de femmes</li><li>•Sa vie de débauche : aventures amoureuses</li></ul>	<ul style="list-style-type: none"><li>•Non recours à la consultation médicale au moindre doute, RS non protégé, manque de combativité dans la vie</li><li>•Sa manque d'expérience dans la vie (aventures amoureuses peu nombreuses)</li></ul>

# Leçons apprises

Patrick	Rivo	Alexia
<ul style="list-style-type: none"><li>• Prise de conscience à un certain moment de la vie et adoption de bons comportements : arrêt des aventures amoureuses, persévérance dans les études, consultation médicale, dépistage, utilisation du préservatif</li></ul>	<ul style="list-style-type: none"><li>• L'adoption de bons comportements après prise de conscience : utilisation de préservatif, fidélité, consultation médicale, stopper les frivolités ne menant à rien</li><li>• Viser toujours plus haut</li><li>• Faire beaucoup d'effort pour l'atteinte des objectifs</li></ul>	<ul style="list-style-type: none"><li>• L'adoption de bonnes conduites pour réussir dans la vie : respect des parents, respect dans le couple, consultation médicale, persévérance dans les études , transmission de l'éducation parentale à ses enfants</li></ul>



# Choix parmi les 3 histoires de vie

# Choix parmi les 3 histoires et raisons de choix

**Patrick**  
*(minorité)*

**Rivo**  
*(infime minorité)*

**Alexia**  
*(majorité)*



## Histoires de vie éducatives

- Démontrant des épreuves devant être surpassés avant la réussite,
- Démontrant enclin au changement,
- Incitation à faire le bon choix dans la vie

- Existence d'épreuve douloureux dans sa vie : IST;
- Attention témoignée envers sa famille,
- Prise de mesure de protection après IST

- Décence et bons comportements pour les jeunes

# Choix et perception des cadres du mini-reportage



# Choix parmi les 2 propositions de cadre pour Alexia

Proposition  
1

*Minorité*

Plus adéquat  
pour les  
malgaches  
(plus petit,  
simple,  
mignon)

Proposition  
2

*Majorité*

Reflétant  
davantage la  
réussite sociale  
d'Alexia ( bien  
décoré, plus  
spacieux, bien  
arrangé, plus  
classe

Cadre du mini- reportage en général :

## **Adéquat**

- en harmonie avec la profession de chaque personnage,
- mettant en évidence leur réussites actuelles,
- Agréable



## **Perception du mini-reportage en tant que support de communication pour les jeunes**

# Perception du mini-reportage en tant que support de communication

Appréciation du concept	Appréciation des histoires de vie	Perception de l'adéquation culturelle
<ul style="list-style-type: none"><li>• Facile à capter</li><li>• Convaincant</li><li>• Éducatif</li><li>• Trop personnalisé</li></ul>	<ul style="list-style-type: none"><li>• Éducatif</li><li>• Servant de modèle réel pour les jeunes</li><li>• Banale</li></ul>	<ul style="list-style-type: none"><li>• Adéquat par rapport au contexte de la jeunesse</li><li>• Adéquat par rapport à la culture urbaine</li></ul>

# Suggestions d'amélioration du mini- reportage



# Suggestions d'amélioration des cibles

## Patrick

- Détailler davantage sa vie : nombre de ses conquêtes, mettre davantage d'épreuves dans sa vie.
- Mettre extrait de spectacle ou sa photo en train de chanter
- Renforcer sensibilisation sur dépistage dans le mini-reportage : montrer photo de Patrick faisant du dépistage.
- Mettre plus de photos : famille, couple fréquentant Top Réseau

## Rivo

- Eclaircir le passage stipulant qu'il a toujours utilisé du préservatif, pourtant il était atteint d'IST
- Montrer ses 4 voitures dans le mini-reportage
- Montrer une photo de sa famille dans le mini-reportage
- Montrer Rivo en train de sensibiliser ses pairs chauffeurs
- Renforcer le message sur l'utilisation du préservatif
- Appuyer par des photos son aspiration de monter une coopérative
- Montrer séquence de fréquentation du Top Réseau dans le mini-reportage

## Alexia

- Rajouter plus de détails de sa vie avant le mariage
- Rajouter plus de photo : travail, en famille, couple allant chez top réseau
- Montrer Alexia sensibilisant les jeunes de ne pas adopter la voie qu'elle a choisie mais de recourir à la consultation médicale même avant suspicion de GND



**MERCI DE VOTRE ATTENTION**



Healthy lives. Measurable results.

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## TRAC SUMMARY REPORT PSI DASHBOARD

# MADAGASCAR (2015): EVALUATING THE INTRODUCTION OF TABLET TO TREAT WATER “SUR’EAU PILINA” IN VATOMANDRY DISTRICT

Sponsored by:



*“This study is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of PSI/Madagascar and do not necessarily reflect the views of USAID or the United States Government.”*

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Bottom Line Health Impact \* Private Sector Speed and Efficiency \* Decentralization, Innovation, and Entrepreneurship \* Long-term Commitment to the People We Serve

Research Division  
Population Services International  
1120 Nineteenth Street NW, Suite 600  
Washington, D.C. 20036

**MADAGASCAR (2015): Evaluating the introduction of tablet to treat water “Sur’Eau  
Pilina”  
IN VATOMANDRY DISTRICT**

PSI Research Division  
2014

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**Suggested citation of this work:**

*PSI Research Division, “MADAGASCAR (2015): Evaluating the introduction of tablet to treat water “Sur’Eau Pilina”. In VATOMANDRY District”,  
<<http://www.psi.org/resources/publications>>.*

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## SUMMARY

### BACKGROUND & RESEARCH OBJECTIVES

Diarrheal disease is one of the main causes of mortality and morbidity among children under 5 in Madagascar. Diarrhea represents 14.7% in outpatient consultation within Public health facility (CSB or Public Health Center) (source: Statistical yearbook 2012). Diarrheal disease with serious dehydration is the leading cause of mortality among children under five years (source: Statistical yearbook 2012).

The purpose of this study is to evaluate the pilot phase related to the introduction of “*Sur'Eau Pilina* (tablet for water treatment)” launched in September 2014 in Vatomandry District that lasted for 3-6 months. The survey aims to measure the household practice and perception on *Sur'Eau Pilina*. Furthermore, this survey measures perception such as knowledge, self-efficacy and motivation related to *Sur'Eau Pilina*. This study allows informing on various reasons why the target group abandoned the use of *Sur'Eau Pilina* to treat their drinking water.

This research is sponsored by the United States Agency for International Development.

### DESCRIPTION OF INTERVENTION

Since 2000, PSI has been working with USAID in increasing availability of safe water solutions, branded *Sur'Eau*, to decrease diarrheal disease prevalence due to the use of non treated water among children less than five years old. In addition, PSI initiated an information campaign based on behavior change communication to promote systematic treatment of water. Since November, 2011, PSI marketed a smaller bottle of *Sur'Eau* to better reach rural targets: indeed, this 40ml *Sur'Eau* bottle is exclusively distributed through community based channel and can only be found with community based agents.

In December 2012, PSI/Madagascar was awarded the Cooperative Agreement for the Integrated Social Marketing (ISM<sup>1</sup>) Program in Madagascar. The ISM Program runs from January 1, 2013 through December 31, 2017.

Under this grant PSI proposes a new form of water treatment product which is the tablet form branded “*Sur'Eau Pilina*”; till now, the solution format was the only marketed product till the very beginning of the program in 2000.

This funding allows the continuity of the Diarrhea prevention program implementation by ensuring the availability of products and all related activities.

### METHODOLOGY

**Sampling:** The study design used two-stage cluster sampling to recruit a representative sample of mothers and caregivers of children under five residing in Vatomandry District. The first stage consisted of selecting Fokontany using alist elaborated by Madagascar's National Institute of

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<sup>1</sup> ISM is Madagascar – Integrated Social Marketing Program. New grants PSI obtained with USAID.

Statistics. Within each Fokontany selected, a random selection of households which is the second stage was done. All caregivers of children under five years old found in the selected household were interviewed.

About 424 mothers and caregivers of children under five years old were enrolled for the study after screening 624 households.

Questionnaires were adapted from the TRaC on diarrhea prevention conducted in April-May 2014.

Mothers and caregivers were invited to participate in the study if they met ALL of the following eligibility criteria:

- Is not minor (18 years old or above)
- Be caregivers of children under five
- Be a member of the household for at least the past six consecutive months
- Consent in an informed and voluntary way to participate

In households where there was more than one mother or caregiver who met the criteria, all eligible respondents were invited to participate to the study.

Data collection took place between 23<sup>rd</sup> February and 18<sup>th</sup> march 2015.

**Data analysis:** data analysis was conducted using STATA 13. Two types of analysis were done namely monitoring and evaluation. Analysis of variance and descriptive analysis were conducted for program indicator monitoring including program evaluation. For evaluation analysis, coarsened Exact Matching (*CEM*) was performed using ownership and/or access to radio or TV, age, level of education, marital status, and number of children under 5 years old as matching variables to match study participants for evaluation analysis.

## MAIN FINDINGS

The monitoring table highlights that:

- ∴ Sixty four percent of household Treated water (including boiling, chlorine, filtering) from source prior to consumption in the past 24 hours. Use of Sur'Eau to treat water in the past 24 hours was around 14.2.
- ∴ The study found that 31.8% reported ever used *Sur'Eau Pilina* and 10.6% treated water with *Sur'Eau Pilina* in the previous day. 18.4% used *Sur'Eau Pilina* to treat water at least five times in the past week..
- ∴ Following use instructions is high. About 94.1% used one tablet of *Sur'Eau Pilina* to treat 10 to 15 liters of water and 48.9% waited 30 minutes before using water treated with *Sur'Eau Pilina among those who ever used Sur'Eau Pilina*.
- ∴ Reported unpleasant tastes and or odor was not an issue any more. Among those who ever used *Sur'Eau Pilina*, less than 1% abandoned its use due to the odor.
- ∴ Among those who have heard or seen *Sur'Eau Pilina*, product unavailability (30.2%) was the main reason why they had never used *Sur'Eau Pilina*. Second reason was lack of money (27.9%) and third reason was using other method (12.8%). 24.4% cited that *Sur'Eau Pilina* was not free or they did not have habit to use it. Among those who completed secondary education level, 30% used other method than *Sur'Eau pilina* to treat water compared to 7.6% among those who had primary or less ( $p<0.01$ ).
- ∴ Among caregivers who know *Sur'Eau Pilina*, 64.3% knew where to find this product. A total of 56.6% of caregivers indicated that a community health worker was a source of *Sur'Eau Pilina*.
- ∴ In the pilot District Vatomandry, caregivers were trained on the use of *Sur'Eau Pilina* and on the way to prevent diarrheal disease. They were asked spontaneously on some questions related to knowledge to measure efficiency of the training. The results shows that only 14.6% knew correct usage instruction of *Sur'Eau Pilina* (one tablet to treat 10 to 15 liters of water and waiting 30 minutes before use). Married caregivers had a good knowledge on the correct usage instruction for *Sur'Eau Pilina* (17.1%) compared to non married caregivers (6.9%) ,  $p<0.05$ . Knowledge on correct usage of *Sur'Eau Pilina* increased with increasing household wealth: 7.1% from the caregivers of lowest quintile compared with 20.8% of the caregivers of the forth quintile ( $p<0.05$ ).
- ∴ Most of the caregivers interviewed (78.3%) knew that drinking untreated water is a cause of diarrhea. 89.1% of caregivers with secondary education could cite this knowledge compared to 76.4% among those with less education ( $p<0.05$ ).
- ∴ About 51.2% caregivers reported that *Sur'Eau* was a way to prevent diarrheal disease. 73.3% caregivers with completed secondary education level cited *Sur'Eau* as a way to

prevent diarrheal disease compared to 47.2% among those who had primary or less (p<0.001).

- :: About 84.2% of caregivers reported that they were able to use *Sur'Eau Pilina* correctly to treat water. 93.8% of caregivers with secondary education stated the confidence to use *Sur'Eau Pilina* correctly compared to 82.5% among those with less education (p<0.05)
- :: Caregivers' perception on risk of diarrheal disease versus use untreated drinking water is very high (96.7%).
- :: After 6 months of implementation of the pilot project in Vatoman-dry, the study showed that as many as 68.3% of caregivers have heard about *Sur'Eau Pilina*. We note that 46% of the caregivers heard radio spot on *Sur'Eau Plina* and 27.8% received home visit or participated in a group activity/talk led by community health worker about *Sur'Eau Plina*.

### Evaluation findings

The results indicate that exposure through IPC activities (home visit or group activity/talk led by CHW) on *Sur'Eau Pilina* was associated with:

- :: Increased percentage of mothers and caregivers of children under five years of age who treated water with *Sur'Eau Pilina* prior consumption in the past 24 hours. The reported proportion was 5.1% among non-exposed compared to 22.1% among exposed (p<0.001).
- :: Increased percentage of mothers and caregivers of children under five of age who treated water with *Sur'Eau Pilina* at least five times a week in the past week. The proportions were 11% among non exposed and 36.6% among exposed (p<0.001).
- :: Increased proportion of mothers and caregivers of children under five who ever treated water with *Sur'Eau Pilina*. 20.5% among those non-exposed had tried *Sur'Eau Pilina* compared to 62.2% among exposed (p<0.001).
- :: Increased in knowledge on usage instructions for *Sur'Eau Pilina*. About 9.8% among non-exposed reported correct usage instruction on the use of *Sur'Eau Pilina* compared to 31% among exposed (p<0.001).
- :: Increased caregiver's knowledge that *Sur'Eau Pilina* is a way to treat water. The proportions were 21.6% among non-exposed and 62.3% among exposed (p<0.001).
- :: Increased percentage of mothers and caregivers of children under five who cited *Sur'Eau* as a way to prevent diarrheal disease with 49.3% among non-exposed and 67.2% among exposed (p<0.05).

Evaluation analysis of exposure through mass media i.e. reported hearing a radio spot on *Sur'Eau Pilina* was associated with:

- :: Increased knowledge where to buy *Sur'Eau Pilina*. The proportions were 38.8% among non-exposed compared to 71.2% among exposed (p<0.01).
- :: Increased risk perception of diarrheal disease if children drink untreated water. As many as 94.3% among non-exposed reported this risk perception compared to 99.1% among exposed (p<0.05).

**Table 1. Household behavior on water treatment**

Baseline indicators on water treatment on Sur'Eau Pilina among caregivers of children under five years old by background characteristics in Vatomandry, Madagascar 2015.

	Treated water prior to consumption (including chlorine, boiling, filtering) in the last 24 hours	Used <i>Sur'Eau</i> to treat water in the last 24 hours	Ever used <i>Sur'Eau Pilina</i> to treat water	Used <i>Sur'Eau Pilina</i> to treat water in the last 24 hours	N
<b>Education</b>					
Primary or less	63.1	13.6	31.1	8.6	360
Secondary or more	70.3	17.2	35.9	12.5	64
<b>Marital status</b>					
Not married	59.8	13.7	26.5	6.9	102
Married	65.5	14.3	33.5	9.9	322
<b>Household wealth index</b>					
Lowest	60.6	15.0	29.9	11.8	127
Second	64.9	12.0	31.4	7.9	191
Middle	0	0	0	0	0
Fourth	67.0	17.0	34.9	8.5	106
Highest	0	0	0	0	0
<b>Total</b>	<b>64.2</b>	<b>14.2</b>	<b>31.8</b>	<b>10.6</b>	<b>424</b>

**Table 2. Caregivers perception on availability of Sur'Eau Pilina**

Baseline indicators on perception of availability of Sur'Eau Pilina among caregivers of children under five years old who know Sur'Eau Pilina by background characteristics in Vatomandry, Madagascar 2015.

	Know where to buy <i>Sur'Eau Pilina</i>	Know that CHW is a source of <i>Sur'Eau Pilina</i>	N
<b>Education</b>			
Primary or less	65.2	56.2	178
Secondary or more	60.5	58.1	43
<b>Marital status</b>			
Not married	67.3	55.8	52
Married	63.3	56.8	169
<b>Household wealth index</b>			
Lowest	64.3	55.7	70
Second	62.2	56.7	90
Middle	0	0	0
Fourth	67.2	57.4	61
Highest	0	0	0
<b>Total</b>	<b>64.3</b>	<b>56.5</b>	<b>221</b>

**Table 3. Caregivers knowledge and self-efficacy on the use of Sur'Eau Pilina**

Baseline indicators on knowledge and self-efficacy on the use of Sur'Eau Pilina among caregivers of children under five years old by background characteristics in Vatondry, Madagascar 2015.

	Cited correct usage instructions on the use of <i>Sur'Eau Pilina</i>	Cited drinking untreated water is a cause of diarrhoea	Cited using <i>Sur'Eau Pilina</i> is a way to treat water	Cited <i>Sur'Eau</i> as a way to prevent diarrhoeal disease	Be able confident to use <i>Sur'Eau Pilina</i> correctly to treat water	N
<b>Education</b>						
Primary or less	13.3	76.4	31.9	47.2	82.5	360
Secondary or more	21.9	89.1*	40.6	73.3***	93.8*	64
<b>Marital status</b>						
Not married	6.9	71.6	32.4	47.1	81.4	102
Married	17.1*	80.4	33.5	52.5	85.1	322
<b>Household wealth index</b>						
Lowest	7.1a	82.7	34.7	56.7	81.9	127
Second	16.2	72.8	33.5	47.6	83.8	191
Middle	0	0	0	0	0	0
Fourth	20.8b	83.0	31.1	50.9	87.7	106
Highest	0	0	0	0	0	0
<b>Total</b>	<b>14.6</b>	<b>78.3</b>	<b>33.3</b>	<b>51.2</b>	<b>84.2</b>	<b>424</b>

\* $p < 0.05$ ; \*\* $p < 0.01$ ; \*\*\* $p < 0.001$

Percentag with different letters are significant from each other

**Table 4. Caregivers threat perception on diarrheal disease**

Baseline indicators for the perception of risk on diarrheal disease among caregivers of children under five years old by background characteristics in Vatomandry, Madagascar 2015.

	Thought that their children are at risk of diarrheal disease if they use untreated drinking water	N
<b>Education</b>		
Primary or less	96.4	360
Secondary or more	98.4	64
<b>Marital status</b>		
Not married	97.1	102
Married	96.6	322
<b>Household wealth index</b>		
Lowest	96.9	127
Second	95.8	191
Middle	0	0
Fourth	98.1	106
Highest	0	0
<b>Total</b>	<b>96.7</b>	<b>424</b>

**Table 5. Caregivers exposure on Sur'Eau Pilina**

Baseline indicators on exposure on Sur'Eau Pilina among caregivers of children under five years old by background characteristics in Vatomandry, Madagascar 2015.

	Heard about <i>Sur'Eau Pilina</i>	Heard radio spots on <i>Sur'Eau Pilina</i>	Received home visit or participated in a group activity/talk led by CHW about <i>Sur'Eau Pilina</i>	N
<b>Education</b>				
Primary or less	65.8	42.8	27.2	360
Secondary or more	84.4**	64.1**	31.3	64
<b>Marital status</b>				
Not married	62.8	46.1	27.5	102
Married	70.5	46.0	28.0	322
<b>Household wealth index</b>				
Lowest	69.3	48.8	29.1	127
Second	65.5	42.9	26.2	191
Middle	0	0	0	0
Fourth	73.6	48.1	29.3	106
Highest	0	0	0	0
<b>Total</b>	<b>68.6</b>	<b>46.0</b>	<b>27.8</b>	<b>424</b>

\* $p < 0.05$ ; \*\* $p < 0.01$ ; \*\*\* $p < 0.001$

**Table 7. Others indicators on the use of Sur'Eau Pilina**

Baseline on others indicators on the use of Sur'Eau Pilina among caregivers of children under five years old by background characteristics in Vatomandry, Madagascar 2015.

	Among those who ever used SEP						Reasons why people had never used <i>Sur'Eau Pilina</i> (among those who have heard or seen and have never used <i>Sur'Eau Pilina</i> ) <sup>3</sup>						N
	Used <i>Sur'Eau Pilina</i> to treat water at least five times in the last week	Abandoned the use of <i>Sur'Eau Pilina</i> due to the odor	Abandoned the use of <i>Sur'Eau Pilina</i> due to the unpleasant taste	Used one tablet of <i>Sur'Eau Pilina</i> to treat 10 to 15 liters of water	Waited 30 minutes before using water treated with <i>Sur'Eau Pilina</i>	N	Did not find <i>Sur'Eau Pilina</i>	Used other method	No money	Do not like	Other (Not free, not a habit etc.)	N	
<b>Education</b>													
Primary or less	17.5	0.9	0	93.8	45.5	112	34.9	7.6	28.8	3.0	25.8	66	360
Secondary or more	23.4	0	0	95.7	65.2	23	15.0	30.0*	25.0	10.0	20.0	20	64
<b>Marital status</b>													
Not married	12.8	0	0	96.3	29.6	27	20.0	16.0	36.0	4.0	28.0	25	102
Married	20.2	0.9	0	93.5	53.7*	108	34.4	11.5	24.6	4.9	23.0	61	322
<b>Household wealth index</b>													
Lowest	16.5	0	0	84.2	29.0	38	25.0	12.5	37.5	6.3	25.0	32	127
Second	18.3	0	0	98.3	53.3	60	30.0	10.0	30.0	3.3	20.0	30	191
Middle	0	0	0	0	0	0	0	0	0	0	0	0	0
Fourth	20.8	2.7	0	97.0	62.2	37	37.5	16.7	12.5	4.2	29.2	24	106
Highest	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>18.4</b>	<b>0.7</b>	<b>0</b>	<b>94.1</b>	<b>48.9</b>	<b>135</b>	<b>30.2</b>	<b>12.8</b>	<b>27.9</b>	<b>4.7</b>	<b>24.4</b>	<b>86</b>	<b>424</b>

\* $p < 0.05$ ; \*\* $p < 0.01$ ; \*\*\* $p < 0.001$

**Table 8 (evaluation)**

*Effectiveness of Home Visits or Group Activity/Talk led by CHW on water treatment practices and their knowledge/perception on Sur'Eau Pilina among caregivers of children under five years old in Vatomandry, Madagascar 2015*

INDICATORS	Non-exposed (N=242)	Exposed (N=114)	Sig.
<b>BEHAVIOR/USE</b>	%	%	
- Treated water prior to consumption (including chlorine, boiling, filtering) in the last 24 hours	65.2	64.7	ns
- Used <i>Sur'Eau Pilina</i> to treat water in the last 24 hours	5.1	22.1	***
- Used <i>Sur'Eau Pilina</i> to treat water at least five times in the last week	11.0	36.6	***
- Ever used <i>Sur'Eau Pilina</i> to treat water	20.5	62.2	***
<b>OPPORTUNITY</b>	%	%	
<b>Availability</b>			
- Know where to buy <i>Sur'Eau Pilina</i> (among those who know <i>Sur'Eau Pilina</i> ) <sup>1</sup>	68.2	67.5	ns
- Know that CHW is a source of <i>Sur'Eau Pilina</i> (among those who know <i>Sur'Eau Pilina</i> ) <sup>1</sup>	54.1	66.1	ns
<b>ABILITY</b>	%	%	
<b>Knowledge</b>			
- Cited correct usage instructions on the use of <i>Sur'Eau Pilina</i>	9.8	31.0	***
- Cited drinking untreated water is a cause of diarrhoea	79.7	71.1	ns
- Cited using <i>Sur'Eau Pilina</i> is a way to treat water	21.6	62.3	***
- Cited <i>Sur'Eau</i> as a way to prevent diarrhoeal disease	49.3	67.2	*
<b>Self Efficacy</b>			
- Be able to use <i>Sur'Eau Pilina</i> correctly to treat water	82.2	86.2	ns
<b>MOTIVATION</b>	%	%	
<b>Threat</b>			
- Thought that their children are at risk of diarrheal disease if they use untreated drinking water	97.1	96.3	ns

- ns: not significant, \* $p < 0.05$ ; \*\* $p < 0.01$ ; \*\*\* $p < 0.001$

- Treatment (Exposure) is based on channels of communication (home visits and/or CHW group activity/talk) and matching variables are ownership and/or access to radio, level of education, marital status, number of children under 5 years old and existence of CHW in the community.  $L1 = .000$

- Percentages are adjusted for age, socio-economic level and mass media channels

**Table 9 (evaluation)**

*Effectiveness of exposure to Radio messages on water treatment practices and their knowledge/perception on Sur'Eau Pilina among caregivers of children under five years old in Vatamandry, Madagascar 2015*

INDICATORS	Non-exposed (N=158)	Exposed (N=227)	Sig.
<b>BEHAVIOR/USE</b>	%	%	
- Treated water prior to consumption (including chlorine, boiling, filtering) in the last 24 hours	68.4	68.7	ns
- Used <i>Sur'Eau Pilina</i> to treat water in the last 24 hours	6.4	11.1	ns
- Used <i>Sur'Eau Pilina</i> to treat water at least five times in the last week	18.6	23.1	ns
- Ever used <i>Sur'Eau Pilina</i> to treat water	29.4	34.9	ns
<b>OPPORTUNITY</b>	%	%	
<i>Availability</i>			
- Know where to buy <i>Sur'Eau Pilina</i> (among those who know <i>Sur'Eau Pilina</i> ) <sup>1</sup>	38.8	71.2	**
- Know that CHW is a source of <i>Sur'Eau Pilina</i> (among those who know <i>Sur'Eau Pilina</i> ) <sup>1</sup>	42.2	61.4	ns
<b>ABILITY</b>	%	%	
<i>Knowledge</i>			
- Cited correct usage instructions on the use of <i>Sur'Eau Pilina</i>	12.2	17.6	ns
- Cited drinking untreated water is a cause of diarrhoea	79.5	79.4	ns
- Cited using <i>Sur'Eau Pilina</i> is a way to treat water	31.9	37.5	ns
- Cited <i>Sur'Eau</i> as a way to prevent diarrhoeal disease	50.9	53.8	ns
<i>Self Efficacy</i>			
- Be able confident to use <i>Sur'Eau Pilina</i> correctly to treat water	84.2	88.7	ns
<b>MOTIVATION</b>	%	%	
<i>Threat</i>			
- Thought that their children are at risk of diarrheal disease if they use untreated drinking water	94.3	99.1	*

- ns: not significant, \* $p < 0.05$ ; \*\* $p < 0.01$ ; \*\*\* $p < 0.001$

- Treatment (Exposure) is based on channels of communication (radio messages) and matching variables are ownership and/or access to radio, level of education, marital status, number of children under 5 years old and existence of CHW in the community.  $L1 = .000$

- Percentages are adjusted for age, socio-economic level and IPC exposure channel

**Table 10: POPULATION CHARACTERISTICS**

	<b>2015 N=424</b>
<b>Indicator</b>	<b>% or mean</b>
<b>Age</b>	
- Mean	30
<b>Highest Level of Education attained</b>	
- Primary complete or less	84.9
- Secondary or more	15.1
<b>Marital status</b>	
- Not married	24.1
- Married	75.9
<b>Socio-Economic Status</b>	
- Lowest	30.0
- Second	45.0
- Middle	0
- Fourth	25.0
- Highest	0