



Integrated Social Marketing Program (ISM)

USAID QUARTERLY REPORT FY 2016 (October 2015-December 2015)

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FY 2016 Quarterly Report

(October 1, 2015 – December 31, 2015)

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Acronyms

ABM	<i>Accès Banque Madagascar</i>
ACT	Artemisinin-based Combination Therapy
AFAFI	<i>Aro ho an'ny FAhaslaman'ny Fianakaviana</i> (Health Care for Family)
ALU	Artemether Lumefantrine
AMM	<i>Autorisation de Mise sur le Marché</i> (Authorization to Market)
ANC	Antenatal Care
AOR	Agreement Officer Representative
AR	Ariary
ASAQ	Artesunate Amodiaquine
ASF	<i>Association Serasera Fananatenana</i>
BCC	Behavior Change Communication
BG	Banyan Global
BNM	<i>Bureau National des Normes de Madagascar</i> (National Office of Norms of Madagascar)
BNGRC	<i>Bureau National de Gestion des Risques et des Catastrophes</i>
CBD	Community Based Distribution
CD	Continuous Distribution
CEM	<i>Caisse d'Epargne de Madagascar</i> (Savings Bank of Madagascar)
CHW	Community Health Worker (same as Community Health Volunteer, or CHV)
CHX	Chlorhexidine
CLTS	Community Led Total Sanitation
CMM	<i>Consommation Moyenne Mensuelle</i> (Average Monthly Consumption)
CNC	<i>Committee National de Coordination</i> (National Coordinating Committee, or NCC)
CRENA	<i>Centre de Récupération et d'Education Nutritionnelle Ambulatoire</i>
CROM	<i>Conseil Régional d'Ordre des Médecins</i> (Regional Doctors' Association)
CRS	Catholic Relief Services
CSB	<i>Centre de Sante de Base</i> (Community Health Center)
CU5	Children Under 5
CWG	Communications Working Group
CYP	Couple Years of Protection
DALY	Disability Adjusted Life Years
DAMM	<i>Direction de l'Agence du Médicament de Madagascar</i> (Medical Drug Agency)
DCA	Development Credit Authority
DDS	<i>Direction du District Sanitaire</i>
DEG	Distribution Excellence Group
DHIS	District Health Information System
DPLMT	<i>Direction des Pharmacies, Laboratoires et de la Médecine Traditionnelle</i>
DQA	Data Quality Assurance
DRS	<i>Direction Régionale de la Santé</i>
DSFa	<i>Direction de la Santé Familiale</i> (formerly DSMER)
DSMER	<i>Direction de la Santé de la Mère, de l'Enfant et de la Reproduction</i> (now DSFa)
DTK	Diarrhea Treatment Kit
EBF	Exclusive Breastfeeding
EC	Emergency Contraception
EMMR	Environmental Mitigation and Monitoring Report
ENSOMD	<i>Enquête Nationale sur le Suivi des indicateurs des Objectifs du Millénaire pour le Développement</i>

ETL	Education through Listening
FGD	Focus Group Discussion
FIEFE	<i>Fonds d'Investissement pour les Entreprises Favorables à l'Environnement</i>
FIND	Foundation for Innovative New Diagnostics
FoQus	Framework for Qualitative Research in Social Marketing
FP	Family Planning
FY	Fiscal Year
GAS	<i>Gestion des Approvisionnement et des Stock</i> (Supply and Stock Management)
GBV	Gender-Based Violence
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GOM	Government of Madagascar
HF	Healthy Family (Campaign)
HIM	Healthy Images of Manhood
HIV	Human Immunodeficiency Virus
HNI	Human Network International
HTS	HIV Testing Service
HQ	Headquarters
IEC	Information, Education, and Communication
IGA	Income Generating Activities
IH	IntraHealth
IMCI	Integrated Management of Childhood Illnesses
IPC	Interpersonal Communication
IPM	<i>Institut Pasteur de Madagascar</i>
IPTp	Intermittent Preventive Treatment – Pregnancy
IR	Intermediate Result
IRS	Indoor Residual Spraying
ISM	Integrated Social Marketing
ITN	Insecticide-Treated Bed Net
IUD	Intrauterine Device
IYCF	Infant and Young Child Feeding
LFP	Learning for Performance
LLIN	Long-Lasting Insecticide-Treated Nets(<i>Moustiquaire a Impregnation Durable – MID</i>)
LMIS	Logistics Management Information System
LOP	Life of Project
LQAS	Lot Quality Assurance Sampling
LTM	Long-Term Method
M&E	Monitoring and Evaluation
MAP	Measuring Access and Performance
MCH	Maternal and Child Health
MCHW	Mother and Child Health Week (<i>SSME in French</i>)
MFI	Microfinance Institution
MGA	Malagasy Ariary
MID	<i>Moustiquaire à Imprégnation Durable</i> (LLIN in English)
MIS	Malaria Indicator Survey
MIS	Management Information Systems
MNP	Micronutrient Powder
MOE	Ministry of Education
MOH	Ministry of Health

MOU	Memorandum of Understanding
MSM	Marie Stopes Madagascar
MVU	Mobile Video Unit
NCC	National Coordinating Committee (<i>Committee National de Coordination</i>)
NGO	Non Governmental Organization
NMCP	National Malaria Control Program (<i>DLP</i>)
NS	Non-Significant
NSA	National Strategy Application
ODDIT	<i>Organe de Développement du Diocèse de Tamatave</i>
OMAPI	<i>Office Malgache de la Propriété Industrielle</i> (Office of Intellectual Property & Industry)
ONM	<i>Ordre National des Médecins</i> (National Body of Doctors)
ONP	<i>Ordre National des Pharmaciens</i> (National Body of Pharmacists)
OPQ	Optimizing Performance and Quality
ORS	Oral Rehydration Salt
OTIV	<i>Ombona Tahiri Ifampisamborana Vola</i>
PA	<i>Point d'Approvisionnement</i> (Supply Point)
PAC	Post-Abortion Care
PAMF	<i>Première Agence de Microfinance</i>
PARC	PA Relay <i>Communautaire</i>
PBCC	Provider Behavior Change Communication
PCIMEC	<i>Prise en Charge Intégrée des Maladies de l'Enfant au niveau Communautaire</i>
PCV	Peace Corps Volunteer
PE	Peer Educator
PHC	Primary Health Care
PMI	President's Malaria Initiative
PNC	Postnatal Care
PPT	Pre-Packaged Treatment
PSI	Population Services International
Q	Quarter
QA	Quality Assurance
QAACT	Quality-Assured ACT (Artemisinin-based Combination Therapy)
RDT	Rapid Diagnostic Test
RH	Reproductive Health
SAF	<i>Sampan' Asa Fampanandrosoana/Fiangonan' I Jesosy Kristy eto Madagaskara</i> (Department of Development of the Church of Jesus Christ in Madagascar)
SALAMA	<i>Centrale d'Achats de Médicaments Essentiels</i>
SALFA	<i>Sampan' Asa Loteranamomban'ny Fahasalamana</i> (Health Dept. of the Lutheran Church)
SIFPO	Support for International Family Planning Organizations
SF	Social Franchise
SM	Social Marketing
SMS	Short Message Service
SOW	Scope of Work
SR	Sub-Recipient
SSD	<i>Service de Santé du District</i>
SSME	<i>Semaine de la Santé de la Mère et de l'Enfant</i> (Mother and Child Health Week)
STI	Sexually Transmitted Infection
STM	Short-Term Method
STTA	Short-Term Technical Assistance

TA	Technical Advisor or Technical Assistance
TBD	To Be Determined
TIPS	Trials for Improved Performance
TOT	Training of Trainers
TR	<i>Top Réseau</i>
TRaC	Tracking Results Continuously
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UTGL	<i>Unité Technique de Gestion Logistique</i>
VPP	Village Phone Project
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WHP	Women's Health Project
WRA	Women of Reproductive Age
YTD	Year To Date

Introduction

In December 2012, PSI/Madagascar (PSI) was awarded the Cooperative Agreement Number AID-687-A-13-00001 for the Integrated Social Marketing (ISM) Program. The award is for a total of \$36,823,053, running from January 1, 2013 through December 31, 2017. The goal of the program is to improve the health of the Malagasy people -- especially women of reproductive age, children under five, youth 15-24 years old, and those living in rural and underserved areas. The main strategic objective is to use an integrated social marketing approach to increase the use of lifesaving health products and services, particularly in the areas of family planning/reproductive health, maternal and child health, and malaria.

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

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

IR2: Improved quality of selected health services in the private sector. PSI's network of nearly 250 private, franchised *Top Réseau* health clinics deliver a variety of health care services primarily in the areas of FP/RH, integrated management of childhood illnesses (IMCI), youth services, and malaria. PSI and its partners IntraHealth, Banyan Global, SAF, and SALFA focus on expanding access to quality health care services through training, quality assurance, capacity-building, supervision, promotional support, access to financing, and more. Rural and urban *Top Réseau* clinics are present in 74 of the 114 districts across Madagascar.

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

Executive Summary: FY 2016 Q1 Achievements Towards Goals

For the ISM FY 2016 Implementation Plan, the ISM team began with a focused look at progress through the lens of each of the three program areas: 1) Family Planning/Maternal/Neonatal/Reproductive Health; 2) Child Health; and 3) Malaria. The team examined the success of the operational departments of Communications and Marketing (IR1), *Top Réseau* clinical health services (IR2), and Distribution (IR3) in supporting the health areas in order to achieve the desired outcomes. This report presents progress over the quarter by health area and by Intermediate Result, including updates on cross cutting activities.

I. Family Planning/Maternal/Neonatal/Reproductive Health

The ISM program seeks to positively impact the high-level indicators of maternal mortality, total fertility rate, adolescent birth rate, and the modern contraceptive prevalence rate (CPR). The goals between 2013 and 2017 are to reduce the maternal mortality rate from 478 to 440, to reduce the current total fertility rate of 5.0, reduce the adolescent birth rate from 163 to 108, and increase the CPR among women in union from 33.3% to 40.2%. In order to achieve the impact goals of increased modern contraceptive use, reduced fertility rates, and reduced maternal mortality, PSI has focused on increasing Family Planning Information Education Communication (IEC)/Behavior Change Communication (BCC) messaging, expanding the number of *Top Réseau* (TR) providers training on Short Term Methods (STM)/Long Term Methods (LTM) for Family Planning, Gender Based Violence (GBV) referrals, improving Family Planning product distribution and conducting research.

1. Research

TRaC Family Planning 2015

Results of PSI's 2015 TraC Family Planning Study				
	2004	2008	2012	2015
Utilisation of Modern Methods of Family Planning by WRA (15-49) National Level	16.9%	29.9%	34.7%	37.9%
Utilisation of Modern Methods of Family Planning by WRA (15-49) in Union National Level	18.0%	33.6%	37.1%	42.2%
Utilisation of IUD by WRA (15-49) National Level	0.0%	0.3%	0.8%	1.0%

PSI's TRaC FP study was conducted among sexually active women of reproductive age (WRA) (15-49 years old) in June-August 2015. Results from this study show an increase in Utilisation of Modern Methods of Family Planning by WRA (15-49) from 34.7% in 2012 to **37.9%** in 2015. Results also show a very positive increase in Utilisation of Modern Methods of Family Planning by WRA (15-49) in Union from 37.1% to **42.2%**, a major accomplishment for the ISM project. Work in Q2 will continue to disaggregate the data by wealth quintiles and by region.

2. IEC /BCC Activities in RH/FP: Q1

- Number of target population reached through mid-media (mobile video units) communication on FP (urban and rural): **10,605**
- Number of target population reached through IPC activities on FP and RH (urban and rural) male: **9,933** and female: **137,721**. Total target population reached in Q1: **147,654**

3. Training in FP/RH: Q1

Top Réseau clinics continue to provide quality health services to women and youth through a network of 246 clinics. An emphasis on training and quality assurance continues to be a main focus of PSI's support to the Top Réseau Network. Key indicator achievements are as follows:

- *Top Réseau* Providers Urban trained in Short Term Family Planning Methods: **52**
- *Top Réseau* Providers trained in Long Term Short Family Planning Methods: **8**
- *Top Réseau* Providers trained in GBV Case Management and Referral: **10**

4. Family Planning Service Delivery in *Top Réseau* clinics: Q1

- Number of target group clients who are new FP method users at *Top Réseau* clinics: **5,925**

5. Family Planning Product Distribution: Q1

FP Product Distribution ¹		
	# Distributed in Q1	% of FY 2016 Target
Pilplan OC Community	553,901	23%
Pilplan OC Pharmacy	399,657	25%
Confiance Inj Community	497,877	37%
Confiance Inj Pharmacy	154,740	17%
IUDS	5,671	27%
Youth Condoms	199,860	18%

6. Family Planning Products Status Updates: Q1

- **Sayana Press**

Due to global PSI's recommendations, Sayana Press will be no longer over-branded as Confiance Press. The training of MIKOLO and MAHEFA CHWs were conducted in November 2015. CHWs received a starter stock of 12 units of Sayana Press. PSI began distribution to Supply Points (PAs) located in MAHEFA and MIKOLO regions as of Q1.

- **Depo-Provera:**

The final Depo-Provera Leakage Mitigation Plan was approved by USAID at the end of Q1 (December 18th 2015). As a result, not all activities planned under Q1 were completed. However, a commodity distribution plan for Depo-Provera was finalized and shared with stakeholders and partners. Regular Users data per commune are now being submitted by bilateral partners to better align the distribution of products with estimated family planning use, including security stock. USAID and PSI product forecasting plans and ISM FY 16 distribution targets were also updated based on the new commodity distribution plans.

¹ The percent variance when comparing actual distribution versus FY targets may be due to seasonality of specific products

Furthermore, PSI's distribution staff received additional training in support of monitoring and supervision of Depo-Provera leakage mitigation efforts.

- **Unipil**

Through various meetings and discussions with USAID's supply chain manager, PSI requested authorization from the supplier to over-brand the product. To date, no authorization has been obtained. This bottleneck needs to be resolved immediately, knowing that emergency contraceptive will broaden clients' choice in terms of FP methods, and will be integrated in the package for GBV case management.

- **YES with you**

Based on the scale-up strategy, Tamatave was identified as a new urban zone for distribution.

- **Pilplan**

Pilplan's AMM (Autorisation de Mise sur le Marché) (Authorization to Market) expires in March 2016, however PSI possesses a large stock of Pilplan with the previous AMM, which are sufficient to last until December 2016. PSI will need to obtain a letter of derogation from the DAMM (Direction de l'Agence du Médicament de Madagascar) or (Medical Drug Agency) to allow the continued distribution of Pilplan until the new product (with new packaging and new brand name) is authorized to be placed in the market.

7. Re-engaging with the Government of Madagascar in FP/RH: Q1

- PSI actively participated in the meetings and in events led by the Ministry of Health, with different partners, on the CARMMA campaign in December 2015 (Campaign on Accelerated Reduction of Maternal Mortality in Madagascar).
- PSI participated in the validation of National Integrated Strategic Plan for FP/RH Commodity Security 2016 – 2020 in December 2015.
- 37 *Top Réseau* clinics in urban and rural areas located in 12 regions participated in the celebration of Mother & Child Health week in October 2015. During this week, 9,105 CU5 and 516 pregnant women received services at *Top Réseau* clinics.

II. Child Health

The overarching child health goal of the ISM program is to reduce the child mortality rate from 62 per 1,000 live births in 2012/13 to 55 in FY 2017.² PSI's child health interventions focus on the prevention and treatment of diarrhea, pneumonia, and malaria. In order to prevent illness and death due to diarrhea and pneumonia, PSI conducts IEC and BCC through mass media radio and TV, and mid-media MVUs. In addition, integrated management of childhood illnesses (IMCI) is provided by *Top Réseau* clinics. Socially marketed childhood illness prevention and treatment products are distributed throughout the country, and partner organization CHWs educate and provide the target population with life-saving prevention and treatment messages and products.

New WASH, nutrition, pneumonia, and immunization activities were introduced and/or strengthened in Q1 of FY 2016.

1. IEC/BCC Activities in Child Health: Q1

- Number of target population reached through mid-media communications (mobile video unit) on diarrhea prevention and treatment : **21,275**

² Madagascar Millennium Development Goals National Monitoring Survey 2012/2013

2. IMCI Services Delivery/Training Provided in *Top Réseau* Clinics: Q1

- Number of clinic visits by target group clients receiving IMCI services at a *Top Réseau* clinic **10,141**
- Training of *Top Réseau* urban providers on IMCI/Child Survival: **53**

3. Child Health Product Distribution: Q1

Product	# Distributed in Q1	% of FY 2106 Target
Viasur DTK (Community)	65,247	52%
Hydrazinc DTK (Pharmaceutical)	21,304	32%
Pneumostop	82,067	34%
Chlorhexidine	59,925	13%

4. Child Health Product Status Updates: Q1

• Diarrhea Treatment Kits (DTK) and Pneumonia Prepackaged Treatment (PPT)

The planning of activities for the pharmaco surveillance of Amoxicillin DT use at the community level has been put into place with the Ministry of Health. This is a new innovative activity initiated by PSI and one that PSI proposes to extend to other medicines used in the community-based IMCI armamentarium. A workshop to validate the tools for this will be held in Q2 in collaboration with the Ministry of Health and our bi-lateral partner MIKOLO.

• Micronutrient Powder (MNP)

211,385 boxes of *Zatomady* (micro-nutrient powder) have been ordered with the aim of expanding this activity in the community channel (Vakinankaratra region), within the pharmaceutical channel and within the *Top Réseau* clinic network (at the national level). Health service providers within private sector (the *Top Réseau*) will participate in the promotion of *Zatomady* in Q3/Q4.

• WASH Products

Sûr'Eau 150ml has undergone a second price increase in December 2015, with the objective of recovering costs and to help cross-subsidize other WASH products at the community level. Demand for this product remains high in spite of this price increase. PSI has selected a more efficient second local supplier to resolve the problem of capacity of the old supplier.

• Pneumonia Products

PSI received 120,000 additional units of *Pneumostop* tablets (Cotrimoxazole), while a second batch of 120,000 units are expected in February 2016. These additional products were ordered to fill gaps until the arrival of the new amoxicillin branded *Pneumox*, which is now expected to arrive by the end of March 2016.

5. Re-Engaging with Government of Madagascar on Child Health: Q1

- In keeping with USAID's commitment to re-engage with the Government of Madagascar, PSI has actively contributed to the national celebration of World Days, such as the World Day for Hand Washing with Soap, held on October 10, 2015 and the World Toilet Day held on 18th and 19th of November 2015.
- PSI has been the primary financial and technical partner for the Ministry of Health for activities related to the Infant and Young Child Task Force, particularly for the Week of Maternal Breast-Feeding.
- To strengthen the Ministry's work in malnutrition and to strengthen the MOH and PSI partnership, PSI broadcast messages in the 47 districts that have a CRENAS (Centre de Recuperation et d'Education Nutritionnelle Ambulatoire) for the referral of malnourished children identified during the mass screening conducted during the Mother and Child Health week in October 2015.

- PSI has also supported the efforts of USAID and the Ministry of Health by reinforcing key messages on the importance of being vaccinated against polio during the 3 campaigns organized since October 2015 by mass media channels and through the *Top Réseau* clinic network.
- Collaboration with the Ministry of National Education (MEN): A Memorandum of Understanding between PSI and the Ministry of National Education is in the process of development and an official signing ceremony is planned for Q2 to solidify the activities planned in the FY2016 work plan.
- The Wash Team at PSI participated in a training workshop in Cape Town in December 2015 on “Sanitation - Total Market Approach”. This new approach will provide a wider and more strategic vision to the sanitation context in Madagascar. This Total Market Approach will also provide guidance and points of reference for the identification of priorities and will be an effective tool for short- and long-term interventions for the Ministry, USAID, PSI and partners. A workshop will be organized on this approach during Q2/Q3 in collaboration with Ministry of WASH and USAID partners.

III. Malaria

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

1. Malaria Campaign

Overall, 6,340,850 LLINs were procured by USAID/PMI for **51** districts (mainly in the high transmission districts).

Pre-Campaign Achievements :

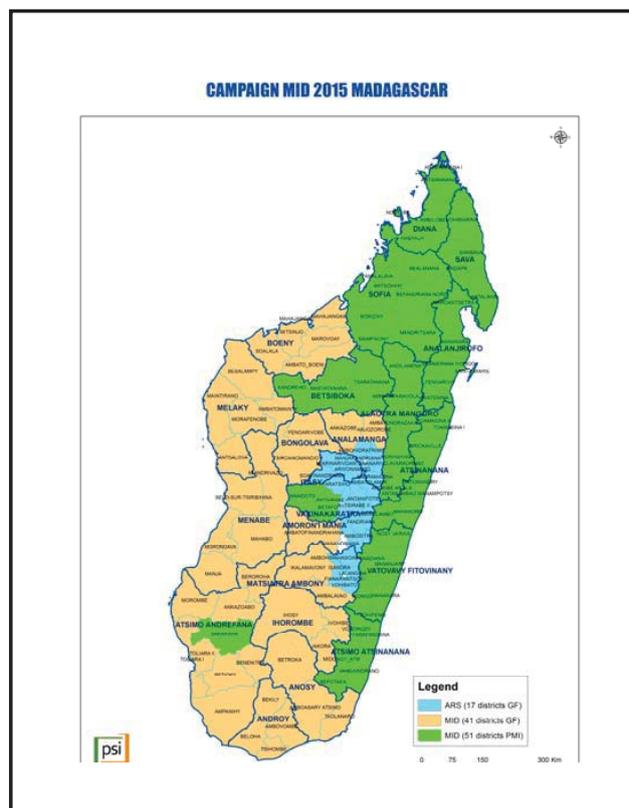
- **Household registration:** The work of household identification (key for the quantification of the LLINs to be distributed) was undertaken by the census community worker in close cooperation with local authorities and National Malaria Control Program.
- **Logistics:** 6,338,850 LLINs were positioned in the **51** districts. 2,000 LLINs remain in the central warehouse of PSI/M.
- **Training:** Effective training is a key factor in the campaign’s success as it guarantees not only the quality of implementation but also reliability and timeliness of reporting. A training manual validated by the National Coordination Committee (NCC) addresses the approaches and methodologies applied for campaign implementation.
- **Communication activities:** For the 2015 Campaign, two types of communication were undertaken: mass media radio spots and IPC by community agents including home visits, demonstration of LLIN use, and sensitization sessions.

Per Campaign achievements:

- Overall 6,338,850 LLINs were transported to **51** district-level warehouses. The majority of LLINs (**6,311,758 or 99.57%**) were distributed with 25,783 (0.04%) LLINs undistributed. 1,309 (0.002%) have been damaged or lost.

Post Campaign Achievements:

- **The “hang up”** activity was the responsibility of the NMCP with CHWs. The quantitative data from this exercise are still being analyzed and have not yet been provided to PSI.
- **Environmental management:** Instructions were provided to the campaign crew that LLIN packaging should be removed before distributing nets. Each distribution point was also instructed to collect and discard LLIN packaging. Instructions were provided by the NCC to bury the net packaging altogether to mitigate environmental impact. During supervision visits, holes had been prepared for burying of the packaging. One major challenge however was the waste management in urban areas. (See Success Story on Waste Management)



2. IEC/BCC Activities for Malaria : Q1

- Malaria MVU sessions – 50 sessions conducted in Q1 with **14,777** people reached

3. Re-Engagement with Government of Madagascar on Malaria: Q1

PSI Madagascar continued to collaborate with the NMCP (National Malaria Control program) in the following areas:

- **Logistics:** PSI provided support to the Comité de Gestion de l’Approvisionnement et de Stock (GAS) to ensure key inputs (ACT, RDT, Artesunate and Sulfadoxine pyriméthamine). PSI worked to quantify needs by conducting a gap analysis, and by working with different health districts to facilitate the delivery of supplies.
- **BCC :** PSI/M has provided support to prepare a national workshop to update the national communication plan. This workshop will take place in Q2. PSI also worked to design and to disseminate key messages on malaria prevention and care.
- **Campagne MID :** PSI/M has collaborated with regional police stations to develop regulations outlawing the use of mosquito nets for any purpose other than malaria control.

IV. Cross-Cutting Activities

1. Supply Chain Management

Key Activities

- Implementation of the new community-based distribution strategy in SOFIA, HAUTE MATSIATRA and IHOROMBE continued in Q1
- An evaluation of the new distribution system was conducted before beginning progressive scale-up
- A distribution team workshop took place for preparation of the new distribution strategy scale up and training of the new data collection system using DHIS2
- Implementation of the new procedures using regular users to quantify needs and mitigate leakage of Depo-Provera began

Challenges

- Market authorization renewal for Pilplan and Confiance
- Over branding and obtaining market authorization for Unipil
- Production of Sur'Eau 40 ml due to supplier raw material stock out
- Collection of LLIN data after mass campaign

2. Research

Top Réseau Network

- Audience research among the *Top Réseau* franchise network clients was conducted in Q1 to identify the wealth quintiles most frequently served by the *Top Réseau* network. 74 clinics participated in the study including 1,055 interviews of eligible clients. The results show that clients interviewed among SAF and SALFA rural clinics belong to the lowest and second lowest wealth quintiles.
- With the support from ICSF (International Centre for Social Franchising), a workshop was held in Q1 to analyze results from the audience research study and from the review of the 12 top performing *Top Réseau* clinics. From the data analysis, three sustainable business models are needed for *Top Réseau* clinics: for rural clinics, for NGOs and for private clinics in urban areas. Business models will be finalized in Q2.
- Data analysis from the Evaluation of Quality using the Optimizing Performance and Quality (QPQ) approach was undertaken in Q1 among 303 *Top Réseau* providers, representing 85% of providers in the TR network. The results varied across services: 54,7%, 65,7% and 92,3% of providers respectively met the required score for IMCI, FP STM and for FP LTM. The low scores for IMCI and for FP STM are being addressed in the FY 2016 training and supervision plan.

LLIN Durability Study

- PSI conducted the net durability study in the collaboration with IPM in 6 sites (Toamasina II, Morondava, Ambanja, Diégo, Sakaraga and Mandoto). PSI completed the data collection on the first and second components of the study (net survivorship and fabric integrity). Data analysis on the first two components is ongoing with PSI and the bio-efficacy analysis is ongoing with Institut Pasteur Madagascar. Preliminary results on bio-efficacy analysis are as follows: The study shows a clear decrease in efficaciousness of LLINs after 6 months and 12 months of use, with results varying by the brand of net and by region. For instance, mortality within 24h is higher among the NETPROTECT brand after six months of distribution in Tamatave (42%) and in Diégo (44%). However

after 12 months, for NETPROTECT in Tamatave, there is an 85% reduction in bio efficaciousness within 24h. The results of this study need to be further analyzed in Q2.

Evaluation of the Healthy Image of Manhood (HIM) approach

In November 2015, the qualitative evaluation was conducted in Antananarivo, Diego, Vohémar and Sambava among young men and women 15-24 years old, exposed to the HIM approach, as well as key informants composed of : parents, *Top Réseau* providers and the internal staff involved in the approach. In total, 64 in-depth interviews and 8 non-participative observations were conducted. Evaluation of HIM approach was completed during this quarter. Results dissemination will be organized by PSI's research team on January 2016 (see Annex H. HIM Evaluation Results).

3. Monitoring and Evaluation

- Data analysis for PSI's Measuring Access and Performance (MAP) study for almost all of PSI's products is under finalization with the PSI Regional Researcher in Q1. An internal presentation is scheduled in the fourth week of January 2016. The final report will be shared in Q2 FY 2016.
- PSI data from the field and DHIS 2 are now synchronized. Different models of dashboards are now available as of Q1.
- Training of 29 distribution staff on data collection via tablet was completed in December 2015. Data collection and analysis will begin in Q2.
- Data quality audit on the LLIN Campaign has begun in Q1

4. Gender

Gender Based Violence Case Management and Referrals in Top Réseau Network

- Exploration of partnerships with relevant Ministries regarding the implementation of a GBV referral system in urban and rural area was undertaken in Q1. In Antananarivo, the implementation of the referral system was piloted through the organization of a workshop on December 15, 2015. Forty three people from the MOH, ENDA OI, associations' members of TIHAVA network, *Top Réseau* providers, IntraHealth (Candy Newman, Senior Gender Technical Advisor) and PSI technical staff attended this workshop. Strategies to ensure the proximity of services for survivors with precise location of *Top Réseau* clinics and associations were developed during this meeting. 10 new potential *Top Réseau* providers from Antananarivo who expressed their interest, were trained on GBV case management and referral system.
- Tools for follow-up of GBV activities were developed with all stakeholders: Job aids for *Top Réseau* providers, leaflets, mapping of interventions and tools for referral were developed with ENDA OI, TIHAVA. These tools will be pre-tested by all stakeholders for 3 months before their finalization.
- Qualitative research on GBV case management and referral system: A GBV research brief was developed during Q1 and shared with PSI's Research team to prepare the GBV qualitative research for Q2. This includes documentation of the referral system of GBV case management among *Top Réseau* providers, peer educators, community agents and others involved, particularly in rural areas
- IntraHealth and PSI participated in the USAID/Gender Working Group meeting to prepare and participate in the organization of "International Girl's Day" in Antananarivo. IntraHealth and PSI participant in meetings and workshops organization by the Ministry of Population to develop and finalize the National Action Plan on Gender and Development (PANAGED).

Challenges in Gender work

- Ensure all GBV stakeholders commitment in the implementation of the GBV referral and counter-referral system.
- Development of innovative IPC approach to enhance both supervisors and urban youth PE and rural Community Agents skills to implement HIM strategy to address early marriage, adolescent pregnancy prevention, and increasing access to FP and health care services.
- Balance of efforts around response to GBV and prevention of GBV, integration of messages promoting gender equality, healthy masculinities, and anti-violence (for *primary prevention*) in BCC activities and other community mobilization efforts.

Work Plan Activity Update

IR 1: Increased Adoption and Maintenance of Healthy Behaviors		Timeframe Yr 4				Work Plan
C.f Co- Ag pg nr	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
Cross Cutting Communication						
pg.27	Continue the Healthy Family Campaign (HF) that address the three health areas of family planning/reproductive health (FP/RH), Child Health, and Malaria, by linking and integrating various healthy behaviors with relevant products and services					
	Continue diffusing 175 HF radio dramas previously produced	1	2	3	4	Ongoing: In Q1, 9 episodes were broadcasted in Mikolo zones (Vohipeno, Sakaraha, Ankililoaka, Manakara). A survey is being prepared for CHWs to assist them with conducting focus group discussions in line with the "Education Through Listening" (ETL) approach, which CHWs have been trained on previously.
	Conduct MVU sessions in rural areas	1	2	3	4	Ongoing: 23 MVU sessions were conducted this quarter
	Work with communication agency to diffuse MVU spots in 50 cities	1	2			Ongoing: PSI is in the process of identifying a communication agency to assist with diffusing spots. The recruitment process is ongoing and the selected firm will begin broadcasts of the three part film in Q2.
pg.27	Develop tool for USAID bilateral health projects for generic IPC messages conducted by CHWs					
	Create communication tools using characters from the HF drama (e.g. brochures, booklets, flyers, Top Réseau (TR) brochures) to help CHWs refer clients to TR clinics		2	3	4	N/A
	Disseminate communication tools that will help communities identify CHWs as health promoters and that will help CHWs conduct IPC and create demand for socially marketed products		2	3	4	N/A
pg.28	Implement the positive role model "Model Mother and Father" program for rural communities to support CHWs in their community sensitization and IPC work					
	Continue collaboration with MIKOLO to select and finalize a program strategy and develop operational plan	1	X			Ongoing: Following the message harmonization activities with the MOH, PSI presented the "Model Mother and Father" concept note and MIKOLO agreed to include this concept in their program called Ankohoana Mendrika Salama. The program aims to recognize and reward families adopting positive health behaviors. In Q1, PSI provide promotional items to families who correctly used LLINs & who practiced good WASH behaviors. 3,550 jerry cans were distributed to support treatment of water using Sur' Eau.
	In support of the overall HF communication activities, prepare pre-production of BCC tools (TBD)		2	3	4	N/A
pg.28	Continue activities with the US Peace Corps Volunteers (PCV) in support of BCC capacity-building efforts working with PCV in communes in rural zones					
	Build a new work plan for FY 16 and implement activities (training, stock checking at PA level, etc)	1	2	3	4	Ongoing: PC agreed to assist PSI with IPC trainings for CHWs using the ETL approach. A training curriculum and schedule was developed. Training will begin in February 2016
	Conduct quarterly meeting with US Peace Corps Volunteers to plan and monitor activities	1	2	3	4	Ongoing: Under the joint MoU framework, PSI will host a permanent Peace Corp Volunteer based at PSI/Madagascar's central office. This volunteer will assist with coordination and execution of activities detailed under the MoU. It is expected the volunteer will begin near the end of Q2.
pg.28	Implement non-cash community incentive mechanisms to motivate CHWs and community based organizations (CBOs) to conduct behavior change communication (BCC) activities					
	Explore, with USAID bilateral health project, non-cash incentive mechanism for high-performing CHWs (including consideration of how to measure CHW performance, appropriate incentives, timeline, etc.)			3		N/A
	Implement a pilot phase to test the incentive mechanism				4	N/A
pg.29	Harmonize existing USAID and USAID bilateral health projects BCC initiatives, along with other relevant stakeholders					
	Actively participate in the Communications Working Group (CWG) led by USAID	1	2	3	4	Ongoing : PSI participated in the CWG's meeting on Nov 4th, 2015 and the PMI BCC working group on Nov 12, 2015. Next meeting will take place in February 2016
	Participate in the Ministry of Health (MOH) Communication Subcommittee in BCC activities	1	2	3	4	Ongoing: PSI participated in the Department de la Lutte contre le Paludisme (DLP) BCC meetings.
	Provide financial support and participate in national and regional health care associations/organizations' events (National Doctors Day, National Pharmacist Day, conferences, etc.)					Ongoing: Financial support was provided for a) events celebrating recent medical school graduates b) production of Ministry of Health informational magazines
pg.28	Develop and implement strategies for reaching traditional leader (provide knowledge, change attitudes and adopt behaviors) as role models in their communities					
	Organize a round of workshops with relevant partners to identify traditional leaders, motivation and barriers related to behaviors and attitudes and build strategies to address them		2	3	4	N/A
	Implement strategies in 1 or 2 pilot areas			3	4	N/A
1.1 Family Planning / Maternal / Neonatal / Reproductive Health						
pg.27	Continue to support and collaborate with MOH and H4+ on maternal health and FP/RH activities					
	Participate in the annual coordination meeting on FP/RH			3		N/A

IR 1: Increased Adoption and Maintenance of Healthy Behaviors		Timeframe Yr 4				Work Plan
C.f Co-Ag pg nr	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
	Participate in the regular FP Harmonization Working Group	1	2	3	4	Ongoing: PSI participated in numerous meetings aimed at elaborating the 2016-2020 FP strategic plan. Meetings were also convened by subcommittees to discuss 2020 FP engagements including harmonization of FP documents/campaigns
	Participate in the regular Chlorhexidine and Misoprostol Technical Working Group	1	2	3	4	Ongoing: PSI participated in the Misoprostol PPH prevention meetings discussing scale up strategies, as well as a workshop validating operational plans, roadmaps, and ENAP (Every Newborn Action Plan)
	Participate in H4+ (initiative of United Nations system organizations to improve Maternal and Child Health)	1	2	3	4	Ongoing
	Celebrate national Family Planning Day and participate in MOH workshops on FP/RH				4	N/A
pg.27	Support youth activities under the youth program "Tanora 100% Youth" name					
	Organize regional youth events in TR regions in urban and rural areas, including the celebration of the 15th anniversary of PSI's youth services, to create demand for services	1	2	3	4	Ongoing : Youth & "YES with you" events were held on December 12, 2015 in the rural area of Itaosy, including a show raising awareness with peer educators. An event celebrating the 15th anniversary of TR was also held on December 4th 2015.
	Reinforce collaboration with Ministry of Youth (train 300 youth Peer Educators (PE) sensitization sessions, peer exchanges, special events, etc)	1	2	3	4	Ongoing: A work plan under this collaboration was developed in Q1, including developing a training curriculum, mapping activities, and message harmonization. PE from the MOH participated in PSI's youth events facilitated by PSI PEs on December 12th.
	Broadcast messages through radio and TV channels and conduct rural youth FP activities (including youth Peer Educators/Tanora 100% fan Club efforts) to encourage delaying first birth to at least 18 and delaying early marriage	1	2	3	4	Ongoing: Conducted "Za ve" campaign introducing messaging surrounding "delay of first birth to at least 18" and "delaying early marriage". Radio and T.V. spots were also broadcasted in Q1
	Conduct rural youth FP activities with MVU sessions, including youth Peer Educators (PEs)/animators and "Tanora Fan Club" efforts to promote messages around delaying first birth to at least 18 and delaying early marriage		2	3	4	N/A
	Produce and disseminate communication materials to publicize youth-friendly services at public health centers and Top Réseau clinics		2	3	4	N/A
pg.15	Continue the youth loyalty scheme and scale-up following rapid impact assessment/evaluation					
	Develop and implement a scaling-up strategy for the loyalty scheme concept in other urban areas	1	2	3		Ongoing: Scale-up of this strategy will occur in Tana. PSI will collaborate with Youth First for the implementation. An MOU with Youth First is under preparation
pg.34	Prepare the market re-introduction of the Emergency Contraceptive (EC) in the pharmaceutical channel					
	Conduct Delta marketing session	1	X			Postponed : Awaiting the final TRaC FP results prior to conducting the FP delta for each product, including Unipil
	Produce and disseminate communication materials for promotion/ demand creation of new products including EC (Unipil) at the pharmacy, TR, and IPC levels				4	N/A
pg.34	Prepare the market introduction of Con fiance Press					
	Conduct Delta marketing session	1				N/A: Sayana press will remain a generic brand; PSI will not develop its own marketing plan. It will be included in the FF Delta plan
	Develop packaging	1	2	3		N/A : Product will not have its own branding
	Introduce and promote/create demand for new products including Con fiance Press at community level				4	N/A
pg.33	Continue the Family Planning communication campaign related to the FP/ RH DELTA marketing plan with focus on rural area					
	Continue broadcasting existing FP/RH messages through local and national radio and TV stations with a focus on LTM as appropriate for adolescents and youth	1	2	3	4	Ongoing : FP/RH messages were broadcasted through the "Za ve" campaign
	Conduct FP MVU sessions in rural & urban areas	1	2	3	4	Ongoing : 21 FP MVU sessions were conducted in 16 communes during Q1
	Produce promotional items for existing and new products	1	2	3	4	Ongoing : FP promotional products were distributed in Q1. New promotional items will be produced in Q2 .
pg.33	Continue supporting the YES with you youth condom and develop a scale-up strategy for urban youth					
	Organize small events in selected urban areas	1	2	3	4	Ongoing: PSI sponsored several youth events including "Spring Break" promoting the "YES with you" condoms as well as conducting on-site HIV testing for over 400 people during a 2 day event . Separate events were also conducted for promotion of Youth100%
	Broadcast radio and TV spot and place printed materials	1	2	3	4	Ongoing: Radio and T.V. spots were broadcasted during the quarter
	Produce and distribute the communication tools in the selected urban areas	1	2	3	4	Ongoing:
	Prepare new YES with you scented condom introduction			3	4	N/A
	Develop and implement a scale-up strategy for other urban areas	1	2	3	4	Ongoing: Preparations began for the scale up strategy planned in Tamatave on April 16, 2016
pg.24	Evidence based BCC promoting FP including birth spacing and postpartum FP					

IR 1: Increased Adoption and Maintenance of Healthy Behaviors		Timeframe Yr 4				Work Plan
C.f Co- Ag pg nr	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
	Develop messages to promote postpartum FP for birth spacing	1	2			Ongoing : Existing tools (FP booklet and leaflet) have been updated and messages have been included
	Develop tools to promote postpartum FP for birth spacing (spot, print materials, etc.)		2	3		N/A
	Produce, disseminate and broadcast tools and spots to promote postpartum FP for birth spacing		2	3	4	N/A
	Continue supporting CHX 7.1% gel formulation at community level					
	Broadcast radio spots	1	2	3	4	Ongoing: Radio spots were broadcast in Q1
pg.30	Support the introduction of cervical cancer services including screening and prevention					
	Develop messages to promote cervical cancer activities within TR, FP and STI services	1	2			Ongoing : The elaboration of the concept note with the tools and message are underway in Q1 with the view of sharing with the MOH in Q2.
	Adjust existing tools and artwork (spots, print materials, etc.) to include messages on cervical cancer prevention/screening services		2	3		N/A
	Produce, disseminate and broadcast tools and spots		2	3	4	N/A
	1.2 Child Health					
gp.24	Initiate a program promoting breastfeeding as a good method to prevent undernutrition, pneumonia and diarrhea					
	Develop messages focused on exclusive breastfeeding (EBF) children under 6 months and breastfeeding to at least 24 months	1				Completed: Messages promoting breastfeeding were developed and promoted using songs created by traditional groups. Breastfeeding messages were disseminated using banners
	Produce and disseminate communications tools including T.V., radio, MVU sessions		2	3	4	N/A
	Celebrate Breastfeeding Week involving public sector	1				Completed: During breastfeeding week (Dec 7th - 12), PSI supported the MoH with various activities including financial support for the conference and morning talk show. PSI also broadcasted radio spots and assisted with "Mphira gasy"
pg.26	Develop and implement a communication campaign to promote hand washing with soap					
	Produce TV and radio spots, printed tools and promotional items	1	2			Ongoing: Meetings were held to finalize the hand washing communication campaign; messages and production of T.V./radio spots will be finalized in Q2.
	Broadcast and disseminate communications tools		2	3	4	N/A
pg.27	Celebrate Mother and Child Health Week (SSME) involving public sector					
	Support rural Community Agent referral activities related to pneumonia and nutrition	1		3		Completed for Q1: PSI broadcasted radio and T.V spots supporting the MoH during Mother and Child Health week (Oct 26-30th 2015). Poster were also developed promoting SSME within TR clinics
	Produce referral kits (job aids, pamphlets) for rural Community Agents		2	3		N/A
	Organize small events to promote child health and child health services		2		4	N/A
pg.24	Implement cross-cutting activities included in PSI new strategic orientation on WASH				4	
	Increase target group knowledge of the 3 key WASH messages by disseminating messages through CHW IPC, media, and mid-media channels		2		4	N/A
	Support the Ministry of Water, Sanitation and Hygiene in organizing workshops to develop the national strategic plan for hygiene promotion	1	2			Ongoing : Discussions with MEA were undertaken in Q1, but given its full agenda during the last quarter of 2015, the Direction de la Promotion de l'Hygiène (DPH) plans to hold follow up meetings in Q2
	Produce sensitization materials related to WASH for national risk and disaster management efforts	1	2			Ongoing : Given recent changes at the BNGRC (new Executive Secretary), PSI has not had the opportunity to meet with the BNGRC. This activity will commence in Q2
	Celebrate "World Days" related to WASH (World Water Day, World Hand washing with Soap Day, Latrine Use Day) involving public sector	1	2			Ongoing: Support was provided to the MEA including: - Oct 14th-15th : "Hand Washing Day with Soap"---PSI supported the morning radio talk show, provided promotional items, prizes and hygiene kits - Nov 19th: " Latrine Use Day" -- PSI supported MVU sessions
pg.25	Develop a health program to promote hygiene in schools					
	Explore collaboration with the Ministry of Education to promote hygiene at the primary school level	1	2			Ongoing : Meetings were held with the Chief of Staff and technical team to develop the MOU, which will be finalized in Q2.
	Develop appropriate messages and produce communication tools for pupils		2	3		N/A
	Donate hygiene kits to schools as a pilot			3	4	N/A
	Organize events (games, sports competitions) to facilitate the diffusion of messages on hygiene		2		4	N/A
pg.25	Support public health centers and Top Réseau clinics to increase hygienic behaviors					
	Produce and disseminate printed communication tools including messages on hygiene	1	2			Ongoing: Meetings were held to finalize the hand washing communication campaign; messages and production of communication tools will occur in Q2
	Donate hygiene kits to public health centers and Top Réseau clinics for both staff and patient use		2	3		N/A

IR 1: Increased Adoption and Maintenance of Healthy Behaviors		Timeframe Yr 4				Work Plan
C.f Co- Ag pg nr	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
	Support extension of Sûr'Eau tablet distribution in the Atsinanana region and progressive scale up in all MIKOLO regions (in partnership with MIKOLO, the Regional Offices for Nutrition and the MOH at regional levels)					
	Produce radio, TV spots and broadcast through local radio stations in the new areas	1	2	3	4	Ongoing: To support extension of Sûr'Eau tablets in Atsinanana, radio spots were produced and diffused in the local dialect (Betsimisaraka)
	Produce and disseminate printed materials and promotional items for CHWs and target audience		2	3	4	N/A
	Organize events coupled with MVU sessions		2		4	N/A
pg.34	In line with the new strategic orientations, continue promoting Sûr'Eau 150ml					
	Produce communication materials (spots, printed tools, promotional items)	1	2			Ongoing: With the new Sûr'Eau 150ml labels, corresponding posters were developed to promote the new design
	Broadcast radio and TV spots and disseminated printed tools		2	3	4	N/A
pg.34	Continue supporting the distribution of Sûr'Eau 40ml at the community level in all MAHEFA areas					
	Broadcast messages on water treatment	1	X	3		Postponed to Q2 given limited products to promote as a result of the supplier's capacity to produce
	Promote the Sûr'Eau 40ml format using CHW IPC, media and mid-media channels		2		4	N/A
	Coordinate with past efforts between MIKOLO, MAHEFA, MCDI and WaterAid to promote WASH after Community Led Total Sanitation (CLTS) message campaigns					
	Communicate, through media and mid-media channels, to increase the use of latrines and address cultural barriers to latrine use including "fady" (taboos)			3	4	N/A
	Initiate an appropriate approach for the promotion of improved latrine use (sanitation at scale)			3	4	N/A
pg.28	Continue collaboration with the youth Scout program to leverage WASH activities (e.g. Sanitation and Safe Water use, Sûr'Eau tablet promotion)					
	Involve Scouts during MVU sessions on WASH	1	2	3	4	Ongoing: Meeting were held with the Scouts to prepare work plans. Awaiting finalization of WASH communication messages prior to conducting MVU sessions
	Produce materials for sensitization	1	2			Ongoing
	Conduct a program of label certification, "Ami de WASH" for small restaurants ("gargotes") that demonstrate/support positive WASH behaviors (determine criteria, evaluate, reward, certify)		2	3	4	N/A
pg.26	Disseminate messages for diarrhea treatment (correct use of ORS and Zinc and seeking treatment) and promote social marketing products HydraZinc and ViaSur					
	Produce communication tools (spots, printed tools, promotional items, etc)	1		3		Ongoing: Production of IEC materials and mini-film are underway. Spots and promotional items will be produced in Q2.
	Broadcast TV and radio spots nationwide and disseminate other communication tools	1	2	3	4	Ongoing
pg.27	Celebrate World Pneumonia Day involving public sector	1				Completed: PSI supported the MoH with broadcasts of Pneumonia T.V. and radio spots and took charge of filming the Minister's speech.
pg.29	Broadcast TV and Radio spots to increase knowledge and prevention of pneumonia	1				Completed : Spots were broadcasted during World Pneumonia Day (Nov 12,2015)
pg.34	Support the distribution of Pneumox in both pharmaceutical and community channels					
	Produce/refresh and disseminate training (TOT) materials for MIKOLO and MAHEFA TAs	1	2			Ongoing :Production of training tools including job aids, posters, etc. in process
	Broadcast TV and Radio spots for pneumonia treatment		2	3		N/A
	Celebrate National Nutrition Day involving public sector					
	Promote nutritional services and products					
	Support activities of the Task Force ANJE/Neff (Alimentation des Nourrissons et des Jeunes Enfants/ Nutrition de la Femme) under the leadership of the MOH	1	2	3	4	Ongoing : PSI supported the AMJE Taskforce workshop on Dec 23rd 2015
	Produce and disseminate communication tools (spots, printed tools, promotional items) to support the distribution of MNP at pharmacy, Top Réseau and community level		2	3	4	N/A
	Provide job aids related to nutrition activities (animation cards, bache alimentaire, etc) for CHWs located in zones with high chronic malnutrition rates	1	2			Ongoing : Procurement of job aids ("animation card, bache alimentaire, feuillet d'animation, PLV, Tee shirt) was launched in Q1
pg.26	Develop and disseminate messages to refer malnourished children to CRENAs (Centres de Récupération et d'Education Nutritionnelle Ambulatoire)					N/A
pg.26	Support the MOH and partner activities increasing polio campaign awareness through messaging					
	Broadcast messages on immunization through media channel	1	2			Ongoing : Radio spots were broadcasted during national polio campaigns
	Link polio with hygiene and sanitation messaging (WASH activities)	1	2			Ongoing: Linking of polio messaging with hygiene and sanitation messages is ongoing with the development of WASH messages

IR 1: Increased Adoption and Maintenance of Healthy Behaviors		Timeframe Yr 4				Work Plan
C.f Co- Ag pg nr	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
pg.26	Coordinate with the MoH and Unique to reinforce BCC activities on general immunization	1	2	3	4	Ongoing: PSI has actively participated in meetings with partners related to communication around immunization
	1.3 Malaria					
pg.25	Following the results of the Anthropological Study (IPM) and in line with other survey results (ITN Post Campaign survey, MIS, etc.), develop a communication plan for malaria prevention and treatment involving all stakeholders. This communication plan includes messages and strategies for LLINs, IPT, ACT, RDT and IRS)					
	Organize a round of workshops involving all the stakeholders to develop key messages and communication strategy	1	2			Ongoing: Workshop is planned Feb 16th,17th,18th, to develop key messages and communication strategy for LLINs, IPT, ACT, RDT and IRS.
	Develop a one pager summarizing the global malaria communication plan (prevention and treatment) including a relevant strategy to increase the proportion of woman of reproduction age who know the cause of malaria by reinforcing sensitization including IPC, mass and mid-media		2	3		N/A
	Revise and print the malaria toolkit		2	3		N/A
pg.27	Continue harmonizing malaria communications with other donor efforts through participation in meetings and coordination of communication activities with partners					
pg.27	Continue supporting public sector efforts to fight against malaria					
	Provide support for the Malaria World Day celebration			3		N/A
	Support the MOH at the central level in organizing workshops	1	2	3	4	Ongoing
pg.39	LLIN Campaign					
	Based on the last campaign post-test survey, modify and continue broadcasting messages to ensure LLIN correct use and maintenance including consistent use by pregnant women and children under 5	1	2	3	4	Ongoing : Post LLIN campaign messages were broadcasted in Q1. Messages will be modified following the communication workshop to be held in February
	Support CHW post campaign activities (hang up and sensitization) involving local authority in the monitoring to ensure correct LLIN use including consistent use by pregnant women and children under 5	1	2	3	4	Postponed on Q2: PSI will collaborate with Service de Lutte Anti Vectorielle (SLAV)
pg.39	Following to results assessment of the current pilot in 2 districts, continue the LLIN continuous distribution activities					
	According to the last campaign post test survey, adjust messages and communication strategy in line with the pilot phase recommendation and the Global Malaria Communication plan developed with the stakeholders			3	4	N/A
	Organize advocacy activities and mobilize public, community and religious authorities to explain the continuous distribution project and its importance for maintaining the LLINs possession rate, prioritizing 4 districts of Atsimo Atsinanana and 6 districts of Vatovavifitovinany			3	4	N/A
	Prepare and produce communication tools from the communication plan			3	4	N/A
	Broadcast messages through media and mid-media channel and disseminate other communication tools			4	4	N/A
pg.25	Indoor Residual Spray (IRS) and Intermittent Preventive Treatment (IPT)					
	Adjust messages and communication strategy in line with the Global Malaria Communication plan developed with the stakeholders	1	2			Ongoing: Messages will be adjusted following the Malaria communication plan workshop to be held in February
	Research innovative evidence-based behavior change approaches focused on increased uptake of immunization (IPT), and incorporate and intensify selected new approach into BCC activities		2	3		N/A
	Mobilize public, community and religious authorities to help ensure preventive IRS measures are used and behavior adopted, prioritizing 4 districts of Atsimo Atsinanana and 6 districts of Vatovavifitovinany	1	2			Ongoing: Messages will be adjusted following the Malaria communication plan workshop to be held in February
	Coordinate sensitization before and during the campaign to increase household acceptance rate of IRS	1	2			Completed: Sensitization activities were conducted during the IRS campaign funded by GF (NSA2)
pg.24	Supermoustiquaire					
	Produce promotion and sales incentives			2	3	N/A
	Produce and broadcast TV and radio spots to support the social marketing activity	1	2	3	4	Postponed : Awaiting commodities prior to broadcasting T.V/Radio support for promotion
pg.25	Artemisinin-based Combined Treatment (ACT) and Rapid Diagnostic Test (RDT) for malaria					
	Adjust messages and communication strategy in line with the Global Malaria Communication plan developed with the stakeholders	1	2			Ongoing: Messages will be adjusted following the Malaria communication plan workshop to be held in February
	Prepare and produce communication tools from the communication plan		2	3		N/A
	Broadcast messages through media and mid-media channel and disseminate other communication tools		2	3	4	N/A
	Produce certificates for CHWs who have completed their stage pratique (practicum) to be able to provide RDT for malaria		2	3		N/A

IR 2: Improved Quality of Selected Health Services in the Private Sector		Timeframe Yr 4				Work Plan
C.f Co- Ag pg nr	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
2.1 Expand Access to Quality Services at Private Sector Health Clinics (# urban and rural TR clinics)						
pg.30	Expand number of private sector health providers in Top Réseau					
	Continue to recruit rural and urban clinics to reach LOP goal of 273 clinics, with emphasis on rural clinics	1	2	3	4	Ongoing : Two new clinics were recruited which makes the current number at 246 Top Réseau clinics. The renewal of agreement with existing clinics is ongoing based on the results of the quality of their services, their motivation and willingness to serve vulnerable people.
	Continue to upgrade clinics to conform to minimum standards in terms of infrastructure and equipment	1	2	3	4	Ongoing: Two new clinics were fully equipped and all the other clinics continued to receive equipment as needed over Q1.
	Provide refresher training to rural and urban Top Réseau providers on FP/RH and IMCI services, focused on findings from the annual evaluation of 2015		2	3		N/A
	Train new and existing Top Réseau providers (including rural SAF and SALFA providers) on the social franchising approach and medical communication (client experience, marketing)	1	2	3	4	Ongoing : Ten Top Réseau providers from SAF and SALFA were trained on medical communication, particularly on how to develop customer loyalty, to deliver friendly services and to improve marketing strategies.
pg.30	Increase access to finance for TR providers					
	Continue to provide individual coaching in access to finance	1	2	3	4	Ongoing: Two additional Top Réseau providers benefited from ongoing technical assistance. In Q2, the focus will be on developing appropriate business budgets and individual coaching on loan application.
	Organize and facilitate meetings for sharing experiences, best practices, success stories between providers		2	3	4	N/A
	Continue to identify and develop agreements with additional partner financial institutions when needed (ensuring access to finance in areas where current partners do not operate)	1	2	3	4	Ongoing: PSI and Banyan Global continue to explore other partners and will continue to work with equipment suppliers such as Inter Equipment and MAEXI who can offer payment in installments options in order to facilitate purchases.
	Explore solutions, including developing new partnerships, to increase loan application	1	2	3	4	Ongoing: Different meetings with equipment suppliers were held in Q1. AccesBanque and equipment provider, Inter Medical, were invited to participate and present their offering to participants during the training on Access to Finance
	Monitor and track loans to Top Réseau providers	1	2	3	4	Ongoing : This is a routine activity. 1 loan is being sought to purchase ultrasound material for a Top Réseau clinic in Ambovombe Fort Daphin and one extension project for 1 Top Réseau clinic in Antananarivo. Banyan Global continued to follow-up progress of previously identified project for Top Réseau providers.
pg.31	Support the development of tablet based client data collection					
	Continue tablet-based data collection pilot with 42 providers for client data collector	1	2	3		Ongoing : Data from tablets are fully integrated with PSI/M information system
	Progressive scale-up of tablet-based client data collection to all TR providers				4	N/A
	Develop a DHIS 2 dashboard related to Service Delivery and Supervision results		2		4	N/A
	Monitor use of the system and the dashboard and continue to improve and upgrade as needed	1	2	3	4	Initiated: Dashboards on DHIS 2 were developed. Data interpretation and analysis is planned in Q2
	Move to tablet based data collection in rural Top Réseau clinics			3		N/A
	Ensure the automatic linking of data between Datawinners and DHIS 2 (to avoid loss of data)	1	2			Ongoing: The automatic link with DHIS 2 and Datawinners were set by HNI. Datawinners data are now systematically integrated with DHIS 2. A follow up of the system is planned in Q2
pg.47	Support the development of tablet-based data quality (pre- and post-training scores, supervisory feedback scores, quality audits, etc.)					
	Train technical staff on how to fill the database and how to read and use the dashboard	1	2			Ongoing : Technical staff continue to use tablet for quality supervision. The quality assurance team were trained on the use of DHIS2 to facilitate quality data analysis.
2.2 Capacity building						
pg.31	Build the business management capacity of TR providers (focusing on female providers where possible)					
	Conduct refresher training in "financing your medical practice" for selected providers	1	2	3		Postponed: The refresher training are planned for Q2.
	Continue to train rural and urban providers in business management	1	2	3		Ongoing: Training on Access to Finance and Budgeting were delivered in Antsirabe and Majunga for 25 rural Top Réseau providers (SAF and SALFA) from 19 regions.
	Finalize a sustainable business model for providers in collaboration with International Center for Social Franchising (ICSF)	1	X			Initiated: With the support from ICSF (International Centre for Social Franchising), a workshop was held in December 2015 to analyze results from the audience research study and from the financial information of the 12 well performing Top Réseau clinics. From the data analysis, three sustainable business models are needed for Top Réseau clinics: for rural clinics, for NGOs and for private clinics in urban area. Business models will be finalized in Q2.

IR 2: Improved Quality of Selected Health Services in the Private Sector		Timeframe Yr 4				Work Plan
C.f Co- Ag pg nr	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
	Continue to roll out individual coaching in business management by taking into account the defined sustainable business model	1	2	3	4	Ongoing : This is a routine activity. This quarter, seven individual coaching sessions were conducted. From Q2 onwards, Banyan Global will design appropriate coaching processes based on the finalized business models.
	Train Top Réseau providers in financial analysis		2	3	4	N/A
pg.31	Broaden the Top Réseau service package for qualified, motivated providers to include new health areas of: child malnutrition, permanent FP methods (tubal ligation), emergency contraception and cervical cancer screening and referral					
	Design a training plan for urban and rural Top Réseau clinics according to their health services offered	1				Completed: An action and training plan, focusing on the needs of Top Réseau providers in all regions, were developed during a workshop with regional teams .
	Identify selected urban Top Réseau clinics, and selected SAF and SALFA rural Top Réseau clinics for training in new health areas (selection based on proven capacity, client potential, and motivation)		2			N/A
	Train 100 urban and 20 rural Top Réseau providers on chronic malnutrition and MNF		2	3	4	N/A
	Train 2 urban Top Réseau providers on FP permanent methods (tubal ligation)			3		N/A
	Train 50 new urban Top Réseau providers on cervical cancer screening/prevention and conduct refresher trainings for current providers			3	4	N/A
	Train 20 urban and 10 rural Top Réseau providers on FP services (Jadelle, Implant NXT)	1	2	3		Ongoing : Seven urban Top Réseau providers were trained during this quarter on Implant (Jadelle and Implant NXT). This activity will continue for the 2 next quarters.
	Conduct refresher training on Youth Friendly Services for urban and rural Top Réseau providers	1	2	3		Initiated : Two trainings sessions on Youth-friendly services for 31 Top Réseau providers from SAF and SALFA were conducted. The post training follow up is planned for in Q2.
	Conduct refresh training on new products of Implant NXT and Jadelle for urban and rural Top Réseau providers	1	2			Ongoing : 13 Top Réseau providers received refresher training on Implant (NXT).
	Continue to provide and scale-up UNITAID funded RDTs to TR providers in UNITAID zones and continue to supervise correct and consistent use, and data collection	1	2	3	4	Ongoing : 148 Top Réseau providers received training on Fever Case Management and use of RDT for the scale-up phase of UNITAID.
pg.31	Review and update the existing quality assurance system for the Top Réseau franchise with a particular focus on new health areas and new members in rural areas					
	Develop QA tools for provider training and supervision in new health areas of permanent FP methods and cervical cancer	1	2			Ongoing: Supervision tools in new health areas of permanent FP methods and cervical cancer screening are being finalized
	Continue ongoing updates to the QA system for new health areas (nutrition, cervical cancer), incorporating IntraHealth's Optimizing Performance and Quality (OPQ) Approach, Learning for Performance, and other approaches including best practices and international and national standards	1	2	3	4	Ongoing : The training curricula on nutrition and cervical cancer were updated.
	Conduct training to improve supervision skills, with a focus on new Medical Supervisors from PSI, SAF and SALFA. Continue capacity building in PBCC and OPQ approach		2			N/A
	Develop Continued Medical Education (CME) through m-health			3	4	N/A
	Conduct quarterly supportive supervision in all health areas using a new QA team model -- utilizing national and regional medical supervisors, SAF and SALFA supervisors, and select public sector and high-performing TR providers as co-supervisors	1	2	3	4	Ongoing: 293 supportive supervision visits for all health areas were conducted this quarter. Emphasis on supporting providers on the development and follow up of the action plan from the annual evaluation were the main topics during the supervision.
	Conduct annual evaluation of Top Réseau providers for FP and IMCI services using new QA team model including public sector and high-performing Top Réseau providers as co- evaluators			3	4	N/A
pg.32	Enhance provider behavior change (PBCC/medical detailing approach)					
	Conduct medical detailing visits in private sector using Provider Behavior Change Communication (PBCC) approach (promotion and correct use of social marketing products, vigilance regarding correct use/dispensing of Depo-Provera, etc.)	1	2	3	4	Ongoing: This is a routine activity conducted with the Health Training and Promotion team throughout all quarters of the year. 161 medical detailing visits were conducted this quarter.
pg.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: Seven Top Réseau providers conducted trainings as co-trainers during 23 trainings sessions on Fever Case management
pg.32	Invest in provider motivation, supportive supervision and provider focused communication					

IR 2: Improved Quality of Selected Health Services in the Private Sector		Timeframe Yr 4				Work Plan
C.f Co- Ag pg nr	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
	Reward the best providers in terms of quality, using non-monetary incentives, at regional (biannual) and national (annual) levels	1				Completed : Based on the results of evaluation, one meeting for each Top Réseau region was conducted this quarter to reward best providers on the quality of services provided. Non-monetary rewards included equipment to improve their clinics
	Organize TR provider peer exchange visits to and between rural and urban areas to build capacity: high-performing providers share best practices on Social Franchise standards, optional services and business management	1	2	3	4	Ongoing : Three peer exchange visits were organized this quarter in Tamatave, Antsirabe and Majunga. In Tamatave, three providers visited two clinics and learned basic accounting record keeping for medical practice, organization and management of the clinic and demonstration on each step of compliance on Infection Prevention. The two other exchange visits were conducted with Top Réseau rural providers right after their training on youth-friendly services in Antsirabe and Majunga. This was an opportunity to share experiences on youth-friendly services.
	Develop and share Top Réseau newsletter for providers	1		3		Completed for Q1
	Conduct exchange meetings among Top Réseau providers (each region will have at least 1 network meeting)	1	2	3	4	Ongoing : Eight meetings were conducted this quarter. Several topics dealt with quality assurance. One innovative activity conducted was to invite a well known professor in other health areas to talk to Top Réseau providers on the importance of compliance with QA norms for all health services.
pg.42	Ensure gender is mainstreamed throughout the program by strengthening and potentially scaling up the GBV case management in Top Réseau clinics					
	Explore partnership with relevant Ministries and others, in the implementation of a referral system in urban and rural area	1				Completed : For the pilot site in Antananarivo, the implementation of the referral system was realized through the organization of a workshop on December 15, 2015. 43 people from the MOH, ENDA OI, associations members of TIHAVA network, Top Réseau providers, IntraHealth and PSI technical staff attended this workshop. During this quarter, a partnership with the Ministry of Population was developed.
	Conduct mapping exercise and identify regions for potential GBV scale-up	1				Completed: Majunga was identified with ENDA OI as the potential site for scale-up. The scale-up phase will be initiated after the GBV qualitative research in Antananarivo is completed in order to learn from this pilot phase.
	Train select urban and rural Top Réseau clinics on GBV case management	1	2			Ongoing: 10 additional Top Réseau providers from Antananarivo were trained on GBV case management and referral system. For the rural area, the training will be organized in Q2.
	Inform IPC agents (urban youth peer educators and WHP funded FP counselors) on GBV referral activities	1	2	3	4	Ongoing : For Q2, the training curricula will be developed for PE and IPC agents on GBV prevention and referral system.
	Develop tools (job aids, leaflet, mapping, and tools for follow-up activities) and key means of mainstreaming GBV case management and referral	1	2			Ongoing : Job aids for Top Réseau providers, leaflets, mapping of interventions and tools for referral and counter-referral were developed with ENDA OI and TIHAVA members in December 2015. These tools will be pre tested by all stakeholders over a three month period before finalization.
	Supervise the GBV case management activities in Tana and in other selected urban and rural Top Réseau clinics.	1	2	3	4	Ongoing : The follow up activities were completed during site visits and during meeting with Top Réseau providers, ENDA OI and associations members of TIHAVA networks.
	Document the referral system of GBV case management among Top Réseau providers, peer educators, community agents and others involved (numbers of clients identified, referred, and completed referrals; client outcomes)	1	2	3	4	Ongoing : 33 survivors were received by Top Réseau providers. The referral system was documented, and implemented during the workshop meeting with all stakeholders will help to improve the quality of services for survivors and better understand how many survivors were received and referred to other services, including how many have completed referrals.
	Conduct qualitative research on GBV case management and referral system			3	4	N/A
2.3 Promotional support						
p32	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 Top Réseau through mass media by producing and broadcasting radio spots with messages tailored to target groups in rural and urban areas	1	2	3	4	Ongoing : Top Réseau promotion was included in messages on health seeking behavior. The promotion of Top Réseau clinics through mass media as a network who provides services of quality was pending and needs approval from Medical National Association (ONM)
	Organize Top Réseau participation (at least 1 clinic per TR zone) in national Mother and Child Health Week, or Family Planning World Day (in collaboration with the MOH/DSFa)	1	2	3		Ongoing: 29 Top Réseau clinics in urban area participated in the celebration of Mother & Child Health week in October 2015. During the week, 7,860 CU5 received services at Top Réseau clinics.

IR 2: Improved Quality of Selected Health Services in the Private Sector		Timeframe Yr 4				Work Plan
C.f Co- Ag pg nr	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
	Continue the activities with 120 youth peer educators to promote urban Top Réseau clinics and distribute FP vouchers to male and female urban youth	1	2	3	4	Ongoing: This is a routine demand-creation activity conducted throughout all quarters of the year. 58,608 youth were reached. Key messages deal with disadvantages of early pregnancy, family planning and the referrals to Top Réseau clinics
	Celebrate 15th anniversary of TR youth services through various events/activities	1		X		Initiated : The celebration began in Antananarivo this quarter. A celebration was programmed to express the appreciation of providers for their past and continued support and partnerships for increasing access to quality health services for vulnerable target groups, as well as increased informed choice to healthier behaviors. The celebration will continue in all sites and will be an opportunity to promote the use of health services to the target groups.
	Continue activities with 80 rural community agents for SAF and SALFA to promote rural Top Réseau clinics and distribute referrals for FP and IMCI services in rural areas	1	2	3	4	Ongoing
	Continue to develop and provide TR clinic and FP brochures for IPC agents to distribute to clients	1	2	3	4	Ongoing
pg.32	Supervise youth peer educators (male and female) in urban areas to promote FP/RH services at Top Réseau clinics	1	2	3	4	Ongoing : 378 sessions of supportive supervision for Youth peer educators was conducted in Q1
pg.28	Supervise the rural community agents from SAF & SALFA in BCC innovative techniques (ETL technique)	1	2	3	4	Ongoing : During this quarter, PSI conducted supervision visits in three remote sites in rural areas. Community agents were supervised and received refresher trainings on ETL technique and FP compliance.
pg.32	Continue mass media and other promotional activities to benefit Top Réseau providers (urban and rural) and CHWs that create demand for their services	1	2	3	4	Ongoing : Four special events to promote services at Top Réseau clinics were conducted this quarter
pg.50	Work with the National Doctors' Association (ONM) and their regional offices (CROM) to maintain strong relationships and secure their support and approval of Top Réseau franchise promotional activities					
	Collaborate with the ONM to promote Top Réseau, including through contributions in the ONM newsletter and national events	1	2	3	4	Ongoing: PSI participated and reached 190 health providers during the national event organized by the MoH in Tamatave with the participation of the ONM. PSI will continue to work with national association and ONM to present PSI activities and to promote Top Réseau and social marketing products.
	Collaborate with CROM at regional level for the promotion of the Top Réseau network at regional/local events	1	2	3	4	Ongoing: PSI continues to promote Top Réseau clinics and social marketing products, and to reinforce products' correct use among health providers. 592 health providers were present during events carried out by the CROM Antananarivo, and The National Association of Midwives.
	Promote Top Réseau services with 511 hotline					
	Conduct refresher training for listener on Top Réseau key messages (clinics location, new services offered, GBV case management extension)				4	N/A
	Conduct bi-annually exchange meetings among 511 listener to monitor and evaluate the activities		2		4	N/A
	Promote Top Réseau services with toll-free "321 Mandroso" information line					
	Ensure the integration of Top Réseau key messages (clinic locations, services provided, and basic health messages associated with services) with 321 Tolotra Mandroso	1	X			Initiated: A meeting with HNI to discuss the process was conducted; a special messages to promote Top Réseau with 321 Mandroso is under development. The integration is expected to be completed in Q2.
	Promote Top Réseau services with 321 Mandroso events and communication supports		2	3	4	N/A

IR 2: Improved Quality of Selected Health Services in the Private Sector		Timeframe Yr 4				Work Plan
C.f Co- Ag pg nr	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
pg.32	Progressive scale-up of the E-voucher program in the remaining 6 urban Top Réseau zones					
	Update the e-voucher system according to the recommendation of the qualitative evaluation	1	x			Initiated: A meeting between HNI and PSI was conducted. HNI's technical support team have developed a list of features to be updated. This activity will continue in Q2
	Ensure integration of the voucher system with the actual tablet based data collection		2	3		N/A
	Build capacity of the 6 Top Réseau sites in use of the E-voucher system			3	4	N/A
pg.32	Progressive scale-up of the mobile money with 6 urban Top Réseau zones					
	Develop and continue to improve an integrate Mobile Money management with Orange, Airtel et Telma	1	2			Ongoing: HNI and Orange are currently developing a partnership. The first meeting with the Orange Money team was held. The integration process will continue in Q2
pg.32	Conduct pilot phase for mutual insurance (demand-side financing) in 2 Top Réseau zones					
	Start of insurance coverage	1	x			Initiated: An MoU was signed with Positive Planet, an international NGO supporting microfinance and working to increase health coverage. The work plan was developed. The identification of additional clinics are ongoing.
	Conduct periodic meeting for group managers		2	3		N/A
	Explore innovative solutions to enhance household group capacity to pay premium		2	3	4	N/A
	Monitor the insurance coverage (monthly payment, respect of ground rules of the association and MOU with the mutual organization)	1	2			Postponed: We expect to begin the monitoring in Q2.
	Evaluate the pilot of the insurance coverage in Tanà			3	4	N/A
	Develop and implement a scaling-up strategy based on evaluation findings				4	N/A
	Identify appropriate TR region for new health savings mechanism pilot phase	1				Postponed to Q2
	Conduct health savings mechanism for sites without mutual organization		2	3		N/A
	Evaluate the pilot of health savings mechanism				4	N/A
	New: Strengthen Partnerships with Government of Madagascar and Public Health System					
	Invite public sector providers to TR peer exchange visits in both rural and urban areas, to expose public sector providers to TR system, best practices, and to build public sector capacity		2	3	4	N/A
	Conduct advocacy with the MOH to collaborate with public sector technical medical staff to serve as co-trainers, co-supervisors, and co-evaluators with PSI staff, as a means of two-way collaboration on quality assurance/improvement issues		2			N/A
	Organize workshops and/or TOT with the MOH and engage MOH technical medical staff in quality improvement activities, including TOT on FP compliance		2	3		N/A
	Explore the feasibility of franchising public sector clinics and mobile clinic with public sector, in coordination with the MOH and Marie Stopes Madagascar (MSM)		2	3	4	N/A
	Based on findings from the feasibility analysis, develop the concept of franchising select public sector clinics and mobile clinic with public sector		2	3	4	N/A

IR 3: Increased Availability of Life-Saving Health Products and Services		Timeframe Yr 4				Work Plan
C.f Co-Ag pg nr	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 Review and Finalize Entire Portfolio of Socially Marketed Products						
Family Planning / Maternal / Neonatal / Reproductive Health						
pg.33	Continue to promote Pilplan-branded OC pills, Confiance-branded injectables, Implanon and Jadelle-branded implants, IUDs, and Rojo-branded cycle beads for community based and/or pharmaceutical distribution					
	Distribute 3,955,512 Pilplan; 2,246,098 Confiance; 4,562 Implants (4,011 Implanon; 551 Jadelle); 20,837 IUDs; 23,153 Rojo-branded cycle beads	1	2	3	4	Ongoing: 953,558 (24%) units of Pilplan, 652,617 (29%) units of Confiance, 1,816 (40%) Implants (1,686 (37%) units of Implanon, 130 (24%) units of Jadelle), 5,671 (27%) units of IUDs and 6,741 (29%) units of Rojo-branded cycle beads have been distributed
	Distribute safety boxes to Top Réseau clinics and to CHWs via PAs	1	2	3	4	Ongoing: This is a routine activity conducted during TR and PA visits.
	Purchase and distribute 1,500,000 consumables for Confiance injectable (for trained CHWs)	1	2	3	4	Ongoing: Products were received in December 2015 and will be distributed beginning January 2016
	Explore introduction of Confiance Press (Sayana Press injectables)					
	With USAID support, advocate with MOH to obtain a derogation to DAMM's demand that the brand name appear on the primary packaging	1	2			N/A: Following PSI's global recommendations, Sayana Press will be no longer be over branded as Confiance Press.
	Once AMM is obtained, begin promotion and distribution of Confiance Press			3	4	Ongoing : Sayana Press products will not be branded. After discussions with USAID and bi-lateral partners, product distribution began in Q1. 41,879 doses of Sayana Press have been distributed through community based distribution.
pg.34	Introduce a new emergency contraceptive branded <i>Unipil</i>					
	Procure 50,000 units of emergency contraceptive products (Unipil)	1	2	3		Ongoing: After various meetings and discussions with USAID's supply chain manager, PSI requested authorization from the supplier to over-brand the product. To date, no authorization has been obtained. This bottleneck needs to be resolved immediately. The procurement process itself is still ongoing at USAID level.
	Secure AMM for emergency contraceptive			3	4	N/A
	Distribute 12,500 units of emergency contraceptive products (branded Unipil)				4	N/A
pg.34	Promote and scale up "YES with you" youth-branded male condoms including new scented products					
	Identify new urban zones of distribution based on scale-up strategy	1				Ongoing : Tamatave I was identified for the extension of the distribution zone of " YES with you"
	Distribute 1,136,700 "YES with you" condoms through wholesalers in urban sites	1	2	3	4	Ongoing: 199,860 (18%) "YES with you" condoms have been distributed in Tananarive and periphery
	Develop market for new "YES with you" products (vanilla and banana scented) and work on obtaining AMM	1	2	3	4	Ongoing : As per USAID, procuring new "YES with you" products will not be possible within the current contract with Deliver. USAID will inform PSI when a new contract has been finalized to allow procurements to proceed
	Promote Chlorhexidine 7.1% (CHX) in gel form for community based distribution in MIKOLO and MAHEFA zones					
	Distribute 447,145 tubes of CHX 7.1% to supply points in MIKOLO and MAHEFA zones	1	2	3	4	Ongoing: 59,925 (13%) tubes of Arofoitra CHX 7.1% have been distributed in Q1. These quantities relate to the starter stock provided to CHWs after receiving training
Child Survival						
pg.34	Continue to promote ViaSur and HydraZinc-branded Diarrhea Treatment Kits (DTK)					
	Distribute 191,657 DTKs (124,577 ViaSur / 67,080 HydraZinc)	1	2	3	4	Ongoing: 86,551 (45%) DTKs were distributed (65,247 (52%) ViaSur and 21,304 (32%) HydraZinc)
	Distribute remaining generic DTKs donated by USAID					
	Donate generic ORS / Zinc to the MOH and BNGRC (Bureau National de Gestion des Risqué et des Catastrophes) to respond to natural disasters		2			N/A

IR 3: Increased Availability of Life-Saving Health Products and Services		Timeframe Yr 4				Work Plan
C.f Co-Ag pg nr	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 102,000 ORS / Zinc donated by USAID to PAs in MAHEFA zones		2	3		N/A
pg.34	Promote and scale up household water treatment products for both community-based distribution and commercial channel					
	Distribute 11,125,800 Sûr'Eau Pilina tablets in the Atsinanana region and progressively scale-up throughout all MIKOLO zones	1	2	3	4	Ongoing: 399,820 (3,5%) tablets of Sûr'Eau Pilina have been distributed in Atsinanana region. Progressive scale up will begin in Q2 with the extension of the new distribution strategy areas (Vakinankaratra, DIANA, Atsimo Andrefana)
	Distribute 348,300 bottles of Sûr'Eau 40ml in MAHEFA and ex SanteNet2 zones through community based distribution	1	2	3	4	Ongoing: 126,640 (36%) bottles of Sûr'Eau 40ml have been distributed
	Distribute 1,679,528 bottles of cost recovery Sûr'Eau 150ml through the commercial channel	1	2	3	4	Ongoing: 540,818 (32%) bottles of cost recovery Sûr'Eau 150 ml have been distributed . Second price increase occurred in December 2015 (revised price at wholesaler level is 400 Ar). Thus far, PSI has not seen a decline in demand for the reporting period.
	Explore & pilot strategies to improve hygiene at CSBs in the Atsinanana Region and 3 public primary schools					
	Collaborate with the private sector to procure and donate hygiene start-up kits for CSBs (water containers, soap, Sur Eau Pilina) for the Atsinanana region	1	2	3	4	Initiated. Procurement of water container and soap are ongoing in collaboration with the private sector.
	Identify and promote WASH activities (water treatment, hand washing with soap, and latrine use) at 3 public primary schools	1	2	3	4	Initiated: 3 meetings with the Ministry of Education (MEN) have been undertaken to identify areas of collaboration. A "convention de partenariat" will be signed during the next quarter including the details of USAID & PSI support for the MEN and the 3 pilots schools selected to receive WASH support.
pg.35	Promote Pneumonia Prepackaged Treatment (PPT) through the community-based distribution channel					
	Distribute remaining 240,000 PPT tablets prior to the arrival of Amoxicillin DT products (586,000 blisters expected in February 2016)	1	2			Ongoing: 82,067 (34%) PPT tablet (Pneumostop) have been distributed. The next batch of 120,000 boxes of Pneumostop tablets are expected by the end of February 2016. Salama has informed PSI that Amoxicillin products are expected to arrive by end of March 2016
	Work on obtaining AMM for Amoxicillin DT (through Salama collaboration)	1	2			Ongoing. Registration document submitted by the supplier and SALAMA; awaiting the DAM feedback/approval in Q2.
	In partnership with MAHEFA, organize TOT for heads of CSBs to inform correct use of the new molecule (Amoxicillin DT)	1	2	3		Ongoing: Training curriculum has been updated with PSI and MIKOLO technical & financial support to the MOH. Training plan will be finalized with MOH, MIKOLO and MAHEFA in Q2.
	Organize TOT for MIKOLO trainers to inform correct use of the new molecule (Amoxicillin DT)	1	2	3		Ongoing: Training curriculum has been updated with PSI and MIKOLO technical & financial support to the MOH. Training plan will be finalized with MOH, MIKOLO and MAHEFA in Q2.
	Distribute 240,000 Amoxicillin DT through the community-based channel			3	4	N/A
	Implement pharmacy vigilance activities in the community distribution channel for Amoxicillin DT use			3	4	N/A
	In partnership with the MOH, ONN, and MIKOLO, introduce Micronutrient Powder (MNP) for community based-distribution in the Vakinankaratra Region (6 districts)					
	Launch procurement of 123,104 boxes (30 sachets per box) of MNP for PAs & CSBs (needs for FY16 & FY17)	1	2			Completed: Procurement process ongoing with PSI/Washington
	Conduct TOT for partners on MNP product (TOT for MIKOLO trainers/heads of CSBs for CHW level and rural Community Agents) and educate PAs		2			N/A
	Supervise CHW training on MNP and post-training follow-up		2		4	N/A
	Distribute 41,035 boxes of MNP at community level in the districts of Vakinankaratra region			3	4	N/A
	Introduce MNP in Top Réseau (TR) clinics (urban and rural)					
	Launch procurement of 20,319 boxes of MNP for TR clinics in urban and rural areas (needs for FY 16 & FY 17)	1	2			Completed: Procurement process ongoing with PSI/Washington
	Distribute 6,773 boxes of MNP through urban and rural TR clinics			3	4	N/A
	Introduce MNP through pharmaceutical channel					

IR 3: Increased Availability of Life-Saving Health Products and Services		Timeframe Yr 4				Work Plan
C.f Co-Ag pg nr	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
	Advocate with the MOH to introduce socially marketed MNP in the pharmaceutical channel	1				Completed: MOH approval to distribute MNP in the pharmaceutical channel has been obtained. PSI is working closely with MOH authorities to finalize the detail strategy behind this new distribution channel.
	Launch procurement of 67,961 boxes of MNP for the pharmaceutical channel (needs for FY 16 & FY 17)	1	2			Completed: Procurement process ongoing with PSI/Washington
	Train pharmacists and sales staff on MNP		2			N/A
	Distribute 22,654 boxes of MNP through the pharmaceutical channel			3	4	N/A
pg.39	Malaria					
	Distribute socially marketed LLINs (350,000 Supermoustiquaire for FY16)			3	4	N/A
	Conduct preparation activities for distribution of 683,000 "Continuous Distribution LLINs" via CSBs and PAs (distribution to begin October 2016)			3	4	N/A
	Distribute 250,000 ACT and 300,000 RDT (exact quantities pending USAID decision)			3	4	N/A
	Distribute 4,100 LLINs for emergency/disaster relief	1	2	3	4	Ongoing: No epidemic cases required emergency distribution during this reporting period
	HIV/STIs					
	Continue to distribute 6,300,000 Protector Plus-branded condoms, and 33,600 Feeling-branded female condoms targeted at female sex workers (N.B. this objective is not part of the ISM's distribution objectives, however a proportion of both products contribute to CYP achievements)	1	2	3	4	Ongoing: 2,343,336 (37%) units of Protector Plus male condoms and 8,270 (24%) units of Feeling female condoms have been distributed
3.2 Supply Chain Management						
pg.36	Expand and strengthen the community-based network of supply points (PA - Point d'Approvisionnement)					
	Evaluate the new community-based distribution system piloted in Sofia, Haute Matsiatra and Ihorombe	1				Completed: Evaluation data was collected by the field research team. Data analysis is ongoing and will be reported in Q2
	Scale up new community-based distribution system (pending results from the pilot evaluation)		2	3		Initiated: Awaiting results from the pilot evaluation
	Engage new PAs (continuous activity as existing PAs sometimes need to be replaced)	1	2	3	4	Ongoing: This a routine activity conducted during PA visits
	Training of PA, PARC in supply chain management (SCM)	1	2			Ongoing: Activity will be completed in Q2 due to the scale up timing.
pg.37	Reproduce and provide management tools to PAs	1	2	3	4	Ongoing: Routine activities
pg.37	Enhance forecasting and data collection functions by systematically collecting stock data from PAs on monthly basis via distribution staff using tablets	1	2	3	4	Ongoing : Training of distribution staff on using tablets for data collection occurred in December 2015. Data collection via tablets will begin as of January 2015
	Organize quarterly coordination meeting with MIKOLO and MAHEFA to find solutions and minimize stock-outs	1	2	3	4	Completed: Last coordination meeting was conducted in November 2015. Next planned mid January 2016
	Continue to distribute products directly to PAs and/or PARCs (PA Relays Communautaires/Community Relays) in MAHEFA and MIKOLO zones	1	2	3	4	Ongoing : Routine activities
pg.37	Distribute IEC and promotional materials to PAs	1	2	3	4	Postponed until Q2 to align with training sessions
pg.37	Train community PAs and PARCs in financial and business management					
	Identify PAs & PARCs to be trained	1	2	3	4	Ongoing: New PAs were identified and PARCs identification are ongoing.
	Conduct TOT for PSI trainers on the revised curriculum of simplified accounting and the utilization of simplified management tools	1				Postponed on Q2 : ToT provided for the week of February 22 waiting feedback from Pilot zone implementation. Updating the simplified accounting curriculum in accordance with the new procedures introduced by the new distribution strategy
	Train community PAs & PARCs in MIKOLO and MAHEFA zones	1	2	3	4	Updating the simplified accounting curriculum in accordance with the new procedures introduced by the new distribution strategy.
	Conduct monitoring and technical assistance to ensure simplified accounting record keeping	1	2	3	4	Ongoing: The Roll-out schedule will be established during the ToT for PSI Trainers
pg.37	Pilot access to credit for key PAs & PARCs (focusing on female operated where possible) and Income Generating Activities (IGAs)					
	Identify projects to develop IGAs of PARCs and interested PAs	1	2	3	4	Ongoing : Continue to work with portfolio of IGA of interested PA. Further, starting January 2016, provide coaching to 13 PARC (pilot PARC 6 Sofia et 7 Haute-Matsiatra et Ihorombe) to assist them in their IGA projects

IR 3: Increased Availability of Life-Saving Health Products and Services		Timeframe Yr 4				Work Plan
C.f Co-Ag pg nr	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
	Provide coaching to portfolio of qualified PAs and PARC to assist them in the loan application process and monitor success rate	1	2	3	4	Ongoing : Continue to work with portfolio of IGA of interested PA. Further, starting January 2016, provide coaching to 13 PARC (pilot PARC 6 Sofia et 7 Haute-Matsiatra et Ihorombe) to assist them in their IGA projects
pg.36	Strengthen the current commercial channel pull system through the private sector					
	Continue collaboration with the super wholesalers to distribute social marketing products through the commercial channel	1	2	3	4	Ongoing: Products are routinely distributed through super wholesalers
	Explore new partnerships with private sector distributors to improve coverage of commercial products	1				Ongoing: PSI identified JB as a potential partner, but collaboration will not be effective until procurement of commercial products are sufficient to cover all markets.
	Recruit a commercial Distribution Excellence Group (DEG) to be implemented in Tananarive and Tamatave	1	2			Ongoing : Identification of a DEG was accomplished in Q1
p36.	Enhance the pharmaceutical distribution channel					
	Continue to work with Niphar for packaging and invoicing products to wholesalers	1	2	3	4	Ongoing: Continuous activity
	Continue to work with certified wholesalers for pharmaceutical product distribution	1	2	3	4	Ongoing: Continuous activity
	Continue to identify new pharmaceutical distributors	1	2	3	4	Ongoing: 7 new pharmaceutical distributors were identified in Q1.
	Recruit a pharmaceutical Distribution Excellence Group (DEG) to be implemented in Tananarive and Tamatave	1	2	3	4	Postponed to Q2
	Implement strategies detailed in the Depo-Provera leakage mitigation plan					
	Finalize commodity distribution plan for Depo- Provera for both community and pharmaceutical channels	1				Completed: Commodity distribution plan for Depo-Provera was finalized in December 2015 and shared with stakeholder & partners. UR data per commune are now being submitted to PSI via bi-lateral partners Mikolo and Mahefa
	Finalize commodity distribution plan for all USAID-supported FP commodities	1	X			Ongoing: Distribution plans for Pilplan has been finalized. USAID and PSI forecasting plans were also updated based on these new commodity distribution plans
	Strengthen efforts in monitoring of product flow at the community channel facilitated through the use of stock management tools and onsite supervision visits	1	2	3	4	Ongoing: Distribution staff received additional training in support of monitoring and supervision of the Depo leakage mitigation efforts including new procedures and strategy. In addition, to further support monitoring of product flow, nine additional distribution staff and three Distribution Supervisors were recruited and 29 tablets for data collection were purchased.
	Collaborate with partners MIKOLo and MAHEFA to ensure supplies placed at PAs correspond to regular users' (UR) product needs. # of URs will be added to CHV invoices and verified during supervision visits	1	2	3	4	Ongoing: New procedures were presented to partners and will be reminded and discussed further during partner coordination meetings
	With support from DAMM, DPLMT, & DSFA, ensure pharmaceutical wholesalers report quantities distributed to each individual pharmacy and drug store	1	2	3	4	Ongoing: DAMM has requested all wholesalers to report quantities distributed to each individual pharmacy and drug store.
	Reinforce sensitization efforts by PSI's medical detailers during visits to pharmacies/drug stores, communicating that prescription medications such as Depo-Provera should not be sold without a prescription	1	2	3	4	Ongoing: Sensitization efforts by PSI's medical retailers during their routine visits was strengthen
	Partner with the MOH and relevant ministries to develop a joint awareness campaign to alert pig farmers and pharmacies/drug store of the health risks and legal implications of misusing Depo-Provera in animal husbandry	1	2	3	4	Postponed: Awaiting MOH leadership to conduct this activity. PSI is ready to collaborate with all partners for the implementation of this joint awareness campaign
	Conduct workshop/advocacy meetings and joint supervision activities with stakeholders including Ministry of Livestock and Ministry of Veterinarian, to raise awareness of this issue	1	2	3	4	Ongoing: Deliver conducted a workshop on October 15 2015. As decided by the stakeholders during the workshop, next workshop should be conducted by the MOH and Ministry of Veterinarian Medicine to define action plan including joint supervision.
	Advocate with respective MOH entities to allow health providers, including Top Réseau clinics, to make products available directly to patients from their clinics	1	2			Ongoing: initial discussion began during the workshop conducted by Deliver. PSI will advocate to MOH to obtain authorization. (Derogation)
	Collect information on the porcine market in Madagascar (structure, geography, size) to better understand the magnitude of the problem and find persuasive methods in deterring problematic behavior	1	2			Ongoing: PSI research team will develop research design and collect data beginning Q2

IR 3: Increased Availability of Life-Saving Health Products and Services		Timeframe Yr 4				Work Plan
C.f Co-Ag pg nr	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
	Conduct routine mystery client monitoring among select pharmacies, drug stores, PAs, and CHVs to determine the degree of pharmacies/ drug stores selling Depo-Provera without prescriptions, those selling to clients identified as pig farmers, and price sold to clients. Data collected will be used in advocacy efforts with the DAMM and DPLMT	1	2	3	4	Activities will begin Q2
	Explore idea of piloting pricing strategies to deter non-FP clients, including providing vouchers to FP clients	1	2			Postponed: Given overall Depo mitigation plan was only officially approved on December 18, 2015, PSI has been unable to begin this activity. This will be postponed to Q2
pg.36	Continue to supervise PA, pharmaceutical/commercial wholesalers, pharmacies/retailers on socially marketed products					
	Conduct monthly supervision of PAs, wholesalers, and retailers by distribution staff	1	2	3	4	Ongoing: Routine activities
	Conduct integrated supervision for all channels by PSI staff, including program, support and operational teams (Market Impact Team: MIT)	1	X	3	X	Postponed to Q2 and Q4
	Conduct quarterly integrated field supervision activities with partners	1	2	3	4	Postponed to Q2 : Joint supervision with MIKOLU Team scheduled for February
pg.36	Explore capacity building of and partnership with public sector in supply chain and community-based distribution (CBD)					
	Update <i>Supply Chain Training</i> curriculum in collaboration with partners	1				Completed: New logistical management procedures were elaborated and implemented in Boeny and Atsimo andrefana pilot regions with partners.
	Conduct workshop to present new distribution model with participation of public partners (Service de Sante du District-SSD, CSB) and NGOs	1	2			Ongoing: This activity will continue in Q2
pg.39	Continue active participation in the monthly Supply Chain Working Group in partnership with USAID and the MOH					
	Participate in quarterly coordination meetings under MOH/DPLMT leadership (Unite Technique de Gestion Logistique UTGL)	1	2	3	4	Completed: Meeting to validate terms of reference and creation of logistical committee and UTGL (Unite Technique sur la Gestion Logistique)
	Participate in monthly GAS (Gestion de Approvisionnement et de Stock) meetings, including NSA 2 and PMI partners	1	2	3	4	Completed: Meeting with GAS committee on Malaria products.
pg.38	Reinforce capacity of PSI's distribution staff					
	Organize a distribution team workshop in key distribution issues (e.g. PA supervision, product quantification & forecasting)		2			N/A
	Create new distribution incentive for staff motivation	1	2			Postponed until Q2
pg.37	Upgrade storage conditions and procedures at PSI warehouses					
	Update warehouse policy and procedures	1	X			Ongoing: Awaiting final revisions on warehouse policy and procedures before validation
	Install required equipment (air conditioning, generators, security measures, & smoke detectors) as necessary	1	X			Ongoing: 70% of warehouse equipment updates have been completed to date (central warehouse mostly completed and in final progress in the different regions). This will be completed in Q2
	Complete repairs and renovations to warehouses	1	X			Ongoing: 70% of warehouse equipment updates have been completed to date (central warehouse mostly completed and in final progress in the different regions). This will be completed in Q2
3.3 Malaria Mass Campaigns & Continuous Distribution						
pg.39	PMI Malaria LLIN Mass Campaign Activities in 50 districts					
	Organize National Campaign Committee (NCC) meetings where all partners are informed of campaign activity progress and where the work of sub-committees can be validated.	1				Completed
pg.39	Sub-award Involvement in Mass Campaign distribution					

IR 3: Increased Availability of Life-Saving Health Products and Services		Timeframe Yr 4				Work Plan
C.f Co-Ag pg nr	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
	Sub-award storage: 6,340,850 LLINs stored at site level	1				Completed: LLIN storage activities were conducted in September/October 2015 for the first phase of the PMI campaign(39 Districts) and October 2015 for the second phase of the PMI campaign (11 districts)
	Distribution of 6,340,850 LLINs in 50 districts	1				Completed: LLIN distribution was completed in October and November 2015
	Sub-award campaign monitoring	1				Completed: Monitoring was achieved before, during and after the distribution campaign
	Conduct "hung-up" household visits with NMCP (National Malaria Control Program)	1				Completed: CHWs conducted "hang up" activities with the DLP
pg.39	Monitoring and supervision of campaign distribution (per and post) by PSI					
	Mass campaign monitoring completed by PSI team and supervisors, health agents at each level (central and community level)	1				Completed : Monitoring at each level was completed by PSI, supervisors and health agents.
pg.39	Produce Mass Campaign final report		2			N/A
pg.39	Continuous Distribution (CD): PSI Continuous Distribution for 92 districts and 21 regions					
	Prepare, review, and validate continuous distribution (CD) draft guideline with key partners		2	3	4	N/A
	Organize stakeholder's orientation & planning meeting & conduct training of oversight/supervisory committee		2	3	4	N/A
	Harmonize coordination between all partners involved in CD (ANC, Programme Elargi de Vaccination (PEV), social marketing, community)		2	3	4	N/A
	TA recruitment at districts		2	3	4	N/A
	Produce logistics management tools and M&E tools		2	3	4	N/A
	Training on logistic, BCC, M&E activities at central and regional levels on CD activities (regions, districts, communes, community)		2	3	4	N/A
pg.39	Ensure logistics: transport, warehousing & supply chain at each level (central, district, communes)					
	Monitor and supervise transport and storage of 683,000 LLINs "continuous" at CSB and supply points, distributed at the Fokontany level				4	N/A
3.4 Manage Pricing Strategies to Ensure Appropriate Subsidy Management						
pg.35/36	Conduct analysis of TRaC studies/Willingness to Pay data to better understand price trends and barriers	1	X			Ongoing: Price strategy for Sûr'Eau 150 , Sûr'Eau Pilina, and Zazatomady were analyzed during this period. Sûr'Eau 150 ml and Sûr'Eau Pilina were adjusted. Pricing of all products will be reviewed in Q2
	In partnership with bilateral partners (MIKOLO & MAHEFA), identify community-based products that require revised pricing and adjust accordingly	1	2			Ongoing: Sayana Press pricing structure were analyzed with Mikolo and Mahefa during this period. It was decided that pricing of Sayana price will be aligned with pricing of Confiance injectables. Pricing of all products will be reviewed in Q2
	Identify pharmaceutical and commercial products that require revised pricing and adjust accordingly	1	2			Ongoing: RDT price structures were analyzed during this period, taking account wholesalers margin practice. Prior price was maintained.

Cross - Cutting (Research, M&E, Gender, Environment)		Timeframe Yr 4				Work Plan
C.f Co- Ag pg nr	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
Research						
pg.46	Qualitative Research					
	Acceptability study for subcutaneous injectable among stakeholders (peri urban providers, CHWs and FP providers in rural areas)		2	3		Initiated : The research brief was developed. The study design will be elaborated in January and the data collection will be conducted in February.
	Pretest of radio, TV spots and printed IEC materials for Malaria activities		2	3	4	N/A
	Pretest of IEC materials related to breastfeeding as an effective method to prevent against malnutrition, pneumonia and diarrhea		2	3		N/A
	Pretest of sensitization materials related to WASH	1	2			Postponed to Q2 as the materials are not yet ready for pretesting.
	Evaluate the effectiveness of the GBV referral system	1	2			Initiated: The first draft of the research brief was developed. A meeting between research and program teams will be organized to determine the appropriate methodology prior to the study design elaboration
	Evaluate the Healthy Image of Manhood (HIM) campaign	1				Completed : Data collection was completed in November and the internal oral presentation was conducted on the 7th of January. The PPT is available in the annex of the current report.
	Evaluate the pilot phase of the new community based distribution system	1				Ongoing: Data collection was completed in December 2015. Data analysis is ongoing. The internal oral presentation is planned for February 2016.
	Evaluate the scaling up phase of the new community based distribution system				4	N/A
	Evaluate the impact of the Healthy Family Campaign		2			N/A
pg.46	Quantitative Research					
	Audience research among the Top Réseau franchise network clients to identify which quintile the Top Réseau network is serving	1	X			Ongoing: The data collection and data analysis were completed. The results have been shared to the Top Réseau and ICSF teams with the aim to elaborate strategies for social franchise program. The final report and the programmatic recommendation will be available in Q2 FY16.
	Client Satisfaction Survey			3		N/A
	Evaluate the pilot phase of the new community based distribution system	1	X			Ongoing : data collection was completed in December. Analysis and dashboard are expected to be finished by the end of January. The results will be available in February.
	Net Durability Study 24 months after mass campaign distribution in 2013	1	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. The nets collected for the second activity which is the bio-efficacy analysis were sent to IPM. Results on the net survivorship and fabric integrity components and partial results on bio-efficacy analysis will be available on Q2 FY16 report.
	Net Durability Study 6 months after mass campaign distribution in October 2015			3		Initiated: Study design and questionnaire were discussed during the last RBM meeting. The data collection is planned in February-March in four sites.
	Net Durability Study 12 months after mass campaign distribution in October 2015				4	
	Malaria Indicator Survey 2016 Study (partially covered by NSA)		2	3		Ongoing: The procurement process is completed. INSTAT was selected to implement the study with IPM and ICF International. INSTAT will start the activity beginning January 2016
	Assessment of the potential complementarities between CSBs and PAs to assure adequate distribution of commodities to all CHWs	1				Ongoing: Data collection was combined with the evaluation of the community based distribution system. Analysis is ongoing. The results will be available on February
	Polio Campaign Assessment	1				N/A: This activity has been removed from the list of research activity. WHO has taken the lead on this assessment
	Conduct dissemination workshops/meetings with partners for select research studies	1	2	3	4	Completed: The first polio study conducted on September 2015 was presented to the partners including WHO, UNICEF, USAID, CDC and MoH
pg.46	M&E					
	Routine Program Management Information System (MIS)					
	Implement the DHIS 2 system for key activities: Distribution, Communication, Service Delivery, Capacity Building	1	2			Ongoing: PSI data from the field and DHIS 2 are now synchronized. Different models of dashboards are now available. The next step in Q2 is the user training on how and how to explore the data on DHIS 2
	Develop specific data collection tools through DHIS 2 (regional stock tracking, PSI supervision, etc.)		2		4	N/A
	Adapt database management system based on revised data collection tools (if needed)		2		4	N/A
	Conduct external MIS audit to ensure alignment with quality standards			3		N/A

Cross - Cutting (Research, M&E, Gender, Environment)		Timeframe Yr 4				Work Plan
C.f Co- Ag pg nr	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
	Develop new data collection tool for MVU teams using tablets	1	2			Initiated: The design of the data collection system using DHIS 2 is complete. System configuration, test and user training is planned in Q2
	Progressively scale-up data collection via tablets for distribution staff during supervision visits	1	2			Ongoing: Training of 29 distribution staff was completed in December 2015. Data collection and analysis will begin in January.
	Explore the integration of the QuickBooks Enterprise and DHIS 2 to provide greater linkage and visibility between programmatic and financial outputs				4	N/A
	Strengthen Monitoring and Evaluation Systems					
	Conduct routine data quality assessment and quarterly supervision on MIS	1	2	3	4	Initiated: The revision of the quality audit protocol was initiated and will be reviewed by PSI internal auditors. The series of data quality process will begin in Q2
	Create dashboards and organize quarterly activity reviews with programmatic teams to present findings and take evidence based decisions to strengthen activities	1	2	3	4	Initiated: Different models of DHIS 2 dashboard are now available. Data interpretation and analysis with program teams is planned in Q2
	Develop an internal and external data dissemination system (bulletin board, flyers, intranet)		2			N/A
	Improve the data archiving system at central and regional levels		2			N/A
	Promote M&E capacity building among select staff					
	Conduct refresh trainings for M&E staff (M&E tools, data analysis, data management, quality assurance)		2			N/A
	Conduct field capacity building activities for PSI staff		2		4	N/A
	Strengthen M&E activities for LLIN Mass Campaign and LLIN Continue Distribution					
	Conduct a data quality assessment of the MID Campaign	1	2	3		Ongoing: Data quality audit on the LLIN Campaign has begun in Q1. The process will be completed in Q2
	Organize a workshop for MID Campaign evaluation		2			N/A
	Conduct quarterly field supervisions related to LLIN Continue Distribution activities (data quality check, supportive supervision)		2	3	4	N/A
pg.40	Gender					
	Rollout the adapted Healthy Images of Manhood (HIM) strategy for LTM of FP					
	Conduct meeting with supervisors of urban youth PE and rural Community Agents to enhance their capacity to implement HIM strategy with an innovative IPC approach	1	2			Ongoing : IH Gender specialist conducted meeting with supervisors of Antananarivo and Antsirabe sites; the meeting with other supervisors of urban PE and rural community agents will be continued during the Q2
	Train PEs and Community Agents in HIM implementation to address early marriage, adolescent pregnancy prevention, and increasing access to FP and health care services	1	2			Ongoing : The training of PE and community agents in HIM implementation to address early marriage, adolescent pregnancy prevention and increasing access to FP and health care services will be organized during Q2
	Conduct follow-up on HIM implementation	1	2	3	4	Ongoing : The follow up activities of the implementation of HIM in Antananarivo and Antsirabe were completed during this quarter.
	Document lessons learned, best practices and case studies from the implementation of HIM in different regions		2		4	Ongoing : The documentation of the implementation of HIM approach in Antananarivo and Antsirabe sites are available.
	Ensure gender is mainstreamed throughout the ISM program					
	Enhance gender perspective and male involvement in FP, maternal, neonatal, and child health by PSI/IntraHealth Gender Specialist providing input into the development of PSI BCC/IEC outputs and PSI training curricula	1	2	3	4	Ongoing : IntraHealth's Senior Team Leader Gender Equality and Health provided technical assistance to the ISM Madagascar team during the month of December 2015. Key elements to develop training curricula to enhance gender perspective and male involvement in FP and other health areas are available
	Participate in the USAID/Gender Working Group (including participating in the organization of events and implementation of the National Action Plan on Gender and Development (PANAGED))	1	2	3	4	Ongoing : IntraHealth and PSI participated in the USAID/Gender Working Group meeting to prepare and participate in the organization of the "International Girl's Day" in Antananarivo. IntraHealth and PSI participated in different meetings and workshops organized by the Ministry of Population to develop and finalize the National Action Plan on Gender and Development (PANAGED).
	General/International travel					

Cross - Cutting (Research, M&E, Gender, Environment)		Timeframe Yr 4				Work Plan
C.f Co- Ag p g nr	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
	Backstopping support from PSI/Washington (2 trips in FY 2016, timing to be determined) in e.g. finance/accounting/logistics/procurement/supply chain/M&E.	1		3		Completed for Q1: PSI/Madagascar received financial/accounting technical support in October 2015, followed by M&E/research support in November 2015.
	Technical assistance from PSI/W or regional staff with a product portfolio review (marketing Ps; repositioning of brands/products, etc.)		2			N/A
	Participation in international conference/ training / capacity building sessions for FP/WASH/Nutrition/MAL	1		3		Completed for Q1: PSI/Madagascar's WASH team attended a TMA Sanitation workshop led by PSI's global Child Survival Department in November 2015. Main objectives were to understand the TMA framework to apply learning to the Sanitation field. A sanitation landscape is planned for Q2
	Technical assistance (2 trips) from Banyan Global's DC based program manager to monitor implementation of BG's work plan	1		3		Postponed to Q2. The visit is planned in January 2016
	Technical assistance (2 trip) from IntraHealth staff: 1) Boniface Sebikali to support to the development of quality audit tools for Child Survival/IMCI & 2) Candy Newman, Senior Gender Technical Advisor, to support GBV activities	1		3		Completed: In December 2015, PSI received TA from IntraHealth's Senior Team Leader for Gender Equality and Health, Candy Newman, to support the implementation of GBV work plan in light of recommendations from the September 2015 visits of the USAID Gender Advisor and the PSI Technical Advisor.
	IntraHealth participation in International FP Conference in Nusa Dua, Indonesia	1				Postponed to Q2: Given inclement weather, the FP conference was reschedule to January 2015
	Program management from the IntraHealth Program Manager (support to team, follow up with the quality database/dashboard consultant)		2		4	N/A
Environment						
	Provide waste management support for TR clinics	1	2	3	4	Ongoing: Detailed update provided in EMMR
	Provide malaria LLIN distribution environmental safety and disposal support	1	2	3	4	Ongoing: Detailed update provided in EMMR
	Update Environmental Mitigation and Monitoring Report (EMMR)	1	2	3	4	Ongoing

Integrated Social Marketing Program (ISM)

Q1 FY 2016 Quarterly Report

(October 1, 2015 – December 31, 2015)

ANNEXES

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**Annex A: Results Framework Including
Quarterly Activity Results**

Quarterly Reports Results Framework
ISM Program
PSI/Madagascar (2013-2017)
I-Impact level indicator

Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline		Achievements			Targets				Frequency of data collection
					Year	Value	FY13	FY14	FY15	FY14	FY15	FY16	FY17	
1a	G1	INSTAT/ENSOMD 2012/13	Adolescent Birth Rate (births per 1,000 women 15-19)	Annual number of births to women 15-19 years of age per 1,000 women in that age group	2012/13	163	N/A	N/A	N/A	130	N/A	N/A	108	5 years
1b		INSTAT/ENSOMD 2012/13	Total Fertility Rate	The average number of children that would be born to a woman over her lifetime	2012/13	5,0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	5 years
2	G2	INSTAT/ENSOMD 2012/13	Under Five Mortality Rate (per 1,000 live births) NB. Included in USAID Standard Indicator List	Number of all-cause deaths among CU5 in a given year, as a proportion of the number of live births in the same year	2012/13	62	N/A	N/A	N/A	60	N/A	N/A	55	5 years
3	G3	INSTAT/ENSOMD 2012/13	Maternal Mortality Ratio (MMR) (per 100,000 live births) NB. Included in USAID Standard Indicator List	Number of maternal deaths that occurred during pregnancy or delivery as a proportion of the number of live births	2012/13	478	N/A	N/A	N/A	469	N/A	N/A	440	5 years
4	G4	INSTAT/ENSOMD 2012/13	Modern Contraceptive Prevalence Rate (among women in union) NB. Included in USAID Standard Indicator List	Number of women 15-49 years old in union who currently use modern contraceptives as a proportion of all women 15-49 in union	2012/13	33,3%	N/A	N/A	N/A	34.2%	N/A	N/A	40.2%	5 years

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2-Outcome Level Indicator

Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline		FY13	FY14		FY15	FY15	FY15	FY16	FY16	FY16	FY16	Target	Frequency of data collection	
					Year	Value	Achievement FY13	Achievement FY14	Target FY14	Achievement % FY14	Achievement FY15	Target FY15	Achievement % FY15	Quarterly Achievements	Achievement FY16	Target FY16			Achievement % FY16
															Oct-Dec				
6	SO1	TRaC FP 2012 & 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% Urban: 43.9% Rural: 36.7%						15-49: National: 42.2% Urban: 41.1% Rural: 43.3%	15-49: 42.9%	98.4%	N/A	N/A	N/A	N/A	2-3 years
						15-24: National: N/A Urban: N/A Rural: 29.6%					15-24: National: N/A Urban: N/A Rural: 41.8%	15-24: 34.6%	120.8%	N/A	N/A	N/A	N/A		
7	SO2	TRaC IMCI 2014 & 2017	Percentage of households who treated their drinking water prior to consumption in last 24 hours (including chlorine, boiling, filtering, etc.) (urban and rural)	Number of households who treated their drinking water prior to consumption in the last 24 hour (including chlorine, boiling, filtering, etc.) as a proportion of all households in urban and rural areas	2011	32.4%		National: 38.7% Urban: 39.5% Rural: 38.5%	38%	101.8%							43%		2-3 years
8	SO3	TRaC IMCI 2014 & 2017	Percentage of CUS with diarrhea in the last two weeks who received combined ORS & zinc treatment (urban and rural)	Number of CUS with diarrhea who received combined ORS & zinc treatment as a proportion of all CUS with diarrhea in urban and rural areas	2011	3.6%		National: 8.1% Urban: 9.7% Rural: 7.6%	8%	101.3%							12%		2-3 years
9	SO4	TRaC IMCI 2014 & 2017	Percentage of CUS with cough and rapid breathing in the last two weeks who received the recommended antibiotic (urban and rural) [1]	Number of CUS with cough and rapid breathing who received the recommended antibiotic (Cotrimoxazole and Amoxicilline) as a proportion of all CUS with cough and rapid breathing in urban and rural areas	2011	50.9%		National: 52.4% Urban: 48.8% Rural: 53.2%	55%	95%							60%		2 years
10	SOS	MIS Survey 2013 & 2016 (baseline: 2011)	Percentage of pregnant women who slept under an LLIN the previous night	Number of pregnant women who slept under an LLIN the previous night as a proportion of all pregnant women in urban and rural area	2011	71.5%		National: 61.4% Urban: 67.1% Rural: 61.0%						N/A	N/A		75%		2 years
11	SO6	MIS Survey 2013 & 2016 (baseline: 2011)	Proportion of CUS who slept under an insecticide-treated net (ITN) the previous night (urban and rural) NB. Included in USAID Standard Indicator List	Number of CUS who slept under an ITN the previous night as a proportion of all CUS in urban and rural areas	2011	76.5%		National: 61.5% Urban: 74.8% Rural: 60.7%			N/A	N/A	N/A	N/A	N/A		80%		2 years
12	SO7	MIS Survey 2013 & 2016 (baseline: 2011)	Proportion of households with at least one insecticide-treated nets (ITN) (urban and rural)	Number of households who have at least one LLIN as a proportion of all households in urban and rural areas	2011	80%		National: 67.9% Urban: 79.5% Rural: 66.8%			N/A	N/A	N/A	N/A	N/A		80%		2 years
13	SO8	MIS Survey 2013 & 2016 (baseline: 2011)	Percentage of CUS who received an RDT (proxy: finger or heel prick) to diagnose malaria among those who had a fever in the past two weeks[2] (urban and rural)	Number of CUS with a fever in the past two weeks who received an RDT (proxy: finger or heel prick) to diagnose malaria as a proportion of all CUS who had a fever in the past two weeks	2011		National: 6.2% Urban: 8.6% Rural: 6.1%				N/A	N/A	N/A	N/A	N/A		20%		2 years
14	SO10	Program MIS	Couple Years of Protection NB. Included in USAID Standard Indicator List	Number obtained according to USAID standard calculations	2012	561 510	622 980	929 694	617 425	150.6%	975 782	890 762	109.5%	269 297	269 297	979 838	27.5%	1 077 822	Quarterly
15	SO11	Program MIS	DALYs averted	Number obtained according to PSI Global standard calculations	2012	0	303 881	839 173	674 378	124.4%	720 431	616 280	116.9%	169 917	169 917	624 298	27.2%	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 CUS who had a blood test to detect malaria. The indicator will be reworded to be more precise for RDTs in the 2015 MIS; the 2015 target is set based on the result of the 2013 MIS.

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3-Output Level Indicator																																				
Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline		Area	Sex	Age	FY13	FY13	FY13	FY14			FY15			FY16			Targets	Frequency of data collection													
					Year	Value				Achievement FY13	Target FY13	Achievement % FY13	Achievement FY14	Target FY14	Achievement % FY14	Achievement FY15	Target FY15	Achievement % FY15	Quarterly Achievemen Oct-Dec	Achievement FY16	Target FY16			Achievement % FY16												
16	FPI.1	TRaC FP 2014 – 2015	Percentage of WRA reporting no myths or misconceptions regarding modern FP methods (urban, rural, and by age)	Number of WRA 15 to 49 years old and 15 to 24 years old reporting no myths or misconceptions regarding modern FP methods as a proportion of all WRA 15 to 49 years old and 15 to 24 years old in urban and rural areas	2012	National: 91.1%	National [4]	Female	15-49									93.1%	21.6% [1]	431.0%	N/A	N/A	N/A	N/A	2-3 years											
						Urban: 92.4%	Urban																													
						Rural: 90.8%	Rural																													
						Rural: 89.8%	Rural			Female	15-24																									
17	FPI.2	TRaC FP 2014 – 2015	Percentage of WRA who perceive that their partner support them to use modern contraceptives (urban, rural, and by age)	Number of WRA 15 to 49 years old and 15 to 24 years old who perceive that their partner support them to use modern contraceptives as a proportion of all WRA 15 to 49 years old and 15 to 24 years old in urban and rural areas	2012	National: 67.8%	National	Female	15-49										62.9%	72.8% [1]	86.4%	N/A	N/A	N/A	N/A	2-3 years										
						Urban: 58.0%	Urban																													
						Rural: 71.9%	Rural																													
						Rural: 58.2%	Rural			Female	15-24																									
18	DPI.1	TRaC IMCI 2014-2016	Percentage of target audience who know two ways to prevent diarrhea (urban and rural, and by sex)	Number of male and female target audience who know at least two ways to prevent diarrhea as a proportion of all male and female target audience in urban and rural areas	2011	47.7%	National	Male Female					50.9%	63%	80.8%										National: 60%	2-3 years										
							Urban																													
							Rural																													
19	DPI.2	TRaC IMCI 2014-2016	Percentage of target group who know the three key messages of Diorano WASH (urban and rural)	Number of target group who know the three key messages of Diorano WASH (emphasizes potable water, latrine use and hand washing) as a proportion of all target group in urban and rural areas	2011	0.3%	National						0.8%	5%	16.0%										National 9%	2-3 years										
							Urban																													
							Rural																													
20	DTI.3	TRaC IMCI 2014-2016	Percentage of target group who cite that diarrhea treatment with ORS and Zinc is effective (urban and rural, and by sex)	Number of target group who perceived that ORS and Zinc is effective to treat diarrhea as a proportion of all target group in urban and rural areas	2011	3%	National	Male Female					8.7%	7%	124.3%										National: 12%	2-3 years										
							Urban																													
							Rural																													
21	PI.1	TRaC IMCI 2014-2016	Percentage of target group who cite cough and rapid breathing as the main symptoms of ARI/pneumonia (urban and rural, and by sex)	Number of male and female target group who cite cough and rapid breathing as the main symptoms of ARI/pneumonia as a proportion of all male and female target group in urban and rural areas	2011	6.3%	National	Male Female					55.9%	12%	465.8%										65%	2-3 years										
							Urban																													
							Rural																													
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	12.2%	National						14.9%	6%	248.3%										12%	2-3 years										
							Urban																													
							Rural																													
23	MPI.1	MIS survey 2013-2015	Percentage of target group who cite that sleeping under an LLITN every night prevents them from getting malaria (urban and rural, and by sex)	Number of male and female target group who know that sleeping under an LLITN every night prevents from getting malaria as a proportion of all male and female target group in urban and rural areas	2011	N/A	National	Male Female					National: 21.3%	72%	29.6%										N/A	2 years										
							Urban																													
							Rural																													

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4-Activity Level Indicator																			
Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline		Area	Service Type	Sexe	Age	FY13	FY14	FY15	FY16		FY16		Targets	Frequency of data collection
					Year	Value					Achievement FY13	Achievement FY14	Achievement FY15	Quarterly Achievements	Achievement FY16	Target FY16	Achievement % FY16		
														Oct-Dec					
31	FP1.3	Program MIS	Number of target population reached through mid-media (mobile video units) communication on FP (urban and rural)	Number of male and female target population reached through mid-media (mobile video units) (including projections, special events, flash sales) communication on FP in urban and rural areas	2012	22 563	Urban		M		60 868	10 152	8 847	1 825	1 825	96 000	11,0%	120 000	Quarterly
32	FP1.4	Program MIS	Number of target population reached through IPC activities on FP and RH (urban and rural, by age, and by sex) (1)	Number of male target population reached through IPC activities on FP and RH in urban and rural areas by age	2011	237 750	Urban		M	15-24	21 118	31 360	7 964	7 964	1 045 437	14,1%	1 400 000	Quarterly	
										25-49	939	4 624	1 804	1 804					
										Other	61	193	165	165					
										15-24	0	0	0	0					
										25-49	0	0	0	0					
										Other	0	0	0	0					
			TOTAL (Male)				22 118	36 177	9 933	9 933									
			Urban		F	15-24	243 808	287 562	65 550	65 550									
						25-49	307 817	333 369	71 641	71 641									
						Other	3 508	3 441	530	530									
						15-24	0	0	0	0									
						25-49	0	0	0	0									
						Other	0	0	0	0									
TOTAL (Female)				555 133	624 372	137 721	137 721												
TOTAL				369 702	577 251	660 549	147 654	147 654	1 045 437	14,1%									
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	3 385	1 850	1 850	96 000	22,2%	120 000	Quarterly
34	SI.1	Program MIS	Number of new <i>Top Réseau</i> health clinics integrated into the franchised network (urban and rural, and by provider sex)	Number of <i>Top Réseau</i> health clinics recruited into the franchised network in urban and rural areas (cumulative)	2012	0	Urban			9	18	38	41	41	n/a	n/a	20	Quarterly	
							Rural			16	24	40	40	40	n/a	n/a	40		
35	SI.2	Program MIS	Number of <i>Top Réseau</i> health clinics offering integrated services in at least three health areas (FP/RH; IMCI/nutrition; malaria) (urban and rural)	Number of <i>Top Réseau</i> health clinics offering at least three health areas (FP/RH; IMCI/nutrition; malaria) in urban and rural areas (cumulative)	2012	213	Urban			226	205	204	206	206	n/a	n/a	233	Quarterly	
							Rural			16	40	40	40	40	n/a	n/a	40		
36	CB2.1	Program MIS	Number of <i>Top Réseau</i> providers trained in business training & financial management (urban, and by provider sex) (2)	Number of male and female <i>Top Réseau</i> providers trained in business training & financial management in urban areas (cumulative)	2012	0	Urban		M		35	42	68	0	0	150	0%	150	Quarterly
TOTAL				109	113	184	0	0	150	123%	150								
37	CB 2.2	Program MIS	Number of new <i>Top Réseau</i> providers who received integrated health area training (urban and rural, and by provider sex)	Number of male and female new <i>Top Réseau</i> providers who received integrated health area training in urban and rural areas	2012	0	Urban		M		46	6	4	2	2	5	40%	60	Quarterly
TOTAL				61	11	2	2												

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4-Activity Level Indicator																															
Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline		Area	Service Type	Sexe	Age	FY13	FY14	FY15	FY16		FY16		Targets	Frequency of data collection												
					Year	Value					Achievement FY13	Achievement FY14	Achievement FY15	Quarterly Achievements	Achievement FY16	Target FY16	Achievement % FY16														
														Oct-Dec																	
38	PS3.1	Program MIS	Number of clinic visits by target group clients seeking FP services at Top Réseau health clinics (urban and rural, by age, by client sex, by type of service, and by voucher or insurance)	Number of clinic visits by male target group clients seeking FP services at Top Réseau health clinics in urban and rural areas by age for each type of service (With voucher)	2012	n/a	Urban	FP	M	<15	267	7	2	0	0	2 287	14,4%	FY 2016 achievement+5%	Quarterly												
										15-24		2 043	2 154	324	324																
										>25		18	22	5	5																
							Rural			<15		0	0	0	0																
										15-24		0	0	0	0																
										>25		0	0	0	0																
				TOTAL (Male)									2 068	2 178	329	329															
				Number of clinic visits by female target group clients seeking FP services at Top Réseau health clinics in urban and rural areas by age for each type of service (With voucher)	2012	n/a	Urban	FP	F	<15	71 338	82	84	32	32	70 231	23,3%														
										15-24		37 944	41 157	9 906	9 906																
										>25		24 986	25 646	6 454	6 454																
							Rural			<15		0	0	0	0																
										15-24		0	0	0	0																
	>25	0	0				0			0																					
TOTAL (Female)									63 012	66 887	16 392	16 392																			
n/a	n/a	n/a	Number of clinic visits by male target group clients seeking FP services at Top Réseau health clinics in urban and rural areas by age for each type of service (With Insurance)	n/a	n/a	Urban	FP	M	<15	n/a	0	0	0	0	500	0%	n/a	Quarterly													
									15-24		0	0	0	0																	
									>25		0	0	0	0																	
						Rural			<15		0	0	0	0																	
									15-24		0	0	0	0																	
									>25		0	0	0	0																	
						TOTAL (Male)													0	0	0	0									
						Number of clinic visits by female target group clients seeking 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	n/a	n/a	n/a					Urban	FP	F	<15	n/a	0	0	0	0	500	0%	n/a	Quarterly
																						15-24		0	0	0	0				
																						>25		0	0	0	0				
																			Rural			<15		0	0	0	0				
																						15-24		0	0	0	0				
	>25	0	0	0	0																										
TOTAL (Female)									0	0	0	0																			
39	PS3.2	Program MIS	Number of clinic visits by target group clients receiving IMCI services at a Top Réseau clinic (urban and rural, by client sex, by type of service)	Number of clinic visits by male and female target group clients receiving IMCI services at a Top Réseau clinic in urban and rural areas by age for each type of service	2012	n/a	Urban	IMCI	M		32 679	22 265	22 844	2 293	2 293	FY 2013 achievement +10%	Quarterly														
										F		20 305	21 526	2 032	2 032																
							Rural			M		2 011	3 418	2 985	2 985																
										F		1 820	2 956	2 831	2 831																
							TOTAL											46 401	50 744	10 141	10 141										
							Number of clinic visits by 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)			2012		n/a	n/a	n/a	n/a			n/a	Urban	IMCI	M		n/a	n/a	n/a	n/a	FY 2013 achievement +10%	Quarterly			
					F																										
				Rural	M																										
					F																										
				TOTAL																											
				with insurance																											
				Number of target group clients accessing medical insurance or group savings for Top Réseau clinics (urban and rural, age, sex, service type)	2014	n/a	n/a	n/a	2014	n/a	Urban		M		n/a	n/a		0	0	250	0%	TBD	Quarterly								
	F	0	0																												
Rural	M	0	0																												
	F	0	0																												
TOTAL																	0	0	0					0							
with insurance																															

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4-Activity Level Indicator																				
Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline				Area	Service Type	Sexe	Age	FY13	FY14	FY15	FY16		Targets	Frequency of data collection	
					Year	Value	Achievement FY13	Achievement FY14					Achievement FY15	Quarterly Achievements	Achievement FY16	Target FY16	Achievement % FY16			
														Oct-Dec						
41	PS3.4	Program MIS	Number of target group clients who are new FP method users (with invitation, or with voucher) at Top Réseau clinics (urban and rural, age, sex, service type) (3)	Number of male and female target group clients who are new FP method users at Top Réseau clinics using services with peer introduced "invitation" in urban areas by age - pilot program	2014	n/a	Urban		M	15-24	n/a	31	267	0	0		TBD	TBD	Quarterly	
									F	15-24		29	156	0	0					
							TOTAL					60	423	0	0					
					2014	n/a	Urban		M	15-24	n/a	595	437	52	52	23 627	25,1%	TBD		
									Other		0	3	11	11						
									15-24		16 175	17 137	4 593	4 593						
									Other		0	3 902	1 269	1 269						
							Rural		M	15-24	0	0	0	0						
									Other		0	0	0	0						
									F	15-24	0	0	0	0						
									Other		0	0	0	0						
							TOTAL				16 770	21 479	5 925	5 925						
42	SM3.1	Program MIS	Number of social marketed products distributed (by product and by channel) (community, pharmaceutical, commercial)	Family Planning	2012	See table 1						Pilplan OC Community	1 231 875	1 976 803	2 535 920	553 901	553 901	2 373 307	23%	2 634 371
												Pilplan OC Pharmaceutical	1 046 689	1 626 810	1 109 215	399 657	399 657	1 582 205	25%	1 756 247
												Total Pilplan	2 278 564	3 603 613	3 645 135	953 558	953 558	3 955 512	24%	4 390 618
												Confiance Inj Community	826 471	1 355 153	1 721 973	497 877	497 877	1 347 664	37%	1 495 907
												Confiance Inj Pharmaceutical	487 191	746 455	522 220	154 740	154 740	898 435	17%	997 263
												Total Confiance	1 313 662	2 101 608	2 244 193	652 617	652 617	2 246 099	29%	2 493 170
												Rojo Cyclebeads	23 351	18 186	18 185	6 741	6 741	23 153	29%	24 311
												IUD	21 084	26 767	27 105	5 671	5 671	20 837	27%	21 879
												Implanon Implant	2 165	5 200	4 637	1 686	1 686	4 011	42%	4 212
												Jadelle Implant	n/a	n/a	1 558	130	130	551	24%	579
												FP Youth Condom (4)	n/a	n/a	257400	199 860	199 860	1 136 700	18%	1 179 210
												Emergency Contraceptive (5)	n/a	12 874	104	0	0	25 000	0%	65 000
												Sayana Press	n/a	n/a	n/a	41 879	41 879	TBD	TBD	TBD
												Child Survival								
												Viasur DTK (Community)	34 144	100 976	362 778	65 247	65 247	124 577	52%	140 868
												Hydrazinc DTK (Pharmaceutical)	50 790	29 996	92 111	21 304	21 304	67 080	32%	60 372
												Total DTK	84 934	130 972	454 889	86 551	86 551	191 657	45%	201 240
												Sur Eau 40 ml Community	333 231	436 996	474 283	126 640	126 640	348 300	36%	1 322 628
												Sur Eau 150 ml Commercial	1 642 191	2 052 706	1 792 496	540 818	540 818	1 679 528	32%	1 616 546
												Sur Eau (Watertablet)	n/a	n/a	1 397 410	399 820	399 820	1 125 800	4%	TBD
												Pneumostop Community (tablet)	n/a	139 310	234 152	82 067	82 067	240 000	34%	0
												Pneumostop Community (syrup)	24 949	132 514	97 686	0	0	0	0%	0
												Amoxi DT	n/a	n/a	n/a	0	0	240 000	0%	221 615
Rapid Diagnostic Test for malaria (RTD)	805 012	1 010 310	1 722 396	98 150	98 150	300 000	33%	1 006 691												
Chlorhexidine Tube (CHX)	n/a	n/a	0	59 925	59 925	447 145	13%	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	n/a	6 338 850	6 338 850	6 350 000	99,8%	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	122 756	0	0	350 000	0%	TBD	Quarterly

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PSI/Madagascar (2013-2017)																			
4-Activity Level Indicator																			
Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline		Area	Service Type	Sexe	Age	FY13	FY14	FY15	FY16	FY16			Targets	Frequency of data collection
					Year	Value					Achievement FY13	Achievement FY14	Achievement FY15	Quarterly Achievements	Achievement FY16	Target FY16	Achievement % FY16		
														Oct-Dec					
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	32 139	13	13	n/a	n/a	TBD	Quarterly
46	SM 3.6	Program MIS	Number of artemisinin-based combination therapy (ACT) treatments purchased in any fiscal year with USG funds that were distributed in this reported fiscal year through PA	Number of artemisinin-based combination therapy (ACT) distributed in this reported fiscal year by supply points	2012	0					0	721 304	169 419	0	0	250 000	0%	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		n/a	100	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	10	10	10	n/a	n/a	Commercial : 5-10	
						Pharmaceutical : 13					13	13	13	13	n/a	n/a	Pharmaceutical : 14		
						Community : 870					1 088	1 122	1 084	1 084	1 084	n/a	n/a	Community : 1 200	

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

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

(3) The pilot "loyalty" scheme involves several providers in Majunga and uses "invitations" (not vouchers) from youth peers to attract new youth users to these TR clinics. The idea to offer a free consultation for every XXth visit has been abandoned as it was deemed unrealistic.

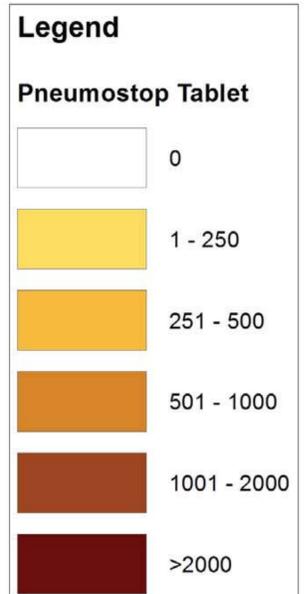
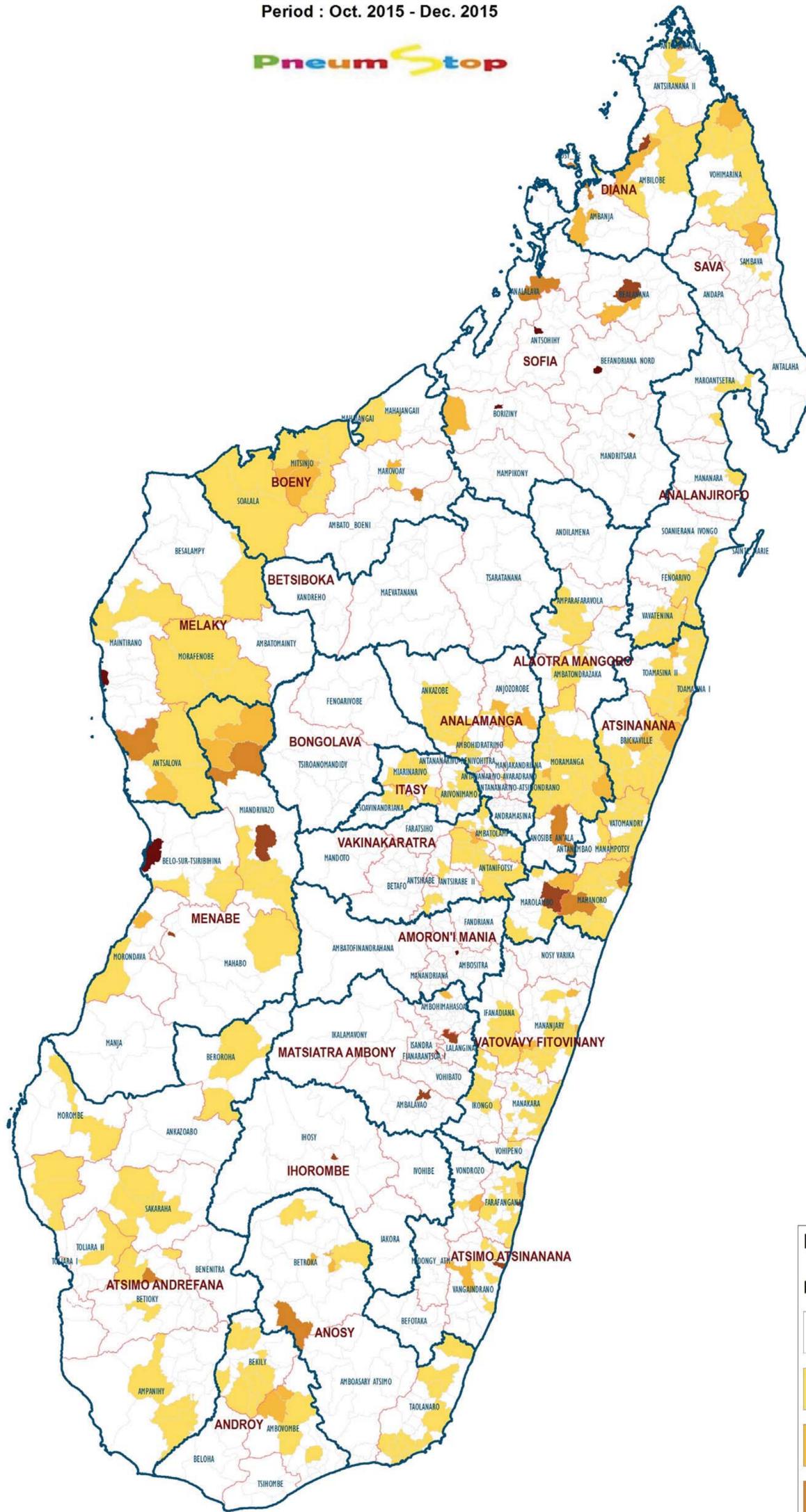
(4) Distribution launched in FY 2015.

(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 Maps

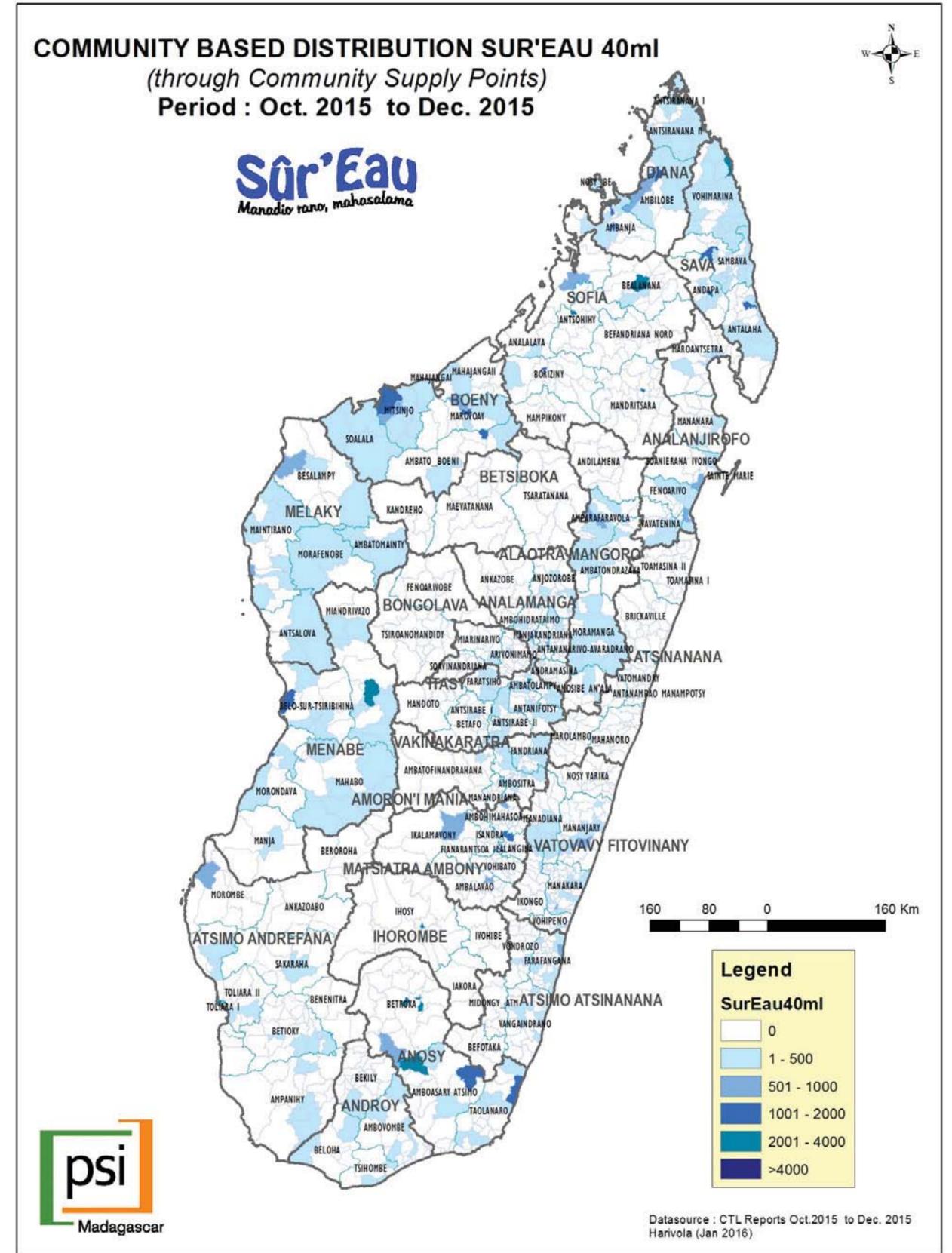
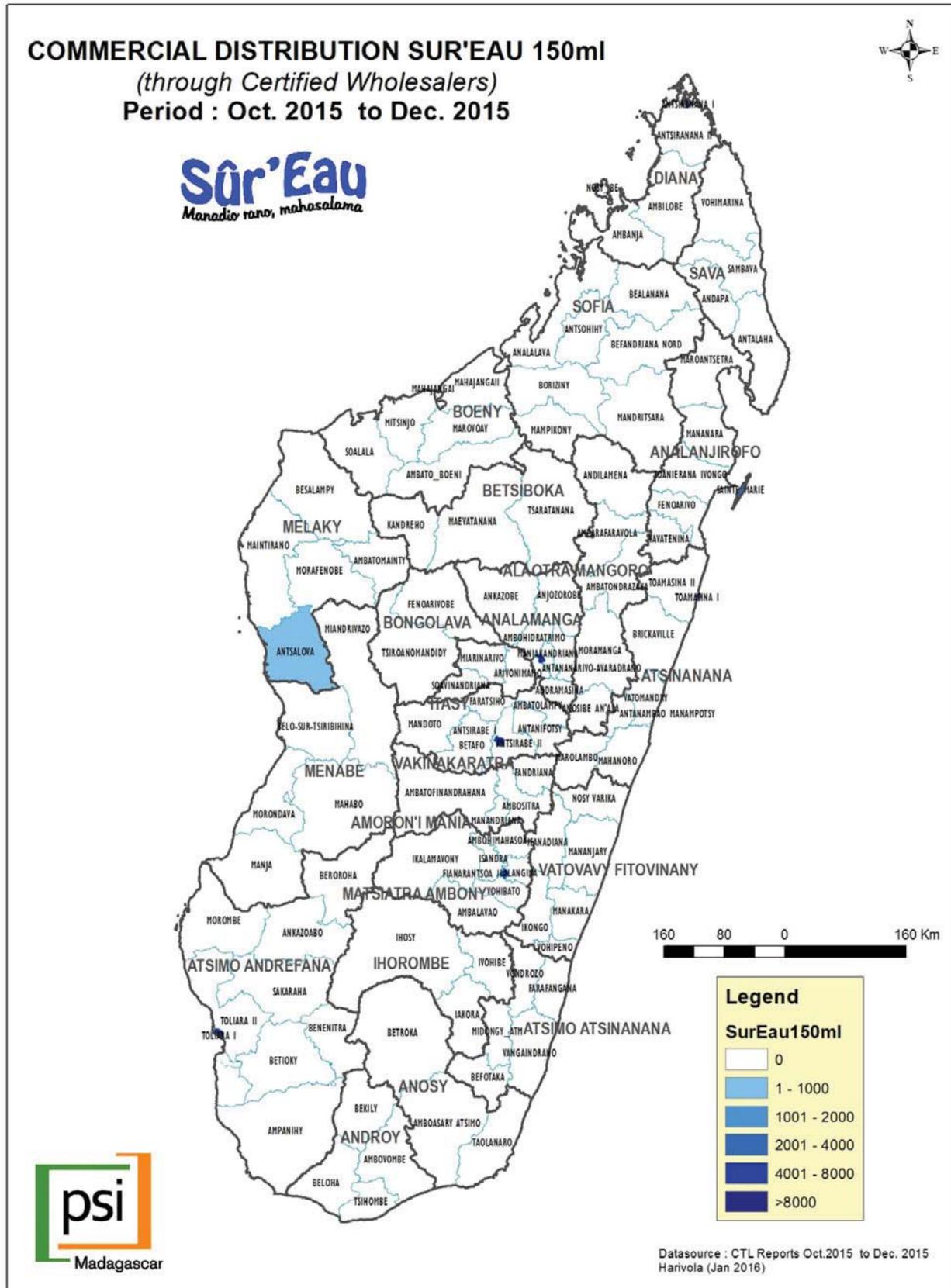
Annex B1a - MATERNAL AND CHILD HEALTH (FY16)
(Pneumonia Prepackaged Treatment)

COMMUNITY BASED DISTRIBUTION PNEUMOSTOP TABLET
Period : Oct. 2015 - Dec. 2015



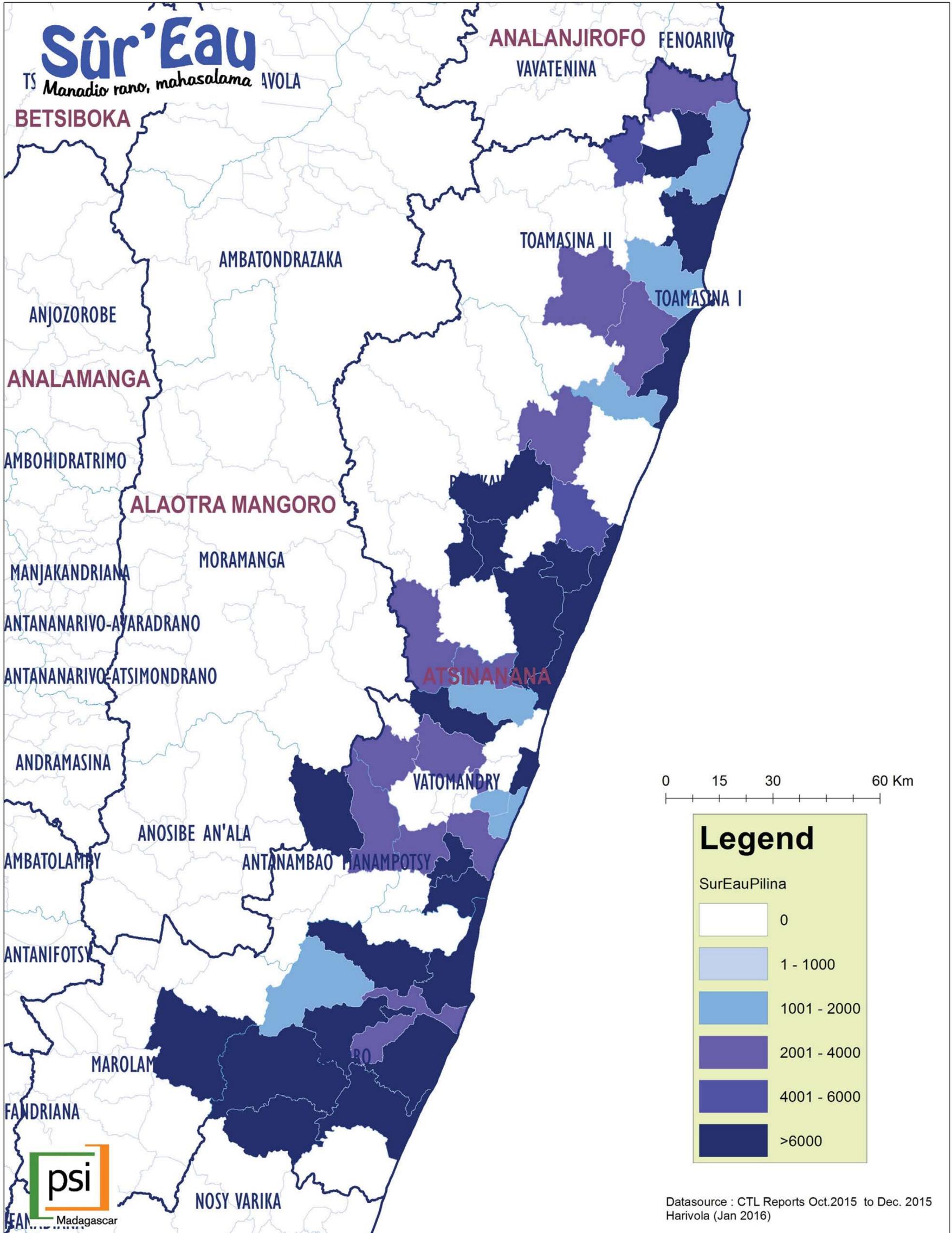
Datasource : CTL Reports Oct.2015 to Dec. 2015
Harivola (Jan 2016)

Annex B1b - MATERNAL CHILD AND HEALTH (FY16) (Diarrheal diseases prevention and treatment)



Annex B1c - MATERNAL CHILD AND HEALTH (FY16)
 (Diarrheal diseases prevention and treatment)

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

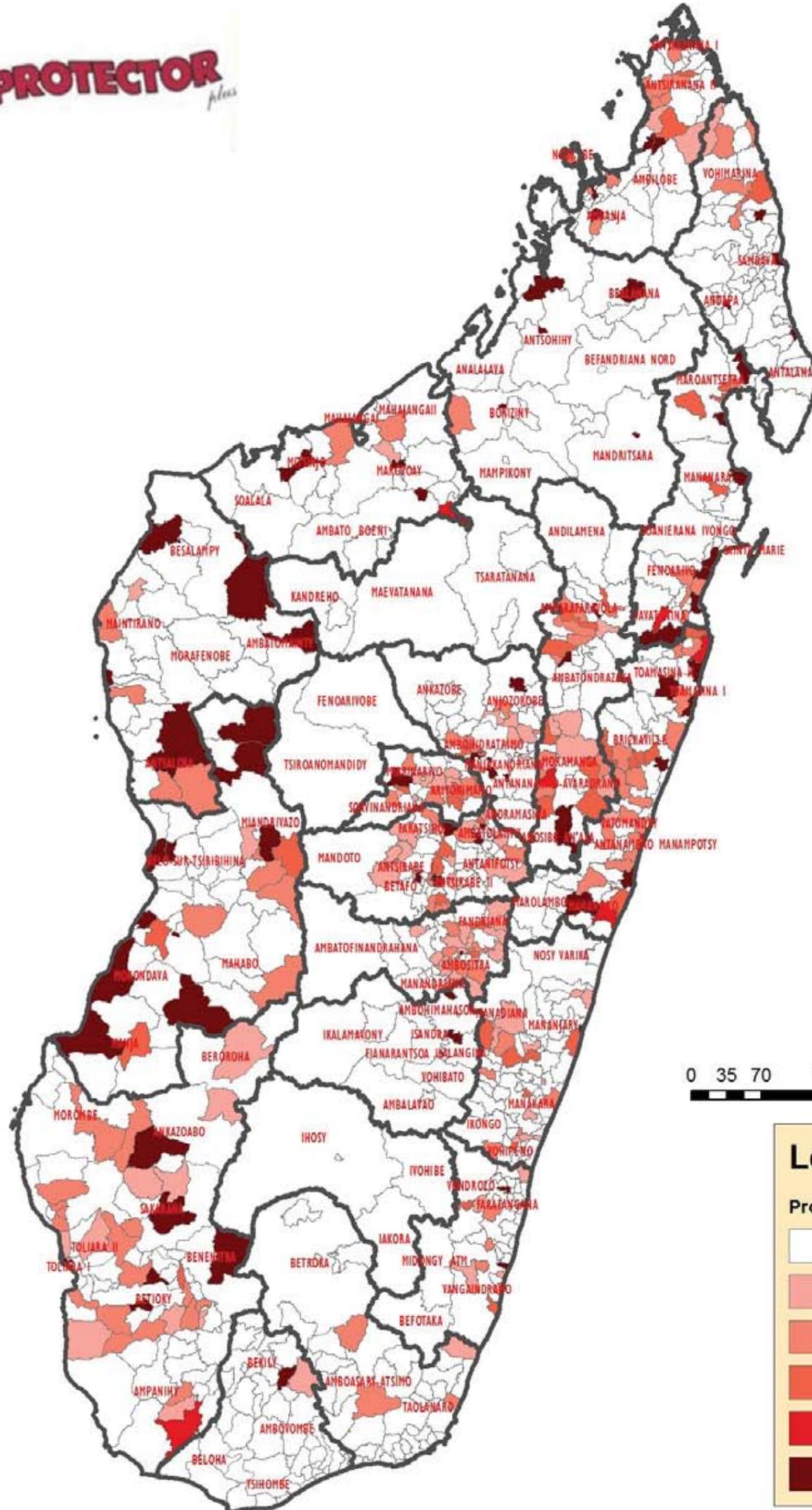


Annexe B5 - HIV PREVENTION (FY16) (Condoms)

COMMERCIAL DISTRIBUTION PROTECTOR PLUS
Period : Oct. 2015 to Dec. 2015



PROTECTOR
plus



0 35 70 140 210 280 Km



Datasource : CTL Reports Oct.2015 to Dec. 2015
Harivola (Jan 2016)

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

Annex C: PSI Family Planning Compliance Plan Activity Report

PSI ISM Program Q1 FY 2016

The activities described below are based on the “PSI Family Planning Regulations Compliance Plan” submitted to USAID. 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					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. After the meeting held with FP/RH program, Distribution, and Service Delivery Dept. teams to review FP compliance implementation, IPC agents do not have to follow online training taking into account their inability to follow the course in English. As of the end of Q1, 115 of 120 staffs (96%) have certificates.
6.1.1 and 6.1.2 .b and 6.2.3	Ensure all services delivered by franchise/ affiliated providers are consistent with PSI QA Plan for FP, including training in free & informed choice (upon joining franchise)	1	2	3	4	The initial training for all franchise providers on FP, conducted upon joining the franchise, includes free and informed choice. STM supervision is conducted semi-annually and LTM supervision is conducted quarterly. Refresher trainings are done according to individual provider action plans. The Supervision Observation Sheet tracks: 1) balanced FP counseling; and 2) if client was allowed informed of choice
6.1.2 .a. and 6.2.2	Ensure sub-contractors & implementing partners are oriented & contracts include sub-clause regarding adherence to US policy requirements (as contracted)	1	2	3	4	Sub-contractors SAF/SALFA were oriented to US policy requirements by the PSI FP Compliance Focal Point. Attendance is recorded. Adherence to US policy is included in their contracts.
6.1.2 .b, d, e, g, h & 6.2.4 .1	Ensure all PSI-affiliated workers (providers, Peer Educators (PE), CHWs, pharmaceutical detailers, supply points, FP Counselors) are trained in free & informed choice (upon affiliation)	1	2	3	4	<ul style="list-style-type: none"> - Providers: see above re. training - PE: trained by PE Supervisors - CHWs: trained by SAF/SALFA Supervs. - Pharmaceutical detailers: trained by Health Training & Promotion (HTP) - Supply Points: trained by HTPs and by Distribution Supervisors - FP Counselors (FPC): trained by Communication Supervisors. Supervisors ensure periodic visits and conduct quarterly evaluations of FP Counselors

6.1.2 .f	Provide initial training of trainers (TOT) for CHW Supervisors of NGO-affiliates SAF, SALFA, MAHEFA, and MIKOLO. NGO trainers subsequently conduct CHW training.				Completed: Initial TOT for SAF/SALFA supervisors was conducted in FY 2014. In total, 4 supervisors of SAF and 2 supervisors of SALFA were trained on-the-job by the SAF/SALFA/ PSI Rural Coordinator in FY 2015. MAHEFA & MIKOLO have their own Compliance Plans. If new supervisors are hired in FY 2016, we will need to conduct new trainers of supervisors	
6.2.2	Ensure SAF & SALFA partners are oriented to US policy requirements: compliance is monitored during supervision done by PSI staff	1	2	3	4	1 supportive supervision were carried out in 3 SALFA rural clinics during Q1
6.2 and 6.2.3	Implement a technical supervision plan to ensure compliance with quality standards in providers' & workers' daily practice (including advantages, side-effects, risks)	1	2	3	4	Technical supervision plans are implemented individually after quarterly supervisions and according to programmatic orientation after external and internal audits. Ongoing tools include counseling card, clinic poster, client health booklet and flyer distributed to providers, outreach workers, CHWs
6.2.1	Project Management will conduct annual reviews of FP, abortion, and HIV staff requirements, compliance, monitoring, & documentation				4	Updated annually, planned in Q4 FY 2016
6.2.1	Roll out new PSI/HQ informed choice & Tiaht tools among PSI/M staff in 2015	1	2			PSI/HQ is currently working on an on-line training tool. As of Q1 FY 2016 it is not yet available.

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

Annex D: ISM FY 2016 Quarterly Environmental Mitigation Monitoring Report (EMMR)

Quarter 1

Based on FY 2016 ISM Work Plan, Environmental Standards, p.28-30

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 <i>Top Réseau providers</i>					
Provide universal precaution training to counselors and laboratory technicians (at initial and refresher HIV trainings).	1	2	3	4	6 TR providers (including counselors and lab techs) received HIV initial training in Q1 FY 2016 and universal precautions were provided
Provide universal precaution training to each new Top Réseau health center (at initial training, equipped w/ poster, and ongoing supervision)	1	2	3	4	2 new Top Réseau health center was provided with information and posters for universal precautions in Q1
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 centers and continues supplying existing clinics with sharps containers. In Q1 FY 2016, 633 sharp container boxes were distributed to TR clinics
Malaria LLIN Mass Distribution (MD) Campaign					
Adapt existing practices to ensure compliance with USAID and WHO recommendations					
By November 13, 2015, supervision of proper disposal of nets bag will be conducted by the SR/NGOs	1				Completed: SR / NGO conducted supervisions on the management and proper disposal of LLIN bags : pré 1,913, per 1,634 and 653 post campaign
By November 30, 2015, PSI and Malaria District Officers will supervise the SR/NGO and do spot	1				Completed : PSI and Malaria District Officers conducted 15 supervision visits

Activity Description	Q 1	Q 2	Q 3	Q 4	Progress on Implementation this Quarter
checks during the post campaigns					during post campaign phase
Malaria LLIN Continuous Distribution (CD) Campaign					
<p>By June 30, 2016, PSI will submit a comprehensive Net Bag Disposition Monitoring Plan to be reviewed and approved by the AOR Plan will include:</p> <p>1.1 Work with MOH to develop instructional materials/job aids, supervision check-lists, training curriculum. Train Malaria District Officers and Health Center Chiefs, who train CHWs. Stress importance of env. considerations of LLIN distribution & plastic bag mgt.</p> <p>1.2 Draft Malaria District Officers SOWs including supervision of CBS chiefs, spot checks during campaign</p> <p>1.3 Draft CSB chief's SOW re. supervision of distribution and plastic bag collection by CHWs</p> <p>1.4 SOW for CHWs revised to ensure strict adherence to bag mgt (i.e. cannot be handed to beneficiaries)</p> <p>1.5 Training and SOWs include WHO recommendations on proper burial practices. Immediately following distribution, burial of bags at distribution sites will take place under the supervision of the <i>Fokontany</i> and/or CSB chiefs</p> <p>1.6 Communication activities reinforce messages on the need to bring a basket to collect the LLIN, as no bags will be handed out due to environmental considerations</p>			3		
By September 30, 2016, develop LLIN distribution monitoring check-list and site visit compliance plan				4	
By July 2016, 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 Malaria BCC working group (Q3) before submission to USAID; pre-test after Malaria BCC working group validation, revise and finalize				4	Completed

Annex E: Participant Training Report

Annex E: Participant Training Report, Q1 FY 2016

Start Date	End Date	Subject Area of Training	Male	Female	Total	Direct Cost (Ar)	Direct Cost (K AR)	Direct Cost (USD)
IMCI/Child Survival								
Top Reseau urban providers trained on IMCI/Child Survival								
11/11/2015	11/11/2015	Top Reseau urban providers trained on IMCI/Child Survival (Majunga)	8	2	10			
12/1/2015	12/1/2015	Top Reseau urban providers trained on IMCI/Child Survival (Antsirabe)	10	11	21			
12/1/2015	12/1/2015	Top Reseau urban providers trained on IMCI/Child Survival (Antsirabe)	10	11	21			
12/4/2015	12/4/2015	Top Reseau urban providers trained on IMCI/Child Survival (Toamasina)	1	-	1			
		Subtotal	29	24	53	-	-	\$ -
Refresh training Top Reseau urban providers Malaria								
10/23/2015	10/23/2015	Top Reseau urban providers trained on Malaria (Toamasina)	35	50	85			\$ -
10/28/2015	10/28/2015	Top Reseau urban providers trained on Malaria (Andapa)	4	2	6			
11/3/2015	11/3/2015	Top Reseau urban providers trained on Malaria (Antalaha)	4	2	6			
11/6/2015	11/6/2015	Top Reseau urban providers trained on Malaria (Sambava)	6	2	8			
11/11/2015	11/11/2015	Top Reseau urban providers trained on Malaria (Majunga)	8	2	10			
11/18/2015	11/18/2015	Top Reseau urban providers trained on Malaria (Antsiranana)	7	13	20			
12/1/2015	12/1/2015	Top Reseau urban providers trained on Malaria (Antsirabe)	10	11	21			
12/1/2015	12/1/2015	Top Reseau urban providers trained on Malaria (Antsirabe)	10	11	21			
12/4/2015	12/4/2015	Top Reseau urban providers trained on Malaria (Toamasina)	1	-	1			
		Subtotal	84	93	177	-	-	\$ -
Family Planning								
Top Reseau urban providers trained on Short Term FP Method								
11/11/2015	11/11/2015	Top Reseau urban providers trained on Short Term FP Method (Mahajanga)	8	2	10			
12/1/2015	12/1/2015	Top Reseau urban providers trained on Short Term FP Method (Antsirabe)	10	11	21			
12/1/2015	12/1/2015	Top Reseau urban providers trained on Short Term FP Method (Antsirabe)	10	11	21			
		Subtotal	28	24	52	-	-	\$ -
Top Reseau urban/rural providers trained on Long Term FP Method								
10/23/2015	10/23/2015	Top Reseau urban providers trained on Long Term FP Method (Majunga)	3	4	7	518,000	518	\$ 163.70
12/4/2015	12/4/2015	Top Reseau urban providers trained on Long Term FP Method (Toamasina)	1	-	1			
		Subtotal	4	4	8	518,000	518	\$ 163.70
Top Reseau urban providers trained on GBV service case management								
11/26/2015	11/27/2015	Top Reseau urban trained on GBV service case management (Tana)	1	11	12	2,295,200	2,295	\$ 722.14
		Subtotal	1	11	12	2,295,200	2,295	\$ 722.14
Youth Peer Educators linked to Top Reseau providers								
11/10/2015	11/10/2015	Youth Peer Educators linked to Top Reseau providers (Majunga)	12	12	24	1,676,800	1,677	\$ 527.57
10/7/2015	10/11/2015	Youth Peer Educators linked to Top Reseau providers (Diego)	4	4	8	2,254,000	2,254	\$ 712.30
10/7/2015	10/11/2015	Youth Peer Educators linked to Top Reseau providers (Diego)	4	4	8	900,000	900	\$ 284.41
10/7/2015	10/11/2015	Youth Peer Educators linked to Top Reseau providers (Diego)	4	4	8	714,000	714	\$ 225.64
10/7/2015	10/11/2015	Youth Peer Educators linked to Top Reseau providers (Diego)	4	4	8	1,154,000	1,154	\$ 364.68
11/7/2015	11/7/2015	Youth Peer Educators linked to Top Reseau providers (Diego)	4	4	8	180,000	180	\$ 56.63
		Subtotal	32	32	64	6,878,800	6,879	\$ 2,171.23
Counsellor in Family Planning trained on ETL / PF method post-STI								
11/4/2015	11/6/2015	Youth Peer Educators linked to Top Reseau providers (Diego)	-	8	8	229,375	229	\$ 72.17
11/4/2015	11/6/2015	Youth Peer Educators linked to Top Reseau providers (Diego)	-	8	8	97,000	97	\$ 30.52
11/7/2015	11/7/2015	Youth Peer Educators linked to Top Reseau providers (Diego)	4	12	16	50,000	50	\$ 15.73
11/7/2015	11/7/2015	Youth Peer Educators linked to Top Reseau providers (Diego)	4	12	16	280,625	281	\$ 88.29
11/7/2015	11/7/2015	Youth Peer Educators linked to Top Reseau providers (Diego)	4	12	16	29,750	30	\$ 9.36
		Subtotal	12	52	64	686,750	687	\$ 216.07
Top Reseau services								
Business Training & Financial Management								
Staff PSI distribution trained on DHIS2 mobile (supply points followup visit)								
12/14/2015	12/17/2015	Staff PSI distribution trained on DHIS2 mobile (supply points followup visit)	52	4	56			
		Subtotal	52	4	56	-	-	\$ -
Top Reseau Providers meeting for FP/IMCI/Child Survival								
9/19/2015	9/19/2015	Top Reseau Providers meeting for FP (Fianarantsoa)	5	13	18	297,900	298	\$ 90.19
10/23/2015	10/23/2015	Top Reseau Providers meeting for FP (Majunga)	8	8	16	254,250	254	\$ 80.35
		Subtotal	13	21	34	552,150	552	\$ 170.53
Top Reseau urban providers meeting for GBV								
12/15/2015	12/15/2015	Top Reseau Providers meeting for GBV (Tana)	3	11	14	540,000	540	\$ 164.72
		Subtotal	3	11	14	540,000	540	\$ 164.72

Annex F: Success Story

LLIN Mass Campaign Waste Management in Urban Areas : A Priority for All



2,379

malaria positive cases detected in Toamasina 1, 23% of cases among children aged 2 months to 5 years. (January to September, 2015)

287,737

people affected by the LLIN distribution campaign in Toamasina 1.

6,338,850

PMI funded LLINs distributed in 50 districts.

Idarosy RIDJALI is 45 years old. Married with three children, he has difficulty these days reconciling his family and professional life. Because of the mass distribution campaign of Long Lasting Impregnated Net (LLIN), which took place in Toamasina 1, he has to criss-crossed all of the communes of his district.

Toamasina is situated in East of Madagascar, a region where malaria is endemic and which affects primarily the most vulnerable members of the population: pregnant women and children under 5.

Idarosy is one of the distribution supervisors of the NGO ASOS, one of PSI Madagascar's sub-recipients. Idarosy is responsible for the quality of the distribution of LLIN and for the management of waste generated by the distribution of the nets at local sites. In all, he supervises 5 technicians and 138 site managers – an important and time-consuming job.

For Idarosy, this campaign is a big first. He has an enormous responsibility to manage waste and is confronted with a major problem. Most soil in Toamasina 1 are highly permeable. "Water appears as soon as we dig a hole 1 meter deep for the landfill," says Idarosy.

For a better management of waste, each distribution site should have a landfill hole that is located safely away from homes, at least 30 meters from water source generally, and downstream from sources of domestic water. For Toamasina1, meeting these criteria has been difficult. "We had to had to devise a solution to meet these stringent criteria in order to avoid the contamination of the surrounding water wells", declares Idarosy.

As head of distribution, he advocated with the Urban Commune of Toamasina, which provided him 24m² of ground to bury bags and packages from the 146,750 LLINs distributed in his area. Furthermore, the distribution campaign coincided with the Ministerial Order on the ban on the use of bags throughout Madagascar. This order greatly helped in garnering a commitment of local authorities and greatly facilitated the waste management process overall. Besides an effective impact on the environment, we also saw fewer nets that had been distributed free of charge, being re-sold in the commercial sector.

The new waste management system, which involves removing the packaging of LLINs, is the first of its kind in the LLIN distribution campaign. During previous campaigns, the nets were not removed from their packaging. The bags are now torn to prevent the re-sale of these nets. Unfortunately, some of them were sold nonetheless.

The beginning of the implementation of this new waste management system was viewed with suspicion by the beneficiaries. They found that it is inconvenient to carry the nets without packaging and they felt the lack of packaging made the nets look previously used. To anticipate this resistance, Idarosy has also trained his team of coaches and technicians responsible for the site to put forth strong, explaining to beneficiaries the negative effects that these empty bags will have on the environment. Thanks to persuasive presentations, beneficiaries were convinced of the importance of this new measure.

The campaign was funded by USAID/PMI Madagascar which places particular emphasis on the protection of the environment.

« Strengthen the achievements for the control of malaria : moving towards elimination in Madagascar 2013-2017 »

National Strategic Plan for Malaria Control

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

Description	LOP Budget	Obligated Amount	Actual Expenditures: Oct - Dec 2015	Actual Expenditures: Inception to Date	Remaining Obligated Funds as of December 2015
Child Survival (CS)	11,761,729	5,882,096	558,982	5,795,641	86,455
Family Planning (FP)	15,009,572	7,035,063	699,490	7,376,886	(341,823)
Malaria (MAL)	10,051,752	10,449,024	1,095,886	5,857,447	4,591,577
TOTAL	\$ 36,823,053	\$ 23,366,183	\$ 2,354,358	\$ 19,029,974	\$ 4,336,209

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

**Annex H: Research Report & Presentation:
Healthy Image of Manhood (HIM)**

RESULTATS EVALUATION DE L'APPROCHE IMAGE POSITIVE DE L'HOMME

*Antananarivo, Sambava,
Vohémar, Diégo*

Novembre 2015





L'approche HIM



HIM

**Healthy Images of Manhood (HIM)
Approach**

Madagascar Integrated Social Marketing
(ISM) Project





Le Projet ISM

Sous financement USAID, dont parmi les activites :

- **Renforcement de capacites des prestataires de services Top Reseau.**
- **Un service de sante integre, incluant le Planning Familial.**





Analyse sur le Genre

- **Des contraintes pour les hommes et les femmes pour chercher les soins de sante, incluant le Planning Familial.**
- **L'opposition des hommes a l'utilisation de la PF.**
- **Les filles et les femmes utilisent en cachette la PF.**
- **Le choix de l'utilisation d'une méthode contraceptive revient à son partenaire sexuel.**
- **Les jeunes filles et les femmes cachent l'utilisation de PF de peur du rejet ou de violences de la part du partenaire.**



Healthy Images of Manhood (HIM)

- Aide les hommes a comprendre les effets negatifs des normes de genre sur leur sante et la sante de leurs partenaires.
- Promeut les changements de comportements et conduit aux engagements des hommes en matiere de PF.
- Aide les hommes a etre **CLIENTS, AGENTS DE CHANGEMENTS ET PARTENAIRES EQUITABLES**.
- Donne aux hommes l'opportunit e de reflechir sur leur role en tant que partenaires.
- Cree des hommes champions.
- Ameliore le comportement de chercher des soins de sante par les hommes.



Methodologie

- Les garçons et les filles sont ciblés a travers des messages de santé et sensibilisés pour chercher les services de santé.
- L'intervention est menée par les éducateurs pairs de 18-24 ans.

Formation en cascade :

- En 2014 : 05 jours de formation des superviseurs des PE, puis formation en cascade des éducateurs pairs.
- En 2015 : deux jours de remise à niveau des superviseurs des PE.



Session des jeunes garçons



Session des jeunes filles



- **Les sessions sont assistés par les jeunes de 15-24 ans.**
- **Themes des Sessions – 2 heures environ :**
 - PF
 - Prevention des IST et du VIH
 - Test VIH
 - Engagement des hommes en matiere de PF
- **Collaboration entre pairs educateurs et les medecins Top Réseau pour lever les barrieres a l'utilisation de la PF (craintes, insuffisance de connaissances...)**
- **Medecins Top Réseau formes en “youth-friendly services.”**



Health care providers



TANORA

Manentana ny tanora vavy hanatona Dokotera Top Réseau® hampiasa PF

Raha milaza ilay olona entanina hoe :

<ul style="list-style-type: none">• Fantatro ny fisian'ny FFP fa tsy mahakasika ahy izany (ho an'ny efa niteraka).	<ul style="list-style-type: none">• Te hanao FFP aho fa matahotra sao tsy mampiteraka sy manova toe-batana• Matahotra ny sipako/RAD/...(olon-kafa)	<ul style="list-style-type: none">• Mampiasa FFP aho fa misy olona ny toe-batako hatramin'ny nampiasako azy,• Mampiasa FFP aho ary te hanohy fa bedin'ny olona (sipako/RAD/...)	<ul style="list-style-type: none">• Miaro ahy tanteraka ny FFP ary afo-po aho.	<ul style="list-style-type: none">• Efa noteneniko ny tanora vavy namako fa miaro tanteraka @ ny vohoka aloha loatra ny fampiasana FFP.
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Ireto no mety hamaliaina azy:

<ul style="list-style-type: none">• Izay rehetra manao RS ka tsy miaro tena dia mety ho tratry ny vohoka aloha loatra.	<ul style="list-style-type: none">• Misy olona tsy afaka miteraka kanefa tsy nampiasa FFP, tsy ny FFP no tsy mampiteraka fa ny toe-batan'ilay olona no antony.• Rehefa te hiteraka dia ajanona fotsiny ny fampiasana FFP.• Ianao ihany no tratra farany eo raha bevohoka.	<ul style="list-style-type: none">• Tsara izany rehefa nisafidy hampiasa FFP ianao fa raha misy olona dia aza misalasala miverina any @ Dr TOP Réseau® raha misy ahiahy.• Raha mbola te hanohy ianao dia misy FFP hafa koa azo ampiasaina tsy ho fantatry ny olona.	<ul style="list-style-type: none">• Tsara ny mizara amin'ny namana hafa rehefa nahazo tombontsoa tamin'ny fampiasana FFP.	<ul style="list-style-type: none">• Misaotra anao fa tena tanora mandray andraikitra ianao.
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Outil de sensibilisation des jeunes garçons pour leur engagement en matière de PF et recherche de soins de santé.

TANORA 100%

Manentana ny tanora lahy hanatona Dokotera Top Réseau® hampiasa PF

Raha milaza ilay olona entanina hoe :

<ul style="list-style-type: none"> Fantatro ny fisian'ny FFP fa ho an'ny vehivavy izany. Manao RS foana amin'izao izahay fa tsy mbola bevohoka izany ilay sipa. 	<ul style="list-style-type: none"> Te hamporisika ny olon-tiako hampiasa FFP aho fa tsy tiako ny mahita ny toe-batany miova. Tsy tiako ny sipako mampiasa FFP fa sao dia miodina 	<ul style="list-style-type: none"> Efa nifandinika sy nandeha Dr izahay fa misy olana ny vatan'ny sipako raha mitaha tamin'izahay tsy mbola nampiasa. 	<ul style="list-style-type: none"> Efa mampiasa izahay roa ary ampahatsiahiviko ny sipako hanaraka ny torohevitra azonay tamin'ny Dr. 	<ul style="list-style-type: none"> Efa noteneniko ny bandy akama hamporisika sy hanchana ny sipany amin'ny fampiasana FFP.
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Ireto no mety hamaliana azy:

<ul style="list-style-type: none"> Ny RS dia iarahan'ny Lahy sy Vavy noho izany ny FFP dia iarahan'ny Lahy sy Vavy ihany koa. Sahirana ialahy raha bevohoka ilay sipa (lany vola, migadra, fitaizana zaza ...) Tsara chance ialahy hatreto fa tandremo fa miovaova ny cycle-n'ny vehivavy, (RS iray monja dia mety mahabevoaka) 	<ul style="list-style-type: none"> Aza matahotra fa miankina @ vatan'ilay sipa ihany io (fiovan'ny vatana); fa ny Dr TOP Réseau® ihany no mahita izay mety aminy. Tsy ny PF no mampiodina azy fa ny fomba fikolokoloana azy ihany no mahatamana azy aminao. 	<ul style="list-style-type: none"> Tsara izany rehefa nisafidy hampiasa FFP ianareo fa raha misy olana dia aza misalasala miverina any @ Dr raha misy ahiahy. 	<ul style="list-style-type: none"> Tsara ny mizara amin'ny namana hafa rehefa nahazo tombontsoa tamin'ny fampiasana FFP ianareo. 	<ul style="list-style-type: none"> Milay letsy izany fa tohizo.
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Prise de conscience

Intérêt

Essai

Adoption

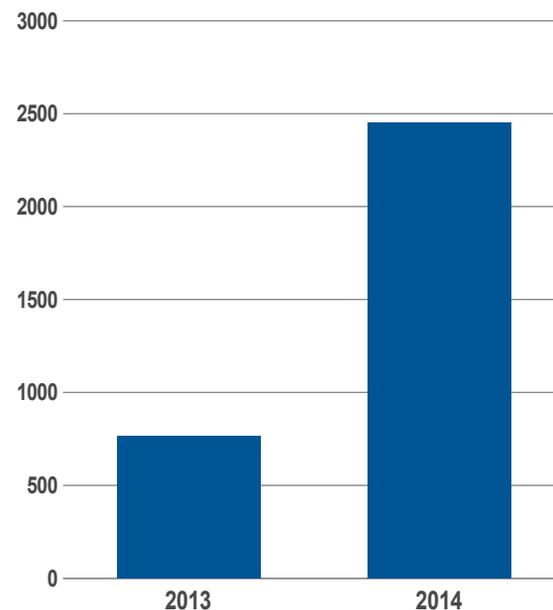
Plaidoyer



RESULTATS

- **767 jeunes garçons de 15-24 ans ont recherche des soins de sante aupres des centres Top Reseau en 2013 (motif de visite PF)**
- **En 2014 : 2453 jeunes garçons etaient alles vers les Centres Top Reseau pour motif PF.**

Nombre de jeunes garçons pour motif PF





RESULTATS DE L'EVALUATION DE HIM



Objectifs généraux d'étude

- ❑ Déterminer les facteurs de réussite de l'approche
- ❑ Identifier les obstacles à la mise en œuvre de l'approche
- ❑ Déterminer les recommandations pour l'amélioration de cette approche et sa duplication dans d'autres domaines.



Objectifs spécifiques

Autres informations

Accès aux services TOP Réseau

- Identifier **les obstacles des jeunes**, filles et garçons, les couples de jeunes, **pour l'accès aux services Top Réseau**.

Adoption de méthode de planification familiale

- Identifier les obstacles des jeunes, filles et garçons, les couples de jeunes, pour adopter une méthode de planification familiale, les facteurs contribuant à l'échec de l'adoption de méthode contraceptive par les jeunes/couples.
- Identifier les facteurs motivant les filles et garçons, les couples de jeunes, à prendre en charge leur santé reproductive et à adopter une méthode contraceptive.

Adoption de méthode contraceptive et accès aux services TOP Réseau

- Identifier les opportunités qui s'offrent aux jeunes/couples facilitant l'utilisation des méthodes contraceptives et l'accès aux services offerts par les Centres Top Réseau.



Méthodologie : Groupes cibles de l'étude

Les cibles

- Jeunes filles et jeunes garçons 15 à 24 ans**, célibataires et en union, utilisateurs et non utilisatrices actuelles de méthodes contraceptives modernes (*dans les 3 derniers mois*)

Les informateurs clés

- Chef d'établissement scolaire
- Parents
- Les prestataires TOP Réseau où les jeunes sensibilisés avec l'approche HIM ont été référés.

L'équipe de mise en oeuvre

- Les éducateurs pairs jeunes qui ont participé à l'approche HIM (**PE Jeunes**)
- Les superviseurs des éducateurs pairs jeunes (**SPE**)



Technique

64 interviews individuelles et 08 observations non participantes :

- 34 Interviews individuelles approfondies auprès des cibles
- 12 Interviews des informateurs clés
- 16 interviews auprès des agents de communication et CRFS
- 08 Observations non participantes pendant les réceptions de groupe homogène.



Plan de présentation

- Les acquis et impacts de l'approche
- Les avis sur l'engagement de l'homme à la PF et la SR
- Les éléments peu appréciés de l'approche
- Les constats généraux
- Les suggestions des participants
- L'adoption de méthode de PF et accès aux services TOP Réseau



Les acquis & impacts de l'approche



Acquis dans les compréhensions et perceptions des cibles.

Les 3 comportements clés de l'approche	
Homme en tant que client : utilisation des services de santé et des produits de marketing social, recours au soin pour lui et les membres de sa famille	Acquis <ul style="list-style-type: none">▪ Accompagnement au centre de santé (<i>min</i>)▪ Incitation et soutien de la partenaire à la pratique de PF (<i>min</i>)
Homme en tant que partenaire solidaire et égal : Influence de l'homme sur la santé de la femme et des enfants, dans la prise de décision et l'allocation des ressources dans le ménage, importance du soutien de l'homme dans la santé de la mère notamment la PF, homme allié et ressource pour la santé familiale	<ul style="list-style-type: none">▪ Subvention aux dépenses du couple et de la famille (<i>quasi-tot</i>)▪ Subvention en cas de maladie (<i>maj</i>)▪ Soutien pour toutes les situations (<i>min</i>)▪ Conseiller et décideur (<i>min</i>)▪ Participant dans la communication du couple (<i>min</i>)▪ Soutien affectif et aimant (<i>min des JF</i>)▪ Encouragement à la pratique de PF (<i>inf</i>)
Les hommes en tant qu'agent de changement	<ul style="list-style-type: none">▪ L'homme a plus de responsabilités que la femme dans un couple (<i>maj des jeunes non en union</i>) : 'suprématie' de l'homme : physique, pouvoir, leadership, décision.▪ Egalité de responsabilité (<i>Qtot des informateurs clés et jeunes en union</i>).

Les composants des réceptions les plus percutants

- Echanges et discussions entre PE et Pax
- Utilisation d'outils (BAI, brochure) et démonstration
- Témoignage de participant
- Projection de Film.



LES FACTEURS DE REUSSITE



- Formation
- Performance des PE : *mise en situation, communication, clarté des interventions...*
- Groupe homogène



Impacts de l'exposition à l'approche sur le comportement des participants..



Impacts de l'approche aux CIP et programme PSI

- Ciblage des jeunes hommes
- Augmentation de la fréquentation des centres TR
- Augmentation du nombre des jeunes sensibilisés
- Impacts sur la communication du couple
- Appropriation de l'approche par les PE hommes =) efficacité de conviction des paxs.
- Engagement de l'homme = Valorisation de la femme
- Développement personnel et développement de la créativité des PE.



Les avis sur l'engagement de l'homme à la PF et la SR



Avis sur l'importance de l'engagement de l'homme à la PF et à la SR

Jeunes Femmes	Jeunes hommes	Couples
L'homme : Chef  responsable de la famille et de sa santé.	Conscience de responsabilité vis-à-vis d'une grossesse, d'une IST.	L'homme garant de l'image et de l'avenir du couple
Informateurs-clés		
<ul style="list-style-type: none">▪ Conscientisation des jeunes hommes à la prévention des GND et IST par un comportement sain.▪ Amener les jeunes hommes à ne pas être un facteur de blocage à la PF et au traitement		



Les éléments peu appréciés de l'approche



Eléments non appréciés/limitatifs par rapport à l'approche

Selon la minorité des jeunes :

- Réception trop courte
- Traitement de plusieurs thèmes à la fois dans une réception.
- Utilisation de mot/expressions trop directs (JF)
- Evocation trop fréquente de 'sexe' et 'rapport sexuel'

Selon les SPE :

- Difficulté de recrutement de participants homogènes



Constats généraux



Constats généraux (1/)

Les acquis par rapport à l'approche

- Les 3 comportements clés de l'approche sont compris par les jeunes exposés aux réceptions homogènes, surtout le composant «*homme en tant que partenaire solidaire et égal*», cependant le changement de comportement n'est pas vérifiable.
- Les jeunes non en union et en union ont des perceptions différentes des rôles et des responsabilités de l'homme et de la femme.
- L'échange est un format très apprécié par les jeunes et permettrait plus la rétention de sensibilisation / d'information.
- Les outils/supports visuels sont des aides essentielles à la compréhension et à la rétention des sensibilisations, surtout pour des concepts plus abstraits ou nouveaux.
- Le savoir faire (performance) et le faire savoir (talent de communication) des PE ont été soulignés par les jeunes et les informateurs clés, comme étant un facteur capital de l'approche.
- Le groupe homogène est apprécié : « information pour les hommes, latitude d'expression pour les femmes ».



Constats généraux (2/)

Point à améliorer , limites

- Le glissement de l'approche HIM dans le format habituel et le contenu des réceptions, ne mettrait pas en exergue le thème de « genre ». Les principaux messages retenus lors de l'évaluation se portaient principalement sur la PF et les IST qui sont les thèmes directeurs des réceptions.
- Les outils distribués lors des réceptions ne contiennent pas des messages sur HIM.
- Fin de contrat des PE formés à l'approche => interruption
- Faible suivi des pax déjà exposés à l'approche



Suggestions des participants



Suggestions des jeunes pour l'amélioration de l'approche

- Utiliser des images simples pour l'explication des rôles de l'homme et de la femme
- Rallonger la durée d'une réception
- Organiser des réceptions continues
- Organiser des réceptions pour les couples
- Poursuivre les discussions dans les réseaux sociaux
- Utiliser des films lors des réceptions
- Instaurer une visite de suivie par les PE



Suggestions des CRFS, SPE et PE pour l'amélioration de l'approche

- Octroyer une formation périodique pour les PE pour maintien de performance/renforcement de capacité , en évitant la formation en cascade.
- Renforcer les activités d'accompagnement par les PE
- Continuer l'élaboration de différent manuel de jeux adapté au thème du genre, par les responsables HIM
- Alléger le format du rapport des PE
- Organiser des réceptions de groupe de couples
- Augmenter la fréquence de réception en groupe homogène
- Organiser un/des ateliers de création d'outils pour les PE.



Suggestions si adoption de l'approche par les CPF

- Octroyer une FDF pour les SC
- Assurer la présence du couple pendant la sensibilisation
- Assurer l'appui des CPF par le superviseur pendant les sensibilisations sur terrain
- Créer des cartes ETL adapté aux autres cibles
- Faire de l'approche HIM une activité continue



Adoption de méthode PF et accès aux services TOP Réseau



Visite auprès des centres TR

- a. Désir d'avoir des informations détaillées et des conseils concernant la PF et SR
- b. Pratique de dépistage
- c. Connaissance que TR est un centre médical pour les jeunes.
- d. Confiance à la bonne réputation des médecins TR

RMQ : Connaissance plutôt de SALFA à vohémar et Sambava.



Adoption de méthode PF

Motivations	Barrières
<ul style="list-style-type: none">▪ Prévention des GND afin de<ul style="list-style-type: none">➤ Prévention de l'avenir➤ Etre un modèle pour les autres jeunes▪ Connaissance de l'efficacité des PF moderne▪ Doute sur la fidélité du / de la partenaire	<ul style="list-style-type: none">▪ Non appréciation du condom par le partenaire▪ Peur des effets secondaires pour les autres types de méthode moderne (pilule, injectable, implant)▪ Confiance à la méthode naturelle habituellement adoptée▪ Peur d'infidélité de la fille si adoptant une méthode moderne (spec diégo)

Annex I: Product Status Update

Annex I. PSI Product Status Update in Q1 FY 2016, as of December 21, 2015

Health Area	Product	Opening Balance (October 2015)	Quantity In	Quantity Out	Other Quantity Out	Ending Balance (December 2015)	CVM	Coverage Through	Ordered	ETA	Status	Action
DIARRHEA	<i>Sur'Eau 150 ml.</i>	5,325	623,000	540,818	9,000	78,507	325,000	Dec-15	1,600,000	Jan-16		
	<i>Sur'Eau 40 ml.</i>	139,650	60,000	126,640	50	72,960	54,000	Jan-16	348,000	Feb-16		
	<i>Sur'Eau tablet</i>	3,194,590	77,590	399,820		2,872,360	458,000	Jun-16	14,207,000	Mar-16		
	<i>HydraZinc</i>	188,849		21,304		167,545	18,000	Sep-16	132,000	TBD		
	<i>ZINC (Generic)</i>	223,989				223,989						
	<i>ORS (Generic)</i>	447,978				447,978	0					
	<i>ViaSur</i>	98,262		65,247		33,015	23,000	Jan-16	267,400	Jan-16	Utilizing ORS/Zinc in MAHEFA zones until arrival of ViaSur	
PNEUMONIA	<i>Pneumox (amoxicillin)</i>								546,000	Mar-16		
	<i>Pneumostop Comprimé</i>	33	120,000	82,067		37,966	36,000	Jan-16	120,000	Feb-16	Risk of Stock Out At Central Level	
MALARIA	<i>Supermoustiquaire</i>	4				4					Stock Out	Request to Donor Submitted
	<i>Moustiquaire Générique (Net Protect White)</i>	22,466	303	13		22,756						
	<i>Moustiquaire Générique (Bednet)</i>	1,449,400		1,449,400								

	<i>Moustiquaire Générique (Permanet white)</i>	4,891,450		4,889,450		2,000						
	<i>ACT</i>										Stock Out	Request to Donor Submitted
	<i>RDT</i>	111,700		98,150		13,550	140,000	Dec-15			Stock Out	Request to Donor Submitted
FP/RH	<i>Pilplan (OC)</i>	3,333,070		953,558	11	2,379,501	310,000	Aug-16	1,337,000	Feb-16		
	<i>Confiance (injectable)</i>	2,005,925		652,617	32	1,353,276	230,000	Jun-16	617,200	Mar-16		
	<i>Rojo Cycle Beads</i>	28,835	1,796	6,741	1,226	22,664	1,350	Jun-17				
	<i>Copper T IUD</i>	31,414	5	5,671	5	25,743	2,400	Oct-16	8,100	May-16		
	<i>Implanon (implants)</i>	3,038	10	1,686	1	1,361	320	Jun-16	2,016	Mar-16		
	<i>Jadelle (implants)</i>	242		130		112	175	Jan-16	2,000	Jan-16		
	<i>Norlevo (EC)</i>								50,000	Mar-16		
	<i>Zarin (implant)</i>	210		53		157	15	Nov-16				
	<i>Chlorhexidine</i>	216,480	230,665	59,925		387,220						
<i>Sayanna Press</i>	314,000		41,879	600	271,521			236,600	Nov-15			
HIV/STI	<i>YES Youth Condom</i>	945,600		199,860		745,740	80,000	Sep-16				
	<i>Protector Plus (condom)</i>	3,286,104	960	2,343,336		943,728	565,000	Mar-16	5,000,000	May-16		
	<i>Feeling (female condom)</i>	45,291	1,668	7,902	1,368	37,689	3,000	Dec-16				
	<i>Generic Condom</i>	239,100		44,700		194,400	96,000	Feb-16			Risk of Stock Out	Request to Donor Submitted