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Madagascar

Integrated Social Marketing Program (ISM)

Quarterly Report April – June 2015 (Q3 FY 2015)

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Population Services International (PSI)

Integrated Social Marketing Program (ISM)

Quarter 3 Report FY 2015
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List of Acronyms & Translations

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

GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HF	Healthy Family (Campaign)
HIM	Healthy Images of Manhood
HIV	Human Immunodeficiency Virus
HNI	Human Network International
HQ	Headquarters
IEC	Information, Education, and Communication
IGA	Income Generating Activities
IMCI	Integrated Management of Childhood Illnesses
IPC	Interpersonal Communication
IPM	*Institut Pasteur de Madagascar*
IR	Intermediate Result
ISM	Integrated Social Marketing
ITN	Insecticide-Treated Bed Net
IUD	Intrauterine Device
LLIN	Long-Lasting Insecticide-Treated Nets *(Moustiquaire a Impregnation Durable – MID)*
LMIS	Logistics Management Information System
LOP	Life of Project
LTM	Long-Term Method
M&E	Monitoring and Evaluation
MAP	Measuring Access and Performance
MCH	Maternal and Child Health
MCHW	Mother and Child Health Week (*SSME in French*)
MFI	Microfinance Institution
MGA	Malagasy Ariary
MID	*Moustiquaire à Imprégnation Durable* (LLIN in English)
MIS	Management Information Systems / Malaria Indicator Survey
MNP	Micronutrient Powder
MOH	Ministry of Health
MOU	Memorandum of Understanding
MSIS	Multi-Sector Information Service
MSM	Marie Stopes Madagascar
MVU	Mobile Video Unit
NCC	National Campaign Committee
NGO	Non Governmental Organization
NMCP	National Malaria Control Program
NSA	National Strategy Application
ODDIT	*Organe de Développement du Diocèse de Tamatave*
OMAPI	*Office Malgache de la Propriété Industrielle* (Office of Intellectual Property & Industry)
ONM	*Ordre National des Médecins* (National Body of Doctors)
ONP	*Ordre National des Pharmaciens* (National Body of Pharmacists)
OPQ	Optimizing Performance and Quality
ORS	Oral Rehydration Salt
OTIV	*Ombona Tahiri Ifampisamborana Vola*
PA	*Point d'Approvisionnement* (Supply Point)
PAC	Post-Abortion Care
PAMF	*Première Agence de Microfinance*
PARC	PA Relay *Communautaire*
PBCC	Provider Behavior Change Communication

PCV	Peace Corps Volunteer
PE	Peer Educator
PHC	Primary Health Care
PMI	President's Malaria Initiative
PNC	Postnatal Care
PPT	Pre-Packaged Treatment
PSI	Population Services International
Q	Quarter
QA	Quality Assurance
QAACT	Quality-Assured ACT (Artemisinin-based Combination Therapy)
RDT	Rapid Diagnostic Test
RH	Reproductive Health
SAF	*Sampan' Asa Fampandrosoana/Fiangonan' I Jesosy Kristy eto Madagaskara* (Department of Development of the Church of Jesus Christ in Madagascar)
SALAMA	*Centrale d'Achats de Médicaments Essentiels*
SALFA	*Sampan' Asa Loteranamomban'ny Fahasalamana* (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	*Service de Santé du District*
SSME	*Semaine de la Santé de la Mère et de l'Enfant* (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	*Top Réseau*
TRaC	Tracking Results Continuously
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UTGL	*Unité Technique de Gestion Logistique*
VPP	Village Phone Project
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WHP	Women's Health Project
WRA	Women of Reproductive Age
YTD	Year To Date

Introduction

In December 2012, PSI/Madagascar (PSI) was awarded the Cooperative Agreement (COAG) No. AID- 687-A-13-00001 for the Integrated Social Marketing (ISM) Program. The award is for a total of $36,823,053, running from January 1, 2013 through December 31, 2017. The goal of the program is to improve the health of the Malagasy people -- especially women of reproductive age (WRA), children under five (CU5), youth 15-24 years old, and those living in rural and underserved areas. The main strategic objective is to use an integrated social marketing approach to increase the use of lifesaving health products and services, particularly in the areas of Family Planning/Reproductive Health, Maternal and Child Health (MCH), and Malaria.

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

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

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

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

Program Highlights, Successes and Challenges

IR1: Increased adoption and maintenance of health behaviors

IR 1 Highlights and Successes

In late May, PSI officially launched the new youth-branded condom "YES with you" in Antananarivo. PSI collaborated with *Libertalia Music Records* to launch and promote the new youth condom at the Libertalia Music Festival, a three-day event held at the Carlton Hotel from May 28th to 30th. The festival gathered many musicians from Madagascar and abroad and was an ideal platform to reach a large youth audience.

The official launch of the "YES with you" condom at the Libertalia Music Festival in Antananarivo in May 2015 (Photo: Christian, Graphic Technician, PSI)

Alongside this festival, street marketing activities were also conducted by youth peer educators to inform and direct young people to the commodity's point of sale. On May 28th and 29th, sales promoters were dispersed to 32 stores in Antananarivo to further educate and promote the new youth condom. PSI also began broadcasting new youth-targeted radio and TV spots produced specifically for this product. From the 28th of May through the end of June, 1,431 radio spots and 432 TV spots were aired. Promotional items, including T-shirts, caps, posters, banners, flags and stickers were given out to reinforce the visibility of the new brand. Product distribution by PSI distribution staff began on the 22nd of May. By the end of June, the "YES with you" condoms were available at more than 300 points of sale throughout Antananarivo, including gas stations and larger grocery stores. To date, nearly 53,000 "YES with you" condoms have been distributed, including 12,000 distributed for free at the Libertalia event as well as additional mini-launch events.

PSI Madagascar is currently revamping the male condom *Protector Plus* in order to meet target population needs identified by recent PSI qualitative research. New artwork has been developed and will be pretested at a national level, with the results and final artwork expected by the end of July 2015. The pretest will focus on the target population's opinion and feelings about the new design. As per PSI condom programming, new varieties, including new scents, of the "YES with you" condom will be developed and pretested to better reach youth. In addition, aligning with the PSI global marketing strategy, PSI is creating a new cost-recovery condom for sustainability. A "Needstate" analysis proposed by TNS (South African research agency) will help PSI develop this new condom strategy.

Due to PSI's strong participation in the official "Mother and Child Health Week" (MCHW) last October in Antsirabe, PSI decided to focus its efforts on demand creation for Top Réseau clinics for the MCHW celebration in May 2015. 44 Top Réseau clinics located in 15 districts (both urban and rural)[1] participated in this event and supported public health centers in offering a multitude of

[1] Toliara I, Morondava, Toamasina I, Fianarantsoa, Taolagnaro, Ilakaka, Ambovombe, Manandriana, Mahajanga I, Antsirabe, Ambositra, Diego 1, Ambilobe, Vohémar, Sambava, Andapa

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.

A Top Réseau nurse weighing a baby during the Mother and Child Health Week in Fianarantsoa in May, 2015 (Photo: Meva, SPE, PSI/Fianarantsoa)

For this event, Top Réseau providers received training from public sector staff at regional and district levels. Commodities (7 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 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.

Every year in April, World Malaria Day is celebrated internationally. In Madagascar, the official celebration was held on May 28th in Mahajanga, a region known as a high malaria transmission zone. The theme this year was "Investing in the future, defeat Malaria." Cultural activities were organized to mark this special day, including a large carnival with the involvement of all local health care stakeholders. Following the speeches, the official guests from Antananarivo (Minister of Health, USAID/PMI, WHO, etc.) and guests from Mahajanga visited partner booths involved in the fight against malaria.

PSI actively participated in the World Malaria Day celebration. During preparation meetings led by the Ministry of Health, 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 the third to encourage individuals to seek care when experiencing fever. PSI also led promotional activities for several on-stage animations. Four mobile video unit sessions focused on malaria prevention and treatment were conducted during the week prior to the event, reaching approximately 1,800 people.

PSI's booth during the World Malaria Day Celebration in Majunga in May, 2015 (Photo: Andry, Marketing Coordinator, PSI)

The table below summarizes overall media IEC/BCC activities for Q3:

Program	IEC/BCC Activity	Annual Goal	Quarterly Output	Funding	Description/ Comments
Healthy Family Campaign	Radio Drama episodes	175 LOP	50	ISM	FP, diarrhea, pneumonia, malaria, breastfeeding
	Radio Drama broadcasts	N/A	46	ISM	
	MVU # of events	N/A	13	ISM	
Family Planning Program	STM TV broadcasts	N/A	20	ISM	All short-term methods
	STM Radio broadcasts	N/A	150	ISM	All short-term methods
	LTM Video Clip broadcasts	N/A	480	WHP	IUD
	LTM Radio broadcasts	N/A	1,938	WHP	IUD
	LTM TV broadcasts	N/A	1,168	WHP	IUD
	YES Radio broadcasts	N/A	1,431	SIFPO	Condom
	YES Video broadcasts	N/A	432	SIFPO	Condom
Pneumonia	Pneumonia TV broadcasts	N/A	36	ISM	
	Pneumonia Radio broadcasts	N/A	560	ISM	
Water Treatment	World Water Day TV Spot	N/A	8	ISM	Generic spot
	World Water Day radio spot	N/A	24	ISM	Generic spot
	Sur'Eau Pilina	N/A	60	ISM	In Vatomandry
Malaria	Census broadcasts	N/A	3,080	ISM	For Net Mass Campaign
	Net CD Radio broadcasts	N/A	675	ISM	Net continuous distribution
	RDT TV broadcasts	N/A	270	UNITAID	RDT
	RDT Radio broadcast	N/A	1,080	UNITAID	RDT
	WMD TV broadcasts	N/A	44	ISM	World Malaria Day
	WMD MVU Sessions	N/A	4	ISM	Approx.1,800 people reachd
MCHW (SSME)	SSSME TV broadcasts	N/A	24	ISM	Official launch
	SSME Radio broadcasts	N/A	153	ISM	Official launch
Top Réseau (TR)	TR Radio broadcasts	N/A	480	ISM	SSME/MCHW Participation
	Top Réseau TV broadcasts	N/A	300	ISM	SSME/MCHW Participation

IR 1 Challenges

PSI is experiencing challenges with overcoming new DAMM regulations regarding packaging, requiring over-branding on the interior blisters/packets/bottles rather than simply the exterior packaging. PSI's manufacturer has declined PSI's request to add this branding to the interior bottles of Confiance and Confiance Press. PSI has several products that have expiring registrations over the next year or so, and the re-registration process and AMM renewals will have to meet the requirements. PSI is planning a meeting with DAMM to discuss some proposed options for primary packaging.

While PSI has already received numerous IEC/BCC materials for the 2015 malaria mass net distribution campaign (sensitization posters, flyers, and brochures), delivery of the remaining materials (caps and banners) have taken longer than expected. PSI launched the initial tender for these materials in January; however the initial production samples provided by the suppliers did not conform to the specifications provided. As such, the tender was re-launched and new suppliers were selected to produce the caps and banners, which are now expected to be delivered by August 15th.

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

IR 2 Highlights and Successes

To further the development of mutual health insurance, Banyan Global's (BG) Community Organizer and 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 the fokontany of Bemasoandro and 65 potential households in the fokontany of 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. Next steps include a training, scheduled in July, to educate and prepare these individuals on how to manage members' premium payments, how to motivate members to renew their periodic premiums, and how develop effective group rules and internal communications. Following this training, group managers will be in charge of collection and payment of premiums. Before premiums can be collected, however, the MOU will need to be signed by AFAFI.

Once established, mutual health insurance will consist of groups of at least 50 households. A household consists of parents and children under 18 (or students under 21). After paying 2,000 AR in membership fees, each household is required to pay a 2,000 AR monthly premium, requested in 6-month blocks. Health coverage consists of consultations, medicines and hospitalizations, with only a 10% co-pay for consultations from AFAFI-affiliated providers. These and other co-pays with affiliated pharmacies, providers and hospitals will be determined when the MOU is finalized. According to AFAFAI, the subsidy from the European Union covers their administrative support costs, but AFAFI is expected to work with premiums collected to cover health care costs.

PSI received a 15-day Technical Assistance (TA) visit from IntraHealth's Senior Clinical Advisor, Dr. Boniface Sebikali, in May 2015. The objective of the visit was to assist PSI in updating quality assurance (QA) tools. Dr. Sebikali's scope of work included implementation of the new quality evaluation systems for short-term family planning methods and child survival services, review of the QA manual to include all integrated health services provided in the Top Réseau network, review of the client satisfaction survey, and improvement of the referral system. The QA manual was updated in May 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. During this TA visit, the FP permanent methods training curricula was also reviewed.

This fiscal year, the quality of services at Top Réseau clinics will be evaluated for all health providers through direct observation by medical staff. The evaluation methodology consists of an enhanced, comprehensive quality assessment covering numerous areas including technical competence and infection prevention. To ensure objectivity, program staff and/or QA team members not directly responsible for the specific Top Réseau regions being evaluated will conduct the evaluations. Four selected Top Réseau providers will also be part of the evaluation team and will assess the quality provided by their peers. Initial results are expected by September 2015.

Two day-training with 14 Top Reseau Providers on GVB screening and referral activities, June 18-19, 2015, Antananarivo (Photo: PSI staff)

PSI presented the GBV program, including screening and referral activities, during a meeting held in May 2015 with all Top Réseau providers based in Antananarivo. Among the 35 providers who have expressed their interest in integrating these GBV services, 14 providers met the criteria for this pilot (the number of potential GBV cases, location, and availability for the 2-day training) and received training. The training curriculum emphasizes the referral system to ensure that a comprehensive support mechanism is available for survivors of GBV. The Top Réseau referral system includes provider screening of clients, administering medical care if needed, and referring survivors to Environment Development and Actions Ocean Indian (ENDA OI), a stakeholder working in Antananarivo and Mahajanga, charged with providing psychosocial, economic and legal support for GBV survivors.

In parallel, PSI developed a memorandum of understanding (MOU) with the Association Serasera Fanantenana (ASF), an organization that developed and manages a free telephone helpline focused on health, called *"Allo Fanantenana*," or "Hello Hope" 511. ASF receives roughly 4,200 calls per month, of which 50% are from women. Members of ASF received training from PSI on health counseling, gender and general information on integrated services available at Top Réseau clinics. The aim of this collaboration is to enable ASF staff to provide accurate counseling, direction, and referral services to callers seeking assistance. In April 2015, PSI also provided a training of trainers (TOT) to PSI Communication Supervisors on gender mainstreaming and the referral system; in turn, these Supervisors trained IPC agents. Routine monitoring of these GBV pilot activities will continue in Q4. An assessment to determine the feasibility of scale-up at other sites, including rural areas, is planned for Q1 FY 2016.

USAID's Office of Development Credit (DCA) conducted a visit to Madagascar in June 2015 as a follow-up to an initial assessment conducted by the DCA representative, Megan Rapp, in January. PSI and Banyan Global met with the USAID Consultant, Christa Watson, 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. Christa Watson met with AccesBanque Madagascar (ABM) and agreed to share more information about the DCA with the project, when available. Once the DCA is approved, the next step will be to negotiate with ABM for more favorable lending rates for Top Réseau providers.

The aim of PSI and Banyan Global's support is to help providers expand their clinic work by addressing financing constraints. During Q3, one new loan was disbursed by ABM for one Top Réseau provider in Antananarivo. The loan, worth 20 million MGA over a 16-month period, will finance the renovation of their clinic. In addition, one NGO provider in Fianarantsoa was able to purchase laboratory equipment. Facilitated by PSI/Banyan's coaching and assistance, the NGO was able to negotiate the price from 21M MGA to 16M MGA, to be paid over time with no interest, so that the investment could be completed without a bank loan. PSI, with technical support from Banyan Global, is currently working with 24 Top Réseau providers in Antananarivo, Tamatave, Antsirabe, Fianarantsoa, Moramanga, and Majunga to further develop their investment projects and assist them in developing financing plans.

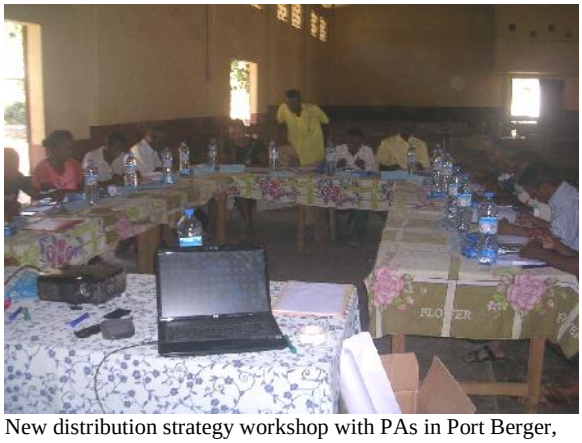
IR2 Challenges

Several meetings were held between AFAFI in May and June of 2015 to discuss a MOU on mutual health insurance. 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 for volunteer household groups. In the past, AFAFI has faced various problems regarding payment renewals with volunteer household groups and they are now considering lessons learned and redesigning the strategies.

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

IR 3 Highlights and Successes

In May 2015, the authorization to market the subcutaneous injectable Sayana Press was approved. Sayana Press commodities will be donated to PSI by USAID in November 2015. Given that the product will be over-branded, the artwork of the new *Confiance Press* was re-sent to USAID following the correction of the temperature storage requirements. The artwork was subsequently approved by the manufacturer Pfizer. A separate USAID donation of 100,000 Sayana Press units, which are expected in September, will be distributed by MIKOLO and MAHEFA via PSI's supply points as a pilot in the Atsimo Andrefana and Sofia regions. This pilot phase will begin in October and last three months. A pilot evaluation will follow. Additional donations of Sayana Press from the UNFPA (United Nations Population Fund) will be distributed to the public sector.



New distribution strategy workshop with PAs in Port Berger, June 2015 (Photo: PSI distribution staff)

Preparation for the pilot phase of the new community distribution model, which aims to eliminate stock-outs and facilitate data collection, have advanced significantly during Q3. This new strategy takes the approach of identifying and placing "PA Relay *Communauataires"* (PARCs), which function as community wholesalers within each district, to allow PAs (supply points) greater access to commodities and the ability to self-replenish. Within this new model, PAs will be responsible for retrieving products at the PARC level, which will be facilitated through a comprehensive incentive program designed to motivate high performance at all levels, including subsidies for product purchases, vouchers for travel, and small, non-monetary performance recognition items for PAs that have no stock-outs for a three month period. In the framework of maximizing existing resources, the new model will also expand the scope of work of existing distribution chauffeurs to include additional responsibilities in product distribution to PARCs.

To expedite data collection and significantly increase data submission rates, PSI distribution staff located in these pilot zones will be responsible for direct reporting of stock data using tablets programmed with supervision tools. Supervision visits at the PA level will occur on a monthly basis, granting PSI greater visibility into commodity issues that can be addressed in a timely manner. The pilot will begin on July 21, will last for a period of three months, and will be followed by an

evaluation to determine its effectiveness and feasibility for scale-up

Concurrently, PSI has taken several measures to improve the existing community based distribution network. The following represent specific activities that have been implemented or are ongoing:

1. **Human Resources**: Given the significant number of supply points (1,176 PAs) and the necessity of increasing the frequency of distribution visits (re-supply of product and PA supervision), PSI has expanded the distribution team by adding three field staff: 1 *Responsible de Distribution* (RD) and two *Assistants de Distribution* (AD). These newly recruited personnel started their assignments in April 2015 and are based in Sambava, Antsohihy, and Fianarantsoa. In addition, following a distribution staff and equipment analysis that was conducted in May and June 2015 for the new community based distribution model, PSI indentified a gap in distribution resources. In response, PSI began recruiting five additional field distribution staff to be based in Mananjary, Androy, Ambatolampy, Alaotra Mangoro and Vohémar. This will be completed by mid-August and appointed personnel are expected to begin their assignments by the end of August 2015.

2. **Supervision:** To enhance supervision activities, PSI is also in the process of recruiting three additional Distribution Supervisors, amounting to six Supervisors in total, who will be tasked with evaluating and coaching field distribution staff. Optimal performance also requires improved proximity to field activities; as such, PSI will relocate Supervisors currently based at the central level and will assign new Supervisors to regional posts within the six ex-provinces of Madagascar. Similar to the new RD and ADs, the new Distribution Supervisors are expected to begin their assignments in August 2015; Distribution Supervisors will now be based in Tananarive, Tamatave, Majunga, Diégo, Fianarantsoa and Tuléar respectively and will be responsible for reinforcing all distribution and supervision related activities within their province.

3. **Equipment:** To ensure the distribution team is equipped with appropriate resources to perform at their highest capacity, PSI re-evaluated its current fleet of vehicles and has chosen to procure 10 additional 4X4 vehicles solely for the distribution of ISM products. These vehicles are expected to arrive in Q4. In the meantime, to have an immediate impact on field distribution activities, PSI relocated three vehicles previously allocated to central Administrative and Operational departments to regional posts including Fianarantsoa, Tuléar, and Manakara. PSI is also in the process of procuring 16 motorcycles to support field distribution staff in PA supervision activities.

4. **Reporting:** To expedite data collection from PAs, PSI is in the final stages of procuring 29 tablets that will be used by RDs and ADs to directly collect product stock data during monthly supervision visits. These tools will grant PSI greater visibility into commodity situations. The tablets are expected to arrive by the 2nd week of August 2015.

5. **Product Expiration:** To strengthen the management of expired products at the PA level, PSI's supervision guide was updated and field teams were reminded to strictly observe the updated protocols. This is one of the areas that will benefit from the new distribution strategy, given that distribution staff will be coaching and supervising PAs on a monthly basis and will be able to both prevent and mitigate product expiration issues on a regular basis.

The following table represents a comparative overview of PSI's additional investments dedicated to distribution and supervision activities:

Resources	Prior to Q2 FY 2015	Investment after Q2 FY 2015	Impact
Field Distribution Staff	21 RD/AD	**8** additional RD/AD (29 total)	**38%** additional resources to increase product availability and build PA capacity
Distribution Supervisors	3 Supervisors	**3** additional Supervisors (6 total)	**100%** additional resources to support supervision and coaching of field distribution staff
4x4 Vehicles	16 4x4 vehicles	**10** additional vehicles + **3** re-allocated for distribution team	The 10 additional vehicles will be prioritized for distribution activities, old vehicles will be replaced with the new, and remaining vehicles will be added to the distribution fleet
Motorcycles	10 motorcycles	**19** additional motorbikes (29 total)	**190%** additional resources to support distribution staff in PA supervision activities
Tablets	0 Tablets	**29** tablets	Additional resources will support data collection and significantly increase reporting rates

ISM Q3 FY 2015 PA Stock Reporting and Status, Grouped by Product Category

Stock Reporting by PAs (Q3 FY 2015)	**FP Products**				**CS Products**				**Malaria Products**				**FP Products** *(Pilplan, Confiance, Rojo, Protector Plus)*	**CS Products** *(Sur Eau, Viasûr, Pneumostop)*	**Malaria Products** *Super Moustiquaire, ACT, TDR)*
	Protector Plus	**Pilplan**	**Confiance**	**Rojo**	**Sur'Eau 40 ml**	**Viasûr**	**Pneumostop Sirop**	**Pneumostop Comprimé**	**Super Moustiquaire**	**Actipal 25mg**	**Actipal 50mg**	**TDR**			
# of PAs trained on SMS reporting, stock management and accounting (registered with *Datawinners*)	**1,005**														
# of trained PAs <u>that submitted data</u> via SMS on stock-outs over the last quarter	**505 (50%)**														
# of trained PAs that submitted data on # of days of stock-out over the last month	**207 (21%)**														
# of trained PAs that reported no stock-out over the last month (among those that submitted reports)	197	203	200	202	189	201	172	152	56	64	58	190	191	129	20
% of trained PAs that reported no stock-out over the last month (among those that submitted reports)	***95%***	***98%***	***97%***	***98%***	***91%***	***97%***	***83%***	***73%***	***27%***	***31%***	***28%***	***92%***	***92%***	***62%***	***10%***

Working with the private sector is key to developing a strong social marketing system. Within this framework, PSI is exploring a potential collaboration with JB, a large local distributor well-known as an enterprise leader with a large national distribution network of biscuits and sweets. Efforts would be focused on exploring methods to reinforce PSI's commercial channels. Both PSI and JB are currently examining collaboration strategies to develop a positive partnership for all sides. If discussions are positive and all sides agree, an MOU will be signed in Q4. Products that could potentially be distributed under this new collaboration include Protector Plus, Sur'Eau 150 ml and Supermoustiquaire.

PSI's ISM partner, Banyan Global (BG), has continued to provide support to select PAs to reinforce their existing income generating activities (IGA) or identify complementary IGAs that can further boost their income, thus strengthening their capacity to maintain a stable inventory of products for community health workers (CHWs). During this quarter, BG successfully helped one PA in Djangoa/Ambanja to purchase a rice husking machine. With assistance from BG's Business Advisor, a loan for 4.8 million MGA was negotiated with Première Agence de Micro Finance (PAMF) for this investment. In addition, BG is in the process of negotiating a loan with OTIV (OmbonaTahiry Ifampisamborana Vola), a credit and mutual saving organization, for one PA in Ampondra /Vohemar to purchase a vehicle for transportation activities. Seven IGA projects were also identified during this period. BG continues to assist PAs by evaluating the feasibility of their potential projects and helping them prepare a business plan for submission to local financial institutions.

Pre-campaign activities laying the groundwork for the USAID/PMI LLIN mass distribution campaign in 50 districts continued this quarter. In collaboration with the National Coordinating Committee (NCC), PSI organized meetings updating all partners on campaign progress. Sub-committees were able to validate various tools, including the training of trainers' curriculum, sub-recipient scope of work, chronogram, M&E tools, and logistical tools. During this period, 39 of 50 districts sent their census results to the NCC. The outstanding districts include: Ifanadiana, Manakara, Ikongo, Vohipeno, Mananjary, and Nosy Varika in the Vatovavy Fitovinany region; Maevatanana, Kandreho, and North and South Tsaratanana in the Betsiboka region; and Farafangana in Atsimo Atsinanana region. The National Malaria Control Program (NMCP) team is planning an urgent visit to these districts to ensure these census activities are completed. Tenders for the selection of transport companies from central to district levels were developed and published by the NCC. In addition, the selection of NGOs to lead campaign activities was completed for 45 districts. The NCC has re-launched the tender to select the remaining five NGOs for the districts of Maroantsetra, Mananara Nord, Befandriana, Bealalana and Mandritsara.

The table below summarizes PSI's LLIN continuous distribution activities during Q3. In order to ensure the distribution of LLINs to the Fokotanys, they are delivered to the PAs, and then the CHWs transport them from the PAs to their Fokotanys.

LLIN Continuous Distribution DISTRICT	COMMUNE	# of Fokontanys in the Commune	Population of Commune	LLINs Delivered to PAs	LLINs Delivered to Fokotanys by CHWs*
VOHIPENO	ANDEMAKA	8	15 657	1 491	1 491
	ANKARIMBAR	9	8 535	813	813
	IVATO	3	3 613	344	297
	LANIVO	7	8 044	766	700
	MAHABO	6	9 855	939	939
	ONJATSY	3	2 107	201	200
	SAVANA	4	5 653	538	538
	VOHILANY	3	1 292	123	123
	VOHINDAVA	7	11 530	1 098	1 098
	VOHITRINDRY	8	14 685	1 399	1 399
	Subtotal :	**58**	**80 971**	**7 712**	**7 598**
VANGAIN-DRANO	AMPASIMALE	10	14 737	1 122	924
	LOHAFARY	7	8 333	921	733
	LOPARY	15	18 010	1 419	1 419
	NOSIBE	12	18 986	1 635	1 150
	RANOMENA	8	22 221	1 949	1 137
	TSIANOFANA	4	10 750	851	458
	Subtotal :	**56**	**93 037**	**7 897**	**5 821**
TOTAL		**114**	**174 008**	**15 609**	**13 419**
* Please note that PSI does not collect data on distribution of LLINs to the end user/beneficiary					

IR 3 Challenges

As mentioned previously, there are two main challenges related to the LLIN mass campaign preparations this quarter: 1) 11 districts have not yet completed their census activities; and 2) NGOs to manage LLINs activities in 5 districts are yet to be identified, due in part to the remoteness of these regions and potential security issues. In response, the NMCP team will make an urgent visit into these districts to finish the census collection activities and the NCC will re-launch the tender for the remaining districts without NGOs.

The leakage of Depo-Provera is a significant challenge in Madagascar and has been raised during meetings with USAID. Awaiting an independent analysis of the situation, PSI has conducted numerous internal discussions in the meantime, with teams representing the distribution, family planning, and social franchise departments. PSI has identified some ways to mitigate potential leakages and shared the following action points with USAID on June 30:

Within the community level:

- PSI has met with representatives of both MAHEFA and MIKOLO to better understand the number of regular Depo-Provera users their CHWs have on their lists so that a comparison can be made between supply and demand. In addition, CHW supervision and management messages will be reinforced to safeguard against leakage.
- PSI will ensure that stock management tools and on-site data verification systems are

strengthened to effectively track product flow, throughout the system from warehouses to PAs. PSI plans to discuss this issue with the public providers where there is no NGO presence/supervision of CHWs so that they can ensure there is no leakage within their CSB/CHW systems

Within the pharmaceutical level:

- PSI has updated contracts with pharmaceutical wholesalers so that they now report the quantities distributed to each individual pharmacy and drugstore
- PSI plans to meet with the MOH Family Health Department, DAMM, *Comité de Lutte Contre la Commercialisation Illicite des Médicaments, Ordre National des Pharmaciens* (ONP), and UNFPA to discuss the issue
- PSI is considering encouraging the DAMM to reinforce the message among the ONP that prescription medications such as Depo-Provera not be sold without a prescription
- PSI would like to pursue advocacy for allowing providers to make products available directly to patients from their clinics

Regarding PSI's distribution of IUDs, the IUD 5 previously presented on the product status chart was the Copper T IUD packaged with 5 units, to be distributed through non-network providers. All IUDs combined are reported together in the ISM Product Status table and Results Framework. The pack of 5 units is sold at $1.30 ($0.26 per IUD), which is significantly higher than the individual IUD price as sold to Top Réseau providers at $0.16 per IUD. In addition, very few medical detailing activities were conducted for the 5-packs, as the overall objectives for IUD distribution were met. For next quarter, PSI plans to revise the price of the 5-packs to be aligned with network provider pricing, and to reinforce medical detailing and distribution through both network and non-network providers.

The procurement of amoxicillin dispersible tablets (DTs) has also been identified as a challenge this quarter. The 586,000 tablets ordered by PSI, via SALAMA, were estimated to satisfy the need of the program until the end of the ISM project. This estimation was calculated on the basis of 3 days of treatment for a pneumonia case according to WHO protocol. Likewise, Pneumox packaging was designed as units containing 6 tablets per blister, which is the quantity required for a one-dose treatment of a child aged 6 to 12 months and 2 blisters of 6 tablets for a child aged 1 to 5 years. However, the MOH recently announced their intention to extend the duration of the treatment to 5 days. This proposition would negatively impact PSI's budget and procurement planning and compromise the availability of the product in FY17. As such, PSI has negotiated with the MOH to organize a coordination meeting including different actors in the PCIME-c (*Prise en charge intégrée des maladies de l'enfance-communautaire*) program to discuss this situation in depth. This meeting is planned for July 24, 2015.

PRODUCT STOCK & PROCUREMENT PIPELINE: Q3 FY 2015 (as of June 21, 2015)

Health Area	Product	Opening Balance (April 2015)	Quantity In	Quantity Out	Other Quantity Out	Ending Balance (June 2015)	CMM	Coverage Through	Ordered	ETA	Status	Action
DIARRHEA	*Sur'Eau 150 ml.*	131,520	500,000	482,258		149,262	177,000	juil.-15	1,640,000	août-15		
	Sur'Eau 40 ml.	131,836		125,583		6,253	36,000	juin-15	192,000	juil.-15		
	Sur 'Eau tablet	0	4,528,010	211,730		4,316,280	255,980	nov.-16				
	Hydrazinc	27,030	186,961	11,455	1	202,535	9,000	avr.-17				
	ZINC (Generic)	219,791				219,791						
	ORS (Generic)	439,576				439,576						
	Viasûr	213,211		50,305		162,906	17,000	avr.-16	267,400	TBD		
PNEUMONIA	*Pneumox (amoxicillin)*						36,000		546,000	nov.-15		
	Pneumostop Comprimé	52,216		51,933		283	22,000	juin-15	120,000	août-15	STOCK OUT	Emergency Procurement
	Pneumostop Syrop	97,070		61,618		35,452	20,000	août-15				
MALARIA	*Supermoustiquaire*	4,493		4,289		204	25,000	juin-15			STOCK OUT	Request to Donor
	Moustiquaire Générique (Net Protect White)	7,160	27,000	15,609		18,551						
	ACT	19,876	6,750	26,625		1	86,000	juin-15			STOCK OUT	Request to Donor
	RDT	515,390	232,725	656,450	45	91,620	154,000	juil.-15				
FP	*Pilplan (OC)*	2,884,587	64	956,679	49	1,927,923	335,000	déc.-15	228,400	juil.-15		
	Confiance (injectable)	1,773,301		708,895	18	1,064,388	250,000	oct.-15	1,500,000	sept.-15		
	Rojo Cycle Beads	16,490		3,978		12,512	1,250	avr.-16	20,000	juil.-15		
	Copper T IUD	22,412	5	6,961	5	15,451	2,400	nov.-15	22,500	août-15		
	Implanon (implants)	2,591	75	1,189	75	1,402	320	oct.-15	2,808	juil.-15		
	Jadelle (implants)	1,586		842		744	200	oct.-15				
	Norlevo (EC)						0					
	Zarin (implant)	332		60		272	25	mai-16				
HIV/STI	*YES Youth Condom*	1,203,000		52,980		1,150,020	53,000	avr.-17				
	Protector Plus (condom)	5,031,504		1,551,216		3,480,288	525,000	janv.-16				
	Feeling (female condom)	66,429	417	9,639	417	56,790	2,800	févr.-17				
	Generic Condom	599,839	69,401	72,170	69,401	527,669	71,000	janv.-16				

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

Research Highlights and Successes

During the second week of April, PSI organized a workshop to share research results among key partners including MIKOLO, MAHEFA, the MOH and USAID. The findings of two studies were shared: 1) the TRaC IMCI (diarrhea and pneumonia), and 2) a project demonstrating the integration of pneumonia case management using amoxicillin DT with malaria case management at the community level in Antalaha. Research findings and programmatic recommendations prepared by PSI and the MOH were presented to initiate discussion. The workshop concluded with recommendations and action points for participant follow-up.

As previously indicated, PSI will pilot a new community based distribution model among supply points in the three regions of Haute Matsiatra, Sofia and Ihorombe. To measure motivation of supply points and efficiency of the new system, PSI is conducting a baseline study prior to the implementation of the new system, as well as an end-line study to be carried out at the end of the pilot phase among all supply points listed in the pilot sites. The study consists of both qualitative and quantitative methodologies. The qualitative portion of the baseline study was completed during the second and third week of June and the quantitative portion is planned during the first three weeks of July. The baseline and end-line results will be compared to evaluate the effectiveness of the pilot project

A PSI supply point in Ihorombe. Photo taken during the qualitative study. (Photo: PSI staff)

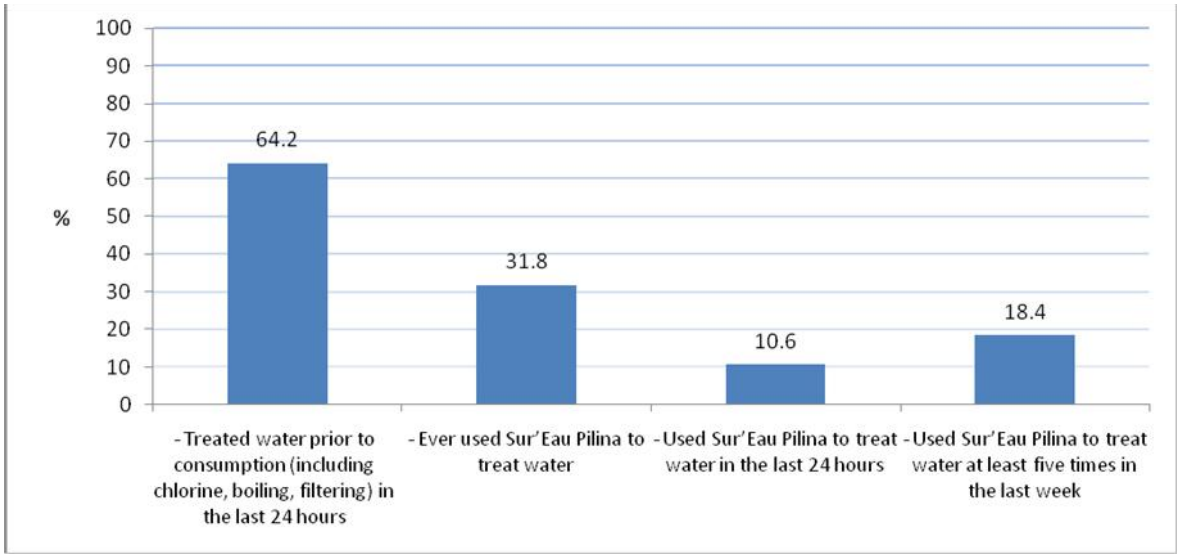
A qualitative study was conducted to identify the strengths and weaknesses of the e-voucher system and to determine the feasibility of scaling up across all Top Réseau sites. E-vouchers are used to offer impoverished clients reduced-price reproductive health and family planning services using a voucher. Clients receive a discount from the provider's customary price in the amount of the voucher. The blue vouchers for youth clients provide a 500 AR reimbursement to providers for FP/RH and STI services and 1,000 AR for voluntary counseling and testing (VCT for HIV) services. The white vouchers for high-risk groups (female sex workers, men who have sex with men (MSM)) provide a 500 AR reimbursement to providers for STI services and 1,000 AR for VCT testing, and the vouchers supported by the SIFPO project provide a reimbursement of 2,600AR to providers for IUD insertions. The providers who deliver services using the redeemed vouchers are reimbursed via mobile money, based on the vouchers they turn in to PSI.

Data collection for this study was conducted in May among 17 medical providers, 19 PSI IPC agents and 8 internal staffs involved in the e-voucher system in Antananarivo and Fort Dauphin. The study provides analytical data for program and M&E teams to adjust the system prior to moving to scale. The main findings show that the system is appreciated by the providers. The e-voucher system is indeed reliable for recording the details of the consultations and is efficient for provider reimbursement using mobile money, which is more practical. However, some areas of improvement were identified, such as the instant update 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.

Photos taken during the e-voucher evaluation in Antananarivo and Fort Dauphin, May 20

PSI also conducted a household survey to evaluate the pilot phase of the introduction of the *Sur'Eau Pilina* in Vatomandry District. The final report will be available in Q4. The graph below depicts some of the key findings related to the *Sur'Eau* water treatment product:

Use of *Sur'Eau Pilina* among caregivers of children under 5 in Vatomandry, Madagascar 2015 (N=424)



M&E Highlights and Successes

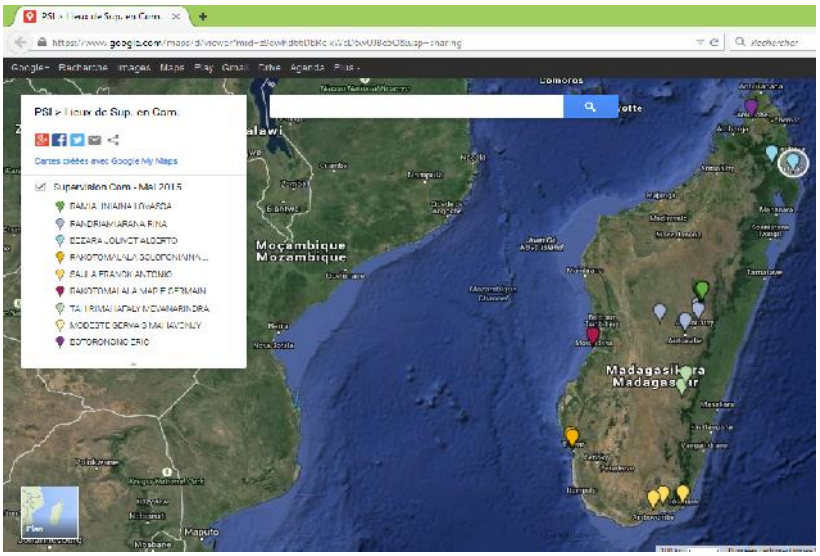
In Q3, the M&E team concentrated efforts in three areas: 1) District Health Information System (DHIS 2); 2) Client Based Record System (CBRS); and 3) data collection strengthening for the pilot of the new community based distribution model.

DHIS 2 will be used as PSI's health information system for data management and analysis for all key intervention areas (service delivery, communication, distribution, capacity building and subrecipeints). Electronic data collection efforts, reinforced by DHIS 2 using mHealth technologies such as tablets and smart phones, will include: the Top Réseau CBRS; IPC agent, provider, and community wholesaler supervision; and mobile video unit data capture. Data collected will be systematically displayed in the DHIS 2 web-based dashboard, which enables internal staff to communicate and share interpretations, comments on charts, maps and reports. Datawinners data collection provided by HNI will be migrated progressively toward DHIS 2--especially the community stock tracker. In FY16, PSI plans to share live data with donors and partners.

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. CBRS is a record-keeping system for providers to better manage their clients. It is intended to help providers improve the quality and continuum of client care, and to help PSI better track and analyze those improvements. PSI has implemented two methods of CBRS in Service Delivery: 1) manual recording with the revised provider logbook, and 2) electronic data collection with tablets. An android application called "mTRSIG" was developed internally, replacing the paper based record-keeping system for consultations and client tracking. After successful testing with three providers in Antananarivo, the system will be extended to 45 other providers based in 5 regions (Antananarivo, Fianarantsoa, Toliary, Diégo, and Mahajanga). With this application, providers have access to more modules on client management and medical office management, including electronic logbooks, simplified accounting, stock management, knowledge management and interactive dashboards.

PSI has also developed an electronic supervision system for IPC activities. 18 Communication Supervisors were equipped with tablets and are now able to monitor the performance of each IPC agent, enabling individualized strategic coaching. The system, known as “SuperCom,” also includes in-depth analytical tools using excel pivot tables and spatial analysis on Google Maps.



Supervision Spatial Analysis

A robust and efficient distribution model can only be effective with a corresponding data collection and reporting system. For the pilot of the new community based distribution model, PSI’s field distribution teams in the selected regions will be provided with tablets equipped with supervision tools that were configured with the assistance of PSI’s ISM partner, HNI. The tools were tested and distribution staffs were trained in May on how to navigate the various functionalities. Teams will once again be trained in their respective regions prior to the launch of the pilot on July 21st. This electronic data collection system will permit monthly stock information to be able available at the central level, thereby allowing relevant stakeholders to make evidence-based decisions with the goal of eliminating stock-outs.

M&E Challenges

The implementation of the CBRS has met with a few challenges. The 7-inch tablets that were purchased for this system have created some difficulties for providers who have trouble adapting to the screen size. Furthermore, there are some complications in adapting the system for multiple providers within a medical office, as the application is based on a central system for individual computing. As is to be expected, there is also some resistance to adopting new technological tools. PSI is exploring solutions to rectify these challenges, which will be reported in Q4.

Gender Highlights and Successes

Following the International Women's Day event held in March 2015, PSI's ISM partner IntraHealth led an exercise in developing an action plan to ensure the implementation of recommendations from this event. The IntraHealth team will be responsible for compiling and coordinating activities from various Gender Working Group members and ensuring follow-up of this action plan.

The Gender Working Group meetings are an opportunity for its members to share new opportunities. During this quarter, Gender Links, a national organization in charge of follow-up of the Southern Africa Development Community (SADC) protocol on gender and development implementation, organized a national summit. PSI and IntraHealth were selected to conduct an oral presentation of the GBV referral system among Top Réseau providers and were awarded a second place price in the GBV category.

Following participation in a Top Réseau provider training on micro-financing in Q2, three providers, including one female provider, secured micro-loans. IntraHealth documented, as a case study, the process as to how she benefited from these micro-finance activities. This document will be useful in empowering other female providers to seek and secure loans and will outline recommendations on how to improve the implementation of economic empowerment through micro-finance among female providers.

Interview with female provider on her experience with gender empowerment and micro financing

In Q4, multiple gender mainstreaming and GBV activities are planned, including: ensuring the implementation of the GBV case management pilot program with the 19 Top Réseau providers trained in March and June; developing monitoring tools to follow clinic-based GBV activities, supervision and documentation of the case management/referral system among Top Réseau providers in Antananarivo; and continuation of the documentation of women's economic empowerment activities with other Top Réseau providers.

Environment

Environmental mitigation and monitoring activities are conducted by PSI in two main areas: 1) Top Réseau clinic waste management support; and 2) malaria LLIN distribution environmental safety support. Regarding Top Réseau clinic support, the one newly enrolled clinic in Q3 was provided with universal precaution tools and supervision to comply with PSI's environmental protection standards. This includes the provision of safety/sharps containers and garbage cans. In addition, 523 sharp

collectors were distributed to existing TR clinics. Regarding LLIN distribution environmental safety, PSI has taken a leadership role in monitoring and improving mass LLIN distribution campaign practices in terms of disposal and environmental protection. As part of the Net Bag Disposition Monitoring Plan, PSI has completed job aids for continuous distribution and a training manual for the mass campaign. Special emphasis is placed on the proper management, collection, and disposal of LLIN bags.

PSI has met with the World Wildlife Fund (WWF) and Blue Ventures (BV) on numerous occasions to discuss mitigating efforts to prevent individuals using LLINs for fishing. This collaboration focuses on two main areas: A) understanding the various types of LLINs to see if a specific LLIN material is better to fish with than the other, and B) conducting focus groups to comprehend, rather than assume the reasons are known, as to why people use nets for fishing in order to subsequently conduct a BCC campaign aimed at targeting this behavior. For point A, it was identified that LLINs made of polyester material were harder to fish with, given that they are made of softer material, while LLINs made of polyethylene are easier to fish with given they are made of a harder plastic material (better for holding large quantities of fish). In contrast to the 2013 mass campaign and continuous distribution activities, LLINs for the 2015 campaign are manufactured using polyester material, so it is hoped that fewer nets will be used for fishing. For point B, given that PSI research teams are currently committed to several studies, PSI could not assist with the focus group data collection process. Instead, PSI provided a training of trainers to BV staff members to conduct focus groups (what questions to ask, and how to collect/analyze data). BV plans to conduct this data collection in July/Aug; however, results from their analysis are not likely to be used for the 2015 mass campaign, as the IEC/BCC materials have already been produced. Information from their study can be used to support IEC/BCC materials for LLIN continuous distribution activities once the materials are approved by the NCC.

Partnership Updates

Spotlight: Peace Corps Partnership

Following the signature ceremony held in January 2015, PSI and the Peace Corps began planning and implementing activities detailed in the MOU. Over the past three months, PSI has been actively engaged in coordination meetings, presentations, and training sessions to ensure activities evolved from broad topic areas to define activities. Specifically, areas of collaboration include PSI's participation at the PCV regional malaria coordinators meeting, where PSI presented components of the 2015 LLIN campaign (BCC and LLIN distribution strategies). In collaboration with PMI, DLP (*Direction Lutte Contre le Paludisme)*, and MAHEFA, PSI and partners where able to present areas where interested PCVs (Peace Corps Volunteers) could assist in pre, per, and post phases of the campaign. Activities included assisting with community mobilization and advocacy efforts during the household census, distribution of IEC/BCC tools to further raise awareness, observing radio spots to confirm if communication message are effective, and conducting supervision visits to ensure NGOs are following proper waste management protocols.

PSI, along with MIKOLO, WaterAid, and Youth First also participated in the exhibition of NGOs held for new PCV inductees at Mantasoa. PSI presented its pool of intervention activities and products, and continued after the event to provide a training of trainers for health area PCVs on IPC techniques and strategies, with the aim that trained PCVs could in turn train their respective health volunteers in their communities. Alongside these initiatives, PSI assisted PCVs in malaria month

activities by sending MVU teams to help promote and strengthen health communication activities.
In Q4, PSI plans to continue forward with this successful collaboration through active presence at coordination meetings and through the implementation of nutrition, WASH, and malaria activities stipulated in the updated activity list.

Spotlight: HNI Partnership

This quarter, PSI's partnership with HNI focused on improvement of distribution activities. For the original distribution strategy, HNI concentrated on activities surrounding the call center. For PAs that do not submit stock reports on time, the call center operator calls and assists the PA, as needed, to submit reports. Each month, PAs with strong monthly reporting performance are selected from a pool of eligible candidates to receive an incentive. In April, a PA based in Ambanja, Diana, was chosen.
Within the framework of the new distribution strategy, numerous technical meetings were held between PSI and HNI to discuss what strategies could be enacted and tools provided to improve data collection. PSI worked with HNI to incorporate existing supervision tools onto tablets to expedite data collection and significantly increase submission rates. PSI and HNI also teamed up to provide technical trainings to PSI's distribution staff on how to collect and send data using the new software programmed on these tablets.

Work Plan Activity Update

ISM Quarter 3 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
Intermediate Result 1: Increased Adoption and Maintenance of Health Behaviors						
CC Cross-Cutting Communication (Family Planning/Reproductive Health, Child Survival, Malaria)						
27	Continue the Healthy Family (HF) integrated campaign that address all 3 health areas outlined in COAG by linking various healthy behaviors w/ relevant products & services (health areas: Family Planning (FP), diarrhea, pneumonia, malaria, breastfeeding)					
	Continue producing and diffusing the HF radio drama until episode 175	1	2	3	4	Ongoing: 23 episodes were broadcast over 2 radio stations, for a total of 46 broadcasts in Q3. These represent episodes 103-125 of the 175 (71% of LOP)
	Finalize the three HF mobile video unit (MVU) films after pre-testing	1	x			Completed: Finalized in February 2015
	Conduct MVU sessions in rural areas		2	3	4	Ongoing: MVU sessions continued in Q3
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 for IPC tools for CHWs is ongoing and expected to be finalized by the end of Q4.
	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 Ministry of Health, 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 Family and Healthy). 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 will meet again in Q4 to finalize the implementation plan.

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	Initiated: Planning and discussion of BCC tools began internally. PSI is requesting a meeting with MAHEFA and MIKOLO in Q4 to identify appropriate behavior change communication tools for this activity.
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	Postponed: Following the message harmonization activities with the Ministry of Health, PSI presented to MIKOLO on June 12th, the "model mother and model father" concept note. During this meeting, PSI and MIKOLO agreed on the possibility to include this concept into MIKOLO's program called Ankohonana Mendrika Salama. As such, the training of trainers will be conducted in Q4.
	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 will send a letter to the Ministry of Health to confirm if this change will or will not occur.
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: PSI and the Peace Corps met numerous times in Q3 to review activities and plan next steps. This included: 1) a coordination meeting on April 20th; 2) a PSI presentation on May 8th during the PCV regional malaria coordinators meeting to present the BCC and distribution strategy for the LLIN mass campaign; and 3) PSI IPC presentation and training on May 13th during the new PCV induction/training in Mantasoa.
	Implement activities included in the M0U	1	2	3	4	Ongoing: See above.
29	Harmonize existing USAID and USAID Bilateral Health Projects' BCC efforts, along with other relevant stakeholders					
	Actively participate in the Communications Working Group (CWG) led by USAID	1	2	3	4	Ongoing
	Participate in the Ministry of Health (MOH) communication subcommittee for BCC activities	1	2	3	4	Ongoing
1.1	**Family Planning and Reproductive Health**					
34	Prepare the market re-introduction of the Emergency Contraceptive (EC) in the pharmaceutical channel					
	Discuss with Marie Stopes Madagascar (MSM) the experiences and lessons learned on EC distribution	1				Completed
	Conduct a brand review for EC and decide if it is necessary to develop a new brand for emergency contraceptive (branding exercise)	1				Completed

CoAg pg	Activity Description	FY Q1	FY Q2	FY Q3	FY Q4	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
	Finalize the brand and develop the packaging		2	3		Completed: The brand was registered at OMAPI on March 30th. The packaging artwork was developed and pre-tested with PSI staff and IPC agents. Final artwork was sent to USAID on April 8th for approval.
	Produce job aids and other materials for doctors and pharmacists			3	4	Initiated: Job aids and other materials, including a technical document and pictures for doctors and pharmacists are under development and planned to be produced in Q4.
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	Postponed: The National Family Planning Day will be in November 2015. Ongoing: Workshops continue with the MOH on harmonization of various FP/RH tools including training curricula, IEC materials, and worksheets for CHWs and health workers.
33/ 34	Explore cost savings on Pilplan contraceptive packaging					
	Discuss with USAID the possibility to put brand name in the blister according to DAMM recommendation	1	2	x		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: Launch events in urban areas were organized and will continue in Q4
	Broadcast existing YES radio and TV spot and place printed materials	1	2	3	4	Ongoing: Radio and TV spots have been broadcasted and printed materials placed before and after the launch on May 28.

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 following the launch on May 28.
	Develop and implement a scaling-up strategy for another urban areas				4	N/A
27	Support youth activities under the "Tanora 100% Youth" program					
	Organize regional youth events in Top Réseau sites in urban and rural areas	1	2	3	4	Ongoing
	Participate in youth educational events with Ministry of Youth	1	2	3	4	Ongoing: On May 20th, in collaboration with the Ministry of Youth, an educational event was organized with PSI peer educators to conduct sensitization activities in a youth center of Antananarivo.
	Broadcasting youth radio program & youth radio spot	1	2	3	4	Ongoing: Production of the new youth radio program and radio spot is completed. They will be broadcasted in Q4.
	Produce peer educators uniform	1	2			Completed
15	Continue the youth loyalty scheme pilot in Mahajanga and decide on scale up following rapid impact assessment/evaluation					
	Continue to pilot the concept in Mahajanga	1	2	3	4	Ongoing: Periodic monitoring of implementation was conducted during the week of May 11.
	Evaluate the pilot of the youth loyalty scheme in Mahajanga			3		Initiated: Evaluation of the youth loyalty scheme was conducted on May 18 - 20 and results of this analysis will be finalized July 2015.
	Develop and implement a scaling-up strategy for the concept in another urban areas				4	N/A
1.2	**Maternal and Child Health**					
26	Develop new Water, Sanitation and Hygiene (WASH) strategic orientation					
	Explore with short-term technical assistance (STTA) support a new WASH strategic orientation (portfolio, activity review, recommendations)	1				Completed
	Develop or adjust products and/or services, related tools and messages following strategic recommendations		2	x	x	Ongoing: A price increase of the 150ml bottle occurred in April 2015. The product label will be updated to give value-added to the product. Sur'Eau tablet scale-up preparation is ongoing with all communication tools developed and distributed for the scale-up phase. In addition, a communication campaign for hand-washing was launched internally. The objective of this campaign is to further sensitize PSI staff in hand-washing best practices prior to developing a larger behavior change communication campaign for the ISM target audience.
	Develop and disseminate tools and materials for product promotion			3	4	Initiated: Production of tools for the Sur'Eau tablet and the internal hand washing campaign was 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
34	Continue supporting new Sur'Eau tablet pilot phase					
	Continue broadcasting Sûr'Eau tablet radio spots through local radio stations	1	2	x	x	Ongoing: Radio spot broadcasts for Vatomandry resumed in Q3 once commodities were available. This broadcast will continue in Q4
	Conduct MVU sessions in the pilot area	1	2	x	x	Ongoing: See above. MVU sessions were conducted on a similar basis as radio spots.
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	N/A
	Product and disseminate printed materials for CHWs and target audience				4	N/A
	Conduct MVU sessions in the scale up area				4	N/A
28	Reinforce collaboration with the youth Scout program to leverage WASH activities (e.g. sanitation and safe water use, Sûr'Eau tablet promotion)					
	Production of sensitization materials	1	2	3	4	Ongoing
	Training of Trainers (TOT) on Education Through Listening (ETL)	1	x	3	x	Postponed: The training of trainers is included in the draft of workplan which will be finalized with the Tily Eto Madagasikara organization in Q4.
	Schedule and monitor Scout sensitization activities		2	3	4	Initiated in Q3: On June 26th, PSI supported a local Scout organization for a WASH event called "WASH-Pifaliana." This event aimed to sensitize people living in the Fokotany of Ambohipo on the importance of hand washing with soap and hygiene in general. During Q3, PSI also resumed the collaboration with the national Scout organization (leadership re-organization delayed collaboration start-up). A draft of the work plan was developed and will be finalized in July 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	Ongoing
24	Continue broadcasting child survival messages through national and local radio stations (diarrhea, malaria, nutrition, pneumonia)	1	2	3	4	Ongoing
77	Celebrate child survival special events involving public sector					
	WASH Special events celebration (World Water Day, World Hand Washing w/ Soap Day, Latrine Use Day)	1	2			Completed
	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	Ongoing: Job aids for CHWs have been produced and PSI is awaiting delivery
	Produce media materials on pneumonia prevention and treatment (new video spot or mini-film according to the budget)	1	X			Completed: Following the TRaC results, existing video and radio spots for pneumonia prevention were divided into different parts for simplicity and better understanding. Each of the 4 new spots (radio and video) will contain only one prevention message each. These messages promote: breastfeeding for children under six months old; hand washing; vaccination; and protection against indoor air pollution.
24	Produce sales and promotion incentives for child survival products (for supply points, wholesalers, Scouts & during World Child Survival Days & MVU sessions)					
	Produce sales and promotion incentives for Sûr'Eau		2	3	x	Ongoing: 1,200 Jerry cans for CHWs were ordered. Awaiting delivery.
	Produce sales and promotion incentives for DTKs		2	3	x	Ongoing: The design of promotional tools was completed in Q3. Awaiting delivery. Items include lambahoany/lambas (printed fabric worn as shawls or skirts) and t-shirts.
	Produce sales and promotion incentives for PPT	1	2	3	x	Ongoing: The design of promotional tools was completed in Q3 (pens and t-shirts). Awaiting delivery.
- -	Promote new CHX 7.1 gel formula at community level					
	Produce printed media	1	2			Completed: Completed in Q1.
	Produce radio spot	1	2	x		Completed
	Broadcast radio spot		2	3	4	Postponed: Radio spots will be broadcasted when trainings of MAHEFA & MIKOLO's CHWs are completed.
1.3	**Malaria**					
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 will be launched in Q4.
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: Posters and brochures were delivered during Q3. PSI is still waiting for the delivery of some printed communication tools (caps, banners). Radio spots for the household census were developed and broadcasted. Radio spots for the pre-per-post campaign were also developed in Q3.
	Organize small events for the campaign launch (new activity)				4	N/A
39	LLIN continuous distribution					
	Develop messages and communication plan in line with the pilot phase recommendation	1				Completed
	Organize advocacy activities for public, community, religious authority	1	x	x	x	Ongoing
	Prepare and produce communication tools from the communication plan		2			Completed. A radio spot and a job aid were produced.
	Broadcast radio spot via mass media & mid-media and disseminate other communication tools (posters, flyers, etc.)		2	3	4	Ongoing: Job aids were distributed to CHWs. Radio spot broadcasts are ongoing.
Institutional Branding and Communication						
n/a	Re-paint PSI vehicles, including logos	1	2	3	4	Ongoing: Within the framework of improving institutional identity and branding, PSI has initiated multiple activities, including painting vehicles and upgrading regional offices. These activities, which aim to refresh PSI's image, will continue throughout Q4.
	Paint PSI regional office buildings and signs				4	N/A

CoAg pg	Activity Description	FY Q 1	FY Q 2	FY Q 3	FY Q 4	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
Intermediate Result 2: Improved Quality of Selected Health Services in the Private Sector						
2.1	**Expanding Access to Quality Services at Private Health Clinics**					
30	Develop and manage Top Réseau (TR) network with a particular focus on new clinics in rural and urban areas					
	Continue to upgrade the clinics to conform to minimum quality standards	1	2	3	X	Ongoing: PSI continues to provide materials to Top Réseau clinics based on the needs assessment of each clinic to ensure minimum quality standards. PSI delivered to rural clinics additional materials such as gynecologic tables, medical examination lights and sterilizing pressure cookers. In addition, providers newly trained in IUD service provision were equipped with IUD insertion 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	Ongoing: During this quarter, 60 providers were trained on Child Survival/IMCI and Nutrition and 183 providers on short-term family planning methods. Two other refresher trainings in two Top Réseau regions are planned for July 2015.
	Continue to recruit potential clinics - monitor and evaluate existing clinics	1	2	3	4	Ongoing: One urban clinic was recruited in Q3. This clinic had expressed interest in being part of the Top Réseau network and met the selection criteria per the assessment by PSI medical supervisors. PSI also terminated MOUs with five Top Réseau clinics due to non-compliance with MOU criteria, and one other clinic withdrew for personal reasons.
	Develop training curriculum on medical communication (social franchise (SF) approach, clinical and non-clinical quality standards)		2	3		Completed: The training curriculum was developed. The modules will help providers continue improving the customer experience.
	Train new and existing TR providers (including SAF and SALFA providers) on medical communication (SF approach, clinical and non-clinical quality standards)			3	4	Initiated: 24 Top Réseau providers were trained on medical communication, particularly on how to develop customer loyalty, to deliver friendly services and to improve marketing strategies. Providers find these topics relevant to their practice and complementary to the business management trainings they received. Five training sessions on these same topics are planned in September 2015.
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 outlets. PSI also developed a MOU with Allo Serasera Fanantenana (ASF), an association that has developed a free telephone helpline called "Allo Fanantenana" or "Hello Hope" to sensitize people on general health topics and refer them to Top Réseau clinics for integrated health services.

CoAg pg	Activity Description	FY Q 1	FY Q 2	FY Q 3	FY Q 4	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
	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	Initiated: The contracts for peer educators lasts for a period of 2 years. During Q3, 13 PEs in Fianarantsoa were replaced; the newly recruited youth PEs were trained in June to promote Top Réseau clinics and distribute vouchers. Training of an additional 94 PEs is planned in July 2015.
	Continue activities with 80 community agents for SAF and SALFA to promote new rural TR clinics and distribute vouchers in rural areas - meeting with CHWs from SAF and SALFA	1	2	X	X	Ongoing (This is a routine activity conducted with CHWs by SAF and SALFA throughout all quarters of the year.)
	Develop and share SF brochures for CHWs	1	2			Completed
	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 in rural areas. Painting of clinics will begin by September 2015
31	Broaden the Top Réseau service package for qualified, motivated providers to include new health areas (e.g.: nutrition, maternal & neonatal health, antenatal care/postnatal care (ANC/PNC), post partum IUD; permanent methods) through training and supervision					
	Identify selected urban TR clinics and selected SAF and SALFA rural TR clinics for training in the optional service package such as IUD, implant & FP permanent methods	1				Completed
	Train selected urban Top Réseau clinics for training on FP permanent methods			3	X	Initiated: The training curriculum based on MOH guidelines was developed in May 2015 during the technical assistance visit from IntraHealth's Senior Technical Advisor Boniface Sebikali. The first training for the 2 selected clinics is expected in September 2015.

CoAg pg	Activity Description	FY Q 1	FY Q 2	FY Q 3	FY Q 4	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
	Refresher training on new product Jadelle for urban TR clinics		2	3	4	Ongoing: A total of 30 Top Réseau providers were trained on the Jadelle implant to expand the range of family planning methods offered. Consistent with the plans to change Implanon to the new NXT Implant, two trainers from PSI attended the training on the NXT Implanon product organized by Merck in July 2015. In turn, they will be responsible for training health providers, which will be planned once the new product is available.
	Provide President's Malaria Initiative (PMI)/UNITAID funded RDTs to selected Top Réseau sites (urban and/or rural) in malaria endemic zones	1	2	3	4	Ongoing
32	Increase and intensify training on long acting methods among new rural Top Réseau members					
	Conduct training in rural potential clinics on optional package (IUD, Implant which Jadelle (525) …)		2	3	4	Ongoing: In April 2015, six selected rural Top Réseau providers were trained on IUD service provision. 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. 11 providers in rural areas also received follow-up visits after their recent training on Implants and IUDs, to review practices and build capacity following the trainings.
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	Ongoing: A cumulative total of 177 households were visited by PSI IPC agents and a Banyan Global Community Organizer. At the end of Q3, 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. Furthermore, in June 2015, PSI met with USAID to obtain information regarding the Universal Health Coverage (UHC) program led by the MOH. It was mentioned that an assessment of existing health coverage programs will be conducted; PSI welcomes this assessment and is available for any assistance that is needed.
	Tana Pilot: Define and negotiate the roles and the responsibilities of PSI, Banyan Global (BG), AFAFI	1				Completed

CoAg pg	Activity Description	FY Q 1	FY Q 2	FY Q 3	FY Q 4	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
	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. At the end of Q3, the final version of the MOU with OTIV Harena was ready for signature. PSI and OTIV Harena plan to sign the MOU in July 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	N/A
	Tamatave Pilot: Identify partner for mutual insurance (explore possibility of AFAFI expanding into Tamatave)	1	2			Completed
31	Review and update the existing quality assurance (QA) system for the TR franchise with a particular focus on new health areas and new members in rural areas					
	Use updated & improved QA tools for provider training & supervision on long-term methods (LTM) of FP and child survival for new & existing TR providers	1	2	3	4	Ongoing: QA tools for provider supervision/evaluation on FP and child survival were updated in the area of critical steps. 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.
	Continue ongoing updates to the QA system for other health areas (short term method (STM) of FP, nutrition, etc.) incorporating IntraHealth's Optimizing Performance and Quality (OPQ) Approach, Learning for Performance (LFP), & others, including best practices, international and national standards	1	2	3	4	Ongoing: 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 under finalization. This manual is the referral 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	Ongoing: 237 supportive supervision visits for all health areas were conducted during Q3 in rural and urban areas. More than 80% of all Top Réseau providers received this supportive supervision.
	Conduct annual evaluation of TR providers (reaching minimum service quality standards) for FP and IMCI services			3	X	Initiated: Service quality for Top Réseau providers is evaluated annually. This year's evaluation for FP and IMCI services is an internal evaluation and covers all TR providers, both urban and rural. It started in June with TR providers in Antananarivo. To ensure objectivity, the evaluations are conducted by PSI QA teams or program staff (medical) who are not directly responsible for the TR sites being evaluated. The evaluation covers comprehensive aspects of quality standards and results are expected by September 2015.

CoAg pg	Activity Description	FY Q 1	FY Q 2	FY Q 3	FY Q 4	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
- -	Modernize existing data collection efforts (monthly client data from TR Clinics, Supervisor Visit Reports)					
	Help the franchise upgrade to digital data collection using mobile phones. PSI recently purchased 50 tablets for TR. Human Network International (HNI) will support PSI to develop the tools for these tablets so TR providers can switch to electronic registers.	1	2	3	4	Ongoing: The mobile software to enable digital data collection was developed. The pilot phase began in June 2015 with three Top Réseau providers in Antananarivo. The extension to 45 other providers is planned at the beginning of Q4 in 5 regions (Antananarivo, Fianarantsoa, Toliary, Antsiranana and Mahajanga).
	Support PSI's Top Réseau team to develop tablet-based supervision tools for the supervisory team	1	2	3	4	Ongoing: Specific supervision data collection tools were developed for supervisors of youth peer educators. Additional tablets are in the process of being procured.
	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, and facilitating timely payment (electronic voucher management, 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	Ongoing: Due to the success of the pilot, a phased scale-up approach is planned for FY 2016. Addressing the findings from the evaluation and implementing the action plan is planned to be completed by September 2015.
- -	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: HNI is now ready to add Orange Money services. A meeting is planned in July to discuss the conditions and the implementation plan. The use of Orange Money is planned for Q4 because the evaluation results will be useful for informing and advancing the implementation strategies.

CoAg pg	Activity Description	FY Q 1	FY Q 2	FY Q 3	FY Q 4	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
2.2	**Capacity Building**					
32	Build capacity and motivation of high performing Top Réseau providers by making them co-trainers to assist in cascading training activities for other providers					
	Conduct training sessions with Top Réseau providers as co-trainers	1	2	3	4	Ongoing: 4 providers were selected to be part of a team of QA evaluators. These providers were selected from the 10 providers who received TOT and have served as co-trainers.
47	Support the development of a database on provider quality (training scores-pre and post; supervisory feedback scores; quality audits, etc.)					
	Train technical staff on how to fill the database and read and use the dashboard	1	2	3	4	Ongoing: 20 technical staff were trained in 8 out of 9 Top Réseau regions. PSI also developed tablet-based tools for provider quality. Training of the remaining Top Réseau region is planned simultaneously with the training of the mobile application in August 2015.
	Use information in the dashboard as a tool for decision-making and strategy development			3	4	Initiated: Decision-making at regional levels to segment providers and plan supervision visits based on their performance have begun.
	Conduct gender analysis of information gathered in the quality database to ensure effective gender mainstreaming within the Top Réseau franchise			3	4	Initiated: GBV activities are integrated in the data collection tool within Top Réseau. A dashboard to follow up on key indicators on gender mainstreaming was developed in June 2015. The next step will be the finalization of this document.
32	Invest in provider motivation, supportive supervision and provider focused communication					
	Reward the best providers at regional and national levels (SF standard): Non-monetary motivation				4	N/A
	Organize provider visits to rural/urban areas to build capacity - provider performer shares best practices on SF standards, optional services and business management - training public sector sites to build capacity		2	3	4	Ongoing: Follow-up to the action plan created by providers during the Q2 provider exchange meeting was conducted in Q3. Due to several events involving providers (refresher trainings, evaluations, etc.) during Q3, the next exchange meeting will be in Q4.
	Develop and share TR newsletters for providers	1	2	3	4	Ongoing: TR providers routinely receive the PSI electronic newsletter.
31	Roll out Optimizing Performance & Quality Approach for Quality Assurance (QA) for Top Réseau franchise with particular focus on new health areas & new members in rural areas					
	Continue to assess, review, and enhance the content of existing training processes and tools	1	2	3	4	Ongoing
42	Ensure gender is mainstreamed throughout the program by piloting the expansion of Top Réseau services to include Gender Based Violence (GBV) case management					
	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: PSI presented the GBV program during a meeting of all Top Réseau providers in May 2015. 14 additional Top Réseau providers from Antananarivo who had expressed interest and met the criteria were trained on GBV case management, screening and referrals in June 2015.

CoAg pg	Activity Description	FY Q 1	FY Q 2	FY Q 3	FY Q 4	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
	Design referral system for GBV case management among Top Réseau providers	1	2	x		Completed: The four Top Réseau providers trained in March 2015 began to refer survivors to the Association Environment - Developpement and Action Ocean Indian (ENDAOI), a stakeholder charged with providing psychosocial, economic and legal support for GBV survivors based in Antananarivo and working in Mahajanga and Antananarivo. PSI also developed an MOU with the Association Serasera Fanantenana (ASF) in May 2015, an association which manages a free helpline. ASF was trained to provide counseling and refer survivors to ENDAOI. The effectiveness of the referral system for the 14 newly trained providers will be followed next quarter.
	Provide an orientation to Top Réseau providers and peer educators on the availability of GBV case management and the referral system		2	3		Completed: The referral system is included in the training curricula of health providers. For the peer educators, the orientation on GBV case management and the referral system was completed during the workshop on gender mainstreaming for Communication Supervisors in April 2015.
	Supervise and document the referral system of GBV case management among Top Réseau providers			3	4	Initiated: 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. Partnerships in the GBV referral system, with the Association Serasera Fanantenana, who runs the free telephone helpline, was developed during this quarter. Eight members from the Association received training from PSI on health topics and GBV in May 2015. The free helpline is responsible for referring survivors to ENDAOI or other specific services according to survivors' needs, and for providing information on 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	Ongoing: Refresher training are conducted through individual or group coaching. in Q3, 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 practice.
	Supervise the roll-out of periodic post-training monitoring visits	1	2	3	4	Ongoing: 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 **budgeting and cash flow management** for TR members		2	3	4	Ongoing: The curriculum was developed. One TOT and eight trainings were conducted in six different regions (Fianarantsoa, Toamasina, Antananarivo, Mahajanga, Fort-Dauphin and Antsirabe).
	Develop and offer training on **financial analysis** to select TR members if necessary			3	4	Postponed: Meaningful financial analysis requires that providers regularly produce financial statements (profit and loss statement and/or balance sheet). 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, Banyan Global 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.

CoAg pg	Activity Description	FY Q 1	FY Q 2	FY Q 3	FY Q 4	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
	Conduct mini-survey to identify training needs of NGO TR providers	1	2			Completed
	Develop and roll out curriculum for **NGO TR providers** if necessary		2	3	4	Ongoing: The curriculum was developed. A meeting with SAF and SALFA is planned in July 2015 to discuss the curriculum roll-out.
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	Ongoing: 24 ongoing individual coaching sessions and seven new coaching sessions to Top Réseau providers with concrete investment plans occurred.
	Identify and develop agreements with additional partner financial institutions in regions not covered by current partners *Premier Agence de Microfinance* (PAMF) and AccesBanque (ABM)	1	2	3	4	Ongoing
	Continue to explore the development of a loan fund for TR providers as an alternative to the Development Credit Authority (DCA)	1	2	x		Completed: In June 2015, PSI and Banyan Global 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 period, one new loan was disbursed by ABM for one Top Réseau provider in Antananarivo. The loan, worth 20 million MGA for a period of 16 months, will finance the rehabilitation and renovation of a facility. In addition, one NGO provider in Fianarantsoa purchased laboratory equipment. With coaching and advice from PSI and Banyan Global, the NGO was able to negotiate the price from 21 million to 16 million MGA to be paid over time with no interest.
	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: Three exchange meetings among Top Réseau providers in Antananarivo, Tamatave and Fianarantsoa were held this quarter. The main topics of the exchange meetings 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

CoAg pg	Activity Description	FY Q 1	FY Q 2	FY Q 3	FY Q 4	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
2.3	**Promotional Support**					
32	Supervise peer educators (PE) in urban areas (youth, male, female) to promote FP/RH services at TR clinics	1	2	3	4	Ongoing
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: Six 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 Centre for Social Franchising), various strategies were identified to be implement in the marketing plan. A research study is planned in August to better understand the target audience. According the work stream identified, in order to develop effective business models, Banyan Global will collect appropriate financial information from 12 Top Réseau clinics in different regions. This information will be used to design marketing strategies for sustainable business models at Top Réseau clinics.
	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). During this quarter, 138 health providers were visited.
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: During this quarter, all events were organized at regional levels. PSI will promote Top Réseau among all health providers during national events organized by ONM and CROM. In Q4, PSI will also contribute to the ONM newsletter focusing on the importance of quality norms.
	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 social marketing products and reinforce their correct use to health providers. 172 doctors were present during the two events carried out in collaboration with CROM in the regions of Haute Matsiatra and DIANA.

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
Intermediate Result 3: Increased Availability of Life Saving Health Products and Services						
3.1 Product Procurement and Branding						
3.1.1 Family Planning and Reproductive Health						
33	Continue to promote Pilplan-branded pills, Confiance-branded injectables, Implanon-branded implants, IUDs, and Rojo-branded cycle beads for pharmaceutical and/or community					
	Distribute 3,595,920 Pilplan; 2,041,908 Confiance; 3,820 Implants (Implanon); 19,845 IUDs; 22,050 Rojo-branded cycle beads	1	2	3	4	Ongoing: 2,822,279 units of Pilplan, 1,685,732 units of Confiance, 3,465 units of Implanon, 20,068 units of IUDs and 14,361 units of Rojo-branded cycle beads have been distributed this fiscal year to date, representing 78%, 83%, 91%, 101% and 65% of the respective fiscal year targets. We 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) *(Point d'Approvisionnement)*	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	N/A
	Work on obtaining AMM for EC			3	x	Initiated: Packaging artwork for EC was sent to USAID on April 8 for approval; a follow-up was sent June 29 as a reminder, but thus far no feedback has been received. PSI had discussed with USAID the registration issue regarding DAMM regulations, and it was agreed that USAID would ask the supplier to over-brand the blister packaging.
33	Introduce a new implant (Jadelle)					
	Procure Jadelle Implant	1				Completed
	Distribute 525 Jadelle Implants through TR clinics	1	2	3	4	Ongoing: 1,056 units of Jadelle Implants have been distributed this fiscal year to date, representing 201% 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 next quarter, 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. To date, 52,980 YES condoms have been 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. The FY15 objective may not be reached due to the postponed launch date.

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
3.1.2 Child Survival						
34	Continue to promote Viasûr and Hydrazinc branded Diarrhea Treatment Kits (DTK)					
	Distribute 182,530 DTKs (118,644 Viasûr / 63,886 Hydrazinc)	1	2	3	4	Ongoing: PSI distributed 50,305 units of Viasûr and 11,455 units of Hydrazinc this quarter. This fiscal year to date, PSI has distributed 111,101 Viasûr and 78,425 Hydrazinc kits, representing 96% and 123% of the respective fiscal year targets. PSI surpassed the objectives due to the high demand during and after the flood period. PSI has the remaining ORS/Zinc from USAID if there is unforecasted demand.
	Launch procurement of 187,000 Hydrazinc (need for FY15 & FY16)	1	2			Completed
	Launch procurement of 267,330 Viasûr (need for FY16 & FY17)	1	2			Completed
	Work on obtaining AMM of DTKs	1	2			Completed: The AMM was obtained on March 2, 2015 for both Viasûr 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 Viasûr stock for community based distribution through the end of the ISM project. In addition, in response to the post-cyclone flooding, PSI worked with the US Embassy and USAID to donate 25,107 Viasûr kits to the MOH and Bureau National de Gestion des Risques 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: In total, 64,000 tablets were distributed in this pilot district.
	Launch procurement of Sûr'Eau tablet (4.5 million tablets)	1				Completed
	Promote Sûr'Eau tablets in the pilot and scale up zones	1	2	3	4	Ongoing: PSI received 4.5 million Sur'Eau tablets this quarter and began distribution at the PA level. CHW trainings will begin in early Q4 (July 6-24) as planned by MIKOLO's local NGOs ODDIT (Organe de Developpement du Diocese de Tamatave) and MSIS (Multi-Sector Information Service) in the Antsinana region (6 districts). All CHWs will receive starter packs consisting of 20 packets of 2 strips (10 tablets per strip). The cost per packet is 200 AR (20 tablets) and can treat 400 liters of water.
	Continue to promote Sûr'Eau bottle format for community level (40ml)	1	2	3	4	Ongoing: Promotional activities were conducted using MVUs and by CHWs during post diarrheal animation sessions. Sensitization activities promoting use of Sur'Eau also continued after the floods.
	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 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 remaining stock of 450,000 bottles Sûr'Eau 150ml through commercial channel	1				Completed
	Distribute 400,000 bottles Sûr'Eau 40ml through community based channel	1	2	3	4	Ongoing: 125,583 units of Sur'Eau 40 ml were distributed during Q3. This fiscal year to date 334,080 units have been distributed, representing 84% of the fiscal year target.
	Introduce a commercial cost recovery Sûr'Eau 150 ml (non-ISM funded)			3	X	Initiated: Within the framework of reaching cost recovery of the commercial 150ml Sur'Eau, PSI completed the first stage of a price increase at the wholesaler level, effective April 1. A monitoring system was developed to observe market reactions at the end user level. Thus far, in the span of 3 months, the end user price has not negatively affected sales, with the product continuing to be in high demands. A second price increase is planned in August to enable full cost recovery of the product, which will include the new label design.
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	Ongoing: 20,539 units of PPT syrup were distributed during Q3. This fiscal year to date, 62,234 PPT units of syrup were distributed, representing 64% of the fiscal year target.
	Distribute PPT tablets (186,300)	1	2	3	4	Ongoing: 51,933 units of PPT tablets were distributed during Q3. This fiscal year to date, 233,902 PPT tablets have been distributed, representing 126% of the fiscal year target. While the CMM should be accurate, the distribution objective has been surpassed due to the PPT tablets being used by CHWs for simple coughs in addition to pneumonia. PSI and MIKOLO/MAHEFA discussed possible solutions to this problem in a recent coordination meeting.
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 though SALAMA's procurement procedures. The selected international supplier will work on the AMM procedure in Q4 after obtaining USAID waiver approval.
	Organize refresher training for partner NGO TAs for the correct use of the new molecule amoxicillin DT				4	Postponed to Q1 FY16: Awaiting product arrival in November. Planning and budgeting for TA and CSB director trainings will be finalized with MIKOLO in Q4.
	Distribute amoxicillin DT through community based channel				4	Postponed to Q1 FY16: Awaiting product arrival in November.

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
	Implementation of pharmaco vigilance activity in the community distribution channel for the amoxicillin use				4	N/A
	Chlorhexidine 7.1% (CHX)					
	Procure 447,145 tubes of Chlorhexidine (CHX) 7.1% in gel form for community based distribution in MIKOLO and MAHEFA zones (12 to 14 regions)	1	x	x	x	Ongoing: The official signed letter was issued in March 2015. Unfortunately, the earthquake in Nepal has delayed the product production, which is now expected in mid Q4.
	Distribute 447,145 tubes of CHX 7.1% to supply points in MIKOLO & MAHEFA zones (12-14 regions)			3	4	Postponed: See above
	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.
3.2.1	**Malaria**					
36	Distribute free non-branded RDTs (with safety box & gloves) through community based distribution in MIKOLO and MAHEFA zones	1	2	3	4	Ongoing: 1,343,361 RDTs have been distributed this fiscal year to date in MIKOLO and MAHEFA zones.
39	Distribute socially marketed nets (122,739 Supermoustiquaire)	1	2	3	4	Ongoing: 4,289 units of Supermoustiquaire were distributed during Q3. This fiscal year to date, 122,556 units of SuperMoustiquaire were distributed, representing 100% of the fiscal year target. PSI will receive additional SuperMoustiquaire products from USAID through the DELIVER project in FY 2016.
	HIV/STIs					
	Continue to distribute 7,427,000 Protector Plus-branded condoms, 1,750,000 generic condoms targeted at clients of female sex workers, and 18,400 Feeling-branded female condoms targeted at female sex workers (N.B. this objective is not part of the ISM's distribution objectives)	1	2	3	4	Ongoing: PSI distributed 1,551,216 units of Protector Plus , 72,170 units of generic condoms and 4,311 units of Feeling condoms this quarter. This fiscal year to date, PSI has distributed 5,011,008 units of Protector Plus, 1,696,923 units of generic condoms, and 8,124 units of Feeling, representing 67%, 97% and 44% of the fiscal year target, respectively. (N.B. this objective is not part of the ISM's distribution objectives.)
	With support from SIFPO, launch the distribution of Cefidoxal STI treatment kit in the pharmaceutical channel (N.B. this objective is not part of the ISM's distribution objectives)				4	N/A: After discussion with USAID, the procurement process was canceled, as the supplier could not provide samples for the AMM request and needed to produce the entire 60,000 kits. In addition, since the SIFPO project ends in August 2015, the time would be too short to have an effective acquisition of the product.

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
3.3	**Supply Chain Management**					
37	Continue to supervise community supply points, pharmaceutical/commercial wholesalers, pharmacies/retailers on socially marketed products					
	Conduct post-training assessment to adjust for future trainings	1	2	3	4	Ongoing: This is a routine activity of trainers and was conducted during Q3.
	Conduct integrated field supervision	1	2	3	4	Ongoing: In Q3, integrated field supervision visits were conducted in Vatomandry with the participation of partners MIKOLO, DELIVER and an MOH representative. ACTs were at stock-out for most PAs and CHWs due to the stock-outs at the central level. All partners agree to reinforce staff participation in field visits to have the same vision and orientation. Additional integrated field supervisions with partners and PSI program teams are planned in Q4.
	Identify new supply point "Relays" for the most inaccessible communes					
	Connect PA to PA 'Relays' through the use of link cards	1	2	3	4	Ongoing: PSI has a total of 115 PA Relays in the country. PAs were connected to these PA Relays with the aim of ensuring that PAs have access to products if there are delays in PSI's delivery. Link Cards are cards containing the name, address and contact information of the PA Relay, and these cards are distributed to PAs to facilitate their connections to a specific PA Relay. For the new distribution strategy beginning on July 21st in 3 regions (Sofia, Haute Matsiatra and Ihorombe), Link Cards will be used to reinforce linkages and promote effective collaboration between "PA Relay Communautaires" and PAs.
37	Expand and improve the community-based network of supply points					
	Identification of new PAs (continuous activity as existing PAs sometimes need to be replaced)	1	2	3	4	Ongoing: To date, PSI has 1,185 PAs, including PA Relays and PA Relay Communautaires. 15 PA Relay Communiautaires have been recruited for the new distribution strategy, of which nine are new and six are among the 115 existing PA Relays.
	Continue to purchase and place commodity cabinets	1	2	3	4	Ongoing: This fiscal year to date, 1,160 commodity cabinets have been provided to PAs. The 16 PAs newly recruited this quarter have not yet received their commodity cabinets--they will be distributed in Q4.
	Reproduce and provide management tools to PAs	1	2	3	4	Ongoing: PSI has produced management tools for PAs for 2015 and continues distribution according to the needs of PAs.
	Distribute IEC and promotional materials to PAs	1	2	3	4	Ongoing: PSI distributed IEC and promotional materials to PAs during the training session. This fiscal year to date, 414 PAs have received these materials.

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
	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 to discuss shared challenges regarding distribution in the nearly inaccessible zones, such as Besalampy, with SALAMA. Many ideas were discussed. One example of a solution was the collaboration with AQUALMA, a shrimp aquaculture enterprise based in Majunga and Besalampy. The manager of this enterprise was contacted and it was arranged that social marketing products for Besalampy will be transported with public sector medicinal products, for free, by their boat from Majunga.
	Meet with Phagedis and Phagecom to discuss challenges and propose ideas for collaboration on the community commodity supply chain	1	2	3		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	Ongoing: PSI has identified 84 PAs to be trained in the Anosy and Androy region. (MIKOLO and MAHEFA are not present in these 2 regions (Ex. SanteNet2 zones).)
	Train community PAs in MIKOLO and MAHEFA zones	1	2	3	4	Ongoing: To date, 414 PAs have been trained during 26 training sessions. This includes PAs in the Analamanga region (MIKOLO area).
	Conduct monitoring and technical assistance to ensure the Simplified Accounting record keeping	1	2	3	4	Ongoing: Responsible Distribution (RD) and Assistant Distribution (AD) staffs have been trained on utilization of monitoring checklists.
	Identify projects to develop income-generating activities of Relay Supply Points (PA RELAIS)	1	2	3	4	Ongoing. 7 IGA (Income Generating Activities) projects were identified and are underway.
	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 & Bayan Global, two PAs have been successfully assisted: one in Antsakoamanondro to purchase a tricycle for use as public transport and one in Djangoa to purchase a rice husking machine with a loan from PAMF. In addition, a loan for one PA in Vohémar was negotiated to purchase a tricycle for use as public transport.
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.
36	Continue collaboration with the super wholesalers (9) to distribute social marketing products at the commercial channel					
	Continue to identify new distributors to reinforce wholesalers network	1	2	3	4	Ongoing: As mentioned above, PSI is exploring a potential collaboration with JB.

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
	Review of contract terms including rewards and recognition performance system	1	2	x	x	Ongoing: PSI will distribute performance recognition awards to super wholesalers who surpass their objectives in July.
36	Improve the pharmaceutical distribution channel					
	Continue to work with Niphar for packaging and invoicing products to the wholesalers	1	2	3	4	Ongoing: All repackaged products and invoicing of pharmaceutical products were completed by Niphar.
	Continue to work with certified wholesalers for pharmaceutical products distribution	1	2	3	4	Ongoing: All certified wholesalers continued to distribute PSI's pharmaceutical products.
	Continue to identify new pharmaceutical distributors	1	2	3	4	Ongoing: One new pharmaceutical wholesaler (NAJMI PHARMA) was identified during this quarter. 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 we 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	Ongoing: PSI participated in the 3 PMI Gestion des Approvisionnements des Stocks (GAS) meetings during the quarter .
	Participate quarterly in the sub-contractor coordination meetings under MOH/DSMER leadership	1	2	3	4	Ongoing: 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.
37	Continue to distribute products directly to supply points in communes accessible by car and by motorbike in MAHEFA and	1	2	3	4	Ongoing
39	Enhance forecasting and data collection functions to decrease the risk of stock out at PA level, exploring SMS and other m-health possibilities as well as a reward/motivational system	1	2	3	4	Ongoing: Collaboration with HNI continues with a motivational system, but PSI distribution staff is continuing to collect and send data directly. With the new pilot distribution strategy, distribution staff will be submitting 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 will reinforce 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.

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
3.3	**Malaria Campaign**					
39	PSI Malaria Campaign activities for 50 districts					
	Organize National Campaign Committee (NCC) meetings where all partners are informed of campaign progress of activities and where the work of sub-committees can be validated.	1	2	x	x	Ongoing: The National Campaign Committee meeting is a regular activity during pre- per- and post-campaign. Six meetings were conducted in Q3.
	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
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	Postponed: The date of the campaign was postponed due to municipal elections. The logistics sub-recipient contracts will be effective July 1, 2015. USAID decided that the LLIN distribution will be conducted 15 days after the election.
	Training of all sub-recipient (SR) logistics personnel at all levels, notably for central level		2	x	x	Postponed: See above.
39	Organize logistics of Long-Lasting Insecticide-Treated Nets (LLIN)					
	Develop and validate logistic micro-planning with health system and NCC at each level (district to central level)			3	x	Ongoing: Elaborating of the logistical micro-planning is ongoing at regional and CSB levels. The NCC will complete validation of these micro-plans in July.
	Develop and publish tenders for selection of transport companies from central level to districts		2	x	x	Initiated: The date of the campaign was postponed due to the delay of municipal elections. Transportation of LLINs should be completed 15 days after the election date. Tenders are ongoing and transport activities from central to district level are planned to be begin August 17 - September 11 2015.

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
39	Produce logistics management tools and M&E tools					
	Transportation campaign IEC, registration & M&E tools--from central to district level		2	x	x	Postponed: The date of the campaign was postponed and the SR logistical contracts will be effective July 1, 2015.
	LLINs transportation of 6,350,000 LLINs from central to district level based on Campaign macro planning			3	x	Postponed: See above.
39	Involve sub-awardees on Mass Campaign distribution					
	Develop and publish tenders for sub-awards selection	1	x			Completed: Completed in Q2, in accordance with the timeline of the campaign.
	Sub-awards contracts and scope of work (SOW)		2	x	x	Initiated: The date of the campaign was postponed. Signature of contract will be July 1, 2015.
	Sub-awards - multiplication of management tools for per, pre and post-campaign (bon de livraison)		2	x	x	Postponed: The SR logistical contracts will be effective July 1, 2015. Activity will start after signature.
	Sub-award - Malaria campaign conducting pre and per campaign		2	3	x	Postponed: See above.
	Sub-awards logistical training for each level		2	3	x	Postponed: See above.
	Sub-awards - 6,350,000 LLINs storage at district level			3	x	Initiated: All LLINs for the 2015 campaign have arrived in Antananarivo. Products are currently being stored at both the PSI and DELIVER warehouses, with the remaining quantities of LLIN planned to be transferred from DELIVER to PSI in Q4. Transport from PSI central to district levels are planned in Q4.
	6,350,000 LLINs transportation from district to site level based on micro planning			3	4	Postponed: LLIN transport from central to district levels will begin in Q4
	Sub-awards - 6,350,000 LLINs storage at site level				4	N/A
	Distribution of 6,350,000 LLINs				4	N/A
	Sub-awards campaign monitoring				4	N/A
	Conduct "hung-up" households visits				4	N/A
39	Monitoring and supervision of Campaign distribution (pre -per -post)					
	Develop tools and procedures necessary for all phases of campaign implementation (training guides & materials, data collection & summary forms, hang-up data collection & summary forms, supervision & monitoring tools), tender orders on campaign tools		2	x		Completed
	Mass campaign monitoring done by PSI team and supervisors, health agents at each level (central to community level)		2	3	4	Ongoing: Monitoring activities are ongoing for census related activities.
	Malaria committee monitoring at district level		2	3	4	Postponed: See above.
	Mass campaign data operator management and final report			3	4	N/A

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
3.4	**Continuous Distribution (CD)**					
	PSI Continuous Distribution for 2 districts and 2 regions					
39	Preparatory activities					
	Prepare, review, and validate continuous distribution (CD) draft guideline by key partners	1	2			Completed: These activities were conducted in December, 2014 and continued in February and March 2015, involving stakeholders at the 2 districts of Vohipeno and Vangaindrano.
	Organize stakeholder's orientation & planning meeting & conduct training of oversight/supervisory committee	1	2			Completed
	Harmonize coordination between all partners involved with the CD (ANC, Programme Elargi de Vaccination (PEV), social marketing, community)		2			Completed. The Continuous Distribution scheme was validated with the NCC and concerned Service de Sante du Districts (SSDs) of Vohipeno and Vangaindrano.
	4 TA recruitment at 2 districts	1	2			Completed
	Produce logistics management tools and M&E tools	1	2			Completed
	Training on logistic, BCC, M&E activities at central and regional levels on CD activities (regions, districts, communes, community)		2	3		Completed: Training on logistics, BCC, and M&E activities at the central , district and community levels on CD activities was conduct in Q2.
39	Ensure logistics: transport, warehousing & supply chain at each level (central, district, communes)					
	Distribution exercise		2	3	X	Ongoing: To date, 13,419 LLINs have been distributed at 114 Fokontany in the districts of Vohipeno and Vangaindrano. This information was collected in Q3.
39	Monitoring and supervision of the CD done by health agents and PSI team at all levels (district, commune, Fokontany)		2	3	X	Ongoing: One supervision session was conducted by PSI during Q3.

CoAg pg	Activity Description	FY Q 1	FY Q 2	FY Q 3	FY Q 4	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
46	**Research**					
	Pretest new tools of the Healthy Family Campaign: MVU spot/film	1	2			Completed: Completed in October 2014.
	Pretest educational tools for new FP products: radio spots, flipchart for rural area		2	3	4	Postponed: The pretest will be postponed to Q3 FY 2016 when the AMM for Confiance Press is expected.
	Acceptability study for subcutaneous injectable among stakeholders (peri-urban providers, CHWs and FP providers in		2	3	4	Postponed: This activity was not initiated in Q3, but will take place in Q1 FY16 due to the revised FP program scheduling for the launch of the new subcutaneous injectable planned at the end of this FY.
	Pretest of Youth Campaign: radio and TV spots, printed materials	1				Completed: Completed in December 2014
	Pretest of youth condom promotion and advertising tools: radio and TV spots	1				Completed: Completed in December 2014
	Pretest brand name and packaging of the emergency contraceptive		x	3	4	Completed: A pretest on logo and packaging of the Emergency Contraceptive were conducted respectively among 47 and 78 PSI employees in Antananarivo in March 2015.
	Pretest of LLIN IEC tools and brochures		2	X	X	Postponed: The malaria program decided to replace this pre-test with a post-test, as all of the IEC tools were previously pretested in 2013. A post-test of IEC materials related to LLIN continuous distribution will be conducted in September 2015.
	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.
	Net durability study 12 months after mass campaign distribution	1	2	X	X	Ongoing: PSI completed the data collection on the first and second components of the study (net survivorship and fabric integrity) for the six sites selected in early March. The second activity (bio-efficacy analysis) is ongoing with IPM, which has extended the activity until the end of November as the number of nets treated every week is very limited. Results will be available in December 2015.
	Net durability study 24 months after mass campaign distribution				X	As per requested by PMI, the net durability study 24 months after mass campaign distribution in 2013 will need to be conducted in September and October 2015 prior to the upcoming mass campaign distribution. Data collection in PMI sites will be completed in September while GF sites will be completed in October/November 2015.
	Tracking Results Continuously (TRaC) FP study among women 15-49 years old		2	3	4	Ongoing: Field preparations are completed. Approval letter by the national research ethics board was received in the beginning of June. Data collection started the last week of June and will continue until mid-August 2015. Results are expected in October 2015.
	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. Preparatory work on the MAP study began in January. Fieldworker training and preparations took place during March and data collection started in the last week of March through the end of May. Data analysis is scheduled in July and August. Results are expected in September 2015.

CoAg pg	Activity Description	FY Q 1	FY Q 2	FY Q 3	FY Q 4	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
	Flash FoQus : Relooking of Sur'Eau 150 ml		2	x		Completed: Flash FoQus is a quick qualitative study to help PSI understand the consumer brand image and determine the target group's perceptions about Sur'Eau 150 ml. This study was added to the work plan and was conducted among upper- and middle-class women users and non-users of Sur'Eau in urban and peri-urban Antananarivo during the last two weeks of March 2015. Results are available.
	Evaluate the pilot phase of Sûr'Eau tablet including the communication tools and packaging		2	3	x	Ongoing: Data collection for the Vatomandry household survey was completed the last week of March. Results became available the last week of April 2015. An internal dissemination was organized the third week of May and the report will be available in July 2015.
	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. Baseline results are expected the fourth week of August. An endline study is scheduled in November to evaluate the efficiency of the pilot phase.
	Evaluate the pilot demand-side community savings mechanisms in 2 Top Réseau sites (peri-urban)			3	4	The responsibility for this study was transferred to Banyan Global, who will recruit a consultant to ensure the lead for data collection and data analysis, with support from PSI's research team.
Monitoring and Evaluation (M&E)						
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 selivery 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.

CoAg pg	Activity Description	FY Q 1	FY Q 2	FY Q 3	FY Q 4	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
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.
Gender Activities						
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	The Healthy Images of Manhood (HIM) strategy is an integration of positive male images and messages into PSI's existing IEC/BCC/Marketing activities. In Q2, IntraHealth and PSI conducted joint supervision related to the HIM strategy in the Antananarivo region. A workshop will be held in July 2015 with all supervisors to review best practices and lessons learned. An evaluation of the HIM approach will take place in August 2015, followed by another joint supervision visit by PSI and IntraHealth for the remaining three sites (Antsirabe, Manakara, and Morondava) in September 2015.
	Document the implementation of HIM			3	4	The documentation of the HIM approach for sites within Antananarivo (center and peri-urban areas) was completed during field reviews in April 2015. This exercise will continue in Q4 given the planned workshops, evaluations, and further joint supervision visits mentioned above.
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	Ongoing: The marketing plan of the new youth condom was updated with a gender component.

CoAg pg	Activity Description	FY Q 1	FY Q 2	FY Q 3	FY Q 4	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
	Build organizational capacity in implementing gender transformative programming	1	2	3	4	Ongoing: Capacity-building of IPC Supervisors and FP Counselors on gender was completed during this quarter.
	Document the women's economic empowerment part of the business training program conducted by Banyan Global	1	2	3	4	Ongoing: Following a provider training on microfinance, 3 providers received microfinance loans, including one female provider. IntraHealth/PSI will document the process as to how these providers benefited from microfinance activities, focusing on a case study of the female provider. This documentation will be available with recommendations on how to improve the implementation of economic empowerment through microfinancing among female providers.
	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 and tested with supervisors and peer educators in April 2015.
	Participate in the USAID/ Gender Working Group	1	2	3	4	Ongoing: The IntraHealth team led an exercise on developing an action plan to ensure the implementation of recommendations from the conference on the celebration of the International Women's Day event held on March 13, 2015. The IntraHealth team will be responsible for compiling and coordinating activities and ensuring follow up. In addition, Gender Links, an organization supporting gender equality, organized a national summit where IntraHealth/PSI were selected to do an oral presentation of the GBV referral system among Top Reseau providers.
General/International travel						
	Backstopping support from PSI/HQ (2 trips in FY 2015, timing TBD) in e.g. finance/accounting/ logistics/procurement/supply chain/M&E		2	X	4	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 is in the final stages of updating the manual and plans to begin implementation in Q4. 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.

CoAg pg	Activity Description	FY Q 1	FY Q 2	FY Q 3	FY Q 4	Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
	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. Implementation would be completed by September 2015.
	Technical assistance (2 trips) from Banyan Global's DC based program manager to monitor implementation of BG's work plan	1		3	4	Completed for Q1: One TA trip was completed in Q1 (Oct 5-12, 2014) by the Banyan Global D.C Program Manager. The next trip will likely occur in Q4 (originally anticipated for either Q3 or Q4), depending on progress of the work plan, particularly around the mutual health insurance program.
	Technical assistance (1 trip) from IntraHealth staff (Boniface Sebikali) to support implementation of IntraHealth's work plan, and in particular support to the development of quality audit tools for Child Survival/IMCI.		2	3		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.
39	**Environment**					
	Train staff on activity-specific environmental mitigation activities	1	2	3	4	Ongoing
	Update Environmental Mitigation and Monitoring Report (EMMR)	1	2	3	4	Completed for Q1, Q2, & Q3

Annex A:

Results Framework Including Quarterly Activity Results

Quarterly Reports Results Framework

ISM Program

PSI/Madagascar (2013-2017)

1-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 1-19 years of age per 1,000 women in that age group	2012/13	163	N/A	0	N/A	130	N/A	N/A	108	5 years
1b		INSTAT/ENSOMD 2012/13	Total Fertility Rate (per 1,000)	The average number of children that would be born to a woman over her lifetime	2012/13	5.0								
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	0	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 ocurred during pregnancy or delivery as a proportion of the number of live births	2012/13	478	N/A	0	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	0%	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	FY15	Target		Frequency of data collection
					Year	Value	Achievement FY13	Achievement FY14	Target FY14	Achievement % FY14	Quarterly Achievemen Apr-Jun	Achievement FY15	Target FY15	Achievement % FY15	FY16	FY17	
6	SO1	TRaC FP 2014 2015	Modern Contraceptive Prevalence Rate among women in union (in urban and rural, by age and by method) NB. Included in USAID Standard Indicator List	Number of WRA 15 to 49 years old and 15 to 24 years old who use modern contraception as a proportion of WRA 15 to 49 years old in union and 15 to 24 years old in union in rural and urban areas	2012	15-49: **National:** 37.9% **Rural:** 36.7% **Urban:** 43.9%					N/A	N/A	15-49: 42.9%	N/A			2-3 years
						15-24: **National:** N/A **Rural:** 29.6% **Urban:** N/A					N/A	N/A	15-24: 34.6%	N/A			
7	SO2	TRaC IMCI 2014-2016	Percentage of households who treated their drinking water prior to consumption in last 24 hours (including chlorine, boiling, filtering, etc.) (urban and rural)	Number of households who treated their drinking water prior to consumption in the last 24 hour (including chlorine, boiling, filtering, etc.) as a proportion of all households in urban and rural areas	2011	32.4%		**National:** 38.7% **Rural:** 38.5% **Urban:** 39.5%	38%	101.8%					43%		2-3 years
8	SO3	TRaC IMCI 2014-2016	Percentage of CU5 with diarrhea in the last two weeks who received combined ORS & zinc treatment (urban and rural)	Number of CU5 with diarrhea who received combined ORS & zinc treatment as a proportion of all CU5 with diarrhea in urban and rural areas	2011	3.6%		**National:** 8.1% **Rural:** 7.6% **Urban:** 9.7%	8%	101.3%					12%		2-3 years
9	SO4	TRaC IMCI 2014-2016	Percentage of CU5 with cough and rapid breathing in the last two weeks who received the recommended antibiotic (urban and rural) [1]	Number of CU5 with cough and rapid breathing who received the recommended antibiotic (Cotrimoxazole and Amoxicilline) as a proportion of all CU5 with cough and rapid breathing in urban and rural areas	2011	50.9%		**National:** 52.4%	55%	95%					60%		2 years
10	SO5	MIS survey 2013-2015 (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% **Rural:** 61.0% **Urban:** 67.1%				N/A	N/A	75%	N/A			2 years
11	SO6	MIS survey 2013-2015 (baseline: 2011)	Proportion of CU5 who slept under an insecticide-treated net (ITN) the previous night (urban and rural) NB. Included in USAID Standard Indicator List	Number of CU5 who slept under an ITN the previous night as a proportion of all CU5 in urban and rural areas	2011	76.5%	**National:** 61.5% **Rural:** 60.7% **Urban:** 74.8%				N/A	N/A	80%	N/A			2 years
12	SO7	MIS survey 2013-2015 (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% **Rural:** 66.8% **Urban:** 79.5%				N/A	N/A	80%	N/A			2 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	FY15	Target		Frequency of data collection
					Year	Value	Achievement FY13	Achievement FY14	Target FY14	Achievement % FY14	Quarterly Achievemen Apr-Jun	Achievement FY15	Target FY15	Achievement % FY15	FY16	FY17	
13	SO8	MIS survey 2013-2015 (baseline: 2011)	Percentage of CU5 who received an RDT (proxy: finger or heel prick) to diagnose malaria among those who had a fever in the past two weeks[2] (urban and rural)	Number of CU5 with a fever in the past two weeks who received an RDT (proxy: finger or heel prick) to diagnose malaria as a proportion of all CU5 who had a fever in the past two weeks	2011	**National:** 6.2% **Rural:** 6.1% **Urban:** 8.6%	**National:** 13.4% **Rural:** 13.6% **Urban:** 9.1%				N/A	N/A	20%	N/A			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	151%	285,630	736,639	890,762	82.7%	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%	207,025	590,315	616,280	95.8%	TBD	TBD	Quarterly

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

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

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

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PSI/Madagascar (2013-2017)

3-Output Level Indicator

Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline Year	Baseline Value	Area	Sex	Age	FY13 Achievement FY13	FY14 Achievement FY14	FY15 Quarterly Achievemen Apr-Jun	FY15 Achievement FY15	FY15 Target FY15	FY15 Achievement % FY15	Targets FY16	Targets FY17	Frequency of data collection
16	FP1.1	TRaC FP 2014 – 2015	Percentage of WRA reporting no myths or misconceptions regarding modern FP methods (urban, rural, and by age)	Number of WRA 15 to 49 years old and 15 to 24 years old reporting no myths or misconceptions regarding modern FP methods as a proportion of all WRA 15 to 49 years old and 15 to 24 years old in urban and rural areas	2012	**National:**16.6%	National	Female	15-49			N/A	N/A	Baseline+5%	N/A			2-3 years
						Urban: 13,3%	Urban											
						Rural: 17,3%	Rural											
						Rural: 88,2%	Rural	Female	15-24									
17	FP1.2	TRaC FP 2014 – 2015	Percentage of WRA who perceive that their partner support them to use modern contraceptives (urban, rural, and by age)	Number of WRA 15 to 49 years old and 15 to 24 years old who perceive that their partner support them to use modern contraceptives as a proportion of all WRA 15 to 49 years old and 15 to 24 years old in urban and rural areas	2012	**National:** 67.8%	National	Female	15-49			N/A	N/A	Baseline+5%	N/A			2-3 years
						Urban: 58,0%	Urban											
						Rural: 71,9%	Rural											
						Rural: 58,2%	Rural	Female	15-24									
18	DP1.1	TRaC IMCI 2014-2016	Percentage of target audience who know two ways to prevent diarrhea (urban and rural, and by sex)	Number of male and female target audience who know at least two ways to prevent diarrhea as a proportion of all male and female target audience in urban and rural areas	2011	47.7%	National	Male Female			50.9%					National: 60%		2-3 years
							Urban				47.2%							
							Rural				68.8%							
19	DP1.2	TRaC IMCI 2014-2016	Percentage of target group who know the three key messages of Diorano WASH (urban and rural)	Number of target group who know the three key messages of Diorano WASH (emphasizes potable water, latrine use and hand washing) as a proportion of all target group in urban and rural areas	2011	0.3%	National				0.8%					National: 9%		2-3 years
							Urban				0.2%							
							Rural				3.4%							
20	DT1.3	TRaC IMCI 2014-2016	Percentage of target group who cite that diarrhea treatment with ORS and Zinc is effective (urban and rural, and by sex)	Number of target group who perceived that ORS and Zinc is effective to treat diarrhea as a proportion of all target group in urban and rural areas	2011	3%	National	Male Female			8.7%					National: 12%		2-3 years
							Urban				13.5%							
							Rural				7.8%							
21	PI.1	TRaC IMCI 2014-2016	Percentage of target group who cite cough and rapid breathing as the main symptoms of ARI/pneumonia (urban and rural, and by sex)	Number of male and female target group who cite cough and rapid breathing as the main symptoms of ARI/pneumonia as a proportion of all male and female target group in urban and rural areas	2011	6.3%	National	Male Female			55.9%					65%		2-3 years
							Urban				N/A							
							Rural				55.3%							
22	PI.2	TRaC IMCI 2014-2016	Percentage of caregivers with knowledge on ways to prevent pneumonia in children under five – including exclusive breastfeeding for the first six months (urban and rural, and by sex)	Number of male and female caregivers who know at least one way to prevent pneumonia in child under five including exclusive breastfeeding for the first six months as a proportion of all male and female caregivers in urban and rural areas	2011	N/A	National				0.6%					12%		2-3 years
							Urban				0%							
							Rural				0%							

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3-Output Level Indicator

Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline Year	Baseline Value	Area	Sex	Age	FY13 Achievement FY13	FY14 Achievement FY14	FY15 Quarterly Achievement Apr-Jun	FY15 Achievement FY15	FY15 Target FY15	FY15 Achievement % FY15	Targets FY16	Targets FY17	Frequency of data collection
23	MP1.1	MIS survey 2013-2015	Percentage of target group who cite that sleeping under an LLITN every night prevents them from getting malaria (urban and rural, and by sex)	Number of male and female target group who know that sleeping under an LLITN every night prevents from getting malaria as a proportion of all male and female target group in urban and rural areas	2011	N/A	National	Male Female		**National:** 21.3%		N/A	N/A	80%	N/A			2 years
							Urban			**Urban:** 29.3%								
							Rural			**Rural:** 20.6%								
24	MP1.5	MIS survey 2013-2015	Percentage of pregnant women who know to go to a basic health center to receive two doses of IPTp during pregnancy	Number of pregnant women who know to go to a basic health center to receive two doses of IPTp as a proportion of all pregnant women in urban and rural area	2011	70.5%	National	Female		**National:** 72.6%		N/A	N/A	77%	N/A			2 years
							Urban			**Urban:** 68.2%								
							Rural			**Rural:** 73%								
25	MT1.7	MIS survey 2013-2015	Percentage of target group who perceive ACTs including ASAQ and/or ALU as an effective treatment for malaria for CU5 (urban and rural, and by sex)	Number of male and female target group who perceived that ACTs including ASAQ and/or ALU is effective to treat malaria for CU5 as a proportion of all male and female target group in urban and rural areas	2011	19% (ASAQ only)	National	Male Female		**National:** 32%		N/A	N/A	55% (per USAID request)	N/A			2 years
							Urban			**Urban:** 43%								
							Rural			**Rural:** 29.6 %								
26	SC3.1	For rural areas: MIS For urban areas: MAP	Coverage of social marketed products (by product, urban and rural)	Number of distribution areas that have outlets with social marketed products (according to minimum standards for each product)														Mid way during life of project
				Pilplan OC Community	2011	N/A	Rural			N/A	0% [1]	N/A	N/A	80%	N/A		90%	
				Pilplan OC Pharmaceutical	2011	58.4%	Urban			N/A	0%	N/A	N/A	65%	N/A		75%	
				Confiance Inj Community	N/A	N/A	Rural			N/A	0%	N/A	N/A	80%	N/A		90%	
				Confiance Inj Pharmaceutical	2011	45.5%	Urban			N/A	0%	N/A	N/A	60%	N/A		70%	
				Safe Water Solution (Sûr'Eau)	N/A	N/A	Rural			N/A	0%	N/A	N/A	80%	N/A		90%	
					2005	65.6%	Urban			N/A	0%	N/A	N/A	70.8%	N/A		80%	
				Hydrazinc DTK (Pharmaceutical)	N/A	N/A	Urban			N/A	0%	N/A	N/A	55%	N/A		65%	
				Viasur DTK (Community)	N/A	N/A	Rural			N/A	0%	N/A	N/A	80%	N/A		90%	
				Pneumostop	N/A	N/A	Rural			N/A	0%	N/A	N/A	80%	N/A		90%	
27	SC3.2	Program MIS	Percentage of trained community supply points in USAID HPN supported project zones who report no stock out of social marketed products in the last month (by distribution zone and by product)	Number of trained community supply points that didn't have a stock out of social marketed products in the last month as a proportion of all trained community supply points in each distribution zone for each product	2012	80%				N/A	All products : 34% FP products : 82% Child survival products : 36%		All products : 36,6% FP products : 76% Child survival products : 37%				90%	Quarterly
28	CB2.3	Client Satisfaction Surveys, 2013, 2016	Percentage of clients indicating satisfaction for services received at a *Top Réseau* clinic (urban and rural, by age, by type of service, and by client	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	2013	N/A		Female Youth		100%						Maintain at 95% or more		Twice during the life of project
								Male Youth		95%								
								Women > 24		98%								

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3-Output Level Indicator

Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline		Area	Sex	Age	FY13	FY14	FY15	FY15			Targets		Frequency of data collection
					Year	Value				Achievement FY13	Achievement FY14	Quarterly Achievemen Apr-Jun	Achievement FY15	Target FY15	Achievement % FY15	FY16	FY17	
		2016	sex)	Réseau clients in urban and rural areas by age for each type of service				Caregivers of CU5		100%								
29	CB2.4	Mystery Client Surveys 2014-2016	Percentage of *Top Réseau* providers reaching minimum service quality standards for FP and IMCI services (urban and rural, by provider sex and by type of service)	Number of male and female *Top Réseau* providers reaching minimum service quality standards for FP and IMCI services as a proportion of all male and female *Top Réseau* providers in urban and rural areas by type of service	2009	35%				N/A	FP : 0% IMCI : 0%					80% (per USAID request)		Once during the project life
30	SM3.8	Total Market Analysis	Total Market Value for FP (oral and injectable contraceptives)[2]	Price times volume for each product on the market (public sector, social marketing and private sector)	TBD	OCs : TBD Inj. Contra-ceptives : TBD				N/A	N/A						OCs Baseline+10% Inj. Contra-ceptives Baseline+10%	2-3 years (NB. Frequency will depending on chosen methodology and related

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

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

NB: 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 Year	Baseline Value	Area	Service Type	Sexe	Age	FY13 Achievement FY13	FY14 Achievement FY14	FY14 Target FY14	FY14 Achievement % FY14	FY15 Quarterly Achievemen Apr-Jun	FY15 Achievement FY15	FY15 Target FY15	FY15 Achievement % FY15	Targets FY16	Targets FY17	Frequency of data collection
31	**FP1.3**	Program MIS	Number of target population reached through mid-media (mobile video units) communication on FP (urban and rural, by age, and by sex)	Number of male and female target population reached through mid-media (mobile video units) (including projections, special events, flash sales) communication on FP in urban and rural areas	2012	22,563	Urban		M		60,868	10,152	36,000	153%	1,785	7,542	72,000	58%	96,000	120,000	Quarterly
									F			12,697			2,401	9,195					
							Rural		M			14,215			4,400	11,380					
									F			17,895			5,435	13,390					
							TOTAL					**54,959**			**14,021**	**41,507**					
32	**FP1.4**	Program MIS	Number of target population reached through IPC activities on FP (urban and rural, by age, and by sex) (1)	Number of male target population reached through IPC activities on FP in urban and rural areas by age	2011	237,750	Urban		M	15-24	5,811	21,118	336,309	172%	10,761	32,159	690,873	96%	1,045,437	1,400,000	Quarterly
										25-49		939			1,394	4,643					
										Other		61			54	193					
							Rural			15-24		0			0	0					
										25-49		0			0	0					
										Other		0			0	0					
							TOTAL (Male)					**22,118**			**12,209**	**36,995**					
				Number of female target population reached through IPC activities on FP in urban and rural areas by age			Urban		F	15-24	363,891	243,808			79,934	289,485					
										25-49		307,817			87,529	333,417					
										Other		3,508			1,226	3,441					
							Rural			15-24		0			0	0					
										25-49		0			0	0					
										Other		0			0	0					
							TOTAL (Female)					**555,133**			**168,689**	**626,343**					
33	**DP/DT 1.4**	Program MIS	Number of target population reached through mid-media communications (mobile video unit) on diarrhea prevention and treatment (urban and rural, and by sex)	Number of male and female target population reached through mid-media communications (mobile video unit) on diarrhea prevention and treatment in urban and rural areas	2011	21 419	Urban		M		58,330	5,275	36,000	139%	620	2,735	72,000	53%	96,000	120,000	Quarterly
									F			6,170			780	3,465					
							Rural		M			17,685			7,165	14,375					
									F			21,075			9,306	17,551					
							TOTAL					**50,205**			**17,871**	**38,126**					
34	**S1.1**	Program MIS	Number of new *Top Réseau* health clinics integrated into the franchised network (urban and rural, and by provider sex)	Number of *Top Réseau* health clinics recruited into the franchised network in urban and rural areas (cumulative)	2012	0	Urban				9	18	20	90%	38	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	**S1.2**	Program MIS	Number of *Top Réseau* health clinics offering integrated services in at least three health areas (FP/RH; IMCI/nutrition; malaria) (urban and rural)	Number of *Top Réseau* health clinics offering at least three health areas (FP/RH; IMCI/nutrition; malaria) in urban and rural areas (cumulative)	2012	213	Urban				226	205	233	88%	207	207	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)	Number of male and female *Top Réseau* providers trained in business training & financial management in urban areas (cumulative)	2012	0	Urban		M		35	42	150	75%	68	68	n/a	n/a	n/a	150	Quarterly
									F		74	71			116	116					
							TOTAL				**109**	**113**	**150**	**75%**	**184**	**184**	**n/a**	**n/a**	**n/a**	**150**	
37	**CB 2.2**	Program MIS	Number of new *Top Réseau* providers who received quality training (urban and rural, and by provider sex)	Number of male and female new *Top Réseau* providers who received quality training in urban and rural areas	2012	0	Urban		M		46	6	30	203%	1	3	10	70%	5	60	Quarterly
									F			16			0	4					
							Rural		M			23			0	0					
									F			16			0	0					
							TOTAL					**61**			**1**	**7**					

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PSI/Madagascar (2013-2017)

4-Activity Level Indicator

Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline Year	Baseline Value	Area	Service Type	Sexe	Age	FY13 Achievement FY13	FY14 Achievement FY14	FY14 Target FY14	FY14 Achievement % FY14	FY15 Quarterly Achievemen Apr-Jun	FY15 Achievement FY15	FY15 Target FY15	FY15 Achievement % FY15	Targets FY16	Targets FY17	Frequency of data collection
38	**PS3.1**	Program MIS	Number of target group clients receiving youth FP services at *Top Réseau* health clinics (urban and rural, by age, by client sex, by type of service, and by voucher or insurance)	Number of male target group clients receiving youth FP services at *Top Réseau* health clinics in urban and rural areas by age for each type of service (With voucher)	2012	n/a	Urban	FP	M	<15	267	7	750	276%	1	2	2,171	85%	FY 2015 achievement+ 5%	FY 2016 achievement+ 5%	Quarterly
										15-24		2,043			584	1,823					
										>25		18			4	15					
							Rural			<15		0			0	0					
										15-24		0			0	0					
										>25		0			0	0					
							TOTAL (Male)					**2,068**			**589**	**1,840**					
				Number of female target group clients receiving youth FP services at *Top Réseau* health clinics in urban and rural areas by age for each type of service, and by voucher or insurance (With voucher)	2012	n/a	Urban	FP	F	<15	71,338	82	74,905	84%	11	69	66,163	78%			
										15-24		37,944			10,843	32,203					
										>25		24,986			6,526	19,178					
							Rural			<15		0			0	0					
										15-24		0			0	0					
										>25		0			0	0					
							TOTAL (Female)					**63,012**			**17,380**	**51,450**					
				Number of male target group clients receiving youth FP services at *Top Réseau* health clinics in urban and rural areas by age for each type of service (With Insurance)	n/a	n/a	Urban	FP	M	<15	n/a	0	n/a	n/a	0	0	250	0%	500	n/a	
										15-24		0			0	0					
										>25		0			0	0					
							Rural			<15		0			0	0					
										15-24		0			0	0					
										>25		0			0	0					
							TOTAL (Male)					**0**			**0**	**0**					
				Number of female target group clients receiving youth FP services at *Top Réseau* health clinics in urban and rural areas by age for each type of service, and by voucher or insurance (With Insurance)	n/a	n/a	Urban	FP	F	<15	n/a	0	n/a	n/a	0	0					
										15-24		0			0	0					
										>25		0			0	0					
							Rural			<15		0			0	0					
										15-24		0			0	0					
										>25		0			0	0					
							TOTAL (Female)					**0**			**0**	**0**					
39	**PS3.2**	Program MIS	Number of target group clients receiving IMCI services at a *Top Réseau* clinic (urban and rural, by age, by client sex, by type of service)	Number of 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	22,265	34,313	135%	7,072	17,990				FY 2013 achievement +10%	Quarterly
									F			20,305			6,870	17,032					
							Rural		M			2,011			1,040	2,864					
									F			1,820			925	2,484					
							TOTAL					**46,401**			**15,907**	**40,370**					
			Number of target group clients receiving IMCI services at a *Top Réseau* clinic (urban and rural, by age, by client sex, by type of service, and with insurance)	Number of 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, and with insurance	2012	n/a	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														
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
									F						0	0					
							Rural		M						0	0					
									F						0	0					
							TOTAL								**0**	**0**					

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4-Activity Level Indicator

Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline Year	Baseline Value	Area	Service Type	Sexe	Age	FY13 Achievement FY13	FY14 Achievement FY14	FY14 Target FY14	FY14 Achievement % FY14	FY15 Quarterly Achievemen Apr-Jun	FY15 Achievement FY15	FY15 Target FY15	FY15 Achievement % FY15	Targets FY16	Targets FY17	Frequency of data collection
41	**PS3.4**	Program MIS	Number of target group clients accessing demand-based financing (invitation, voucher) schemes for *Top Réseau* clinics (urban and rural, age, sex, service type) (3)	Number of male and female target group clients accessing *Top Reseau* clinics for subsidized services with peer introduced invitation in urban areas by age for each service type	2014	n/a	Urban		M	15-24	n/a	31	480	13%	172	267	TBD	TBD	TBD	TBD	Quarterly
									F	15-24		29			67	156					
							TOTAL					**60**			**239**	**423**					
				Number of male and female target group clients accessing demand-based financing **(voucher)** schemes for *Top Réseau* clinics in urban and rural areas by age for each service type	2014	n/a	Urban		M	15-24	n/a	595	n/a	n/a	704	1,873	35,000	102%	TBD	TBD	
									F	15-24		16,175			10,828	33,905					
							Rural		M	15-24		0			0	0					
									F	15-24		0			0	0					
							TOTAL					**16,770**			**11,532**	**35,778**					
42	**SM3.1**	Program MIS	Number of social marketed products distributed (by product and by channel)	**Family Planning**	2012	See table 1															Quarterly
				Pilplan OC Community							1,231,875	1,976,803	1,712,114	115%	823,279	1,897,819	2,157,552	88%	2,373,307	2,634,371	
				Pilplan OC Pharmaceutical							1,046,689	1,626,810	1,141,409	143%	133,400	924,460	1,438,368	64%	1,582,205	1,756,247	
				Total Pilplan							**2,278,564**	**3,603,613**	**2,853,523**	**126%**	**956,679**	**2,822,279**	**3,595,920**	**78%**	**3,955,512**	**4,390,618**	
				Confiance Inj Community							826,471	1,355,153	725,149	187%	78,200	747,757	1,225,149	61%	1,347,664	1,495,907	
				Confiance Inj Pharmaceutical							487,191	746,455	483,432	154%	630,695	937,975	816,759	115%	898,435	997,263	
				Total Confiance							**1,313,662**	**2,101,608**	**1,208,581**	**174%**	**708,895**	**1,685,732**	**2,041,908**	**83%**	**2,246,099**	**2,493,170**	
				Rojo Cyclebeads							23,351	18,186	21,000	87%	3,978	14,361	22,050	65%	23,153	24,311	
				IUD							21,084	26,767	18,900	142%	6,961	20,068	19,845	101%	20,837	21,879	
				Implanon Implant							2,165	5,200	2,382	218%	1,189	3,465	3,820	91%	4,011	4,212	
				Jadelle Implant							n/a	n/a	n/a	n/a	842	1,056	525	201%	551	579	
				FP Youth Condom (4)							n/a	n/a	n/a	n/a	52,980	52980	546,000	10%	1,136,700	1,179,210	
				Emergency Contraceptive (5)							n/a	12,874	13,000	99%	0	104	n/a	n/a	50,000	65,000	
				Child Survival																	
				Viasur DTK (Community)							34,144	100,976	95,000	106%	50,305	298,124	118,645	251%	124,577	140,868	
				Hydrazinc DTK (Pharmaceutical)							50,790	29,996	69,535	43%	11,455	78,425	63,886	123%	67,080	60,372	
				Total DTK							**84,934**	**130,972**	**164,535**	**80%**	**61,760**	**376,549**	**182,530**	**206%**	**191,657**	**242,630**	
				Sur Eau 40 ml Community							333,231	436,996	507,794	86%	125,583	334,080	400,000	84%	1,119,685	1,322,628	
				Sur Eau 150 ml Commercial							1,642,191	2,052,706	2,031,175	101%	482,258	1,423,559	1,186,133	120%	1,679,528	1,616,546	
				Sur Eau (watertablet)							n/a	n/a	n/a	n/a	211,730	275,730	3,040,000	9%	TBD	TBD	
				Pneumostop Community (tablet)							n/a	139,310	99,000	141%	61,618	243,587	234,185	104%	0	0	
				Pneumostop Community (syrop)							24,949	132,514	96,000	138%	51,933	52,549	97,200	54%			
				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%	656,450	1,371,976	880,000	156%	940,000	1,006,691	
				Chlorhexidine Tube (CHX)							n/a	n/a	n/a	n/a	0	0	447,145	0%	0	0	
43	**SM3.3**	Program MIS	Number of insecticide treated nets (ITNs) purchased in any fiscal year with USG funds that were distributed in this reported fiscal year through campaigns	Number of ITN/LLIN distributed in this reported fiscal year	2012	2,111,750					0	2,498,300	2,700,000	93%	0	0	6,350,000	0%	0	TBD	Post campaign in 2013 and 2015
44	**SM 3.4**	Program MIS	Number of insecticide treated nets (ITNs) purchased in any fiscal year with USG funds that were distributed in this reported fiscal year through the private/commercial sector	Number of ITN/LLIN distributed	2012	0					0	77,261	50,000	155%	4,289	122,556	122,739	99.9%	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	31,954	31,954	50,000	64%	TBD	TBD	Quarterly

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 Achievemen Apr-Jun	Achievement FY15	Target FY15	Achievement % FY15	FY16	FY17	
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%	26,625	169,419	n/a	n/a	TBD	TBD	Quarterly
47	**SM3.6b**	Program MIS	Number of health workers (*Top Reseau* 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 F		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	8	10	10	n/a	n/a		Commercial : 5-10	
						Pharmaceutical : 13					13	13	13	13	13	13	n/a	n/a		Pharmaceutical : 14	
						Community : 870					1,088	1,122	1,155	97%	1,178	1178	n/a	n/a		Community : 1 200	

(1) Results include results from WHP financed IPC agents

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

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

(4) Distribution launched in FY 2015.

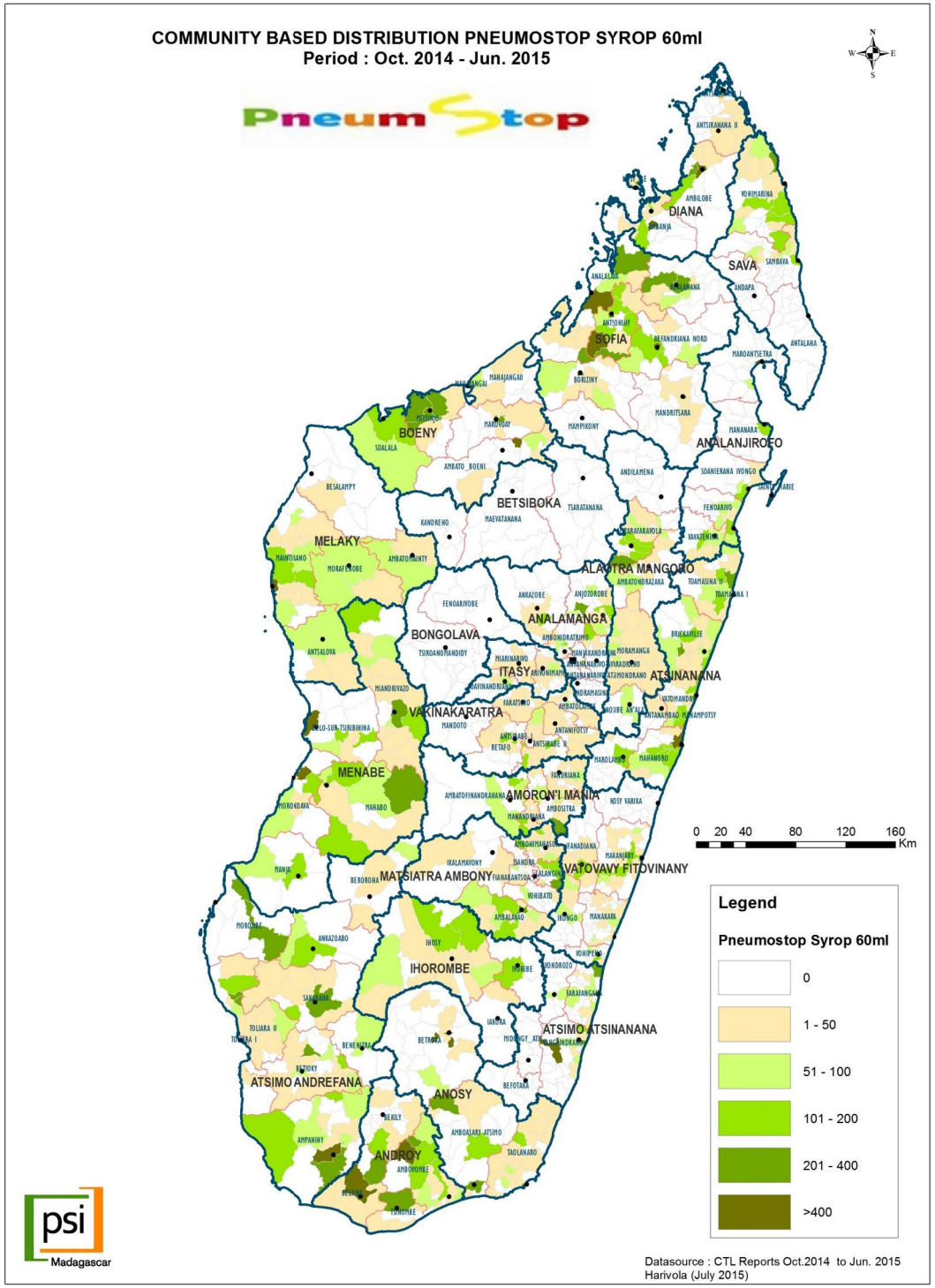
(5) This refers to 13 000 donated product units from MSI, which is being distributed to *Top Reseau* clinics. New EC product will be launched in FY 15, hence EC targets for FY 15, FY 16 and 17.

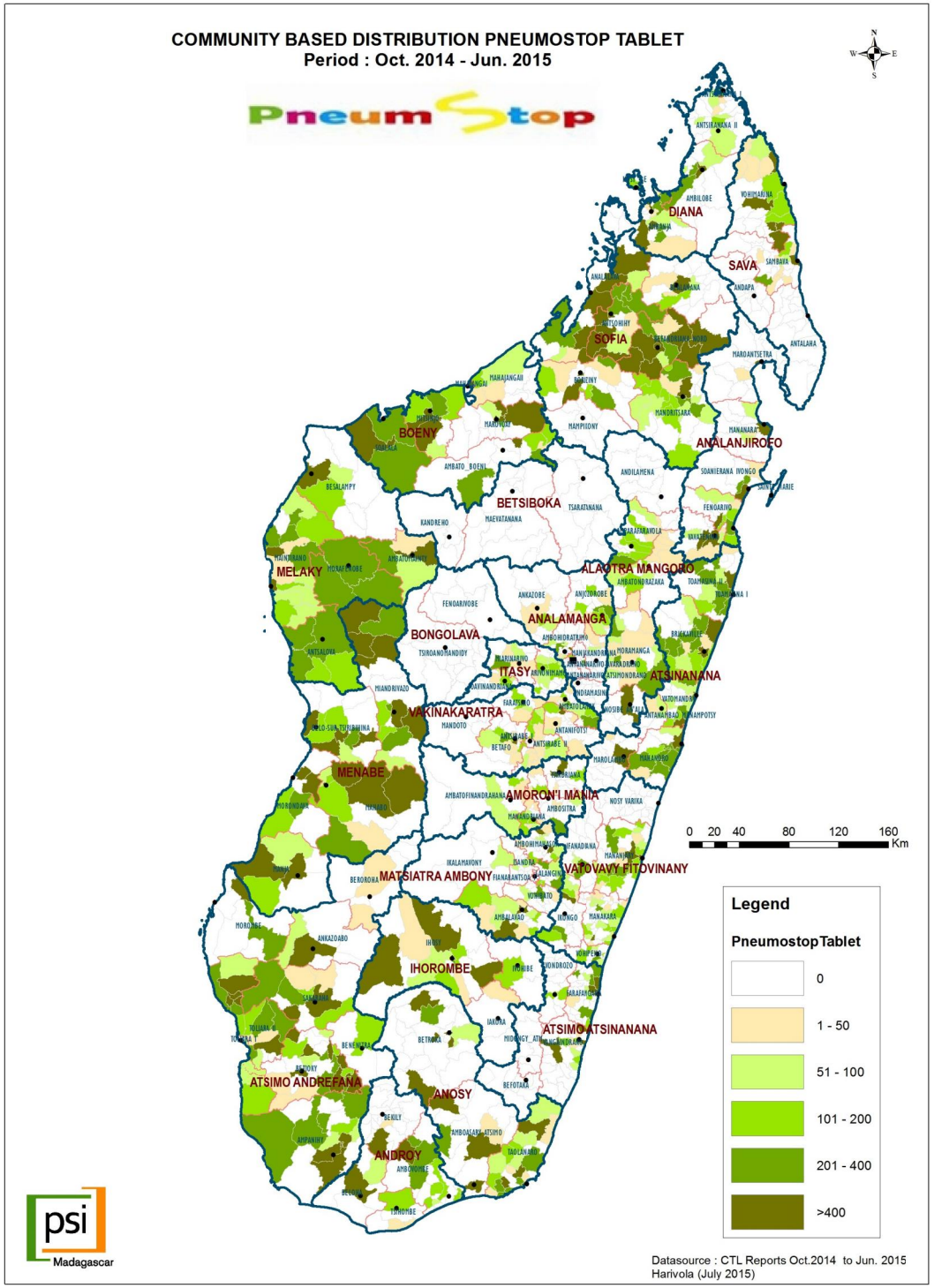
Annex B:

Distribution Graphs/Maps

Annex B1a - MATERNAL AND CHILD HEALTH (FY15)

(Pneumonia Prepackaged Treatment)





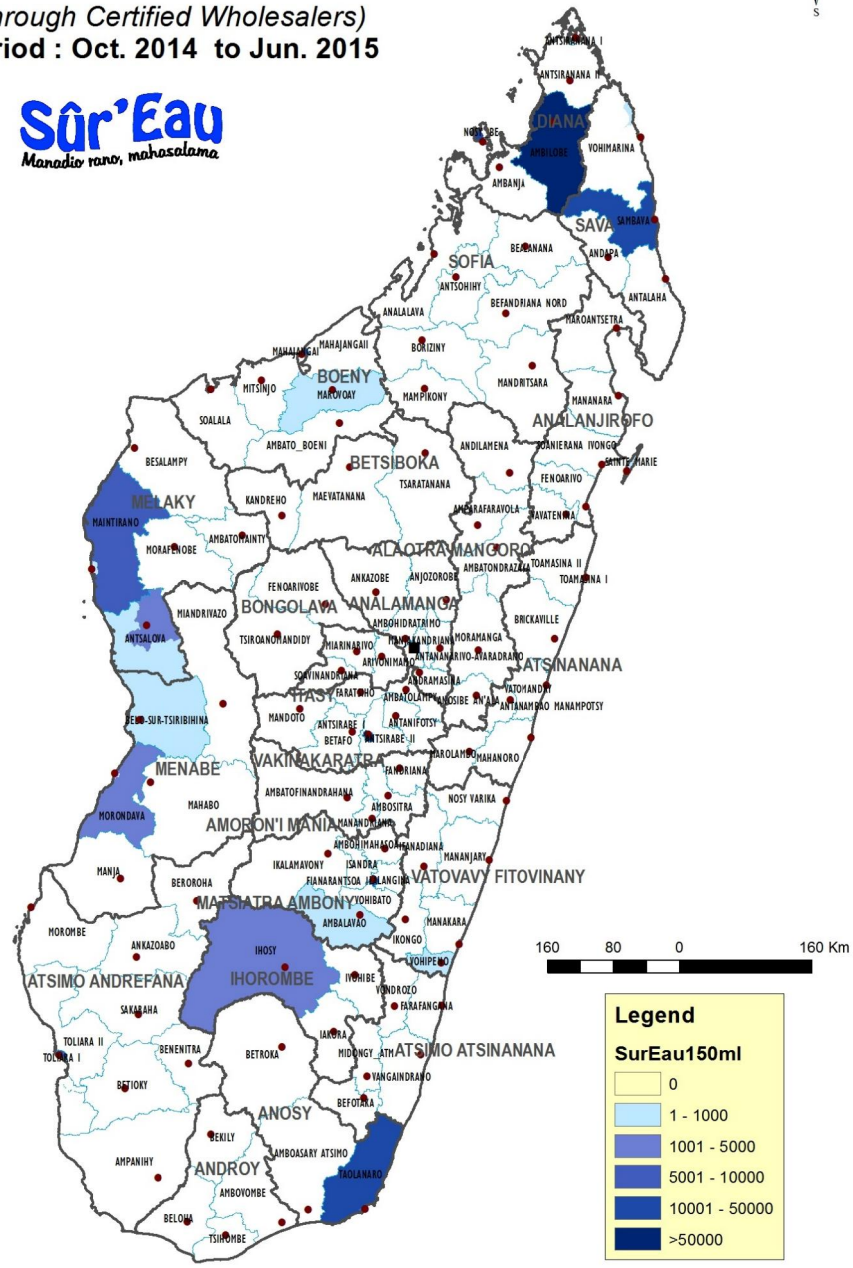
Annex B1b - MATERNAL CHILD AND HEALTH (FY15)

(Diarrheal diseases prevention and treatment)

COMMERCIAL DISTRIBUTION SUR'EAU 150ml

(through Certified Wholesalers)

Period : Oct. 2014 to Jun. 2015

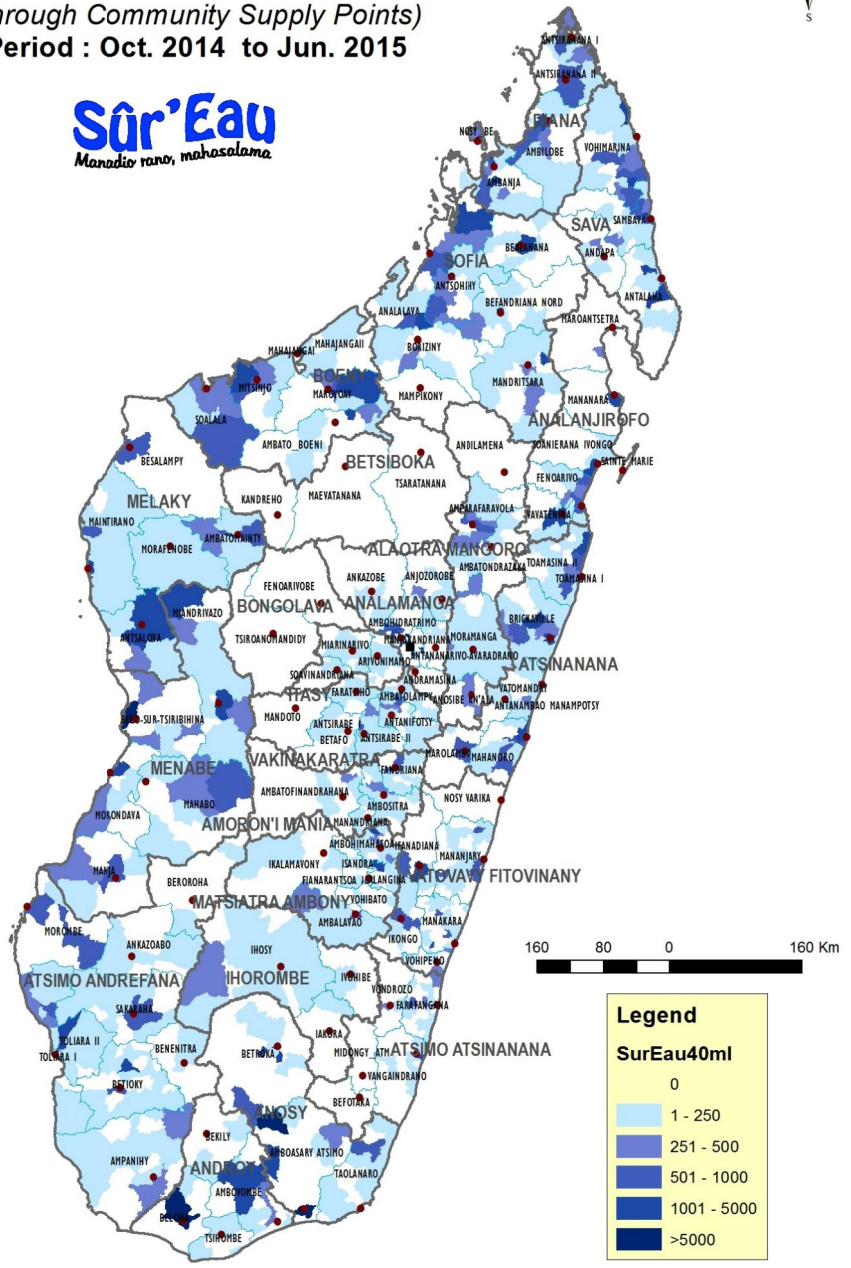


Datasource : CTL Reports Oct.14 to Jun. 15
Harivola (Jul. 2015)

COMMUNITY BASED DISTRIBUTION SUR'EAU 40ml

(through Community Supply Points)

Period : Oct. 2014 to Jun. 2015



Datasource : CTL Reports Oct.14 to Jun. 15
Harivola (Jul. 2015)

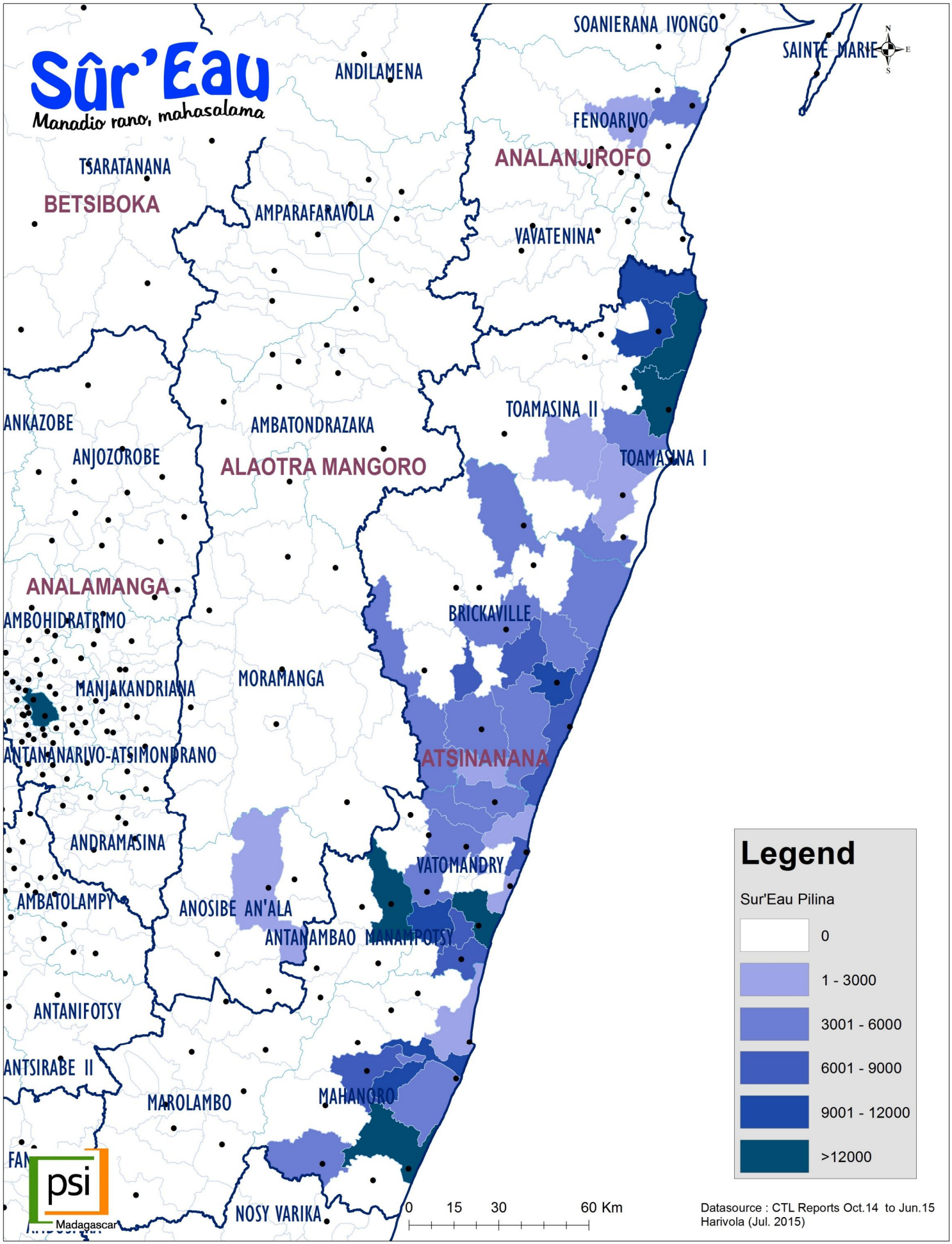
Annex B1c - MATERNAL CHILD AND HEALTH (FY15)

(Diarrheal diseases prevention and treatment)

COMMUNITY BASED DISTRIBUTION SUR'EAU TABLET

(through community supply points)

Period : Oct. 2014 to Jun. 2015

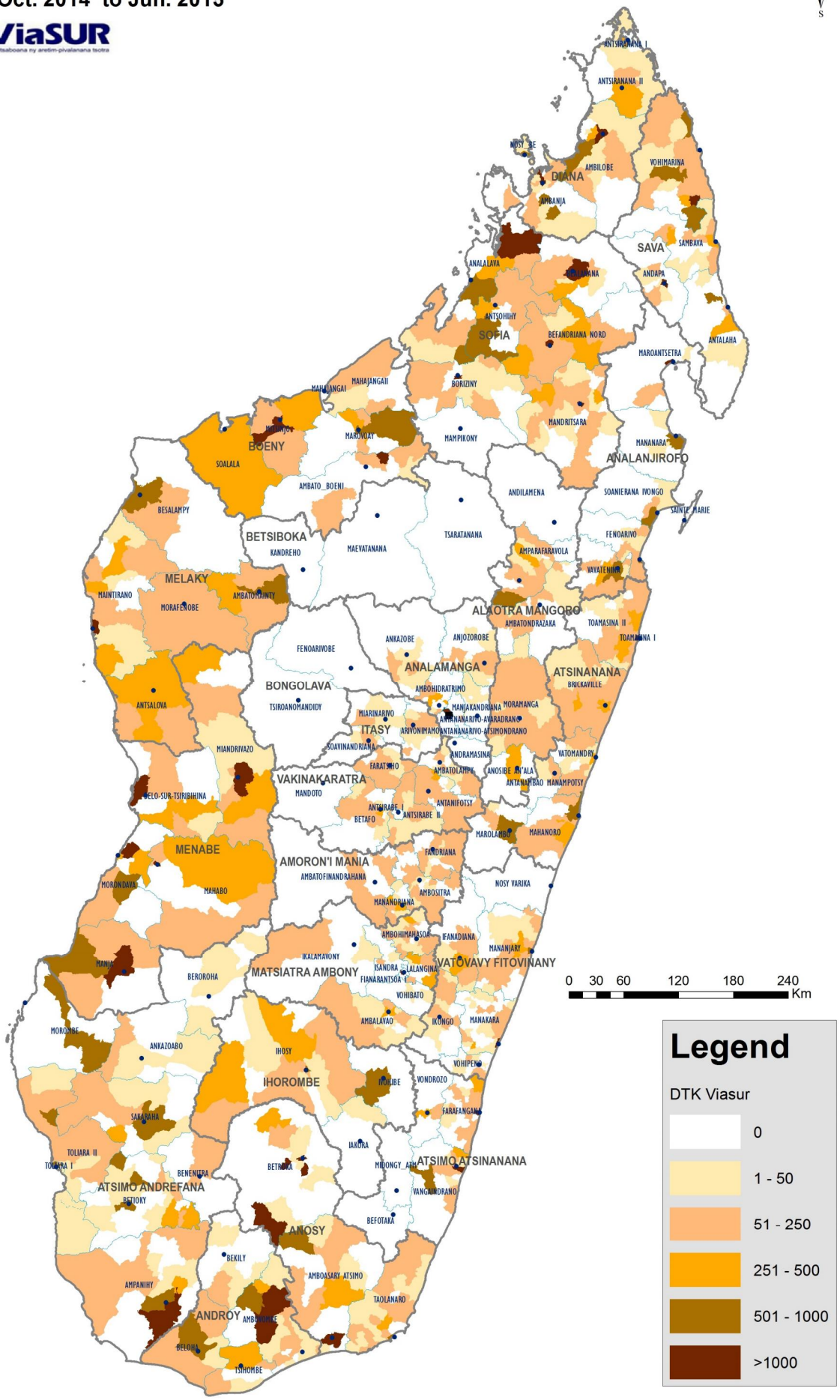


Annex B1d - MATERNAL CHILD AND HEALTH (FY15)

(Diarrheal diseases prevention and treatment)

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

ViaSUR
Fitsaboana ny aretim-pivalanana tsotra

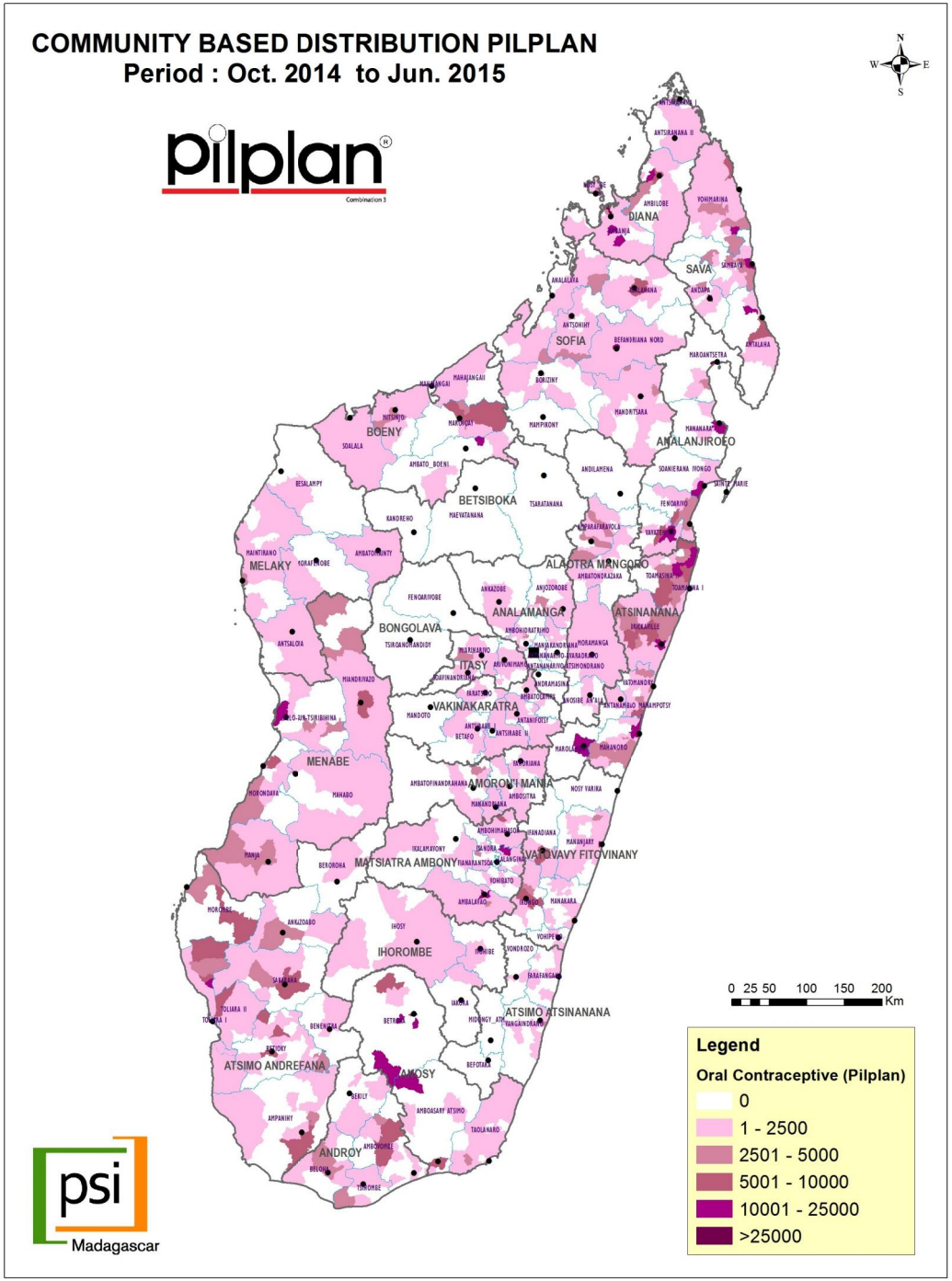


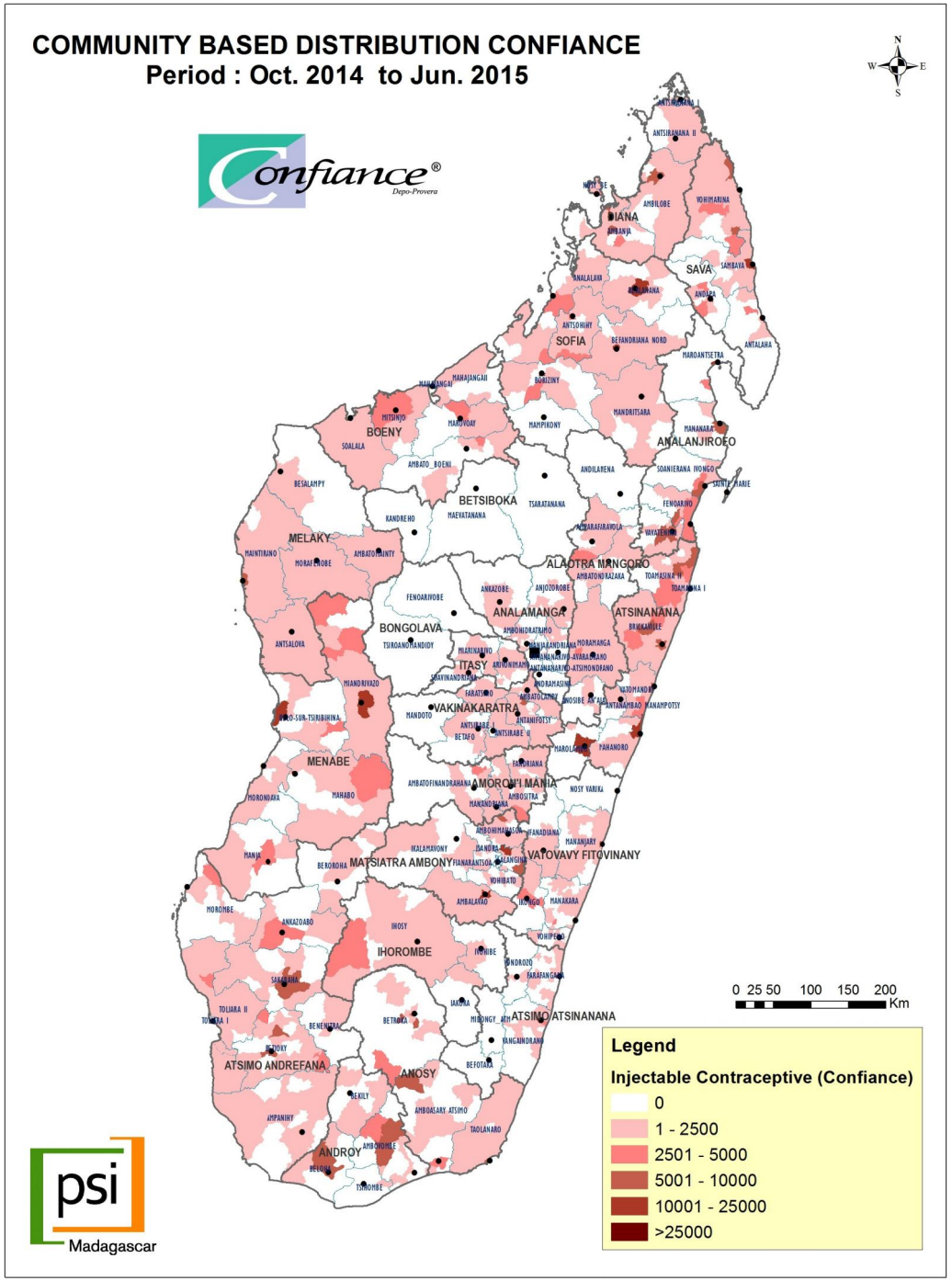
psi
Madagascar

Datasource : CTL Reports Oct.14 to Jun. 15
Harivola (Jul. 2015)

Annex B2 - COMMUNITY BASED DISTRIBUTION FAMILY PLANNING (FY15)

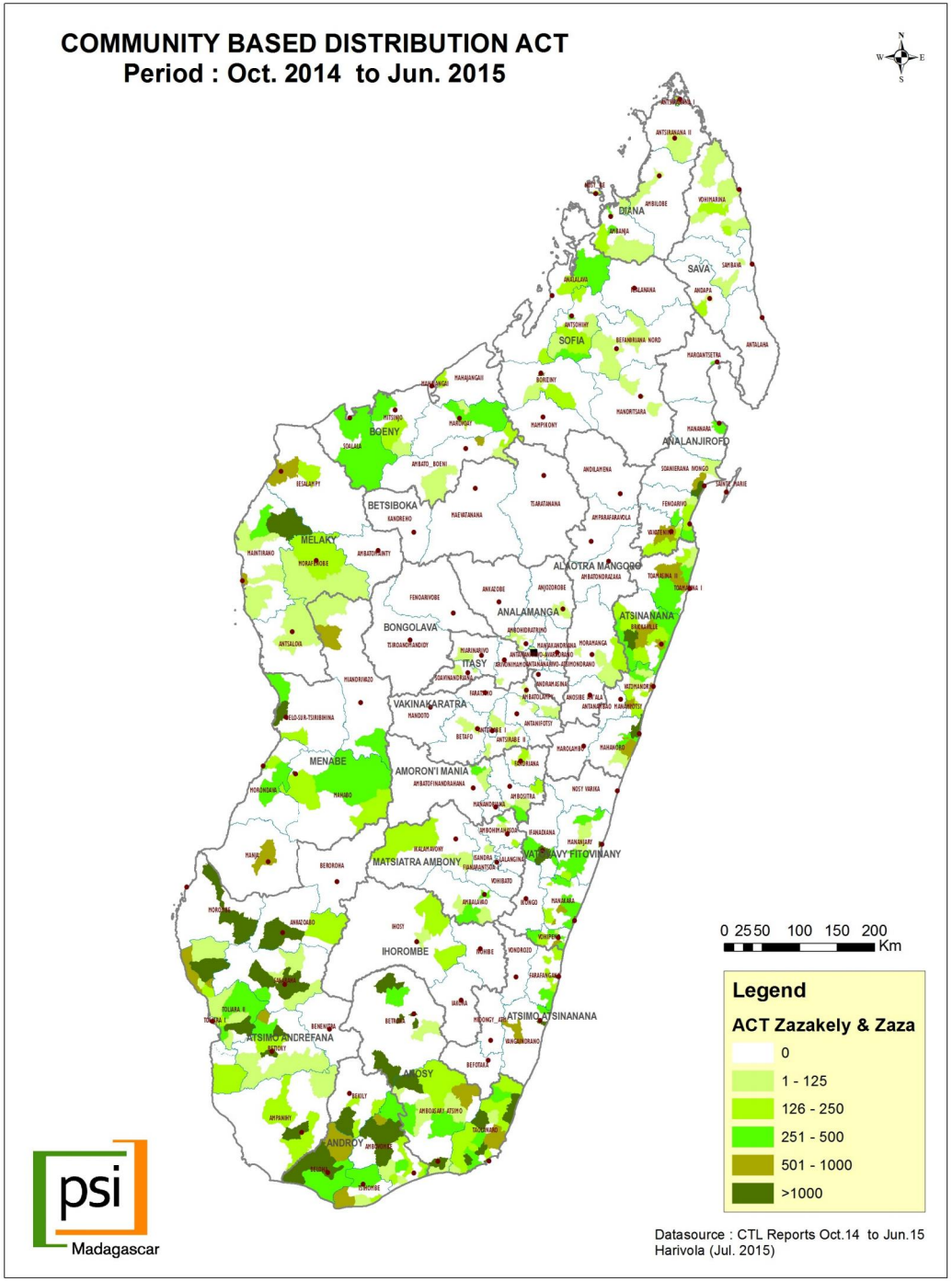
(Contraceptives)

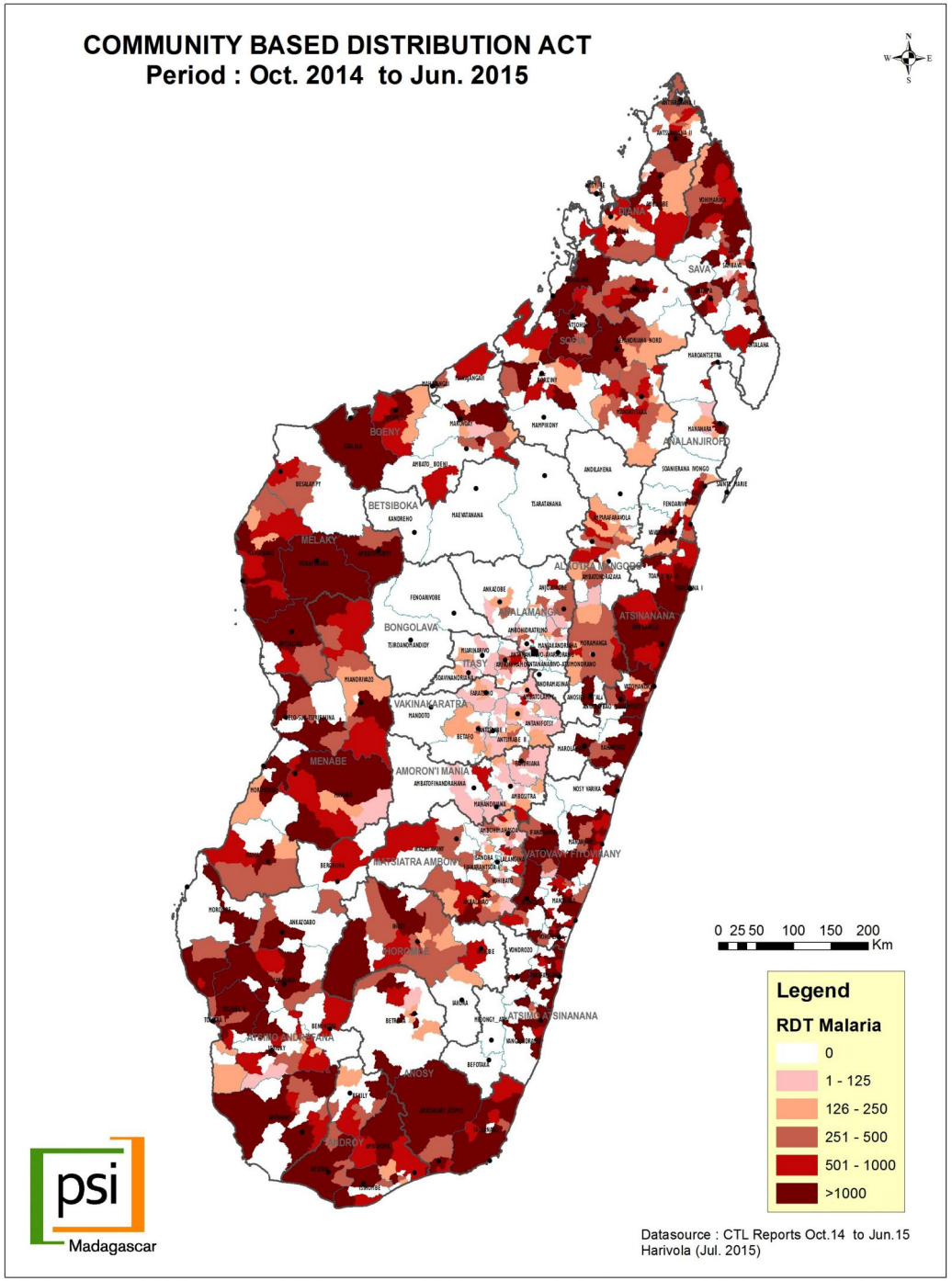




Datasource : CTL Reports Oct.14 to Jun.15
Harivola (Jul. 2015)

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





Annexe C4 - MALARIA (FY15)

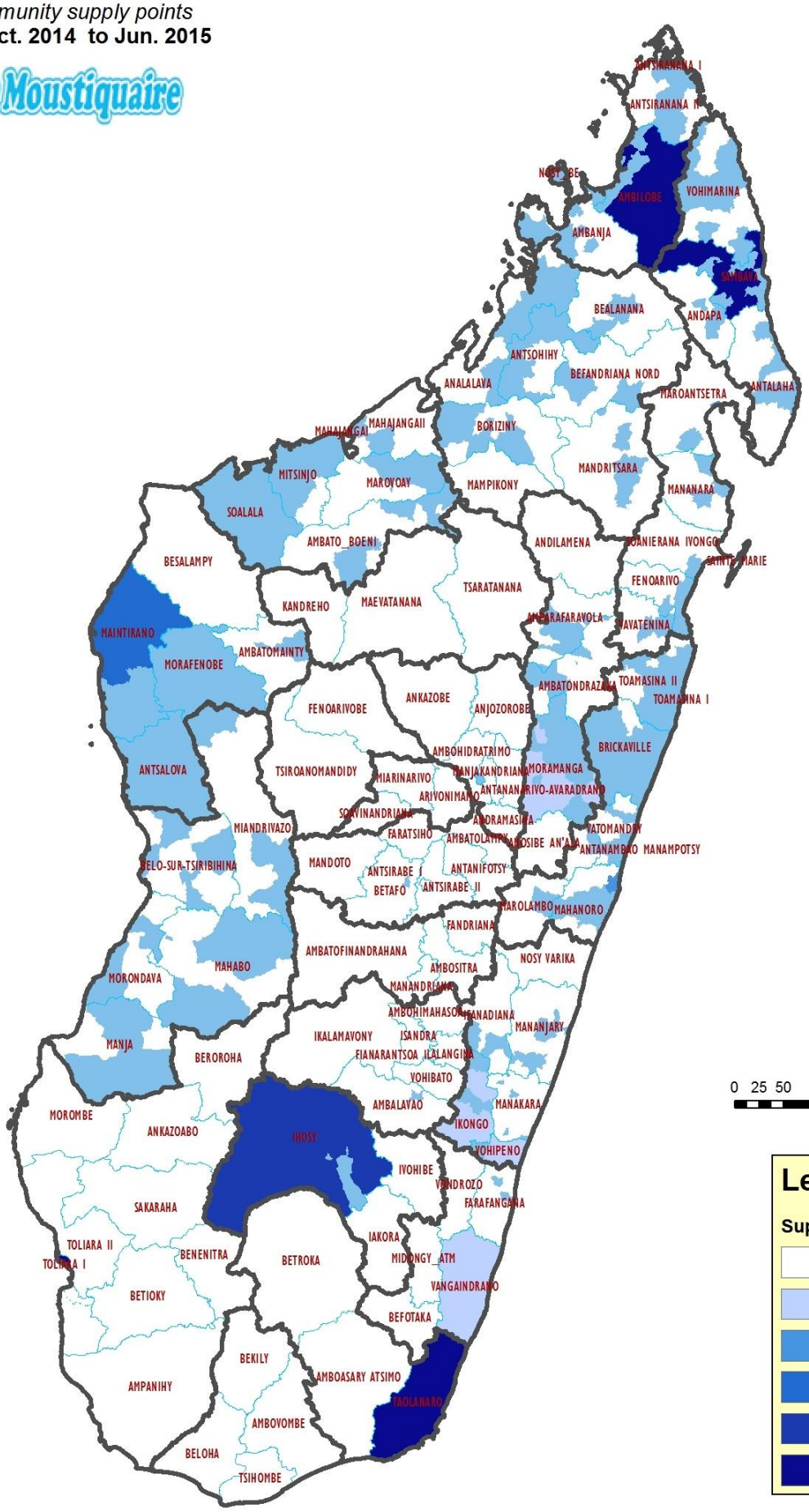
Long-Lasting Insecticide Treated Nets (LLINs)

SOCIAL MARKETING DISTRIBUTION LLINs

Distribution through commercial certified wholesaler and community supply points

Period : Oct. 2014 to Jun. 2015

Super Moustiquaire



Datasource : CTL Reports Oct. 14 to Jun. 15
Harivola (Jul. 2015)

psi Madagascar

Annex C:

Family Planning Compliance Activity Report

Annex C: PSI Family Planning Compliance Plan Activity Report

PSI ISM ProgramQ3 FY 2015

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

Plan Ref #	Planned Activity	Q 1	Q 2	Q 3	Q 4	Quarterly Activity Update
1	Update Compliance Plan Annually	1				Completed: Dated Jan. 2015
6.1.1 and 6.2.1	Ensure that all PSI staffs involved in FP activities take online training session (www.globalhealthlearning.org/course/us-abortion-and-fp-requirements-2013) on USAID's FP requirement policy (sr. mgt, 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 Q3, 409 of 468 staffs (87%) have certificates.** PSI will ensure that 100% is reached by the end of Q4.
6.1.1 and 6.1.2 .b and 6.2.3	Ensure all services delivered by franchise/ affiliated providers are consistent with PSI QA Plan for FP, including training in free & informed choice (upon joining franchise)	1	2	3	4	The initial training for all franchise providers on FP, 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	- Providers: see above re. training - PE: trained by PE Supervisors - CHWs: trained by SAF/SALFA Supervs. - Pharmaceutical detailers: trained by Health Training & Promotion (HTP) - Supply Points: trained by HTPs and by Distribution Supervisors - FP Counselors (FPC): trained by Communication Supervisors. Supervisors ensure periodic visits and conduct quarterly evaluations of FP Counselors
6.1.2 .f	Provide initial training of trainers (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 May 2014**. In Q3, 4 supervisors were trained** on-the-job by the SAF/SALFA/PSI Rural Coordinator. MAHEFA & MIKOLO have their own FP Compliance Plans.

Plan Ref #	Planned Activity	Q 1	Q 2	Q 3	Q 4	Quarterly Activity Update
6.2.2	Ensure SAF & SALFA partners: are oriented to US policy requirements: supervisors receive training of trainers; compliance is monitored (initially, then monitored)			3	4	Orientation is conducted during training (see above). Compliance is monitored by SAF/SALFA Supervisors during field visits. **During PSI Rural Coordinator supervision, 10 of 53 SAF/SALFA health providers were visited.**
6.2 and 6.2.3	Implement a technical supervision plan to ensure compliance with quality standards in providers' & workers' daily practice (including advantages, side-effects, risks)	1	2	3	4	Technical supervision plans are implemented individually after quarterly supervisions and according to programmatic orientation after external and internal audits. Ongoing tools include counseling card, clinic poster, &client health booklet & flyer distributed to providers, outreach workers, CHWs
6.2.1	Project Management will conduct annual reviews of FP, abortion, and HIV staff requirements, compliance, monitoring, & documentation				4	Conduct annual review with relevant PSI departments (FP/RH, TR clinic services), with prior opportunity for input from partners.
6.2.1	Roll out new PSI/HQ informed choice & Tiahrt tools among PSI/M staff in 2015			3	4	PSI/HQ is currently working on an on-line training tool. As of Q3, it is not yet available (as of Q3).

Annex D:

Environmental Mitigation & Monitoring Report (EMMR)

ISM FY 2015 Quarterly Environmental Mitigation Monitoring Report (EMMR)

Quarter 3

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

	Activity Description	Q 1	Q 2	Q 3	Q 4	Progress on Implementation this Quarter
Environmental Standards - General						
	Activity-specific environmental mitigation activities as detailed in the Environmental Mitigation and Monitoring Statement (EMMS)					
	Meetings, events and operations integrating green activities and promoting good environmental practices and eliminating, reducing, or recycling waste	1	2	3	4	Ongoing
	Appropriate medical waste management at its offices; written plans and procedures for waste management, minimization, materials reuse and recycling(incl. sharps) (initial training and ongoing supervision)	1	2	3	4	Ongoing
Environmental Standards - Top Réseau Social Franchises						
Promote environmental protection and product safety through: management, distribution and use of health products by *Top Réseau providers*						
	Provide universal precaution training to counselors and laboratory technicians (at initial and refresher HIV trainings).	1	2	3	4	4 TR providers (including counselors and lab techs) received refresher HIV training in Q3 and universal precautions were provided
	Provide universal precaution training to each new Top Réseauhealth center (at initial training, equipped w/ poster, and ongoing supervision)	1	2	3	4	1 new Top Réseau health center was provided with information and posters for universal precautions in Q3
	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 Q3, 523 sharp collectors were distributed to TR clinics
Malaria LLIN Mass Distribution (MD) Campaign						
Adapt existing practices to ensure compliance with USAID and WHO recommendations						
	By Oct. 31, 2014, PSI will be responsible for monitoring & improving existing practices with sub-partners and local counterparts to ensure compliance with USAID & WHO plastic dis-posal & environ. protection recommendations	1				Completed

	Activity Description	Q 1	Q 2	Q 3	Q 4	Progress on Implementation this Quarter
	By February 28, 2015, PSI will submit a comprehensive Net Bag Disposition Monitoring Plan to be reviewed and approved by the AORPlan will include: 1.1 Work with MOH to develop instructional materials/job aids, supervision check-lists, training curriculum. Train Malaria District Officers and Health Center Chiefs, who train CHWs. Stress importance of env. considerations of LLIN distribution & plastic bag mgt. 1.2 Draft Malaria District Officers SOWs including supervision of CBS chiefs, spot checks during campaign 1.3 Draft CSB chief's SOW re. supervision of distribution and plastic bag collection by CHWs 1.4 SOW for CHWs revised to ensure strict adherence to bag mgt (i.e. cannot be handed to beneficiaries) 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 *Fokontany*and/or CSB chiefs 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		2			See below: 1.1 Completed: Job aids for continuousdistribution and a training manual for the mass campaign (in Malagasy) 1.2 Postponed to Q4 in line with the revised campaign timeline 1.3 Per CNC recommendation, SR2 will be responsible for waste treatment. CSB could conduct supervision 1.4 Completed. See training manual about BCC campaign 1.5 Postponed to Q4 in line with the revised campaign timeline 1.6 Postponed to Q4 in line with the revised campaign timeline
	By March 31, 2015, develop LLIN distribution monitoring check-list and site visit compliance plan			3	4	Postponed to Q4 in line with the revised campaign timeline. The list of sites is not yet available
	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, Q3 FY 2015

Start Date	End Date	Subject Area of Training	Male	Female	Total	Direct Cost (K AR)	Direct Cost (USD)
		IMCI/Child Survival					
Top Reseau urban providers trained on IMCI/Child Survival							
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	-	$ -
					-		$ -
		Subtotal	**4**	**11**	**15**	**-**	**$ -**
Refresh training Top Reseau urban providers IMCI/Child Survival							
3/24/2015	3/24/2015	Refresh training Top Reseau urban providers IMCI/Child Survival (Fort-Dauphin)	1	1	2	1,066	$ 385.80
3/30/2015	3/30/2015	Refresh training Top Reseau urban providers IMCI/Child Survival (Tulear)	5	4	9	523	$ 189.21
4/9/2015	4/10/2015	Refresh training Top Reseau urban providers IMCI/Child Survival (Tana)	7	34	41	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	$ 511.03
					-		$ -
		Subtotal	**20**	**51**	**71**	**9,360**	**$ 3,059.16**
NGO staff trained on IMCI/Child Survival							
5/13/2015	5/13/2015	NGO staff trained on IMCI/Child Survival (PCV Mantasoa)	10	10	20	-	$ -
					-		$ -
		Subtotal	**10**	**10**	**20**	**-**	**$ -**
Training of trainers on IMCI/Child Survival							
5/13/2015	5/13/2015	Training of trainers on IMCI/Child Survival (ODDIT Toamasina)	11	4	15	-	$ -
					-		$ -
		Subtotal	**11**	**4**	**15**	**-**	**$ -**
		Family Planning					
Top Reseau urban providers trained on Short Term FP Method							
4/25/2015	4/25/2015	Top Reseau urban providers trained on Short Term FP Method (Fort-Dauphin)	5	4	9	1,091	$ 350.91
		Subtotal	**5**	**4**	**9**	**1,091**	**$ 350.91**
Top Reseau urban providers trained on Reproductive Health/STI service case management							
5/8/2015	5/9/2015	Top Reseau urban providers trained on RH/STI service case management (Fianarantsoa)	6	12	18	2,150	$ 683.72
5/22/2015	5/22/2015	Top Reseau urban providers trained on RH/STI service case management (Tulear)	4	6	10	711	$ 225.96
6/4/2015	6/4/2015	Top Reseau urban providers trained on RH/STI service case management (Fort-Dauphin)	5	3	8	936	$ 292.10
		Subtotal	**15**	**21**	**36**	**3,797**	**$ 1,201.78**
Top Reseau urban providers trained on GBV service case management							
6/18/2015	6/19/2015	Top Reseau urban trained on GBV service case management (Tana)	2	12	14	2,094	$ 653.69
		Subtotal	**2**	**12**	**14**	**2,094**	**$ 653.69**
Refresh training Top Reseau urban providers on Long Term FP Method (Implant)							
4/21/2015	4/24/2015	Refresh training Top Reseau rural providers on Long Term FP Method Implant (Fort-Dauphin)	3	6	9	3,323	$ 1,068.93
5/19/2015	5/20/2015	Refresh training Top Reseau rural providers on Long Term FP Method Implant (Tulear)	5	8	13	1,296	$ 412.02
5/27/2015	5/29/2015	Refresh training Top Reseau rural providers on Long Term FP Method Implant (Morondava)	1	4	5	906	$ 288.09
5/27/2015	5/29/2015	Refresh training Top Reseau rural providers on Long Term FP Method Implant (Majunga)	3	6	9	1,906	$ 605.97
6/16/2015	6/19/2015	Refresh training Top Reseau rural providers on Long Term FP Method Implant (Diego)	3	6	9	2,245	$ 700.91
6/17/2015	6/18/2015	Refresh training Top Reseau rural providers on Long Term FP Method Implant (Toamasina)	13	21	34	1,906	$ 594.91
					-	-	$ -
		Subtotal	**28**	**51**	**79**	**11,582**	**$ 3,670.83**
Refresh training Top Reseau urban/rural providers on Short Term FP Method							
4/1/2015	4/3/2015	Refresh training Top Reseau urban providers on Short Term FP Method (Tana)	15	41	56	4,609	$ 1,482.27
4/27/2015	4/28/2015	Refresh training Top Reseau urban providers on Short Term FP Method (Toamasina)	11	21	32	1,705	$ 548.39
5/20/2015	5/20/2015	Refresh training Top Reseau urban providers on Short Term FP Method (Diego)	4	7	11	1,050	$ 333.72
5/22/2015	5/22/2015	Refresh training Top Reseau urban providers on Short Term FP Method (Ambilobe-Ambanja)	4	2	6	981	$ 311.94
5/22/2015	5/22/2015	Refresh training Top Reseau urban providers on Short Term FP Method (Fianarantsoa)	7	14	21	1,841	$ 585.30
6/8/2015	6/8/2015	Refresh training Top Reseau urban providers on Short Term FP Method (Majunga)	5	8	13	1,906	$ 594.91
6/11/2015	6/11/2015	Refresh training Top Reseau urban providers on Short Term FP Method (SAVA)	3	6	9	1,313	$ 409.89
					-	-	$ -
		Subtotal	**49**	**99**	**148**	**13,403**	**$ 4,266.42**
Youth Peer Educators linked to Top Reseau providers							
4/1/2015	4/3/2015	Youth Peer Educators linked to Top Reseau providers (Ambovombe)	3	3	6	92	$ 29.59
					-	-	$ -
		Subtotal	**3**	**3**	**6**	**92**	**$ 29.59**
		Top Reseau services					
Client respondents trained on Top Resesau services							
4/22/2015	4/23/2015	Client respondents trained on Top Resesau services (Ecoutant Allo Fanantenana) V1	2	2	4	-	$ -
4/29/2015	4/30/2015	Client respondents trained on Top Resesau services (Ecoutant Allo Fanantenana) V2	2	2	4	-	$ -
		Subtotal	**4**	**4**	**8**	**-**	**$ -**

Start Date	End Date	Subject Area of Training	Male	Female	Total	Direct Cost (KAR)	Direct Cost (USD)
		Business Training & Financial Management					
Top Reseau providers trained on budgeting							
4/29/2015	4/30/2015	Top Reseau providers trained on budgeting (Toamasina)	10	17	27	1,939	$ 623.56
5/21/2015	5/21/2015	Top Reseau providers trained on budgeting (Fianarantsoa)	10	5	15	1,478	$ 469.97
6/3/2015	6/3/2015	Top Reseau providers trained on budgeting (Tana) V1	7	17	24	2,623	$ 818.68
6/3/2015	6/3/2015	Top Reseau providers trained on budgeting (Fort-Dauphin)	5	2	7	963	$ 300.53
6/10/2015	6/11/2015	Top Reseau providers trained on budgeting (Tana) V2	4	12	16	2,623	$ 818.68
6/18/2015	6/19/2015	Top Reseau providers trained on budgeting (Majunga)	4	3	7	1,351	$ 421.84
6/30/2015	7/1/2015	Top Reseau providers trained on budgeting (Antsirabe)	2	3	5	1,001	$ 312.33
		Subtotal	**42**	**59**	**101**	**11,976**	**$ 469.97**
		Medical marketing and clients loyalty					
Top Reseau providers trained on medical marketing							
6/29/2015	6/30/2015	Top Reseau providers trained on medical marketing and clients loyalty (Tana)	10	14	24	2,256	$ 704.11
					-	-	$ -
		Subtotal	**10**	**14**	**24**	**2,256**	**$ -**
		Meeting for FP/IMCI/Child Survival					
Top Reseau Providers meeting for FP/IMCI/Child Survival							
3/26/2015	3/26/2015	Top Reseau Providers meeting for FP/IMCI/Child Survival (Diego)	10	8	18	2,808	$ 1,016.11
4/24/2015	4/24/2015	Top Reseau Providers meeting for FP/IMCI/Child Survival (Majunga)	5	9	14	962	$ 309.26
5/22/2015	5/22/2015	Top Reseau Providers meeting for FP/IMCI/Child Survival (Tana)	13	51	64	1,868	$ 593.97
					-	-	$ -
		Subtotal	**28**	**68**	**96**	**5,637**	**$ 1,919.33**
Private providers regional meeting for FP/IMCI/Child Survival							
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 meeting for FP/IMCI/Child Survival (CROM Atsinanana)	10	3	13	-	$ -
					-	-	$ -
		Subtotal	**42**	**34**	**76**	**-**	**$ -**

Annex F:

Success Story

TOP Réseau® Clinics Contribute To The Success Of Mother And Child Health Week

Agnès Evelyne with her children at the clinic TOP Réseau® Siloe.

MOTHER AND CHILD HEALTH WEEK, MAY 2015

44 TOP RÉSEAU® CLINICS PARTICIPATED, FOR THE FIRST TIME, IN MOTHER AND CHILD HEALTH WEEK.

5,668 CHILDREN UNDER FIVE RECEIVED SERVICES FROM TOP RÉSEAU® CLINICS.

2,040 LLIN WERE DISTRIBUTED IN MALARIA ENDEMIC AREAS.

Agnès Evelyne is a 37-year-old handicraft seller from Ambositra, a city located 260 kilometers south of Antananarivo. The mother of three, she raises her children alone while her husband is away working in a western region of Madagascar.

Although she struggles to meet the daily needs of her family, her children's health remains one her top priorities. A tragic experience with her first child, Herilala, served as a hard lesson. *"My 15-year-old son contracted polio at a young age because he was not vaccinated. Since then, I worry about all my children's well-being,"* says Agnès.

When Agnès heard about the free services being offered during "Mother and Child Health Week" (MCHW) in May, she was quick to respond. She took her children to the Siloe Top Réseau® clinic which was participating in MCHW activities. *"They received their dose of vitamins and were de-wormed at the center,"* she said, satisfied. *"I know that it is a bit late for Herilala, but I will do what I can to help my two daughters not suffer from serious illnesses."*

Agnès learned about MCHW and Siloe Top Réseau® clinic services from a PSI/Madagascar "Interpersonal Communications" (IPC) agent.

Siloe is among the 44 Top Réseau® clinics that participated, for the first time, in MCHW and capacity-building activities provided by the Ministry of Health. During the May 2015 MCHW event, Top Réseau® clinics provided services to 5,668 children under five and 2,040 LLIN were distributed in malaria endemic areas.

The MCHW has been institutionalized in Madagascar and is offered twice a year, making May's event the 18th thus far. It was created to accelerate the achievement of the Millennium Development Goals of reducing child mortality by two-thirds and maternal mortality by three-fourths by 2015. During MCHW, immunization coverage rates and the number of de-wormed children increase significantly. The distribution of long-lasting insecticide-treated bed nets (LLIN) to pregnant women and children under 5 also encourages many parents to participate.

The campaign educates the population on the availability of maternal and child health services and ensures that health care providers are delivering quality services to the community. For future MCHW events, PSI/Madagascar is eager to increase the number of participating Top Réseau® clinics in order to reach even more vulnerable mothers and children.

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: **April - June 2015**
Organization**:** **Population Services International (PSI)**
USAID Project Manager**:** **Sixte Zigirumugabe, AOR**

Description	LOP Budget	Obligated Amount	Actual Expenditures: April-June 2015	Actual Expenditures: Inception to Date	Remaining Obligated Funds as of June 2015
Child Survival (CS)	11,761,729	5,882,096	446,489	4,848,602	1,033,494
Family Planning (FP)	15, 009,572	7,035,063	559,405	6,186,671	848,392
Malaria (MAL)	10, 051,752	10,449,024	252,798	4,410,091	6,038,933
TOTAL	**$ 36, 823,053**	**$ 23,366,183**	**$ 1, 258,693**	**$ 15,445,365**	**$ 7,920,818**

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