



INTEGRATED SOCIAL MARKETING PROGRAM (ISM)
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Integrated Social Marketing Program (ISM)
FY 2016 Quarterly Report Q2
(January 1, 2016 – March 31, 2016)

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Acronyms

ABM	Accès Banque Madagascar
ACT	Artemisinin-based Combination Therapy
AFAFI	Aro ho an'ny FAhaslaman'ny Flanakaviana (Health Care for Family)
ALU	Artemether Lumefantrine
AMM	Autorisation de Mise sur le Marché (Authorization to Market)
ANC	Antenatal Care
AOR	Agreement Officer Representative
AR	Ariary
ASAQ	Artesunate Amodiaquine
ASF	Association Serasera Fananatenana
BCC	Behavior Change Communication
BG	Banyan Global
BNM	Bureau National des Normes de Madagascar (National Office of Norms of Madagascar)
BNGRC	Bureau National de Gestion des Risques et des Catastrophes
CBD	Community Based Distribution
CD	Continuous Distribution
CEM	Caisse d'Épargne de Madagascar (Savings Bank of Madagascar)
CHW	Community Health Worker (same as Community Health Volunteer, or CHV)
CHX	Chlorhexidine
CLTS	Community Led Total Sanitation
CMM	Consommation Moyenne Mensuelle (Average Monthly Consumption)
CNC	Committee National de Coordination (National Coordinating Committee, or NCC)
CRENA	<i>Centre de Récupération et d'Éducation Nutritionnelle Ambulatoire</i>
CROM	Conseil Régional d'Ordre des Médecins (Regional Doctors' Association)
CRS	Catholic Relief Services
CSB	Centre de Sante de Base (Community Health Center)
CU5	Children Under 5
CWG	Communications Working Group
CYP	Couple Years of Protection
DALY	Disability Adjusted Life Years
DAMM	Direction de l'Agence du Médicament de Madagascar (Medical Drug Agency)
DCA	Development Credit Authority
DDS	Direction du District Sanitaire
DEG	Distribution Excellence Group
DHIS	District Health Information System
DPLMT	Direction des Pharmacies, Laboratoires et de la Médecine Traditionnelle
DQA	Data Quality Assurance
DRS	Direction Régionale de la Santé
DSFa	Direction de la Santé Familiale (formerly DSMER)
DSMER	Direction de la Santé de la Mère, de l'Enfant et de la Reproduction (now DSFa)
DTK	Diarrhea Treatment Kit
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	Fonds d'Investissement pour les Entreprises Favorables à l'Environnement
FIND	Foundation for Innovative New Diagnostics
FoQus	Framework for Qualitative Research in Social Marketing
FP	Family Planning
FY	Fiscal Year
GAS	Gestion des Approvisionnement et des Stock (Supply and Stock Management)
GBV	Gender-Based Violence
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria

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	Institut Pasteur de Madagascar
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 (Moustiquaire à Impregnation Durable – MID)
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 (SSME in French)
MFI	Microfinance Institution
MGA	Malagasy Ariary
MID	Moustiquaire à Imprégnation Durable (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 (Committee National de Coordination)
NGO	Non Governmental Organization
NMCP	National Malaria Control Program (DLP)
NS	Non-Significant
NSA	National Strategy Application
ODDIT	Organe de Développement du Diocèse de Tamatave
OMAPI	Office Malgache de la Propriété Industrielle (Office of Intellectual Property & Industry)
ONM	Ordre National des Médecins (National Body of Doctors)
ONP	Ordre National des Pharmaciens (National Body of Pharmacists)
OPQ	Optimizing Performance and Quality
ORS	Oral Rehydration Salt
OTIV	Ombona Tahirifampisamborana Vola
PA	Point d'Approvisionnement (Supply Point)
PAC	Post-Abortion Care
PAMF	Première Agence de Microfinance
PARC	PA Relay Communautaire
PBCC	Provider Behavior Change Communication
PCIMEC	Prise en Charge Intégrée des Maladies de l'Enfant au niveau Communautaire
PCV	Peace Corps Volunteer
PE	Peer Educator
PHC	Primary Health Care

PMI	President's Malaria Initiative
PNC	Postnatal Care
PPT	Pre-Packaged Treatment
PSI	Population Services International
Q	Quarter
QA	Quality Assurance
QAACT	Quality-Assured ACT (Artemisinin-based Combination Therapy)
RDT	Rapid Diagnostic Test
RH	Reproductive Health
SAF	Sampan' Asa Fampandrosoana/Fiangonan' I Jesosy Kristy eto Madagaskara (Department of Development of the Church of Jesus Christ in Madagascar)
SALAMA	Centrale d'Achats de Médicaments Essentiels
SALFA	Sampan' Asa Loteranamban'ny Fahasalmana (Health Dept. of the Lutheran Church)
SIFPO	Support for International Family Planning Organizations
SF	Social Franchise
SM	Social Marketing
SMS	Short Message Service
SOW	Scope of Work
SR	Sub-Recipient
SSD	Service de Santé du District
SSME	Semaine de la Santé de la Mère et de l'Enfant (Mother and Child Health Week)
STI	Sexually Transmitted Infection
STM	Short-Term Method
STTA	Short-Term Technical Assistance
TA	Technical Advisor or Technical Assistance
TBD	To Be Determined
TIPS	Trials for Improved Performance
TOT	Training of Trainers
TR	Top Réseau
TRaC	Tracking Results Continuously
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UTGL	Unité Technique de Gestion Logistique
VPP	Village Phone Project
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WHP	Women's Health Project
WRA	Women of Reproductive Age
YTD	Year To Date

Introduction

In December 2012, PSI/Madagascar (PSI) was awarded the Cooperative Agreement 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 Q2 report, the ISM team continues to look at impact in our three key health program areas: 1) Family Planning/Maternal/Neonatal/Reproductive Health; 2) Child Health; and 3) Malaria. The ISM team is paying close attention on how the three operational departments of the ISM project including Communications and Marketing (IR1), *Top Réseau* clinical health services (IR2), and Distribution (IR3) are working to support tangible improvements in women and children's health status in Madagascar.

There have been several main areas of focus in Q2: **1)** ensuring the implementation and scale up of the new community based distribution model **2)** enhancing collaborations across all program areas with various government ministries (Ministry of Health, Ministry of Youth/Sports, Ministry of National Education, Ministry of WASH) **3)** close monitoring of our Depo-Provera Leakage Mitigation Plan **4)** identifying key stakeholders in the development of a gender-based violence referral mechanism and **5)** facilitating loan mechanisms between Top Réseau Clinics and microfinance enterprises. This report presents progress over the quarter by health and by operational areas including updates on PSI's progress in re-engaging with the Government of Madagascar across various ministries.

I. Family Planning/Maternal/Neonatal/Reproductive Health

The ISM program's work in Family Planning/Reproductive/Maternal/Neonatal Health is at the core of our mission. ISM's high level indicators seek to track impact over the life of the project in reducing maternal mortality and morbidity, the fertility rate, the adolescent birth rate, and the modern contraceptive prevalence rate (CPR).

The goals of ISM between 2013 and 2017 are to contribute to the reduction of 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 impact on these key indicators, PSI has focused on increasing Family Planning Information Education Communication (IEC)/Behavior Change Communication (BCC) messaging through a variety of media outlets, promoting and expanding service delivery within the *Top Réseau* (TR) network focusing on improving access for the poorest women, and improving Family Planning product promotion and distribution. ISM continues to place great importance in reaching youth with special mass media messaging, organization of youth events and focused interpersonal communication at the community level.

1. Family Planning IEC/BCC Activities: Q2

The table below summarizes Family Planning/RH IEC/BCC activities conducted over the Q2 period.

FP/RH/Maternal/Neonatal Health	Medium	Spots/Population Reached
TV Spots on short term FP methods	National: 38 Local: 642	680 spots
TV Spots for Youth	National: 30 Regional: 60 Local: 90	180 spots
FP Radio Spots on Short Term Methods	National: 30 Regional : 60 National : 90	1,560 spots
Tanora 100% Youth Radio spots	National: 40 Regional: 40 Regional: 1738	1,818 spots
Chlorhexidine Radio Spots	National: 125 Regional: 125 Regional: 8,375	8,625 spots

FP/RH/Maternal/Neonatal Health	Medium	Spots/Population Reached
FP/ Maternal/Neonatal/Reproductive TV Talk Shows	National	2 shows
Health Family Radio Drama Spots	Local	260 spots
MVU communication on Family Planning (Urban and Rural)	Mid Media	11,720 people reached (5,340 men and 6,380 women)
Interpersonal Communication on Family Planning and RH	Interpersonal Communication	103,391 people reached (14,719 men and 88,672 women)

2. Family Planning Services/Training Delivered in Top Reseau Clinics: Q2

PSI's *Top Réseau* clinics continue to provide quality health services to women and youth throughout Madagascar. Efforts in Q2 have been focused on assisting *Top Réseau* providers to secure loans to help develop and grow their businesses. PSI is also making significant inroads into developing the gender-based violence referral mechanism for survivors of violence presenting at *Top Réseau* clinics. Key indicator achievements are as follows:

Family Planning Services/Training	Number of Visits/Number of Providers trained in Q2
Number of clinic visits by target group seeking FP services at Top Reseau health clinics (with voucher)	13,528 clinic visits (13,075 women and 453 men)
Number of visits where client chooses a Family Planning method at Top Reseau	26,659
New Users of Family Planning Services at Top Reseau Clinics	8,847
Training of Providers in Family Planning Long Term Methods	66
Training of Top Reseau and private Providers in Family Planning Short Term Methods	79
Training of Providers in Youth Friendly Services	32
Training of Providers in Business Management	38

3. Family Planning Products Distributed and Stock Status: Q2

The following table summarizes Family Planning products distributed and stock status over the Q2 period.

Health Area	Product	# Distributed in Q2/ % of FY 2016 Target Achieved to Date	Ending Balance (Mars 16)	Coverage Through	Ordered/ ETA
Family Planning/RH /Neonatal Health	Pilplan OC Community	442,561 42%	2,875,152	Mar-17	
	Pilplan OC Pharmacy	398,800 50%			
	Confiance Inj Community	376,394 65%	1,478,509	Mar-17	
	Confiance Inj Pharmacy	115,560 30%			
	Sayana Press Community	106,323 N/A	401,798	Feb-17	236,600 Nov-15
	IUDs Top Reseau	2,545 39%	23,198	Aug-17	8,100 May-16
	Jadelle Implant Top Reseau	246 68%	1,866	Jun-17	
	Implanon Implant Top Reseau	806 62%	2,571	Sep-16	
	Rojo Cycle Beads Community	3,981 46%	18,683	May-17	
	Yes with you Youth Condoms Commercial	84,090 25%	661,650	Nov-16	1,500,000 TBD
	Chlorhexidine Community	17,181 17%	370,039	Jul-21	

4. Family Planning Products Distribution Behind Planned Targets: Q2

- The low distribution levels of *Confiance Injectable* in the pharmaceutical channel as of Q2, is a reflection of the decreased quantities that are to be distributed according to the Depo Provera Leakage Mitigation Strategy.
- PSI will not be receiving the planned quantities of *YES with you* condoms through USAID as planned for FY2016. As a result, PSI has not proceeded to scale-up with *YES with you* condoms in the Tamatave region as planned in FY16 work plan. PSI is exploring other financial means, including use of ISM program income, to procure additional quantities of *YES with you* condoms to ensure products are further accessible to FP clients.
- There has been a lower than expected consumption of *Arofoitra* (Chlorhexidine) in Q2. Possible explanations include the fact that CHWs have not yet completely used their starter stock. Also CHWs and families may not yet be fully aware of the benefits of Chlorhexidine for neonatal health, and thus have not purchased the product according to projections. Further communication and promotion of this product is required.

5. Family Planning Products Status Updates: Q2

Obtaining donated Family Planning products continues to pose a major challenge to the ISM team. Various issues including obtaining the Authorization to Market for Pilplan and Confiance, the limited availability of condoms, and over-branding of UNIPIL have posed a challenge in Q2.

- **Sayana Press:**

During the training of MIKOLO and MAHEFA CHWs in November 2015, 12 units of Sayana Press were distributed to each CHW as a starter stock. In Q2, PSI continues to distribute Sayana Press to Supply Points located in MAHEFA and MIKOLO regions.

- **Market authorizations:**

Pilplan: The market authorization for Pilplan expired in March, 2016. Since January 2016, PSI has been working with USAID to obtain the required documentation to move forward with a request to the MOH to grant a waiver for the renewal of the Authorization to Market for this product.

Confiance: PSI has worked to obtain a letter of support from USAID to accompany PSI's request to the MOH for an Authorization to Market renewal waiver. This letter will significantly strengthen PSI's case.

- **Depo-Provera Mitigation Plan:**

The commodity leakage mitigation plans for *Confiance* and *Pilplan* for both community and pharmaceutical channels were finalized based on the Utilisatrices Regulières (UR) numbers from MIKOLO and MAHEFA and data from ENSOMD survey (2012-2013). Procedures and tools have been developed and modified for monitoring products moving through the community channel. Bilateral partners share regularly reported UR numbers with PSI.

- **Emergency Contraceptive:**

The new EC product will arrive in the standard form name "NORLEVO". Emergency Contraceptives will no longer be over-branded as *Unipil*. 12,480 EC pills are expected to arrive by mid-July 2016 and will be distributed in Q4.

- **Condoms:**

Stocks supplies of *Protector Plus* and *YES with you* condoms are low. The reduction of donated condoms to be provided through USAID in FY16 has proved to be a challenge. PSI/M is identifying alternative ways to procure the products (i.e. through PI) to ensure continuous delivery of condoms.

6. Re-engaging with the Government of Madagascar in FP/RH: Q2

The ISM team has participated in and been involved in the following activities:

Ministry of Health

- Family Planning Harmonization Working Group
- Meeting and sessions related to the development of the new Family Planning Law
- Preparation meetings for the Family Planning National Conference

Ministry of Youth

- PSI has promoted youth pregnancy prevention messages and conducted youth-focused activities and events in collaboration with the Ministry of Youth such as the Urban Dance 2016 event organized in Antananarivo. The event was a significant success as attendance surpassed 6,000 students. In addition, 897 students were given information about various

methods of contraception and 463 students were counseled and tested for HIV and informed of their status. Further details are included in Annex Success Story.

- Strengthened referrals of youth with the help of Peer Educators to health centers, including TR clinics
- Ministry of Youth trained PSI supervisors on life skills and facilitated the sharing of experiences between Peer Educators from MOY and PSI Peer Educators

Ministry of Education

- Explored collaboration to promote youth pregnancy prevention messages and conduct youth-focused activities and events in select public secondary schools

Ministry of Population

- Participated in the celebration of World Women’s Day
- Participated in the organization of events and implementation of the National Action Plan on Gender and Development (PANAGED)

II. Child Health

Expanding services and products to reduce the child mortality rate from 62 per 1,000 live births in 2012/13 to 55 in FY 2017¹ remains one of the key goals of the ISM project. PSI’s child health interventions focus on main diseases responsible for child mortality and morbidity: diarrhea, pneumonia, and malaria. ISM works through BCC/IEC messaging, provision of integrated management of childhood illnesses (IMCI) services provided at *Top Réseau* clinics and the distribution of life-saving prevention and treatment products.

1. Child Health IEC/BCC Activities: Q2

The table below summarizes Child Health IEC/BCC activities conducted over the Q2 period.

Child Health	Medium	Spots/Population Reached
Child Health TV Spots on nutrition	National:33 Regional: 18	51 spots
Sur’Eau Pilina Radio spots	National:278 Local:1,112	1,390 spots
MVU communication on Diarrhea Prevention and Treatment	Rural/Urban	12,280 people reached (5,615 men and 6,665 women)
MVU communication on Nutrition	Rural/Urban	4,450 people reached (2,050 men and 2,400 women)

2. Child Health IMCI Services/Training Delivered in Top Réseau Clinics: Q2

The table below summarizes Child Health Services and Training conducted over the Q2 period.

IMCI Services/Training	Number of Visits/Number of Providers Trained
Clinic Visits by Target Group receiving IMCI services	19,245 visits (10,051 men and 9,194 women)
Training of Urban Providers on Nutrition	80 providers trained

¹ Madagascar Millennium Development Goals National Monitoring Survey 2012/2013

3. Child Health Products Distributed and Stock Status for Child Health Products: Q2

The table below summarizes Child Health products distributed and stock status over the Q2 period.

Health Area	Product	# Distributed in Q2/ % of FY 2016 Target Achieved to Date	Ending Balance (Mars 16)	Coverage Through	Ordered/ ETA
Child Survival	<i>Sur'Eau 150 ml.</i>	554,620 65%	242,437	Apr-16	5,000,000 May-16
	<i>Sur'Eau 40 ml.</i>	81,517 60%	72,413	Jul-16	280,290 May-16
	<i>Sur 'Eau tablet</i>	1,749,780 19%	15,330,580	Apr-18	
	<i>Hydrazinc DTK (Pharmaceutica l)</i>	119,728 210%	47,817	Oct-16	132000 Aug-16
	<i>ZINC (Generic)</i>	27,150 27%	196,841	Jan-18	
	<i>ORS (Generic)</i>		393,682	Jan-18	
	<i>Viasur DTK (Community)</i>	23,225 71%	200,820	Apr-18	76,370 Apr-16
	<i>Pneumostop Comprimé</i>	29,726 47%	126,911	Jul-16	
	<i>Pneumox (amoxicillin)</i>				546,000 Mar-16

4. Child Health Products Distribution Behind Planned Targets: Q2

- PSI has donated 144,000 ORS/Zinc DTKs to the Ministry of Health in Q2, though these numbers will not be reported officially in our financial tracking system until early Q3
- The low distribution achievements of *Sur'Eau Pilina Community* for Q1 and Q2 are due to the scale up schedule of this new product. Scale up of *Sur'Eau Pilina* is planned in Q3/Q4, when significant quantities will be distributed in additional intervention regions.

5. Child Health Product Status Updates: Q2

- **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. The meeting for the adoption of this system by the Ministry of Health was held in February 2016. Further, a workshop was organized in March with all of IMCI partners (MOH, DPLMT, DSFa, DDS, UNICEF, PSI, MIKOLO, MAHEFA) to validate the tools and to plan the training and implementation activities at the regional level.
- **Micronutrient Powder (MNP)**
Vakinankaratra's regional partner staff (DRSP, ORN, MIKOLO, SDSP) were informed of the introduction of MNP in the region through meetings with members of IYCF/MNP Central Technical Committee composed of members of the MoH, ONN, PSI and UNICEF. The work plan implementation will be finalized in Q3 to include all updated training documents and tools.
- **Pneumostop**
PSI received 118,680 additional units of *Pneumostop* tablets (Cotrimoxazole) in March, 2016. These additional products were ordered to fill gaps until the arrival of the new amoxicillin product branded *Pneumox*, which is now expected to arrive by the end of April

2016. PSI and MIKOLO held a coordination meeting concerning the training of CHWs on the use of *Pneumox* tablets. The TOT in the MAHEFA zones will be conducted with the lead of the MOH/DSFa and supported by PSI in the Q3 period.

- **Sur Eau**

Sûr'Eau Pilina scale up is now effective in 4 new MIKOLO zones: Vakinakaratra, Amoron'i Mania, Haute Matsiatra and Atsimo Andrefana. Others partners such as ADRA, Land'O Lakes, Action Contre la Faim and the Scouts also participated in the promotion and distribution of *Sûr'Eau Pilina*.

6. Re-Engaging with Government of Madagascar on Child Health: Q2

WASH, nutrition, pneumonia, and polio immunization activities were strengthened in Q2 of FY 2016.

- PSI continued to support the Ministry of Health, both financially and technically, for activities related to infants and young children. PSI actively participated in the coordination meetings for the Semaine de la Santé de la Mère et l'Enfant (SSME), as well as the quarterly coordination meeting of the Nutrition Task Force committee.
- PSI has supported the efforts of the Ministry of Health and USAID by reinforcing key messages on the importance of being vaccinated against polio during campaigns organized since October 2015, through mass media channels and the *Top Réseau* clinic network.
- The DPH (Directeur de Promotion de l'Hygiène) of the MEAH (Ministère de l'Eau, de l'Assainissement et l'Hygiène) initiated the drafting of the document (les conseils pratiques sur les actions essentielles en 4H - Hygiène corporelle, Hygiène alimentaire, Hygiène domestique et Hygiène environnementale). PSI has actively participated in the drafting of this document. The final validation workshop is planned during May.
- In collaboration with the regional authorities from the MoWASH Atsinanana and the Diorano WASH coalition, PSI donated 200 drinking water and Hand Washing with Soap kits to the Direction Regionale de la Santé Publique (DRSP) Atsinanana to celebrate the World Water Day.
- Initiated in Q2, the Sanitation Total Market Landscape assessment will be conducted in Q3 to identify and map out market players and market failures within the sanitation supply chain. This study, to be finalized in Q3, will help stakeholders better understand the current sanitation landscape and will help identify the gaps and areas of eventual intervention. The Ministry and WASH committee will be involved throughout the assessment.



Donation of Hand Washing Kits by USAID Representative to local Medical Inspector, Tamatave

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) to diagnose CU5 with fever, sleeping under LLINs (especially CU5 and pregnant women), and households having at least one LLIN. In terms of knowledge and perception change that lead to these improved health behaviors, PSI's BCC work seeks to increase: women knowing to get 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. IEC/BCC Activities for Malaria: Q2

The table below summarizes Malaria IEC/BCC activities conducted over the Q2 period.

Child Health	Medium	Population Reached
Mobile video unit communication on Malaria Prevention and Treatment	Mid Media 39 sessions	11,363 (4,978 men and 6,385 women)

2. Malaria Products Distributed and Stock Status: Q2

The table below summarizes Malaria prevention products distributed and stock status over the Q2 period.

Health Area	Product	# Distributed in Q2/ % of FY 2016 Target Achieved to Date		Ending Balance (Mars 16)	Coverage Through	Ordered/ ETA
Malaria	Socially Marketed LLINs (Super Moustiquaire)	23,401	13 %	326,603	Feb-17	0
	Moustiquaire Générique (Net Protect White)	0	0%	22,756	N/A	0
	Moustiquaire Générique (Permanet white)	0	0%	6,489	N/A	0
	ACT	0	0%	0		62,500 Apr-16
	RDT	12,500	37%	1,050	Mar-16	

3. Malaria Products Distribution Behind Planned Targets: Q2

- 350,000 Socially Marked LLINs were received in March 2016. The delay in receiving these products was due to delays incurred by DELIVER. The ISM team plans on distributing the remaining 326,603 LLINs in Q4.
- USAID/PMI is no longer donating RDTs to PSI in 2016 because of a change in USAID distribution strategy. PMI is only distributing malaria products through the public sector and no longer to PSI's Supply Points. In Q2, PSI distributed the remaining RDTs (12,500) left in its stock from 2015.
- PMI is no longer supplying PSI with ACTs due to the same change in strategy (i.e to distribute malaria products through the public sector only). PMI did provide 62,500 ACTs in March, but these products have not yet been distributed.
- There was no request for Emergency LLINs in Q2 by the Ministry of Health therefore no nets were distributed.

4. Re-Engagement with Government of Madagascar on Malaria: Q2

Support to National Malaria Control Program:

- PSI participated in the GAS (Gestion d'Approvisionnement de Stock) meetings
- PSI assists the National Malaria Control Program in avoiding over-stocking and stocking-out of ACTs, RDTs, and SP by redeploing stock levels of PMI and Global Fund-supported products at the district and CSB levels.
- The ISM team has been contributing to the National Malaria Communication Plan as well as the design and production of the malaria BCC Tool kit in collaboration with the Ministry of Health. A three-day workshop was held in February including central and regional authorities and partners organizations.
- Participation in National data collection (MID, ACT, RDT, SP) efforts for malaria

IV. Cross-Cutting Activities

1. Supply Chain Management

In Q2, the ISM team has been working on implementing the new community based distribution mode which continues to show very promising results. Meetings with PAs revealed the new system is more preferred as they are visited more frequently, receive additional support training, and are now able to purchase products independently without having to wait for PSI's next delivery. Data collection and reporting, which is now conducted by PSI's distribution staff during supervision visits, has improved dramatically allowing PSI regional teams to better manage forecasting and decrease stock-outs. Furthermore, the following key activities were conducted this quarter:

- Progressive scale up of new community-based Vakinankaratra, Amoron'imanina, Diana, Atsimo Andrefana
- Training of PAs in the new distribution strategy
- Training of PARC² in business management and Income Generating Activities to increase revenue and thereby sustainability

2. Pricing/Procurement Strategy of PSI's Socially Marketed Products

PSI uses a Cost of Goods Sold (COGS) analysis in order to look at the cost of delivering our range of socially marketed products. This analysis helps PSI assess and compare how much subsidy is being provided on products and cost recovery rates. By understanding basic COGs (commodity, packaging, shipping and sampling) and sales/distribution costs, PSI can better identify inefficiencies and develop strategic recommendations towards sustainability. In Q2, PSI began exploring new procurement mechanisms and pricing strategies for *Protector+* male condoms and *YES with you* youth condoms due to limited resources available within USAID's procurement pipeline. Strategies under discussion include reducing trade margins between wholesalers/retailers, reducing packaging costs, and increasing trade pricing. The long-term strategy is to move towards a sustainable model for condoms that will ensure a sustainable family planning program for Madagascar.

For procurement of Sur'Eau, one of PSI's leading socially marketed products, PSI is working with local manufacturers to find ways to increase production to meet the high market demand, to improve product and packaging quality, and to reduce costs. By offering longer term contracts with substantially increased production quantities, manufacturers are able to increase production by purchasing raw materials on the international market, serving to empower local businesses. PSI is also looking to increase the price point for Sur'Eau over time to ensure the long-term sustainability and full cost recovery of this key health product.

² Point d'Approvisionnement Relais Communautaire

3. Research

Research continues to be a driving force for the ISM project providing the team with critical information about different aspects of the project implementation. **See Annex for TRaC Family Planning Study 2015.**

Studies undertaken in Q2:

- **Subcutaneous Injectable Acceptability Study:** In Q2, PSI conducted a study on the acceptability of subcutaneous injectables in sub-urban and rural areas in three Districts: Ambalavao, Manakara and Antsohihy. Results will be disseminated internally in May 2016. PSI is awaiting a date from USAID to disseminate results externally. .
- **MAP study conducted in 2015:** PSI conducted Measuring Access and Performance (MAP) studies in 2015 for the following PSI products in 25,302 outlets: *Pilplan*, *Confiance*, *Protector Plus*, *Sur'Eau*, *Hydrazinc*, *Viasur* and *Pneumostop*. The main purpose of this study is to assess geographic coverage of each product, the quality of coverage, and product penetration in 3 supervision areas with stratification of urban and rural areas in Madagascar. The final report will be available in Q3 FY16. Following are key findings related to coverage per distribution area.
 - Coverage for *Pilplan* in urban areas is higher (87.9%) than coverage in rural areas (53.6%)
 - Coverage for *Confiance* in urban areas is higher (84.2%) than coverage in rural areas (52.6%)
 - Global coverage of every product is fluctuating around the average (50%) in rural areas

Research Dissemination:

PSI is in the process of fixing a date with USAID in Q3 to present the results of 4 recently completed studies:

- TRaC (Tracking Results Continuously) Child Survival/Diarrhea Prevention: Evaluation of the pilot phase of the introduction of *Sur'Eau Pilana* in Vatomandry District (2015)
- TRaC Family Planning: National study on contraceptive use among sexually active women (ages 15 to 49) with urban and rural stratification (2015)
- Qualitative Evaluation on the Healthy Image of Manhood approach in 4 sites in Madagascar (2015)
- MAP Study on coverage and penetration of PSI socially marketed products in 3 supervision zones (North, Center, South) of Madagascar with urban and rural stratification (2015)

4. Monitoring and Evaluation

PSI places great stock in monitoring and evaluation efforts. The ISM team has worked on bringing our monitoring efforts in line with best practices for M&E and exploiting new technology, such as the DHIS2, to improved data collection and monitoring of project activities.

Data collection improvements in Q2:

- **GBV and Insurance:** Since January 2016, data for these activities are now captured in the PSI health services database including details such type of violence inflicted, case management and referrals. The team is also endeavoring to track individuals presenting at Top Reseau with insurance coverage.
- **Regional warehouse data collection:** During the month of March, regional warehousekeepers were trained on the tracking of stock on a weekly basis using DHIS2 in order to minimize the risk of stock outs.

- **MVU electronic report :** In order to ensure better coverage analysis for mid-media, each MVU's intervention is captured in a tablet with GPS coordinates. The configuration of the DHIS2 maps in Q3 will allow each user to visualize and analyze results with spatial data.

Data Quality improvement in Q2:

- **Data quality audit on the LLIN Campaign:** The data verification process was finalized in January 2016. According to the results, there has been a significant improvement in the quality of supporting documentation reported by NGOs although challenges remain for new NGOs involved in the campaign. Detailed campaign data on LLIN distributed is now available in the CAMPMID database and has been transmitted to the DLP. The next step is the data collection for BCC and hang up activities.

Challenges in M&E:

- An important challenge is related to the proficiency in the use of mHealth tools. With the integration of the mHealth tool in data collection, the correct use of tablets is still a challenge for some users. Challenges include data entry, internet connectivity, and battery range. To remedy this, the central team has conducted field technical support visits, and has provided remote assistance, and provided every tablet user with a Powerbank to save energy.

5. Gender

The Family /Planning and Reproductive Health Department is working on developing a gender-based approach in numerous aspects of its programming. The development of the Healthy Image of Manhood approach is an important innovation which helps couples understand the vital role men play in deciding about key reproductive health issues. The ISM team FP/RH team is also working on developing and strengthening a referral mechanism for victims of gender based violence presenting at *Top Réseau Clinics*.

- Follow-up of activities related to the implementation of the Healthy Images of Manhood (HIM) approach took place in Q2 in three sites: Tuléar, Diego and Majunga. This included refresher training for two supervisors of peer educators and capacity-building for 22 peer educators in implementing this approach. New topics introduced included early marriage, adolescent pregnancy prevention, the increase of FP use and health services, GBV prevention, gender and STI, gender and HIV. The team also informed peer educators about the GBV referral system available in their areas.
- PSI/IntraHealth International participated in the International Conference on Family Planning held in Nusa Dua, Indonesia from January 25 to 28, 2016 and presented the abstract on the implementation of the Healthy Image of Manhood (HIM) approach for family planning uptake in Madagascar during an oral presentation.
- For the work related to the development of a GBV referral network, PSI identified 17 associations in Antananarivo that are operational in GBV case management. Since the initiation of project in Antananarivo to the end of March 2016, thirty-nine survivors had been received by Top Réseau providers.
- PSI and IntraHealth International participated with the Ministry of Population in the Gender Working Group meeting for the preparation and celebration of International Women's Day in Diego.
- The Gender Coordinator and the Maternal and Child Health Specialist from IntraHealth International have also collaborated to enhance gender perspectives in developing key messages to be integrated into PSI training manuals for Top Réseau providers to ensure male involvement in maternal, neonatal, and child health.

6. Increasing Access to Finance and business management for *Top Réseau* providers

PSI, with support from Banyan Global, is working with *Top Réseau* providers to find ways to upgrade and expand their medical practices through business management support and improving access to finance. In parallel to helping providers access loans, PSI is working to build partnerships with companies that provide medical equipment (eg: InterMedical Equipment, MAEXI) who are able to offer favorable purchase terms for providers, such as payments by installments. In March, AccesBanque and the equipment provider InterMedical, presented their loan products and payment options to *Top Réseau* providers participating in a training session on Access to Finance. One provider received a favorable loan and as a result has been able to upgrade her equipment and expand her office space.

7. Improving access to quality health services through mutual health insurance

In order to increase access to quality health services, PSI, with support from Banyan Global, is working toward the development of a mutual health insurance policy. PSI has signed a Memorandum of Understanding with two microfinance institutions - Positive Planet/OTIV Harena and ACEP/ADEFI, and 18 *Top Réseau* providers. Under this MOU, clients who borrow or save money at OTIV and ADEFI will have access to health insurance coverage, which will cover services at *Top Réseau* clinics. PSI will conduct joint communication with OTIV and ACEP to promote the enrollment in health insurance among the target group.

8. Social Franchising of Public Sector Health Facilities

PSI is working to identify innovative partnerships with the Ministry of Health to increase access to quality health services for the Malagasy population. PSI is in discussion with the Ministry of Health to identify a number of public sector Centres de Santé de Base (CSB) to introduce the concept of social franchising. PSI has held a series of meetings with the Department of the Health District (DDS) and the Department of Family Health (DSFa) to discuss ways in which PSI could assist the government in introducing quality assurance mechanism and best practices, used in the *Top Réseau* franchise, to public sector CSBs. This would assist the government in ensuring better quality and improved supervision of low functioning CBCs. The final approval and the list of public sector supported by PSI/M under the concept of franchising are expected to be completed in Q3.

Work Plan Activity Update

IR 1: Increased Adoption and Maintenance of Healthy Behaviours		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: 260 episodes were broadcast in Q2. Broadcasts are scheduled until May in the regions of Vohipeno, Sakaraha, Ankililoaka, and Manakara
	Conduct MVU sessions in rural areas	1	2	X	4	Postponed: MVU sessions were not undertaken in Q2 because this activity will be undertaken by an independent broadcasting agency in Q3
	Work with communication agency to diffuse MVU spots in 50 cities	1	2	X		Initiated: Recruitment of agency, development of materials and broadcast schedule were developed in Q2. MVU sessions conducted by the agency will be completed in Q3
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	Ongoing: PSI is in the process of recruiting a production agency for the design of communication tools (cartoons, brochures, pictures with characters from drama series)
	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	Postponed: Awaiting design finalization of communication tools
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 : PSI will develop a plan and strategy with MIKOLO in Q3. In Q2 PSI has collaborated on different activities related to model behaviors with MIKOLO by the awarding of 3550 water containers as prizes to model households. A first delivery of 300 were delivered in Q2. The remainder will be distributed in Q3/Q4
	In support of the overall HF communication activities, prepare pre-production of BCC tools (TBD)		2	3	4	Postponed: Awaiting the finalization of design of communication tools
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	Initiated: Under the joint MoU framework, PSI and the PC finalized the recruitment of a permanent Peace Corp Volunteer based at PSI/Madagascar's central office. The volunteer will begin work in mid April 2016
	Conduct quarterly meeting with US Peace Corps Volunteers to plan and monitor activities	1	2	3	4	See above update
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: In Q2, PSI participated in the CWG meeting held on Feb 17, 2016; next meeting is scheduled for May 11, 2016
	Participate in the Ministry of Health (MOH) Communication Subcommittee in BCC activities	1	2	3	4	Ongoing: PSI participated in the BCC immunization workshop on February 15, 2016 in Antsirabe (National Communication Strategy on Polio Vaccination and Routine Vaccination Communication) led by the MOH
	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 to produce an article on RDTs, which appeared in the Association des Pharmaciens de Madagascar magazine
pg.28	Develop and implement strategies for reaching traditional leaders (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	Ongoing : PSI is in the process of recruiting a consultant to develop communication strategies to reach traditional leaders.
	Implement strategies in 1 or 2 pilot areas			3	4	N/A

IR 1: Increased Adoption and Maintenance of Healthy Behaviours		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
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
	Participate in the regular FP Harmonization Working Group	1	2	3	4	Ongoing: Regular participation in scheduled meetings
	Participate in the regular Chlorhexidine and Misoprostol Technical Working Group	1	2	3	4	N/A: No meetings were scheduled in Q2
	Participate in H4+ (initiative of United Nations system organizations to improve Maternal and Child Health)	1	2	3	4	Ongoing: PSI participated in the H4+ presentation (Action Plan and Next Steps)
	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: In urban areas, in partnership with the Ministry of Youth and Ministry of Education, a competition of urban dance for 6,000 students from public high schools was organized on March 12, 2016. These activities aimed to promote early pregnancy prevention, delaying early marriage and other RH topics. PSI also provided RH services (HIV testing and counseling) during this event. In rural areas, in January 2016, sport events with awareness raising activities for rural youth were organized jointly with Mikolo in Ankilliloaka.
	Reinforce collaboration with Ministry of Youth (train 300 youth Peer Educators, sensitization sessions, peer exchanges, special events, etc)	1	2	3	4	Ongoing: Organization of Urban Dance (cf. above). In addition, a Training of Trainers was conducted by the Ministry of Youth on life skills for Communications Supervisors, Peer Educator Supervisors, and Interpersonal Communication Supervisors.
	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: 1,818 "Za ve" Radio spots and 180 "Za ve" TV spots supporting a delay in first birth to at least 18 years of age and a delaying in marriage were broadcast in February 2016
	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	Ongoing : In January 2016, sport events coupled with awareness raising events for rural youth were organized jointly with Mikolo in Ankilliloaka.
	Produce and disseminate communication materials to publicize youth-friendly services at public health centers and Top Réseau clinics		2	3	4	Initiated: IEC tools for Youth Peer Educators focusing on referrals to TR clinics, are currently being designed.
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: An MoU with Youth First Association has been signed focusing on how to engage youth clubs in voluntary FP promotion activities
pg.34	Prepare the market re-introduction of the Emergency Contraceptive (EC) in the pharmaceutical channel					
	Conduct Delta marketing session	1	X	X		Ongoing : The Delta Marketing process began in Q2 and will be finalized in Q3
	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 Confiance Press					
	Conduct Delta marketing session	1	X	X		Ongoing : The Delta Marketing process began in Q2 and will be finalized in Q3
	Develop packaging	1	2	3		N/A: Following PSI's global recommendations, Sayana Press will no longer be over branded
	Introduce and promote/create demand for new products including Confiance 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 areas					
	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: Broadcasts of 'Za Ve' spots occurred in February 2016
	Conduct FP MVU sessions in rural & urban areas	1	2	3	4	Ongoing: 24 FP MVU sessions were conducted in Q2

IR 1: Increased Adoption and Maintenance of Healthy Behaviours		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
	Produce promotional items for existing and new products	1	2	3	4	Ongoing : Production of goodies (wrist band, wallets, USB keys) for Tanora 100% and Yes with you condoms are on-going
pg.33	Continue supporting the YES with you youth condom and develop a scale-up strategy for urban youth	1	2	3	4	
	Organize small events in selected urban areas	1	2	3	4	Ongoing : Youth events called "smatching" (basketball challenge) were organized for students for private institutions of Antananarivo aiming to promote the prevention of early pregnancy, delayed marriage, and other RH topics, and to offer HIV screening services in advanced mobile strategies
	Broadcast radio and TV spot and place printed materials	1	2	3	4	Postponed: Given limited products that remain available and USAID's decision to not procure additional products this fiscal year as a result of limited resources, no broadcasting of YES with you spots were undertaken this quarter . PSI is currently strategizing to find another source of supply and to manage the current stock available.
	Produce and distribute the communication tools in the selected urban areas	1	2	3	4	Ongoing: The Yes with you billboards will be renewed until Q3.
	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	Postponed: The scale up has been postponed given limited products that remain available and USAID's decision to not procure additional products this fiscal year. PSI is currently strategizing to find another source of supply and to manage the current stock available.
pg.24	Evidence based BCC promoting FP including birth spacing and postpartum FP					
	Develop messages to promote postpartum FP for birth spacing	1	2			Completed: Booklet and leaflet have been developed
	Develop tools to promote postpartum FP for birth spacing (spot, print materials, etc.)		2	3		Initiated: Development of new TV and radio campaigns/tools have been initiated
	Produce, disseminate and broadcast tools and spots to promote postpartum FP for birth spacing		2	3	4	Initiated : Production of new campaign/tools will be completed in Q3, and broadcasting will begin in Q3 and continue in Q4.
	Continue supporting CHX 7.1% gel formulation at community level					
	Broadcast radio spots	1	2	3	4	Ongoing : 8,625 spots radio spots were broadcast during a community-based radio campaign was broadcast in March
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	X		Initiated: Design and development of posters and flyers are underway
	Adjust existing tools and artwork (spots, print materials, etc.) to include messages on cervical cancer prevention/screening services		2	3		Postponed: No previous tools on cervical cancer existed therefore, PSI is developing new tools for cervical cancer screening
	Produce, disseminate and broadcast tools and spots		2	3	4	Initiated: Posters, flyers and spots are currently being produced and will be disseminated in Q3.
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 exclusive breastfeeding were developed and promoted through songs created by traditional groups
	Produce and disseminate communications tools including T.V., radio, MVU sessions		2	3	4	Ongoing : TV campaigns promoting breastfeeding and colostrum were broadcasted
	Celebrate Breastfeeding Week involving public sector	1				Completed: During breastfeeding week (Dec 7-12 2015), PSI supported the Mohr 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: A new communication campaign was initiated to include TV and radio spots, posters, events, and promotional items. Recruitment of a communication agency is in progress. A meeting with USAID and partners is also planned in early April 2016 to organize and develop joint messaging for the handwashing campaign
	Broadcast and disseminate communications tools		2	3	4	Postponed: Tools will be broadcasted and disseminated in Q3 once development is complete
pg.27	Celebrate Mother and Child Health Week (SSME) involving public sector			3		N/A:
	Support rural Community Agent referral activities related to pneumonia and nutrition					
	Produce referral kits (job aids, pamphlets) for rural Community Agents		2	3		Postponed: Before developing referral kits for undernourished children, PSI will conduct a survey during the Week of Mother and Child (Q3) to determine the content of messages
	Organize small events to promote child health and child health services		2	X	4	Postponed: Until Q3

IR 1: Increased Adoption and Maintenance of Healthy Behaviours		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.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	Ongoing: The production of radio spots took place in Q2. CHW IPC and mid-media will be developed in Q3.
	Support the Ministry of Water, Sanitation and Hygiene in organizing workshops to develop the national strategic plan for hygiene promotion	1	2			On-going: PSI has participated in the H4+ workshop in March 2016. The validation workshop will be in Q3 and PSI will support the cost of this meeting
	Produce sensitization materials related to WASH for national risk and disaster management efforts	1	2			Completed: PSI provided previously produced DTK spots and Sur'Eau spots for airing by Bureau National de la Gestion des Risques et des Catastrophes
	Celebrate "World Days" related to WASH (World Water Day, World Hand washing with Soap Day, Latrine Use Day) involving public sector	1	2			Completed :Support provided to the MEA included: --Oct 14 -15 2015: "Handwashing with Soap Day" -- PSI support the morning radio talk show, provided promotional items --Nov 19 2015: "Latrine Use Day" --PSI supported by conducting MVU sessions --March 22 2016: "World Water Day" -- PSI distributed WASH kits in Tamatave II for 189 CSB and 24 TR centers, which included Atsinana, Vatomaniry, Mahanoro, Tamatave II, Tanambao Manampotsy, Marolambo, Brickaville regions
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: An MoU and signature ceremony with the Ministry of Education is planned for April 2016
	Develop appropriate messages and produce communication tools for pupils		2	3		Ongoing : Awaiting selection of communication agency for design and production of tools
	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	X	4	Postponed: The start of activities is awaiting the signing of the convention with the Ministry of Education, which has been postponed to early April 2016
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	X		Postponed : Awaiting selection of communication agency for design and production of tools
	Donate hygiene kits to public health centers and Top Réseau clinics for both staff and patient use		2	3		Ongoing : Distribution of kits completed in 24 TR centers in Atsinanana region during JME held on March 22.
	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 Sur'Eau tablets in Atsinanana, radio spots were produced and diffused into local dialects .
	Produce and disseminate printed materials and promotional items for CHWs and target audience		2	3	4	Ongoing: Scale up of Sur'Eau tablets undertaken in Vakinakaratra, Amoron'i Mania including sharing of tools such as posters, guide for PAs, and guides for ACs
	Organize events coupled with MVU sessions		2		4	Postponed to Q4
pg.34	In line with the new strategic orientations, continue promoting Sûr'Eau 150ml					
	Produce communication materials (spots, printed tools, promotional items)	1	2			Postponed: On standby until Sur'Eau 150 ml is available in sufficient stock
	Broadcast radio and TV spots and disseminated printed tools		2	3	4	Postponed Q3: On standby until Sur'Eau 150 ml is available in sufficient stock
pg.34	Continue supporting the distribution of Sûr'Eau 40ml at the community level in all MAHEFA areas					
	Broadcast messages on water treatment	1		3		Postponed : On Standby as Sur'Eau 40ml is being phased out to be replaced by Sur'Eau Pilana
	Promote the Sûr'Eau 40ml format using CHW IPC, media and mid-media channels		2		4	Postponed : On Standby as Sur'Eau 40ml is being phased out to be replaced by Sur'Eau Pilana
	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

IR 1: Increased Adoption and Maintenance of Healthy Behaviours		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.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 : Training has been completed with the Scouts. A joint event with the Scouts was organized during World Water Day held on March 22 in Tamatave
	Produce materials for sensitization	1	2	X		On-going: Development of sensitization tools are on going and will be completed in Q3
	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	Initiated: Collaboration with SQDA, Diorano Wash and scouts to identify criteria for label certification
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		2		Ongoing : A new communication campaign has been initiated with TV, radio components. The recruitment of communication agency is in progress; the production of visual and promotional materials are in progress.
	Broadcast TV and radio spots nationwide and disseminate other communication tools	1	2	3	4	Ongoing : Broadcasting of radio campaign took place in March 2016
pg.27	Celebrate World Pneumonia Day involving public sector	1				Completed: PSI provided Support the MOH through by broadcasting TV & radio campaigns as well as screening & broadcasting the Minister's speech
pg.29	Broadcast TV and Radio spots to increase knowledge and prevention of pneumonia					Ongoing : PSI broadcasted TV and radio spot in Q1 and we will broadcast again for Q3 during winter.
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	X		Postponed : dissemination is waiting for Pneumox product to arrive
	Broadcast TV and Radio spots for pneumonia treatment		2	3		Postponed : dissemination is waiting for Pneumox product to arrive
	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 : 51 TV Spots were broadcast on "Alimentation des Nourrissons et des Jeunes Enfants"/ "Nutrition de la Femme "
	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	Ongoing: Production of MNP communication tools for community health workers is in progress.
	Provide job aids related to nutrition activities (animation cards, bache alimentaire, etc) for CHWs located in zones with high chronic malnutrition rates	1	2	X		Ongoing: Production of MNP communication tools for community health workers in progress
pg.26	Develop and disseminate messages to refer malnourished children to CRENA's (Centres de Récupération et d'Education Nutritionnelle Ambulatoire)					
pg.26	Support the MOH and partner activities increasing polio campaign awareness through messaging					
	Broadcast messages on immunization through media channel	1	2	X		Ongoing: Following the MOH recommendations, broadcasting should be done only during campaigns, therefore broadcasting will be pushed to Q3. During the polio campaign in March, MVU did however work on announcing polio campaign to the public and PSI contributed financially to the Polio launch in Toamasina
	Link polio with hygiene and sanitation messaging (WASH activities)	1	2	X		Postponed: PSI will conduct an integrated campaign in Q3
pg.26	Coordinate with the MoH and Unicef to reinforce BCC activities on general immunization	1	2	3	4	On going : Participation in the vaccination workshop at Antsirabe in Q2
1.3 Malaria						
pg.25	Cross-Cutting Malaria 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					

IR 1: Increased Adoption and Maintenance of Healthy Behaviours		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
	Organize a round of workshops involving all the stakeholders to develop key messages and communication strategy	1	2			Completed: A workshop was conducted on the Fight against Malaria Communication Plan (Feb 16-18) to develop key messages and communication strategy
	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		Postponed: Awaiting the validated malaria communication plan
	Revise and print the malaria toolkit		2	3		Postponed: Awaiting the validated malaria communication plan to be validated in Q3
pg.27	Continue harmonizing malaria communications with other donor efforts through participation in meetings and coordination of communication activities with partners					Ongoing : PSI participated in the BCC Malaria Working group on Jan 21 2016 including sharing of experiences on BCC activities with partners ABT, Mahefa, USAID and PSI
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 : Participation in workshop for the finalization and validation of the communication plan organized by the MOH
	Malaria Prevention					
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	On-going : Messages after the MID campaign were broadcasted targeting "pregnant women and children under 5"
	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	Ongoing : PSI conducted post campaign pilot monitoring of distribution of LLINs in district of Vohipeno, including a review of local authority involvement
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	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	X		Postponed: Awaiting the validation of the National Communication Plan
	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		Postponed: Awaiting the validation of the National Communication Plan
	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			Completed: sensitization activities were conducted during the IRS campaign funded by GF (NSA2)
	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			3	4	N/A
	Produce and broadcast TV and radio spots to support the social marketing activity	1	2	3	4	Ongoing : New communication campaign is currently being designed for TV, radio
	Malaria Treatment					
pg.25	Artemisinin-based Combined Treatment (ACT) and Rapid Diagnostic Test (RDT) for malaria					

IR 1: Increased Adoption and Maintenance of Healthy Behaviours		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
	Adjust messages and communication strategy in line with the Global Malaria Communication plan developed with the stakeholders	1	2	X		Postponed : Waiting for the malaria communication plan to be approved
	Prepare and produce communication tools from the communication plan		2	3		Postponed : Waiting for the malaria communication plan to be approved
	Broadcast messages through media and mid-media channel and disseminate other communication tools		2	3	4	Postponed : Waiting for the malaria communication plan to be approved
	Produce certificates for CHWs who have completed their practicum to be able to provide RDT for malaria		2	3		Postponed to Q4 while awaiting the start of training for CHWs on RDTs financed by the New Funding Mechanism of GF

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 : Six new clinics were recruited this quarter, while PSI ended a contract with one clinic following the quality assessment , bringing the current number of Top Réseau clinics to 251. A mapping of existing clinics and intervention of other partners is ongoing and the expansion will be based on the mapping.
	Continue to upgrade clinics to conform to minimum standards in terms of infrastructure and equipment	1	2	3	4	Ongoing: The six new clinics were fully equipped and all the other clinics continued to receive equipment as needed over Q2.
	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		Initiated: 79 providers were trained on FP, 66 on long-term FP methods and 72 Top Réseau providers on IMCI including nutrition.
	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 : 14 Top Réseau providers from one site 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: 29 Top Réseau providers in Tamatave, Majunga, Antsirabe and Tanà benefited from individual coaching. Individual coaching meant to identify and update Top Réseau providers' needs were conducted after each training on "Financing your Medical Practice".
	Organize and facilitate meetings for sharing experiences, best practices, success stories between providers		2	3	4	Ongoing: Sharing experiences between Top Réseau providers in Tanà were conducted on March, 9th. The session was focused on the use of loans and use of software to ease use of basic accounting tools. A success story of one Top Réseau provider was shared to all providers via the Top réseau newsletter.
	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: Agreements were developed with 2 equipment suppliers HOSPITEQ and IEM. HOSPITEQ and IEM accepted to give a 3 to 12 months delay in payment for Top Réseau providers who purchase medical equipment.
	Explore solutions, including developing new partnerships, to increase loan application	1	2	3	4	Ongoing: Access Banque Agency in Mahajanga was invited during the refresher training to present their loan product. No loans were yet generated in Q2
	Monitor and track loans to Top Réseau providers	1	2	3	4	Ongoing: One loan was disbursed by Microcred for one Top Réseau provider in Tamatave to expand her medical office space
pg.31	Support the development of tablet based client data collection					
	Continue tablet-based data collection pilot with 42 providers for client data collection	1	2	3		Ongoing: Data collection and analysis on tablets are now fully functioning
	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	Initiated: A first draft of Service Delivery results and Supervision data (# Supervisions conducted by supervisor and by theme) are available in DHIS 2.
	Monitor use of the system and the dashboard and continue to improve and upgrade as needed	1	2	3	4	Ongoing: Dashboard improvement and interpretation are ongoing
	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			Completed: Skills for transferring data between Datawinners and DHIS were shared by the HNI team during 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			Completed : A capacity building session was held on how to fill in the database, to read and to use the dashboard for 11 medical supervisors during the on site refresher training
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		Ongoing: 38 providers in 4 regions (Tamatave, Majunga, Antsirabe and Tanà) received refresher trainings during this quarter.

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 train rural and urban providers in business management	1	2	3		Ongoing: Training plan was developed in Q2.
	Finalize a sustainable business model for providers in collaboration with International Center for Social Franchising (ICSF)	1	2	X		Initiated: Eight Top Réseau providers were identified to test the business model developed with ICSF.
	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. 27 providers received coaching in business management. The eight Top Réseau providers will receive specific coaching based on the new business model in Q3.
	Train Top Réseau providers in financial analysis		2	3	4	Initiated: Selection criteria and training plan were developed. The training will be planned as of Q3.
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			Completed : Providers in urban and rural areas were selected for training on cervical cancer, and permanent method. The training will be carried out in Q3 and Q4
	Train 100 urban and 20 rural Top Réseau providers on chronic malnutrition and MNP		2	3	4	Ongoing: 80 Urban Top Réseau providers were trained on chronic malnutrition and MNP. Rural providers will be trained in Q3
	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 : 21 rural and 2 urban Top Réseau providers were trained on FP services (Jadelle, Implant NXT)
	Conduct refresher training on Youth Friendly Services for urban and rural Top Réseau providers	1	2	3		Ongoing: 32 Top Réseau providers received refresher training on Youth-Friendly services this quarter
	Conduct refresh training on new products of Implant NXT and Jadelle for urban and rural Top Réseau providers	1	2			Completed: 66 urban Top Réseau providers received refresher training on new products of Implants NXT and Jadelle
	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	Completed: 68 Top Réseau providers were supervised on Fever Case Management
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			Completed: Cervical cancer QA tools were based on the curricula from the MoH.
	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: This is a routine activity
	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			Ongoing: The QA team conducted supervision of supervisors (11 on general QA, 3 on IMCI and 3 medical supervisions on FP/RH).
	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: 371 supportive supervision visits for all health areas were conducted this quarter. Emphasis on supporting providers on the implementation 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)					

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 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 with health professionals (doctors, nurses, midwives, and pharmacists)
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: This is a routine activity
pg.32	Invest in provider motivation, supportive supervision and provider focused communication					
	Reward the best providers in terms of quality, using non-monetary incentives, at regional (biannual) and national (annual) levels	1				Completed: Based on the evaluation results, one meeting for each Top Réseau region was conducted 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: This is a routine activity
	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 : 6 exchange meetings among Top Réseau providers were conducted this quarter. This was an occasion to strengthen the collaboration and to analyse 2015 results and to present the plans for 2016.
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 GBV 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: Majunga was identified to be the urban site for GBV scale up. Three Top Réseau providers who were identified, expressed their interest and were selected. For the rural site, the identification will be continued for the next quarter with site visits. Training is scheduled in Q3.
	Inform IPC agents (urban youth peer educators and WHP funded FP counselors) on GBV referral activities	1	2	3	4	Ongoing: 22 peer educators from 3 sites were informed on GBV referral system in their localities.
	Develop tools (job aids, leaflet, mapping, and tools for follow-up activities) and key means of mainstreaming GBV case management and referral	1	2			Completed: Job aids for Top Réseau providers, leaflets, mapping of interventions and tools for referral and counterreferral were developed with ENDA OI.
	Supervise the GBV case management activities in Tana and in other selected urban and rural Top Réseau clinics.	1	2	3	4	Ongoing : 39 survivors were received by Top Réseau providers in Tana. For the other urban and rural area, the training of Top Réseau from these areas is planned for next quarter.
	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 : The GBV referral system was documented, and implemented.
	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 marketing plan for Top Réseau is under finalization.
	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: No events for RH/FP occurred in Q2

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. 86,280 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				Completed
	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: This is a routine activity
	Continue to develop and provide TR clinic and FP brochures for IPC agents to distribute to clients	1	2	3	4	Ongoing: This is a routine activity
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 : 348 sessions of supportive supervision for Youth peer educators were conducted.
pg.28	Supervise the rural community agents from SAF & SALFA in BCC innovative techniques (ETL technique)	1	2	3	4	Ongoing: This is a routine activity
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 : Seven 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 continues collaboration and support to the ONM. This quarter, through the support to the development of ONM newsletter, PSI sensitizes health providers on the systematic use of RDT in case of fever.
	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. This quarter, PSI undertook the planning and worked on preparation of the events organized with the CROM planned for beginning of April and May.
	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	Postponed : The exchange meeting among listeners will be organized with all stakeholders in charge of GBV case management, with ENDA OI and the 17 associations for the Q3 period as the Q2 activities were related to the finalization of the tools for the referral system.
	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				Completed: The integration of Top Réseau key message with 321 Tolotra Mandroso was completed in Q2.
	Promote Top Réseau services with 321 Mandroso events and communication supports		2	3	4	Initiated : Top Réseau Family Planning services is promoted with 321 Mandroso. The next step is to inform the target group on the availability of the 321 Mandroso. Other messages on Top Réseau integrated services will be developed during the next quarter

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				Completed. The e-voucher system improvement was completed during this quarter. The update focused on reducing the number of codes in the electronic coupon, improving the control system and validation on the web based e-voucher application.
	Ensure integration of the voucher system with the actual tablet based data collection		2	3		Ongoing. The design of the application was discussed between the technical teams from HNI and PSI.
	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	X		Ongoing: Contracts with Orange and Telma are being established.
pg.32	Conduct pilot phase for mutual insurance (demand-side financing) in 2 Top Réseau zones					
	Start of insurance coverage	1				Ongoing: Insurance coverage has started. The MoU with 2 Top Réseau clinics and the microfinance institution OTIV Harena were signed. The collaboration will be expanded in the region of SAVA with the selection of additional clinics. MoU with other microfinance institution were developed. Signature is scheduled for the beginning of April.
	Conduct periodic meeting for group managers		2	3		Ongoing: A meeting with group managers was conducted in March to discuss the new scheme of payment.
	Explore innovative solutions to enhance household group capacity to pay premium		2	3	4	Ongoing: PSI and BG explored new associations who can help with premium payments. Meetings with 2 local associations were conducted in March to discuss their possible support on premium payment.
	Monitor the insurance coverage (monthly payment, respect of ground rules of the association and MOU with the mutual organization)	1	2	X		Postponed: This will be rescheduled in Q3 due to the delay in the implementation of the microinsurance MoU
	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				Completed: Fianarantsoa region was identified for this mechanism.
	Conduct health savings mechanism for sites without mutual organization		2	3		Ongoing: The health saving mechanism will be conducted in collaboration with a local association called MADA BEMIRAY and a Top Réseau provider who already served in two rural Fokontany.
	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	Initiated: Two medical doctors from the public sector visited Top Réseau urban and rural clinics in Antsirabe.
	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			Completed: Meetings with the Head of Health District and the Head of Family Health at the MoH were conducted to discuss the collaboration on Quality assurance/quality improvement and the concept of the collaboration, mainly franchising public CSBs.
	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		Ongoing: A workshop was conducted in March to engage MOH technical medical staff in quality improvement and to discuss QA system for Top Réseau
	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	Ongoing: Different meetings with MoH were conducted to discuss and to finalize the concept of franchising public sector facilities. A coordination meeting with MSM was conducted in March for sharing experiences, best practices and to coordinate the geographical area of intervention
	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	Ongoing. Concept note was developed and will be shared with MoH for final approval. List of selected CSBs will be finalized next Quarter.

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
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: 1,794,919 (45%) units of Pilplan, 1,144,571 (51%) units of Confiance, 2,492 (62%) units of Implanon, 376 (68%) of Jadelle, 8,131 (39%) units of IUDs and 10,722 (46%) 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: Consumables were received in January 2016 and distribution began in February 2016. 509,943 consumables have thus far been distributed.
	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
	Once AMM is obtained, begin promotion and distribution of Confiance Press			3	4	Ongoing: 148,202 doses of Sayanna press were distributed in MIKOLO and MAHEFA zones.
pg.34	Introduce a new emergency contraceptive branded <i>Unipil</i>					
	Procure 50,000 units of emergency contraceptive products (Unipil)	1	2	3		Ongoing: HRA Pharma will procure 12,480 units, which are expected to arrive in Q3. The remaining balance (37,520 units) will be procured in FY17
	Secure AMM for emergency contraceptive			3	4	N/A : According to HRA's recommendation, overbranding Emergency Contraceptive will not be accepted (as per USAID's email on Jan 26th 2016)
	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				Completed : The city of Tamatave I was identified for the extension of " YES with you"
	Distribute 1,136,700 "YES with you" condoms through wholesalers in urban sites	1	2	3	4	Ongoing: 283,950 "YES with you " condoms have been distributed in Tana; Distribution in the scale-up city of Tamatave have been delayed due to the uncertainty of future "YES with you" condom procurements
	Develop market for new "YES with you" products (vanilla and banana scented) and work on obtaining AMM	1	2	3	4	Postponed: PSI has been informed that the procurement of new scented "YES with you" products will not be possible within the FY 2016 fiscal year
	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: 77,106 Arofoitra were distributed at Supply points and Community Relay Supply Points. CHW received 5 units of Arofoitra as a starter stock.
Child Survival						
pg.34	Continue to promote ViaSur and HydraZinc-branded Diarrhea Treatment Kits (DTK)					
	Distribute 392,841 DTKs (185,992 Viasur / 206,849 HydraZinc)	1	2	3	4	Ongoing: 88,472 Viasur kits and 141,032 Hydrazinc kits were distributed to date. Given the current batch of Hydrazinc is set to expire in December 2016, PSI has exerted additional efforts to fully distribute the remaining batch to wholesalers to allow them to have more time for distribution to retailers.

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 generic DTKs donated by USAID					
	Donate generic ORS / Zinc to the MOH and BNGRC (Bureau National de Gestion des Risques et des Catastrophes) to respond to natural disasters		2			Completed: 144,000 ORS/Zinc kits were donated to the MOH.
	Distribute remaining 223,991 ORS / Zinc donated by USAID to PAs in MAHEFA zones		2	3		Ongoing: 27,150 ORS/Zinc kits were distributed in MAHEFA and ex Santénet 2 zones and will be continued in Q3/Q4 for a total of 102,000 ORS/Zinc for the year.
pg.34	Promote and scale up household water treatment products for both community-based distribution and commercial channel					
	Distribute 11,125,800 Sur'Eau Pilina tablets in the Atsinanana region and progressively scale-up throughout all MIKOLO zones	1	2	3	4	Ongoing: 2,149,600 Sur' Eau Pilina tablets were distributed. Progressive scale-up in Vakinankaratra, Amoron'i Mania, Haute Matsiatra, Atsimo Andrefana was conducted and will be continued in all MIKOLO zones in Q3 and Q4.
	Distribute 348,300 bottles of Sûr'Eau 40ml in MAHEFA and ex SanteNet2 zones through community based distribution	1	2	3	4	Ongoing: 208,157 bottles of Sur'Eau 40 ml were distributed in the zones outside of Sur'Eau Pilina
	Distribute 1,679,528 bottles of cost recovery Sûr'Eau 150ml through the commercial channel	1	2	3	4	Ongoing: 1,095,438 bottles of Sur'Eau 150 ml were distributed. Market demand continued to be high despite the price increase in Q1.
	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	Completed: All WASH kits for Atsinanana region were delivered during this period. Official donation ceremony was conducted with USAID and MOH representative on March, 22 during the World Water Day in Tamatave.
	Identify and promote WASH activities (water treatment, hand washing with soap, and latrine use) at 3 public primary schools	1	2	3	4	Ongoing: A partnership convention with the Ministry of Education was signed on April 18th before implementing this activity at school level. Several communication and promotion tools have been produced and will be distributed at the school level in Q3/Q4.
pg.35	Promote Pneumonia Prepackaged Treatment (PPT) through the community-based distribution channel					
	Distribute remaining 240,033 PPT tablets prior to the arrival of Amoxicillin DT products (586,000 blisters expected in February 2016)	1	2			Ongoing: 111,793 PPT tablets were distributed. Distribution of Pneumox, Amoxicillin DT products will begin once remaining stock of PPT tablets are depleted.
	Work on obtaining AMM for Amoxicillin DT (through Salama collaboration)	1	2			Ongoing: SALAMA is awaiting for the official notification on the AMM from the DAM. The products are already authorised for shipment and will be in the country in the middle or the end of April.
	In partnership with MAHEFA, organize TOT for heads of CSBs to inform correct use of the new molecule (Amoxicillin DT)	1	2	3		Ongoing: The TOT will be planned and conducted directly with the DSFa/DPLMT (MOH) team in Q3 as the Mahefa project is ending.
	Organize TOT for MIKOLO trainers to inform correct use of the new molecule (Amoxicillin DT)	1	2	3		Ongoing: Mikolo will conduct all of the TOTs planned with PSI and MOH. PSI will insure the availability of Pneumox (starting stocks) during the CHWs training following the TOT.
	Distribute 168,000 Amoxicillin DT through the community-based channel			3	4	N/A
	Implement pharmaco 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 launched in January and expected to arrive in July.
	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	X		Postponed: until Q3/Q4 depending on the arrival of the product. PSI is working closely with MOH and ONN to update training tools during Q3.
	Supervise CHW training on MNP and post-training follow-up		2	X	4	Postponed: until Q3/Q4 depending on product arrival. PSI is working closely with MOH and ONN to update training tools during Q3.

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 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 launched in January and expected to arrive in July.
	Distribute 6,773 boxes of MNP through urban and rural TR clinics			3	4	N/A
	Introduce MNP through pharmaceutical channel					
	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 launched in January and expected to arrive in July.
	Train pharmacists and sales staff on MNP		2	X		Postponed: until Q3/Q4 depending on product arrival.
	Distribute 22,654 boxes of MNP through the pharmaceutical channel			3	4	N/A
pg.39	Malaria					
	Distribute socially marketed LLINs (174,996 Supermoustiquaire for FY16)			3	4	Ongoing: 23,401 Super Moustiquaire distributed in March as the product arrived before the estimated date.
	Conduct preparation activities for distribution of 81,250 "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 request of emergency LLINs during this quarter
	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: 3,126,840 Protector Plus and 7,113 Feeling were distributed to date. Low distribution of Protector Plus due to stock situation and demands were not satisfied; product procurement is awaiting USAID decision.
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 was completed and results were disseminated by research team.
	Scale up new community-based distribution system (pending results from the pilot evaluation)		2	3		Ongoing: Progressive scale-up in 4 new regions of Diana, Vakinankaratra, Amoron'i Mania, Atsimo Adrefana and district of Miandrivazo was conducted in February 2016. The next scale up phase will be begin at the end of April, followed by the remaining regions by the end of June.
	Engage new PAs (continuous activity as existing PAs sometimes need to be replaced)	1	2	3	4	Ongoing: New PA community relays were identified in the regions covered by the new distribution model.
	Training of PA, PARC in supply chain management (SCM)	1	2			Ongoing: 282 PAs and PARC (PA Relay community) in the extension zone of new distribution strategy received additional training on supply chain management
pg.37	Reproduce and provide management tools to PAs	1	2	3	4	Ongoing: This is a routine activity
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: Systematic data collection using tablettes began in January 2016.
	Organize quarterly coordination meeting with MIKOLO and MAHEFA to find solutions and minimize stock-outs	1	2	3	4	Completed: Coordination meeting conducted in 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: This is a routine activity. Both the old and new distribution models are currently being implemented while awaiting national scale-up of new model.
pg.37	Distribute IEC and promotional materials to PAs	1	2	3	4	Ongoing: Sur'Eau Pilina IEC materials were distributed in Vakinankaratra, Amoron'i Mania and Haute Matsiatra and will be continued in the other regions.

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.37	Train community PAs and PARCs in financial and business management					
	Identify PAs & PARCs to be trained	1	2	3	4	On-going: 14 PARCs were visited - 7 in Sofia and 7 in Haute-Matsiatra/Ihorombe Activities : Collect information on IGA of each PARC visited, their management practices and their training or coaching needs on financial and business coaching
	Conduct TOT for PSI trainers on the revised curriculum of simplified accounting and the utilization of simplified management tools	1				On-going: 1 TOT conducted in Fianarantsoa. 1 FPS trained Based on the results of the evaluation (conducted by the PSI Research Team), Banyan Global has developed in Q2 a training module of Simplified Accounting to allow PARCs to calculate their profit with PSI activities and for their whole IGA activities. ToT will be delivered for additional PSI/FPS according to PSI's training session planning
	Train community PAs & PARCs in MIKOLO and MAHEFA zones	1	2	3	4	On-going: 11 PARCs trained - 6 in Sofia and 5 in Haute-Matsiatra/Ihorombe
	Conduct monitoring and technical assistance to ensure simplified accounting record keeping	1	2	3	4	Postponed: It was planned that the training of SPDs would be conducted during the distribution workshop scheduled for February 2016, which was later postponed.
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 : 11 IGA projects for PARC identified - 6 in Haute-Matsiatra/Ihorombe and 5 in Sofia. These projects are under feasibility study for the development of business plans.
	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 : 4 business plans (in Haute-Matsiatra/Ihorombe) were validated with the concerned PARC. Next steps include: a) Search funding or financial partners for 3 of these 4 projects IGA and b) Search for business partners for these IGG 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: This is a routine activity
	Explore new partnerships with private sector distributors to improve coverage of commercial products	1				Postponed: PSI has identified potential partners for collaboration but it will not be effective until the procurement of commercial products is sufficient to cover the whole market
	Recruit a commercial Distribution Excellence Group (DEG) to be implemented in Tananarive and Tamatave	1	2			Completed: Recruitment of DEG members was completed. The DEG approach should be implemented in Q3.
p36.	Enhance the pharmaceutical distribution channel					
	Continue to work with Niphar for packaging and invoicing products to wholesalers	1	2	3	4	Ongoing: This is a routine activity
	Continue to work with certified wholesalers for pharmaceutical product distribution	1	2	3	4	Ongoing: This is a routine activity
	Continue to identify new pharmaceutical distributors	1	2	3	4	Ongoing: 4 new pharmaceutical distributors were identified
	Recruit a pharmaceutical Distribution Excellence Group (DEG) to be implemented in Tananarive and Tamatave	1	2	3	4	Completed: Recruitment of DEG members was completed. The DEG approach should be implemented in Q3.
	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: Revised strategy was submitted to USAID on March 14, 2016. Awaiting their feedback/approval
	Finalize commodity distribution plan for all USAID-supported FP commodities	1				Completed: Revised strategy for both Confiance and Pilplan were submitted to USAID on March 14, 2016. Awaiting their feedback/approval
	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: Supervisors are enforcing supervision of PAs on monthly basis and carefully monitoring management tools to ensure compliance with leakage mitigation plans. Ur of each CHW are now mentioned on the management tools and CHW's orders should correspond to the UR numbers. These are verified during PSI supervision visits
	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: UR information was collected from MIKOLO and MAHEFA. Products distribution were based on UR.

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
	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 is requiring that all wholesalers report quantities distributed to each individual pharmacy and drug store. PSI has also conducted a small survey with wholesalers to identify their challenges, barriers, and motivations for submitting reports each month in an attempt to devise solutions to increase reporting rates
	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: Awareness raising by PSI's medical detailers, trainers and promoters are underway
	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	A meeting with the DSV is scheduled on April 27th to prepare this workshop with the Ministry of Livestock
	Conduct workshop/advocacy meetings and joint supervision activities with stakeholders including Ministry of Livestock to raise awareness of this issue	1	2	3	4	See above
	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 discussions on this topic was undertaken during the workshop conducted by Deliver. PSI will work with the MOH to obtain this authorization
	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	X		Initiated: The study design will be initiated in early May and will be finalized in mid-May. Data collection is planned in June.
	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	Postponed: Awaiting results of the porcine market research.
	Explore idea of piloting pricing strategies to deter non-FP clients, including providing vouchers to FP clients	1	2	X		Ongoing: Strategy was initiated, though pricing study/willingness to pay will be conducted in Q3
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: This is a routine activity
	Conduct integrated supervision for all channels by PSI staff, including program, support and operational teams (Market Impact Team: MIT)	1		3		Ongoing: Several supervision visits were conducted by PSI's senior management team.
	Conduct quarterly integrated field supervision activities with partners	1	2	3	4	Ongoing: Join supervision with MAHEFA, Deliver, MOH conducted in Majunga in February 2016.
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 are 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: Completed for the new extension zones and will continued in Q3 for remaining zones
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 a logistics committee and UTGL (Unité 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)	X	2		X	Completed: All distribution staff attended a workshop in December 2015 to review key distribution issues and train staff on new community based distribution model including data collection using tablets. Another workshop is planned in Q4 once the model model is scaled up across all regions
	Create new distribution incentive for staff motivation	1	2	X		Postponed: Will be initiated in Q3

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.37	Upgrade storage conditions and procedures at PSI warehouses					
	Update warehouse policy and procedures	1	X	X	X	Ongoing: First draft of warehouse policy and procedures before will be completed in Q3 and validated in Q4.
	Install required equipment (air conditioning, generators, security measures, & smoke detectors) as necessary	1	X	X	X	Ongoing: 90% of air-conditionners and generators have been purchased and installed. Smoke detectors and security equipment will be purchased in Q3 and installed in Q4
	Complete repairs and renovations to warehouses	1	X			Completed: All repairs and renovations planned in Q1 have been completed
3.3 Malaria Mass Campaigns & Continuous Distribution						
pg.39	PMI Malaria LLIN Mass Campaign Activities in 51 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					
	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 (12 districts)
	Distribution of 6,340,850 LLINs in 51 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	X		Postponed: Logistics data (positioning and distribution) will be available as of Q3. Waiting for community communication data which are being verified with the SR/NMCP. The final report will be completed in Q3
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	Completed : Continuous distribution (CD) draft guidelines were validated with key partners in March 2016
	Organize stakeholders' orientation & planning meeting & conduct training of oversight/supervisory committee		2	3	4	Ongoing : The training curriculum, monitoring tools are being developed and produced. The orientation will be conducted in Q3.
	Harmonize coordination between all partners involved in CD (ANC, Programme Elargi de Vaccination (PEV), social marketing, community)		2	3	4	Ongoing: Fields visits are planned with key partners in Q3 to ensure coordination and harmonization
	TA recruitment at districts		2	3	4	Ongoing: The TDRs are being validated and the recruitment process will be launched in Q3
	Produce logistics management tools and M&E tools		2	3	4	Ongoing: The production will be completed in Q3
	Training on logistic, BCC, M&E activities at central and regional levels on CD activities (regions, districts, communes, community)		2	3	4	Ongoing : The training curriculum and monitoring tools are in the process of being developed and produced. The orientation will be conducted in Q3.
pg.39	Ensure logistics: transport, warehousing & supply chain at each level (central, district, communes)					
	Monitor and supervise transport and storage of 81,250 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	X		Ongoing: Pricing strategies for condoms (YES with you , Protector Plus) and household water treatment products (Sur'Eau 150, Sur'Eau Pilina) were analyzed during this period. PSI is in the process of developing strategic recommendations and will inform USAID of proposed strategies. Pricing strategies for the remaining products will be analyzed in Q3

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
	In partnership with bilateral partners (MIKOLO & MAHEFA), identify community-based products that require revised pricing and adjust accordingly	1	2	X		Ongoing: Pricing of Sayanna press was aligned with Confiance after stakeholders and partners decisions. Remaining community based products will be reviewed and discussed with partners in Q3
	Identify pharmaceutical and commercial products that require revised pricing and adjust accordingly	1	2			Study on pricing of Confiance and Pilplan is in preparation by research department. Pricing strategies and strategic recommendations for condoms and water treatment products are under developed and will be further detailed in Q3

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		Ongoing : The study design was finalized in March. Data collection started the fourth week of March and lasted for 18 days. The internal oral presentation is planned by the end of May and the final report will be completed in June.
	Pretest of radio, TV spots and printed IEC materials for Malaria activities		2	3	4	Ongoing: Waiting for tools to be developed before pretesting can begin
	Pretest of IEC materials related to breastfeeding as an effective method to prevent against malnutrition, pneumonia and diarrhea		2	3		Ongoing: Waiting for tools to be developed before pretesting can begin
	Pretest of sensitization materials related to WASH	1	2		X	Postponed to Q4 as the material are not yet ready for pretesting
	Evaluate the effectiveness of the GBV referral system	1	2	X	X	Initiated: The study design was drafted and sent to the PSI Regional Researcher and the ICRW "International Center for Research on Women" for their review. This is determined as research and will be presented to the local ethics board for approval on the 8th of June. The ethical approval letter is expected by the end of June and the data collection will be implemented in July. The report and internal presentation are planned for August
	Evaluate the Healthy Image of Manhood (HIM) campaign	1				Completed : Data collection was completed in November 2015 and the internal oral presentation was conducted on the 7th of January 2016. The PPT presentation was included in the Q1 FY16 report.
	Evaluate the pilot phase of the new community based distribution system	1				Ongoing: The internal oral presentation was completed in February 2016. The report will be finalized in April. The results will be disseminated in May to USAID and partners.
	Evaluate the scaling up phase of the new community based distribution system				4	N/A
	Evaluate the impact of the Healthy Family Campaign		2		X	Posponed: The healthy family tool will be ready in Q3. The impact study will be completed in Q4
	Formative study on emergency contraception			3	4	Initiated: The research brief has been drafted. The study will be implemented by an external agency. The procurement process to recruit this agency is ongoing. Data collection is planned in July.
pg.46	Quantitative Research					
	Audience research among the Top Réseau franchise network clients to identify which quintile the Top Réseau network is serving	1				Completed: The data collection and data analysis has been completed. The results have been shared with the Top Réseau and ICSF teams with the aim to elaborate strategies for the social franchise program. The report is being validated with the Regional Researcher and will be available in the Q3 FY16 report.
	Client Satisfaction Survey			3		Postponed: The program team needs time to implement new programmatic remedial action after the audience profile study conducted in Q1 FY16. This study will be postponed to Q1 FY17.
	Evaluate the pilot phase of the new community based distribution system	1				Ongoing: The internal oral presentation was completed in February 2016. The report will be finalized in April. The results will be disseminated in May to USAID and partners.
	Net Durability Study 24 months after mass campaign distribution in 2013	1				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 (bio-efficacy analysis) were sent to Institut Pasteur of Madagascar. Analysis is expected to be completed in August. The report on net survivorship and fabric integrity components will be available in Q3 FY16 report.
	Net Durability Study 3-6 months after mass campaign distribution in October 2015			3		Ongoing: Data collection was undertaken in February, March and April in four sites where there were mass campaign distribution of Permanet 2.0. Data cleaning and analysis will be undertaken in May and preliminary results will be available in Q3 FY16 report.
	Net Durability Study 12 months after mass campaign distribution in October 2015				4	N/A
	Malaria Indicator Survey 2016 Study (partially covered by NSA)		2	3		Ongoing: Census started during the fourth week of March for a duration of 42 days. The main training will be conducted in April. Data collection will be implemented from the fourth week of April to the end of June. Preliminary results will be expected in August.

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
	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 survey. Results were presented internally in February. The report will be finalized in April and will be available in the Q3 FY16 report.
	Strategy to minimize Depo-Provera leakages: Porcine market and mystery clients		2	3	X	Initiated: The study will be outsourced. The procurement process is ongoing. The agency will be identified as of mid April. The study protocol will be drafted and will be finalized by the end of May. Field work will be done in June and the report will be finalized by the end of July.
	Conduct dissemination workshops/meetings with partners for select research studies	1	2	3	4	The first polio study conducted on September 2015 was presented to partners including WHO, UNICEF, USAID, CDC and MoH. The results on the assessment of the pilot phase of the new distribution system will be presented to USAID by the end of April. The same study and the TRaC FP study will be disseminated to partners in May
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	X	X	Ongoing: The following data collection efforts were implemented during the reporting period: stock tracking at warehouse level for distribution, training reports for the Top Reseau team, MVU data collection. This activity will continue until Q4.
	Develop specific data collection tools through DHIS 2 (regional stock tracking, PSI supervision, etc.)		2		4	Completed for Q2: Regional warehouse tracking was implemented. The use of the supervision tools for providers was strengthened.
	Adapt database management system based on revised data collection tools (if needed)		2		4	Completed for Q2: The data collection system for service delivery has been updated to capture data on availability of client insurance and Gender Based Violence.
	Conduct external MIS audit to ensure alignment with quality standards			3		N/A
	Develop new data collection tool for MVU teams using tablets	1	2			Completed: DHIS 2 is now configured to collect data from the Mobile Video Unit teams
	Progressively scale-up data collection via tablets for distribution staff during supervision visits	1	2			Completed: Data collection for distribution using tablets is now operational using DHIS 2. Reports are available weekly for activities tracking and decision making.
	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	Ongoing: Routine data quality assessments were completed for Antsirabe, Diégo, Tuléar, Tamatave and Majungà
	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	Ongoing: Different models of DHIS 2 dashboards are now available. The next step is the training of data users on how to read and make decisions based on these dashboards.
	Develop an internal and external data dissemination system (bulletin board, flyers, intranet)		2	X	X	Initiated: Monthly reports are shared periodically. Other dissemination systems (internal and external) will be developed in the coming quarters such fact sheets, newsletter
	Improve the data archiving system at central and regional levels		2	X		Initiated: The identification of needs was carried out with the regional team. The implementation will be in Q3.
	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	X		Postponed: The training will be carried over into Q3.
	Conduct field capacity building activities for PSI staff		2		4	Completed for Q2: The MIS team conducted field capacity building in all regional offices.
	Strengthen M&E activities for LLIN Mass Campaign and LLIN Continue Distribution					
	Conduct a data quality assessment of the MID Campaign		2	3		Ongoing: Data verification of the MID campaign was carried out, and the final data on LLINs distributed are available. The next quarter will be focused on data verification related to BCC and Hang Up activities

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
	Organize a workshop for MID Campaign evaluation		2	X		Postponed: This activity will be postponed pending coordination with the national program and the availability of BCC and Hang Up Data
	Conduct quarterly field supervisions related to LLIN Continuous Distribution activities (data quality check, supportive supervision)		2	3	4	Initiated. The strategy of LLIN continuous distribution was validated in Q2. The quarterly supervision will begin in Q3
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 : 2 supervisors and 22 peer educators from 3 sites were trained to enhance their capacity in implementing the HIM approach with the integration of new topics on early child marriage, adolescent pregnancy prevention and the increase of FP use and health services, GBV prevention, Gender and STI, Gender and HIV through the development of a training curricula.
	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	X		Ongoing : 22 peer educators were trained to implement HIM approach. Training curricula to address early marriage, adolescent pregnancy prevention, and increasing access to FP and health care services, GBV prevention, Gender and STI, Gender and HIV were developed during this period. Peer educators from 3 other sites will be trained for the next quarter (Fianarantsoa, Fort-Dauphin and Tamatave)
	Conduct follow-up on HIM implementation	1	2	3	4	Ongoing : The follow up activities on HIM implementation were conducted with 3 sites (Tulear, Diego and Majunga)
	Document lessons learned, best practices and case studies from the implementation of HIM in different regions		2		4	Completed for Q2: Lessons learned and best practices on the implementation of HIM approaches are available through 3 sites visits as mentionned above.
	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/EC outputs and PSI training curricula	1	2	3	4	Ongoing : The Gender Coordinator and the Maternal and Child Health Specialist from IntraHealth International collaborated to enhance gender perspective in developing key messages to be integrated in PSI training manual for Top Reseau providers to ensure male involvement in maternal, neonatal, and child health.
	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 : PSI/IntraHealth International participated in different meetings organized by the Ministry of Population to finalize the National Action Plan on Gender and Development (PANAGED), participate also in the Celebration of the International Women's day held in Diego on March 6 - 8 2016 and was among the pannelists to debate gender issues related to reproductive health and family planning with young people in Diego.
	General/International travel					
	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		Ongoing: PSI/Madagascar will receive financial/accounting support from the Program Manager in April 2016
	Technical assistance from PSI/W or regional staff with a product portfolio review (marketing Ps; repositioning of brands/products, etc.)		2	X		Completed: PSI/Madagascar received programmatic, strategic planning support from the Director of Malaria/Child Survival (January 2016) and the Senior Nutrition Advisor (February 2016) during this quarter. Objectives were to provide an assessment of our existing Malaria/ Child Survival portfolios and develop strategic recommendations to guide future activities. Both staff members also visited USAID to better understand USAID's vision within these respective health areas.

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
	Participation in international conference/ training / capacity building sessions for FP/WASH/Nutrition/MAL	1	X	3		Three PSI Staff members attended the International Conference on Family Planning in January 2016 and presented abstracts that were accepted
	Technical assistance (2 trips) from Banyan Global's DC based program manager to monitor implementation of BG's work plan	1		3		N/A
	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		N/A
	IntraHealth participation in International FP Conference in Nusa Dua, Indonesia	1				Completed :IntraHealth International participated in the International Conference on Family Planning held in Nusa Dua Indonesia on January 25 to 28, 2016 and presented the abstract on the implementation of the Healthy Images of Manhood (HIM) approach for family planning uptake in Madagascar during an oral presentation.
	Program management from the IntraHealth Program Manager (support to team, follow up with the quality database/dashboard consultant)		2		4	On going: On-going support has been provided from the IntraHealth Program Manager to the team in terms of follow up with quality database/dashboard
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: Detailed update provided in EMMR

Annex A:
Results Framework Including Quaterly 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	FY16	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	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	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	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	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	N/A	34.2%	N/A	N/A	40.2%	5 years

Quarterly Reports Results Framework
ISM Program

PSI/Madagascar (2013-2017)

2-Outcome Level Indicator

Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline		FY13 Achievement FY13	FY14 Achievement FY14	FY15 Achievement FY15	FY16 Quarterly Achievement Jan-Mar	FY16 Achievement FY16	FY16 Target FY16	FY16 Achievement % FY16	Target FY17	Frequency of data collection
					Year	Value									
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%	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%	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%				43%			2-3 years
8	SO3	TRaC IMCI 2014 & 2017	Percentage of CU5 with diarrhea in the last two weeks who received combined ORS & zinc treatment (urban and rural)	Number of CU5 with diarrhea who received combined ORS & zinc treatment as a proportion of all CU5 with diarrhea in urban and rural areas	2011	3.6%		National: 8.1% Urban: 9.7% Rural: 7.6%				12%			2-3 years
9	SO4	TRaC IMCI 2014 & 2017	Percentage of CU5 with cough and rapid breathing in the last two weeks who received the recommended antibiotic (urban and rural) [1]	Number of CU5 with cough and rapid breathing who received the recommended antibiotic (Cotrimoxazole and Amoxicilline) as a proportion of all CU5 with cough and rapid breathing in urban and rural areas	2011	50.9%		National: 52.4% Urban: 48.8% Rural: 53.2%				60%			2 years
10	SO5	MIS Survey 2013 & 2016 (baseline: 2011)	Percentage of pregnant women who slept under an LLIN the previous night	Number of pregnant women who slept under an LLIN the previous night as a proportion of all pregnant women in urban and rural area	2011	71.5%	National: 61.4% Urban: 67.1% Rural: 61.0%			N/A	N/A	75%			2 years
11	SO6	MIS Survey 2013 & 2016 (baseline: 2011)	Proportion of CU5 who slept under an insecticide-treated net (ITN) the previous night (urban and rural) NB. Included in USAID Standard Indicator List	Number of CU5 who slept under an ITN the previous night as a proportion of all CU5 in urban and rural areas	2011	76.5%	National: 61.5% Urban: 74.8% Rural: 60.7%		N/A	N/A	N/A	80%			2 years
12	SO7	MIS Survey 2013 & 2016 (baseline: 2011)	Proportion of households with at least one insecticide-treated nets (ITN) (urban and rural)	Number of households who have at least one LLIN as a proportion of all households in urban and rural areas	2011	80%	National: 67.9% Urban: 79.5% Rural: 66.8%		N/A	N/A	N/A	80%			2 years
13	SO8	MIS Survey 2013 & 2016 (baseline: 2011)	Percentage of CU5 who received an RDT (proxy: finger or heel prick) to diagnose malaria among those who had a fever in the past two weeks[2] (urban and rural)	Number of CU5 with a fever in the past two weeks who received an RDT (proxy: finger or heel prick) to diagnose malaria as a proportion of all CU5 who had a fever in the past two weeks	2011	National: 6.2% Urban: 8.6% Rural: 6.1%	National: 13.4% Urban: 9.1% Rural: 13.6%		N/A	N/A	N/A	20%			2 years

Quarterly Reports Results Framework
ISM Program
PSI/Madagascar (2013-2017)
2-Outcome Level Indicator

Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline		FY13	FY14	FY15	FY16	FY16	FY16	FY16	Target	Frequency of data collection
					Year	Value	Achievement FY13	Achievement FY14	Achievement FY15	Quarterly Achievements	Achievement FY16	Target FY16	Achievement % FY16		
										Jan-Mar				FY17	
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	975,782	230,493	518,587	979,838	52.9%	1,077,822	Quarterly
15	SO11	Program MIS	DALYs averted	Number obtained according to PSI Global standard calculations	2012	0	303,881	839,173	720,431	97,523	864,204	1,457,221	59.3%	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 CUUs 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.

Quarterly Reports Results Framework																					
ISM Program																					
PSI/Madagascar (2013-2017)																					
3-Output Level Indicator																					
Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline		Area	Sex	Age	FY13 Achievement FY13	FY14 Achievement FY14	FY15 Achievement FY15	FY16		FY16 Achievement FY16	FY16 Target FY16	FY16 Achievement % FY16	Targets	Frequency of data collection		
					Year	Value							Quarterly Achievements								
													Jan-Mar					FY17			
16	FPI.1	TRaC FP 2014 – 2015	Percentage of WRA reporting no myths or misconceptions regarding modern FP methods (urban, rural, and by age)	Number of WRA 15 to 49 years old and 15 to 24 years old reporting no myths or misconceptions regarding modern FP methods as a proportion of all WRA 15 to 49 years old and 15 to 24 years old in urban and rural areas	2012	National: 91.1%	National [4]	Female	15-49			93.1%	N/A	N/A	N/A	N/A			2-3 years		
						Urban: 92.4%	Urban													93.4%	
						Rural: 90.8%	Rural													92.8%	
						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%	N/A	N/A	N/A	N/A			2-3 years		
						Urban: 58.0%	Urban													63.4%	
						Rural: 71.9%	Rural													63.1%	
						Rural: 58.2%	Rural													Female	15-24
18	DPI.1	TRaC IMCI 2014-2016	Percentage of target audience who know two ways to prevent diarrhea (urban and rural, and by sex)	Number of male and female target audience who know at least two ways to prevent diarrhea as a proportion of all male and female target audience in urban and rural areas	2011	47.7%	National	Male Female			50.9%								National: 60%	2-3 years	
							Urban														68.8%
							Rural														47.2%
19	DPI.2	TRaC IMCI 2014-2016	Percentage of target group who know the three key messages of Diorano WASH (urban and rural)	Number of target group who know the three key messages of Diorano WASH (emphasizes potable water, latrine use and hand washing) as a proportion of all target group in urban and rural areas	2011	0.3%	National				0.8%								National: 9%	2-3 years	
							Urban														0.2%
							Rural														3.4%
20	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%								National: 12%	2-3 years	
							Urban														13.5%
							Rural														7.8%
21	PI.1	TRaC IMCI 2014-2016	Percentage of target group who cite cough and rapid breathing as the main symptoms of ARI/pneumonia (urban and rural, and by sex)	Number of male and female target group who cite cough and rapid breathing as the main symptoms of ARI/pneumonia as a proportion of all male and female target group in urban and rural areas	2011	6.3%	National	Male Female			55.9%								65%	2-3 years	
							Urban														59.0%
							Rural														55.3%

Quarterly Reports Results Framework																																
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PSI/Madagascar (2013-2017)																																
3-Output Level Indicator																																
Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline		Area	Sex	Age	FY13 Achievement FY13	FY14 Achievement FY14	FY15 Achievement FY15	FY16		FY16 Achievement FY16	FY16 Target FY16	FY16 Achievement % FY16	Targets	Frequency of data collection													
					Year	Value							Quarterly Achievements																			
													Jan-Mar					FY17														
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%									12%	2-3 years											
							Urban				21.3%																					
							Rural				13.6%																					
23	MPI.1	MIS survey 2013-2015	Percentage of target group who cite that sleeping under an LLITN every night prevents them from getting malaria (urban and rural, and by sex)	Number of male and female target group who know that sleeping under an LLITN every night prevents from getting malaria as a proportion of all male and female target group in urban and rural areas	2011	N/A	National	Male Female			National: 21.3%	N/A	N/A	N/A	80%	N/A				2 years												
							Urban				Urban: 29.3%																					
							Rural				Rural: 20.6%																					
24	MPI.5	MIS survey 2013-2015	Percentage of pregnant women who know to go to a basic health center to receive two doses of IPTp during pregnancy	Number of pregnant women who know to go to a basic health center to receive two doses of IPTp as a proportion of all pregnant women in urban and rural area	2011	70.5%	National	Female			National: 72.6%	N/A	N/A	N/A	77%	N/A				2 years												
							Urban				Urban: 68.2%																					
							Rural				Rural: 73%																					
25	MT1.7	MIS survey 2013-2015	Percentage of target group who perceive ACTs including ASAQ and/or ALU as an effective treatment for malaria for CUS (urban and rural, and by sex)	Number of male and female target group who perceived that ACTs including ASAQ and/or ALU is effective to treat malaria for CUS as a proportion of all male and female target group in urban and rural areas	2011	19% (ASAQ only)	National	Male Female			National: 32%	N/A	N/A	N/A	55% (per USAID request)	N/A				2 years												
							Urban				Urban: 43%																					
							Rural				Rural: 29.6%																					
26	SC3.1	For rural areas: MIS For urban areas: MAP	Coverage of social marketed products (by product, urban and rural)	Number of distribution areas that have outlets with social marketed products (according to minimum standards for each product)																Mid way during life of project												
																					Pilplan OC Community	2011	N/A	Rural	N/A	0% [2]	54%	N/A	N/A	N/A	N/A	90%
																					Pilplan OC Pharmaceutical	2011	58.4%	Urban	N/A	0%	88%	N/A	N/A	N/A	N/A	75%
																					Confiance Inj Community	N/A	N/A	Rural	N/A	0%	53%	N/A	N/A	N/A	N/A	90%
																					Confiance Inj Pharmaceutical	2011	45.5%	Urban	N/A	0%	84%	N/A	N/A	N/A	N/A	70%
																					Safe Water Solution (Sár'Eau)	N/A	N/A	Rural	N/A	0%	50%	N/A	N/A	N/A	N/A	90%
																						2005	65.6%	Urban	N/A	0%	59%	N/A	N/A	N/A	N/A	80%
																					Hydrazinc DTK (Pharmaceutical)	N/A	N/A	Urban	N/A	0%	88%	N/A	N/A	N/A	N/A	65%
																					Viasur DTK (Community)	N/A	N/A	Rural	N/A	0%	46%	N/A	N/A	N/A	N/A	90%
																					Pneumostop	N/A	N/A	Rural	N/A	0%	53%	N/A	N/A	N/A	N/A	90%

Quarterly Reports Results Framework

ISM Program

PSI/Madagascar (2013-2017)

3-Output Level Indicator

Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline		Area	Sex	Age	FY13 Achievement FY13	FY14 Achievement FY14	FY15 Achievement FY15	FY16		FY16 Achievement FY16	Target FY16	Achievement % FY16	Targets	Frequency of data collection		
					Year	Value							FY17								
														Quarterly Achievements Jan-Mar							
27	SC3.2	Program MIS	Percentage of trained community supply points in USAID HPN supported project zones who report no stock out of social marketed products in the last month (by distribution zone and by product)	Number of trained community supply points that didn't have a stock out of social marketed products in the last month as a proportion of all trained community supply points in each distribution zone for each product	2012	80%				N/A	All products : 34% FP products : 82% Child survival products : 36%	All products : 7% FP products : 98% Child survival products : 47% Malaria products : 7%	All products : 34% FP products : 89% Child survival products : 47% Malaria products : 60%	All products : 34% FP products : 89% Child survival products : 47% Malaria products : 60%			90%	Quarterly			
28	CB2.3	Client Satisfaction Surveys, 2013, 2016	Percentage of clients indicating satisfaction for services received at a Top Réseau clinic (urban and rural, by age, by type of service, and by client sex)	Number of male and female clients indicating satisfaction for services received at a Top Réseau clinic as a proportion of all male and female Top Réseau clients in urban and rural areas by age for each type of service	2013	N/A			Female Youth	100%										Twice during the life of project	
									Male Youth	95%											
									Women > 24	98%											
									Caregivers of CU5	100%											
29	CB2.4	Mystery Client Surveys 2014-2016	Percentage of Top Réseau providers reaching minimum service quality standards for FP and IMCI services (urban and rural, by provider sex and by type of service)	Number of male and female Top Réseau providers reaching minimum service quality standards for FP and IMCI services as a proportion of all male and female Top Réseau providers in urban and rural areas by type of service	2009	35%				N/A	FP : 0% IMCI : 0%		N/A	80% (per USAID request)			Once during the project life				
30	SM3.8	Total Market Analysis	Total Market Value for FP (oral and injectable contraceptives)[2]	Price times volume for each product on the market (public sector, social marketing and private sector)	TBD					N/A	N/A									2-3 years (NB. Frequency will depend on chosen methodology and related	
																					OCs : TBD

[1] Baseline + 5%

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

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

[4] Due to an error on the TRaC FP analysis in 2012 , the value for this indicator was modified. The previous value was 16.6% but the correct value should be 91.1%. The value of this indicator related to urban, rural and the 2015 results were modified accordingly.

NB: PSI/M does not have a fixed budget to measure TMA in FY17

Quarterly Reports Results Framework																										
ISM Program																										
PSI/Madagascar (2013-2017)																										
4-Activity Level Indicator																										
Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline		Area	Service Type	Sex	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									
											Jan-Mar															
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	1,540	3,365	96,000	23.3%	120,000	Quarterly							
									F			12,697	10,490	1,905	4,280											
									Rural			M	14,215	17,030	3,800					6,755						
									F			17,895	19,640	4,475	7,925											
									TOTAL			54,959	56,007	11,720	22,325											
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	5,811	363,891	21,118	31,360	13,534	21,498	1,045,437	24.0%	1,400,000	Quarterly							
									15-24			939	4,624	1,143	2,947											
									25-49			61	193	42	207											
									Other			0	0	0	0											
									TOTAL (Male)			22,118	36,177	14,719	24,652											
							Rural		F	363,891		243,808	287,562	51,165	116,715											
							15-24		307,817			333,369	37,345	108,986												
							25-49		3,508			3,441	162	692												
							Other		0			0	0	0												
							TOTAL (Female)		555,133			624,372	88,672	226,393												
							TOTAL	369,702	577,251	660,549	103,391	251,045	1,045,437	24.0%												
							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	450	2,300	96,000	35.0%	120,000	Quarterly	
																F		6,170	4,115	575	2,775					
																Rural		M	17,685	20,765	5,165					13,090
																F		21,075	25,356	6,090	15,390					
TOTAL	50,205	53,621	12,280	33,555																						
34	SI.1	Program MIS	Number of new Top Réseau health clinics integrated into the franchised network (urban and rural, and by provider sex)	Number of Top Réseau health clinics recruited into the franchised network in urban and rural areas (cumulative)	2012	0	Urban		9	18	38	46	46	n/a	n/a	20	Quarterly									
						0			Rural	16	24	40	41	41	n/a	n/a		40								
35	SI.2	Program MIS	Number of Top Réseau health clinics offering integrated services in at least three health areas (FP/RH; IMCI/nutrition; malaria) (urban and rural)	Number of Top Réseau health clinics offering at least three health areas (FP/RH; IMCI/nutrition; malaria) in urban and rural areas (cumulative)	2012	213	Urban		226	205	204	210	210	n/a	n/a	233	Quarterly									
						0			Rural	16	40	40	41	41	n/a	n/a		40								
36	CB2.1	Program MIS	Number of Top Réseau providers trained in business training & financial management (urban, and by provider sex) (2)	Number of male and female Top Réseau providers trained in business training & financial management in urban areas (cumulative)	2012	0	Urban		M	109	35	42	68	0	0	150	0%	150	Quarterly							
									F		74	71	116	0	0											
									TOTAL		109	113	184	0	0	150	123%	150								
37	CB 2.2	Program MIS	Number of new Top Réseau providers who received integrated health area training (urban and rural, and by provider sex)	Number of male and female new Top Réseau providers who received integrated health area training in urban and rural areas	2012	0	Urban		M	46	6	4	1	3	5	120%	60	Quarterly								
									F		16	7	3	3												
									Rural		M	23	0	0					0							
									F		16	0	0	0												
									TOTAL		61	11	4	6												

Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline		Area	Service Type	Sexe	Age	FY13 Achievement FY13	FY14 Achievement FY14	FY15 Achievement FY15	FY16 Quarterly Achievements		FY16 Achievement FY16	FY16 Target FY16	FY16 Achievement % FY16	Targets	Frequency of data collection					
					Year	Value								Jan-Mar	Achievement FY16										
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	34.2%	FY 2016 achievement+5%	Quarterly						
							15-24			2,043		2,154	439	763											
							>25			18		22	14	19											
							<15			0		0	0	0											
							15-24			0		0	0	0											
							>25			0		0	0	0											
							TOTAL (Male)			2,068		2,178	453	782											
				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	23	55	70,231	42.0%	FY 2016 achievement+5%	Quarterly						
							15-24			37,944		41,157	10,752	20,658											
							>25			24,986		25,646	2,300	8,754											
							<15			0		0	0	0											
							15-24			0		0	0	0											
							>25			0		0	0	0											
							TOTAL (Female)			63,012		66,887	13,075	29,467											
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															
			<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	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															
			<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	8,886	11,179	FY 2013 achievement +10%	Quarterly									
							F		20,305		21,526	8,202	10,234												
							Rural		M		2,011	3,418	1,165	4,150											
							F		1,820		2,956	992	3,823												
							TOTAL		46,401		50,744	19,245	29,386												
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 age, by client sex, by type of service, and with insurance)	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, and with insurance	2012	n/a	Urban	IMCI	M	n/a	n/a	n/a	n/a	n/a	FY 2013 achievement +10%	Quarterly									
							F		n/a		n/a	n/a	n/a												
							Rural		M		n/a	n/a	n/a	n/a											
							F		n/a		n/a	n/a	n/a												
							TOTAL		n/a		n/a	n/a	n/a												
40	PS3.3	Program MIS	Number of target group clients accessing medical insurance or group savings for Top Réseau clinics (urban and rural, age, sex, service type)	Number of male and female target group clients accessing medical insurance or group savings for Top Réseau clinics in urban and rural areas by age for each service type	2014	n/a	Urban		M	n/a	0	1	1	250	0%	TBD	Quarterly								
							F		0		0	0													
							Rural		M		0	0	0												
							F		0		0	0													
							TOTAL		0		1	1													
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	n/a	31	267	51	51	TBD	TBD	TBD								
							F		29		156	47	47												
							TOTAL		60		423	98	98												
							Number of male and female target group clients who are new FP users using vouchers at Top Réseau clinics in urban and rural areas by age for each service type		2014		n/a	Urban		M				n/a	595	437	56	108	23,627	46.3%	TBD
												Other		0					3	1	12				
				Rural	M	16,175		17,137		4,546		9,139													
				Other	0	3,902		414		1,683															
				TOTAL		16,770		21,479		5,017		10,942													

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	
														Jan-Mar						FY17
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	442,561	996,462	2,373,307	42%	2,634,371		
				Pilplan OC Pharmaceutical							1,046,689	1,626,810	1,109,215	398,800	798,457	1,582,205	50%	1,756,247		
				Total Pilplan							2,278,564	3,603,613	3,645,135	841,361	1,794,919	3,955,512	45%	4,390,618		
				Confiance Inj Community							826,471	1,355,153	1,721,973	376,394	874,271	1,347,664	65%	1,495,907		
				Confiance Inj Pharmaceutical							487,191	746,455	522,220	115,560	270,300	898,435	30%	997,263		
				Total Confiance							1,313,662	2,101,608	2,244,193	491,954	1,144,571	2,246,099	51%	2,493,170		
				Rojo Cyclebeads							23,351	18,186	18,185	3,981	10,722	23,153	46%	24,311		
				IUD							21,084	26,767	27,105	2,545	8,216	20,837	39%	21,879		
				Implanon Implant							2,165	5,200	4,637	806	2,492	4,011	62%	4,212		
				Jadelle Implant							n/a	n/a	1,558	246	376	551	68%	579		
				FP Youth Condom (4)							n/a	n/a	257,400	84,090	283,950	1,136,700	25%	1,179,210		
				Emergency Contraceptive (5)							n/a	12,874	104	0	0	12,500	0%	65,000		
				Sayana Press							n/a	n/a	n/a	106,323	148,202	TBD	TBD			
				Child Survival																
				Viasur DTK (Community)							34,144	100,976	362,778	23,225	88,472	185,992	48%	140,868		
				Hydrazinc DTK (Pharmaceutical)							50,790	29,996	92,111	119,728	141,032	206,849	68%	60,372		
				ORS/Zinc (Community)							n/a	n/a	n/a	27,150	27,150	223,991	12%	60,372		
				Total DTK							84,934	130,972	454,889	170,103	256,654	616,832	42%	261,612		
				Sur Eau 40 ml Community							333,231	436,996	474,283	81,517	208,157	348,300	60%	1,322,628		
				Sur Eau 150 ml Commercial							1,642,191	2,052,706	1,792,496	554,620	1,095,438	1,679,528	65%	1,616,546		
				Sur Eau (Water tablet)							n/a	n/a	1,397,410	1,749,780	2,149,600	11,125,800	19%	TBD		
				Total Liters of drinking water disinfected (x1000)							2,596,579	3,253,857	2,906,405	899,532	1,769,412	2,200,000	80%	TBD		
				Pneumostop Community (tablet)							n/a	139,310	234,152	29,726	111,793	240,033	47%	0		
				Pneumostop Community (syrup)							24,949	132,514	97,686	0	0	0	0%	0		
				Amoxicillin DT							n/a	n/a	n/a	0	0	168,000	0%	221,615		
				Total PPT							24,949	271,824	331,838	29,726	111,793	408,033	27%			
				Rapid Diagnostic Test for malaria (RTD)							805,012	1,010,310	1,722,396	12,500	110,650	300,000	37%	1,006,691		
				Chlorhexidine Tube (CHX)							n/a	n/a	0	17,181	77,106	447,145	17%	0		
				MNP Zazatomady							n/a	n/a	n/a	0	0	70,462	0%	TBD		
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	161	6,339,011	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	23,401	23,401	174,996	13.4%	TBD	Quarterly	
45	SM 3.5	Program MIS	Number of insecticide treated nets (ITNs) purchased with USG funds (that were distributed through PA (Continuous distribution))	Number of ITN/LLIN distributed (continuous distribution)	n/a	0					n/a	n/a	32,139	1	14	81,250	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					n/a	100	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Quarterly

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		
														Jan-Mar					
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	1084	1,180	1180	n/a	n/a	Community : 1 200	

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

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

(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.

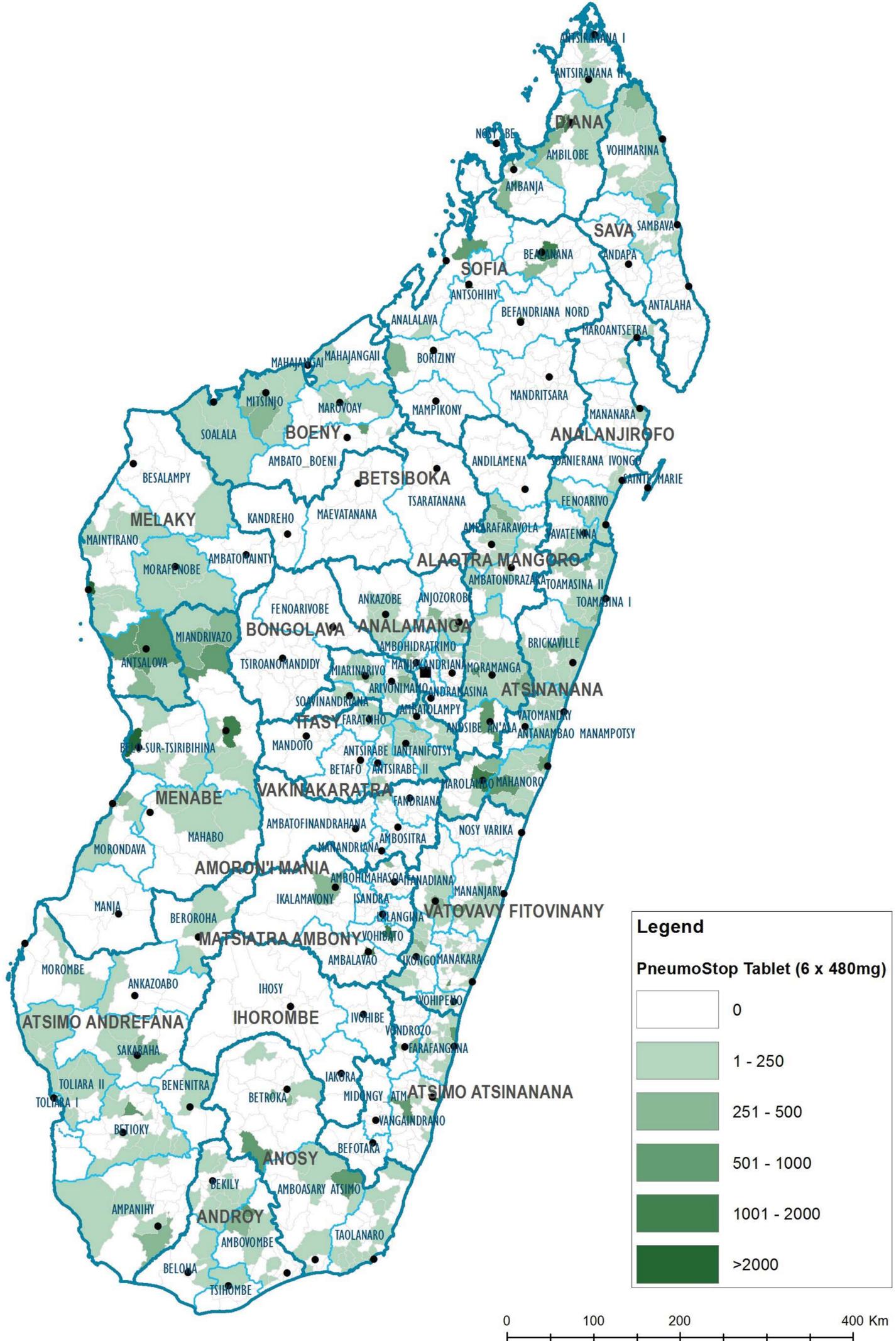
TABLE 1 : ISM DISTRIBUTION TARGETS

PRODUCTS	FY13	FY14	FY15	FY16	FY17	FY18	TOTAL Over 5 Years	DALYs		CYP	
	(Jan 2013-Sept 2013)	(Oct 2013-Sept 2014)	(Oct 2014-Sept 2015)	(Oct 2015-Sept 2016)	(Oct 2016 - Sept 2017)	(Oct 2016 - Dec 2017)		cumulative FY13 + FY14	cumulative for life of project including Q1 FY18	cumulative FY13 + FY14	cumulative for life of project including Q1 FY18
Family Planning											
Pilplan OC Community	1,222,939	1,712,114	2,157,552	2,373,307	2,634,371	407,646	10,507,929	79,745	285,500	195,670	700,529
Pilplan OC Pharmaceutical	815,293	1,141,409	1,438,368	1,582,205	1,756,247	271,764	7,005,286	53,164	190,334	130,447	467,019
Total Pilplan	2,038,232	2,853,523	3,595,920	3,955,512	4,390,618	679,410	17,513,215	132,909	475,834	326,117	1,167,548
Confiance Inj Community	470,876	725,149	1,225,149	1,347,664	1,495,907	156,959	5,421,704	127,042	575,893	299,006	1,355,426
Confiance Inj Pharmaceutical	313,917	483,432	816,759	898,435	997,263	104,639	3,614,445	84,694	383,926	199,337	903,611
Total Confiance	784,793	1,208,581	2,041,908	2,246,099	2,493,170	261,598	9,036,148	211,736	959,820	498,344	2,259,037
Rojo Cyclebeads	15,000	21,000	22,050	23,153	24,311	5,000	110,514	22,945	70,436	54,000	165,771
IUD	13,500	18,900	19,845	20,837	21,879	4,500	99,461	60,742	186,466	149,040	457,521
Implanon Implant	2,599	2,382	3,820	4,011	4,212	866	17,890	5,075	18,228	12,453	44,725
Jadelle Implant	0	0	525	551	579	0	1,655	0	3,587	0	6,289
FP Youth Condom		0	546,000	1,136,700	1,179,210	75,000	2,936,910	0	25,287	0	24,474
Emergency Contraceptive		13,000	0	25,000	65,000	0	103,000	276	2,719	650	6,400
Sayana Press	0	0	0	TBD	TBD						
Total Family Planning								433,683	1,742,376	1,040,603	4,131,765
Child Survival											
Viasur DTK (Community)	74,502	95,000	118,645	185,992	140,868	24,834	639,841	6,963	23,762		
Hydrazinc (Pharmaceutical)	49,668	69,535	63,886	206,849	60,372	16,556	466,866	4,897	13,437		
ORS/Zinc (Community)				223,991			223,991				
Total DTK	124,170	164,535	182,531	616,832	201,240	41,390	1,330,698	11,860	37,199		
Sur Eau 40 ml Community	180,050	507,794	400,000	348,300	1,322,628	60,016	2,818,788	2,971	17,812		
Sur Eau 150 ml Commercial	1,633,500	2,031,175	1,186,133	1,679,528	1,616,546	544,500	8,691,382	57,022	143,745		
Sur Eau (watertablet)			3,040,000	11,125,800			14,165,800	0	657		
Total Liter of water disinfected (x1,000)	2,522,270	3,249,880	2,000,000	2,200,000	2,953,870	840,756	14,447,904	86,722	222,755		
Pneumostop Community (tablet)		99,000	234,185	240,033							
Pneumostop Community (syrup)	67,500	96,000	97,200	0	0	0	1,168,977	138,931	958,738		
Amoxi DT	N/A	N/A	N/A	168,000	221,615	0	389,615	0	0		
Rapid Diagnostic Test for Malaria (RTD)	576,000	821,760	880,000	300,000	1,006,691	192,000	3,776,451	0	0		
ITNs (Campaign)	0	2,700,000	0	6,350,000	TBD		9,050,000	451,629	1,513,794		
ITNs (Private/Commercial sector)	0	50,000	122,739	174,996	TBD		347,735	0	0		
ITNs (continuous distribution)	0	N/A	50,000	81,250	TBD		131,250	0	0		
Malaria PPT (ACT)		750,000	N/A	250,000	TBD		1,000,000	264,825	264,825		
Chlorhexidine Tube (CHX)			N/A	447,145	0	0	447,145	0	0		
Total Child Survival								1,133,944	2,997,310		
Total DALY								1,567,627	4,739,687		

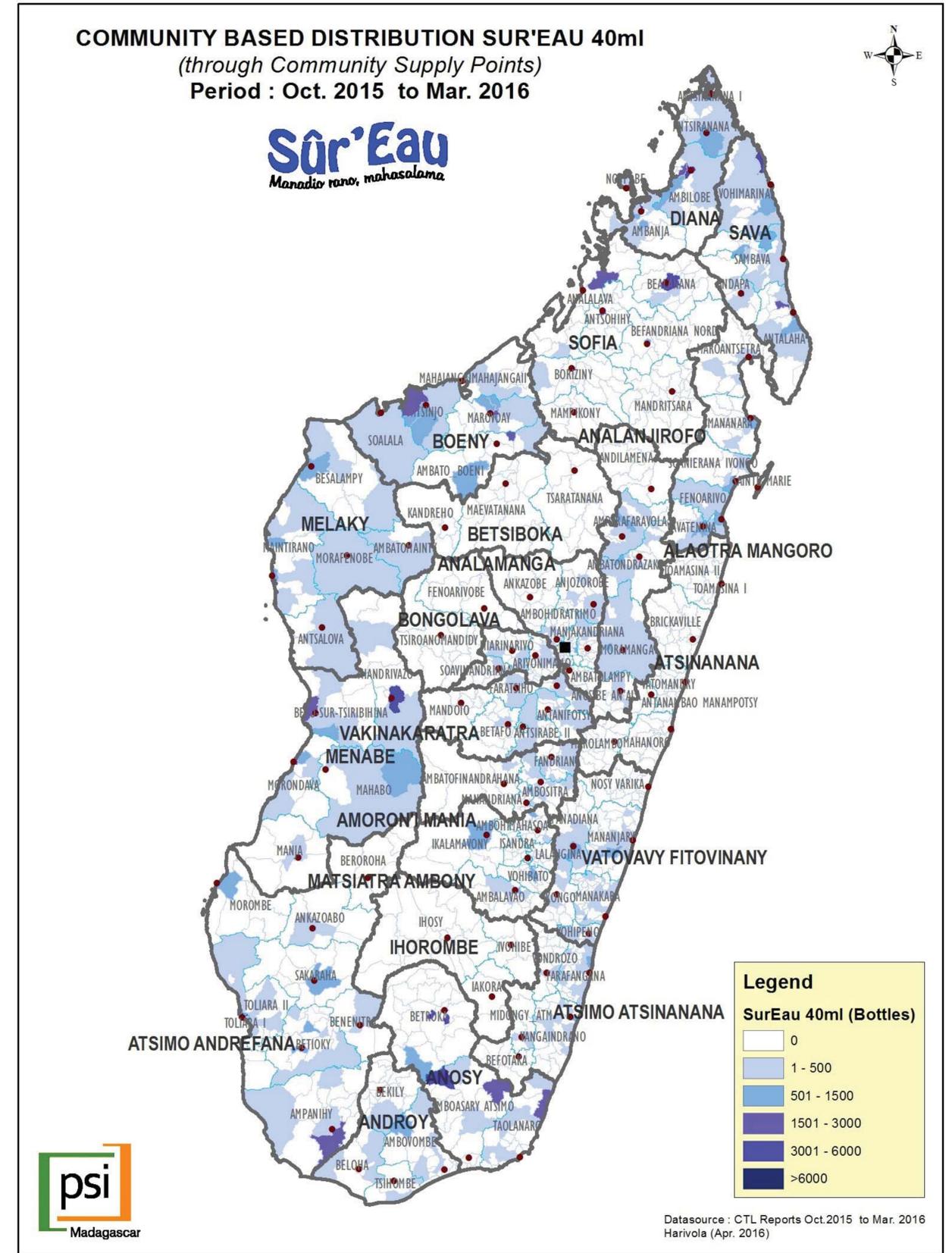
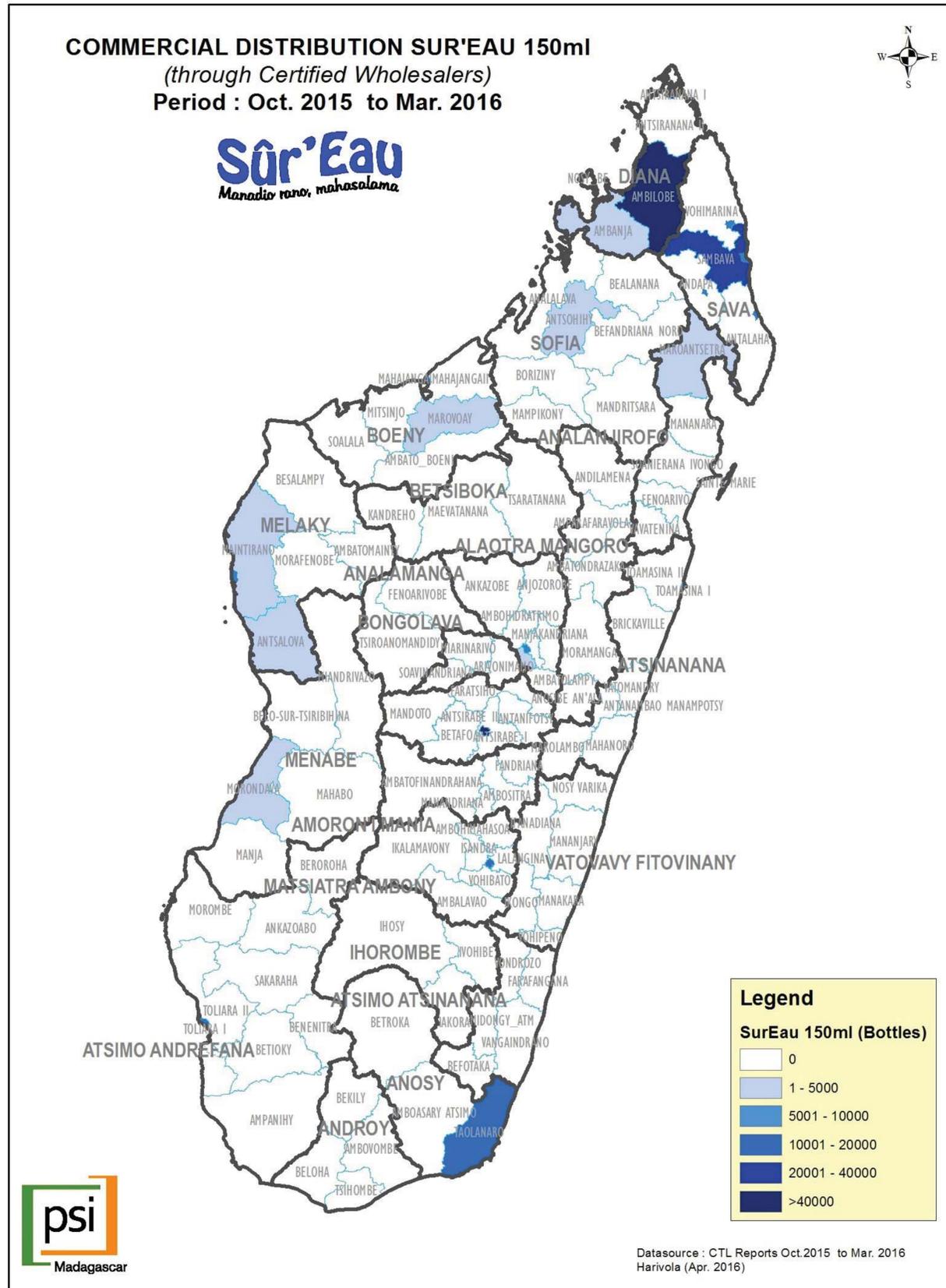
Annex B:
Distribution Maps

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

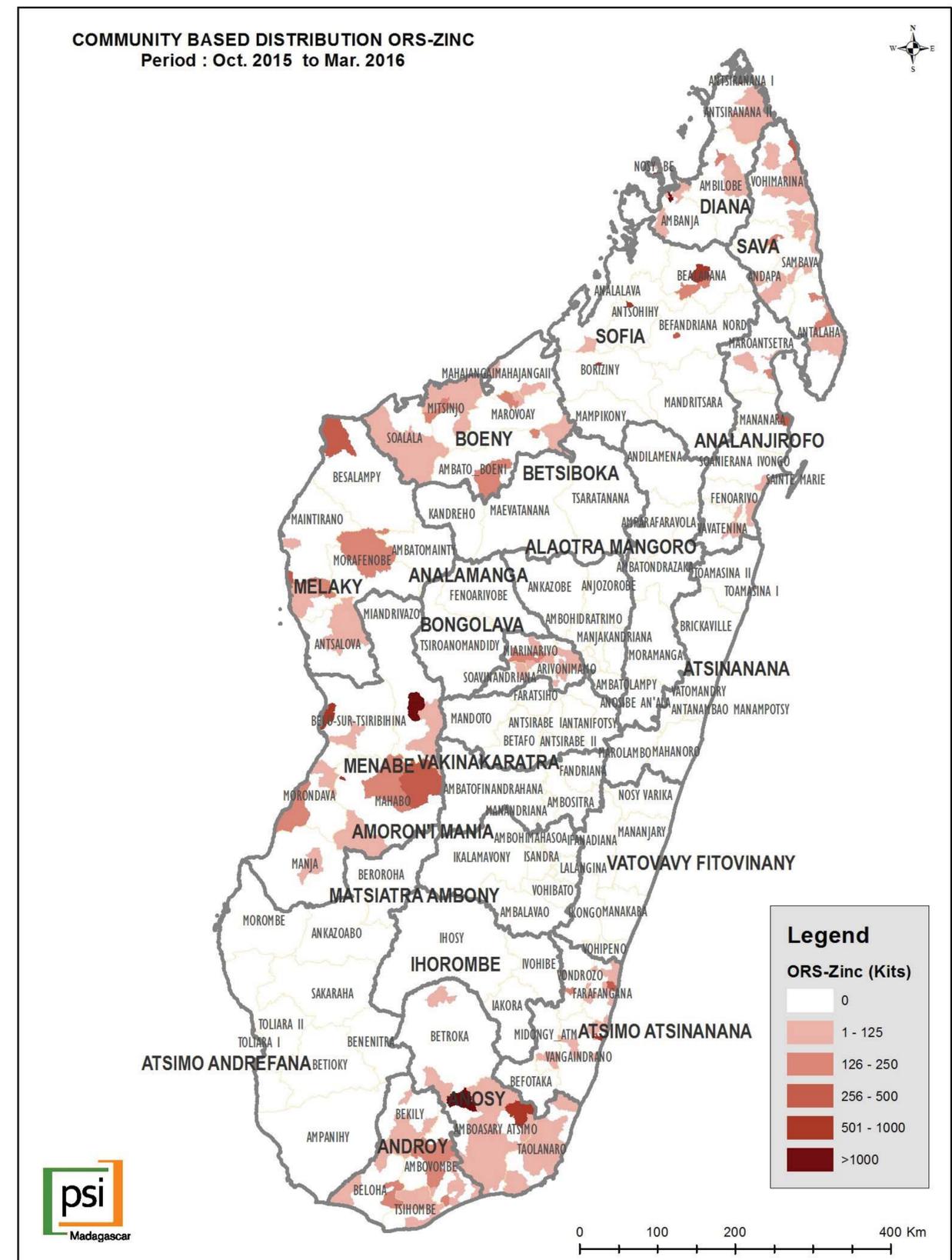
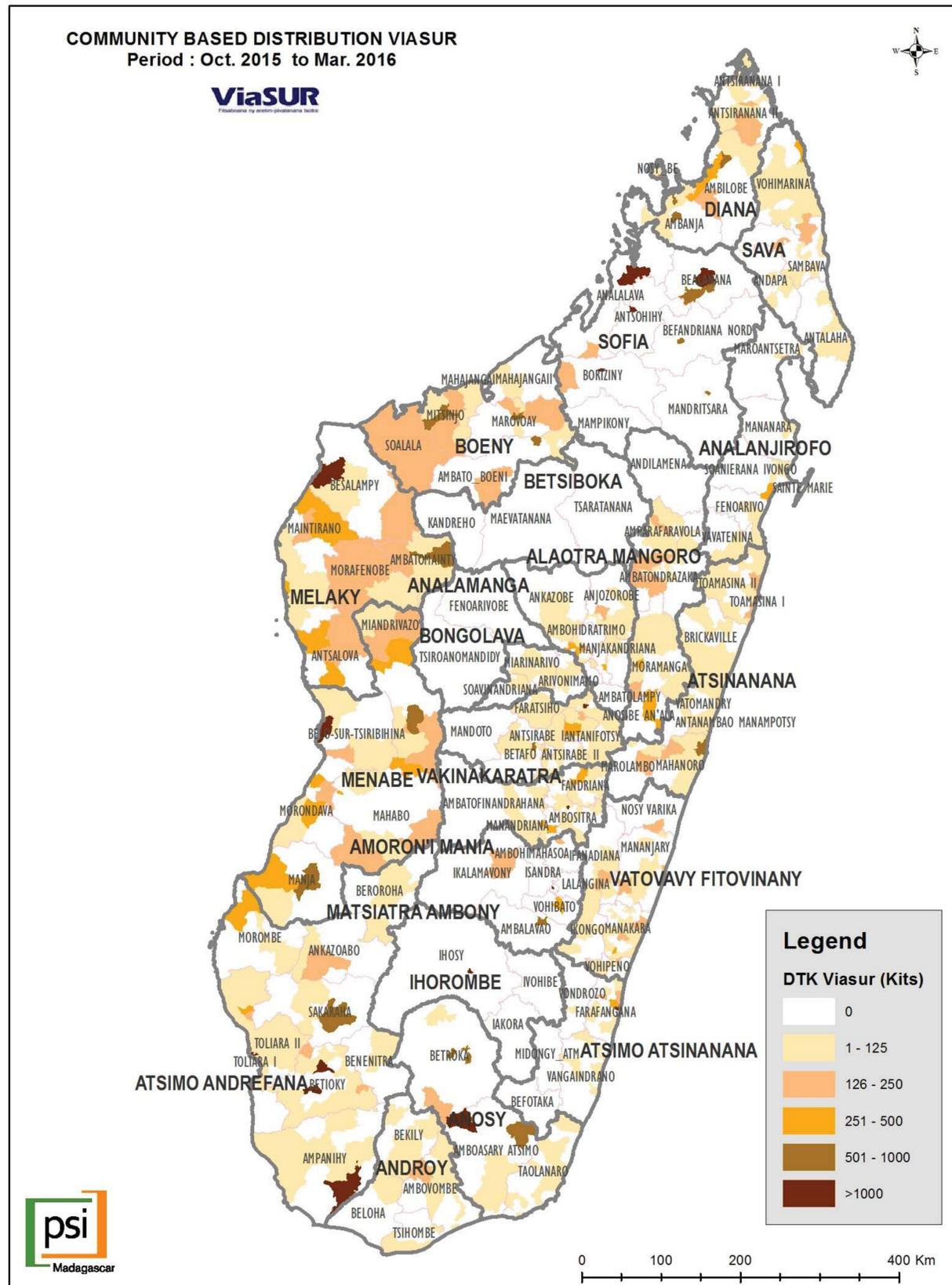
COMMUNITY BASED DISTRIBUTION PNEUMOSTOP TABLET
Period : Oct. 2015 - Mar. 2016



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



Annex B1d - MATERNAL CHILD AND HEALTH (FY16)
 (Diarrheal diseases prevention and treatment)



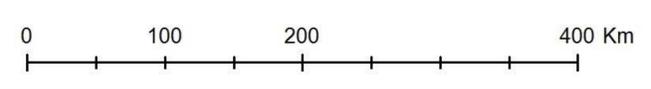
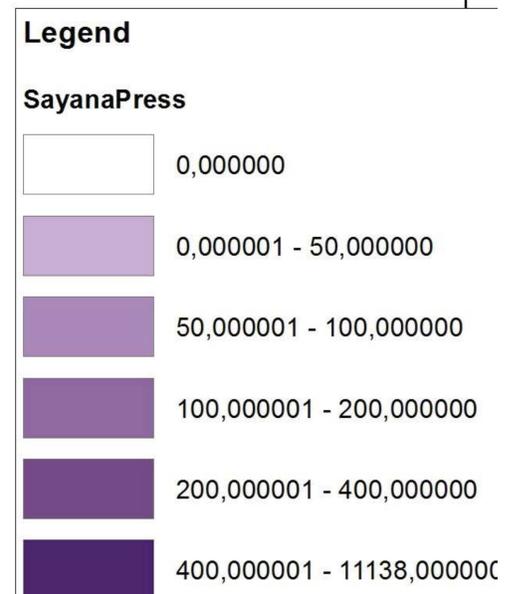
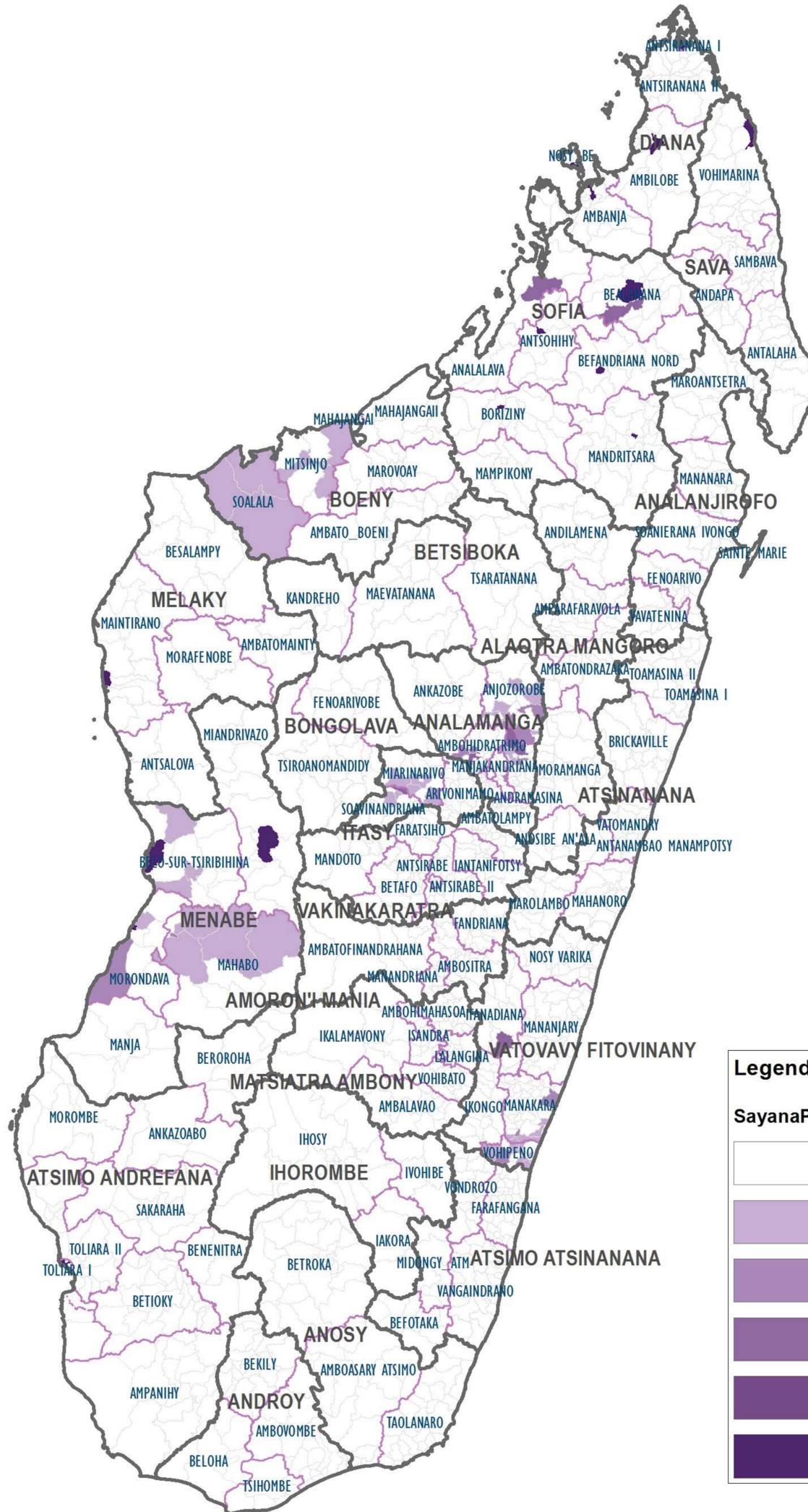
Datasource : CTL Reports Oct.2015 to Mar. 2016
 Harivola (Apr. 2016)

Annex B2b - COMMUNITY BASED DISTRIBUTION FAMILY PLANNING (FY16)
(Contraceptives)

COMMUNITY BASED DISTRIBUTION SAYANA PRESS

Period : Oct. 2015 - Mar. 2016

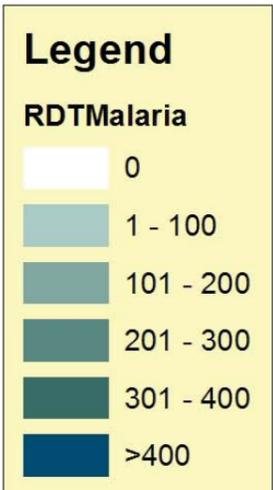
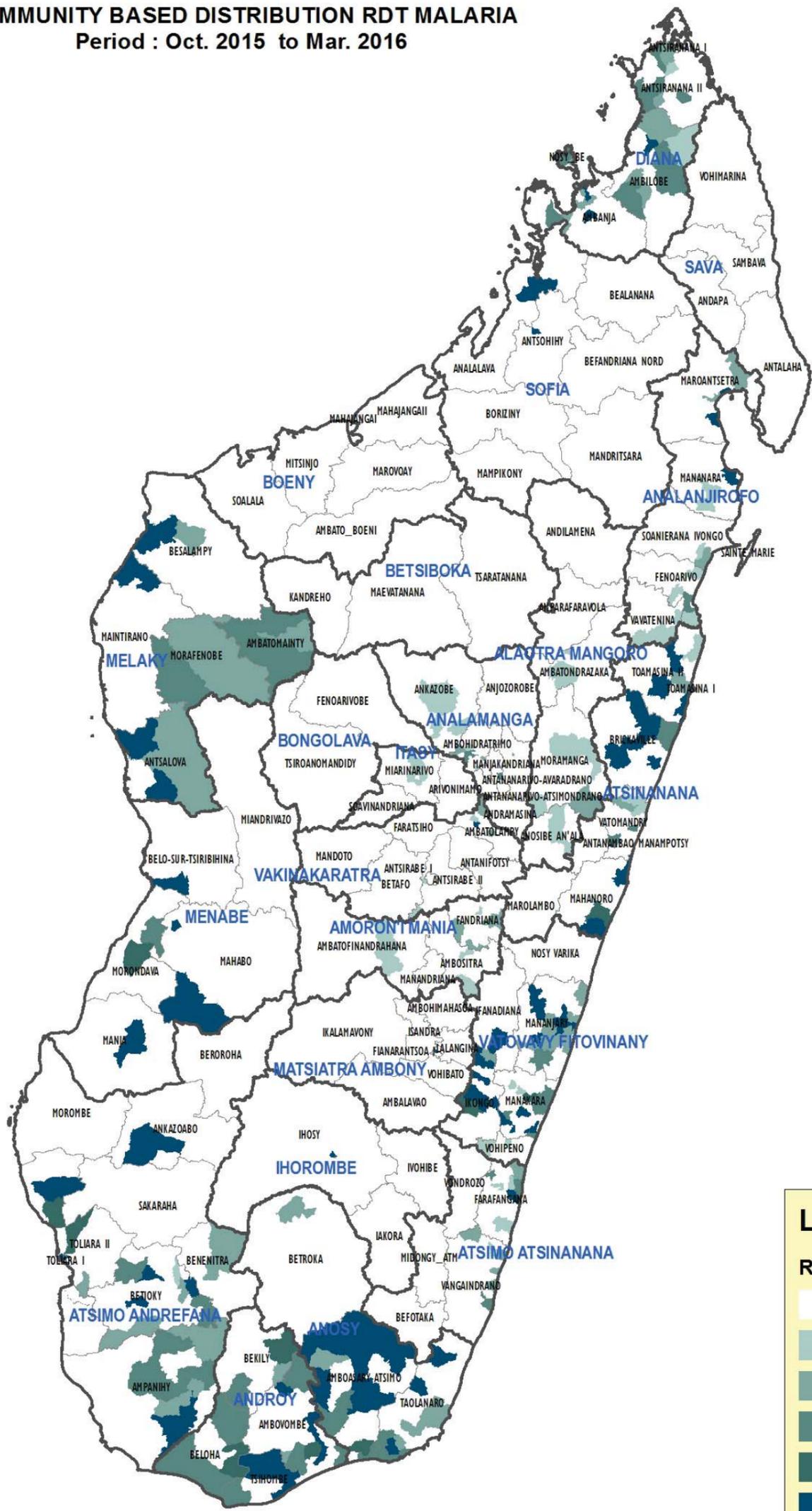
SAYANA® PRESS



Datasource : CTL Reports Oct.2015 to Mar. 2016
Harivola (Apr. 2016)

Annex B3 - MALARIA (FY16) (Rapid Diagnostic Test)

COMMUNITY BASED DISTRIBUTION RDT MALARIA
Period : Oct. 2015 to Mar. 2016



Datasource : CTL Reports Oct.2015 to Mar. 2016
Harivola (Apr. 2016)

Annex C:
Family Planning Compliance Activity Report

Annex C: PSI Family Planning Compliance Plan Activity Report

PSI ISM Program Q2 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. 2016
6.1.1 and 6.2.1	Ensure that all PSI staff involved in FP activities take online training session (www.globalhealthlearning.org/course/us-abortion-and-fp-requirements-2016) 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, it was decided that IPC agents do not have to follow online training given their inability to follow the course in English. As of the end of Q2, 58 of 130 staffs (45%) have certificates in the updated 2016 online training. The training curriculum for IPC agents was updated according to the FP compliance course for 2016 during this period, and 279 of 493 IPC workers (57%) were trained on FP compliance by supervisors. The low result is due to the delay in recruiting IPC agents. PSI will ensure that they will be trained in the next reporting period.
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 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. Adherence to US policy is included in their contracts. Next semester, SAF/SALFA supervisors will take the updated 2016 online training.
6.1.2 .b, d,	Ensure all PSI-affiliated workers	1	2	3	4	- Providers: see above re. training

Plan Ref #	Planned Activity	Q 1	Q 2	Q 3	Q 4	Quarterly Activity Update
e, g, h & 6.2.4 .1	(providers, Peer Educators (PE), CHWs, pharmaceutical detailers, supply points, FP Counselors) are trained in free & informed choice (upon affiliation)					<ul style="list-style-type: none"> - PE: trained by PE Supervisors and received periodic visits - CHWs: trained by SAF/SALFA Supervisors. - 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 periodical 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 MIKOLU. 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 & MIKOLU 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 2016	1	2			PSI/HQ is currently working on an on-line training tool. As of Q2 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 2**

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	13 TR providers (including counselors and lab techs) received HIV initial training in Q2 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	6 new Top Réseau health centers were provided with information and posters for universal precautions in Q2
	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 Q2 FY 2016, 484 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	1				Completed : PSI and Malaria District

Activity Description	Q 1	Q 2	Q 3	Q 4	Progress on Implementation this Quarter
Officers will supervise the SR/NGO and do spot checks during the post campaigns					Officers conducted 15 supervision visits 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 Report, Q1 FY 2016

Start Date	End Date	Subject Area of Training	Male	Female	Total	Direct Cost (K AR)	Direct Cost (USD)
IMCI/Child Survival							
Refresh training Top Reseau providers on IMCI/Child Survival services							
3/22/2016	3/22/2016	Refresher training Top Reseau providers on IMCI/Child Survival	30	42	72	-	\$ -
		Subtotal	30	42	72	-	\$ -
Top Reseau providers trained on Nutrition							
3/23/2016	3/24/2016	Top Reseau providers trained on Nutrition (Toamasina)	10	20	30	6,593	\$ 2,065.14
3/8/2016	3/10/2016	Top Reseau providers trained on Nutrition (Antsirabe)	8	12	20	6,062	\$ 1,898.99
3/23/2016	3/24/2016	Top Reseau providers trained on Nutrition (Mahajanga)	10	20	30	6,093	\$ 1,908.51
		Subtotal	28	52	80	18,748	\$ 5,872.64
Family Planning/Reproductive Health							
Top Reseau providers trained on Short Term FP Method							
2/9/2016	2/12/2016	Top Reseau providers trained on Implant (vague 1) (Tana)	4	7	11	-	\$ -
2/23/2016	2/26/2016	Top Reseau providers trained on Implant (vague 2) (Tana)	6	6	12	-	\$ -
		Subtotal	10	13	23	-	\$ -
Refresh training Private Providers on Short Term FP Method							
2/11/2016	2/11/2016	Refresh training Private Providers on Short Term FP Method from areas	28	51	79	-	\$ -
		Subtotal	28	51	79	-	\$ -
Refresh training Top Reseau providers on Long Term FP Method							
3/2/2016	3/4/2016	Refresh training Private Providers on Long Term FP Method from areas	17	49	66	-	\$ -
		Subtotal	17	49	66	-	\$ -
Top Reseau services							
Refresh training Top Reseau providers on Youth Friendly Services							
3/8/2016	3/10/2016	Refresh training Top Reseau providers on YFS (SAVA)	6	8	14	6,729	\$ 2,107.80
3/18/2016	3/18/2016	Refresh training Top Reseau providers on YFS (Diana)	10	8	18	1,981	\$ 620.37
		Subtotal	16	16	32	8,710	\$ 2,728.17
Client respondents trained on Top Reseau services							
3/9/2016	3/11/2016	Client respondents trained on Top Reseau services FCT (Youth First Tana)	-	50	50	8,425	\$ 2,639.06
3/14/2016	3/16/2016	Client respondents trained on Top Reseau services FCT (Youth First Tana)	-	30	30	4,814	\$ 1,507.94
		Subtotal	-	80	80	13,239	\$ 4,147.00
Family planning counselors linked to Top Reseau							
2/9/2016	2/12/2016	New FP counselors linked to Top Reseau (Tana)	-	20	20	4,629	\$ 1,439.34
2/15/2016	2/18/2016	New FP counselors linked to Top Reseau (Tana)	-	40	40	9,474	\$ 2,945.65
		Subtotal	-	60	60	14,103	\$ 4,384.99
Business & Financial Management							
Refresh training Top Reseau providers on budgeting and financial management							
3/4/2016	3/4/2016	Refresh training Top Reseau providers on financial management	4		4	848	\$ 265.50
3/9/2016	3/9/2016	Refresh training Top Reseau providers on financial management (Tana)	8	14	22	1,456	\$ 455.92
3/11/2016	3/11/2016	Refresh training Top Reseau providers on financial management		2	2	535	\$ 167.65
3/18/2016	3/18/2016	Refresh training Top Reseau providers on financial management	2	6	8	1,180	\$ 369.56
		Subtotal	14	22	36	4,018	\$ 1,258.63
Medical marketing and clients loyalty							
Top Reseau providers trained on medical marketing and client loyalty							
2/17/2016	2/18/2016	Top Reseau providers trained on medical marketing and client loyalty (Mahajanga)	5	9	14	1,951	\$ 606.45
		Subtotal	5	9	14	1,951	\$ 606.45
Diarrhea							
Meeting for FP/IMCI/Child Survival							
2/16/2016	2/16/2016	Meeting Top Reseau Providers for FP/IMCI/CS services (Antsirabe)	8	15	23	1,466	\$ 455.90
1/29/2016	1/29/2016	Meeting Top Reseau Providers for FP/IMCI/CS services (Fort-Dauphin)	5	6	11	639	\$ 198.60
		Subtotal	13	21	34	2,105	\$ 654.50

Annex F:
Success Story

URBAN DANCE: Reproductive Health for Adolescents



6,000

students were present at PSI's URBAN DANCE event in March, 2016.

897

young people were informed about various contraceptive methods.

463

students were able to learn their HIV status through HIV screening.

Ratsimbazafy Manovo Fiderana is 17 years old. One of four siblings, he loves music, surfing the internet, and playing the guitar. As an extracurricular activity, he is an active member of a "UN club" which focuses on human rights. Fiderana studies in a public secondary school, Jules Ferry, and is in his junior year of high school in the sciences. Eager to take charge of his future, he is already looking for internships and then a job.

Fiderana was one of 6,000 students who were present at PSI's Urban Dance event in March, 2016, which gathered students from seven large public high schools in Antananarivo. Urban Dance, organized in collaboration with the Ministry of Youth and Sports, is part of PSI Madagascar's Tanora 100% program funded by USAID which targets youth with messages about the prevention of early marriage and early pregnancy. The Urban Dance event included urban dance competitions, the election of Miss and Mister Urban Dance, and a slam contest - activities planned to accompany strong messaging about adolescent reproductive health. Information sessions on safe sex, STI prevention and family planning were conducted by PSI and Ministry of Youth Peer Educators, as well as on-site HIV testing and counseling by Top Reseau health providers.

According to UNICEF data, early pregnancies are the leading cause of drop-outs among adolescent girls. Statistics show that among adolescents between 15 and 19 years who have already had children, 12% have completed their secondary education, as compared to 30% who have only attended primary school and 50% who are not in school at all. Every day, of the 10 women who die from causes related to child birth in Madagascar, 3 of them are adolescents under the age of 19.

Like many Malagasy youth, Fiderana is embarrassed to talk about his private life to others, even to his family. Thanks to Urban Dance, he was able to learn about many sensitive issues which before, were unclear. For Fiderana, the event sponsored by Tanora 100% was a great opportunity to learn more about the potential negative consequences of unprotected sex, early pregnancy and early marriage.

"The messages really clicked with me. The things I learned about unsafe sex, and early pregnancy reinforced my conviction to stay in school" says Fiderana. Despite having had a girlfriend, he has not had sexual relations yet for fear of catching a sexually transmitted disease. Having discovered that his girlfriend had multiple sex partners, he broke up with her. When peer educators invited him to be screened for HIV at the Urban Dance event, he did not hesitate.

"The Top Reseau health providers conducting the screening were very convincing and reassuring. And when I saw that the equipment being used was sterile and safe, I said to myself, why not? ", he says.

After the Urban Dance, Fiderana decided to focus even more on his studies. *"Sex is not for me for the moment. My studies are more important. By attending Urban Dance event, I really know in what direction I want to go. "*

During the Urban Dance event, 897 young people were informed about various contraceptive methods. Four hundred and sixty three (463) students were able to learn their HIV status through HIV screening. PSI Madagascar and USAID will expand the Urban Dance concept throughout Madagascar and to rural areas so that rural youth can take charge of their future, just like Fiderana.

"The messages really clicked with me. The things I learned about unsafe sex, and early pregnancy reinforced my conviction to stay in school" says Fiderana.



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: **January – March 2016**
 Organization: **Population Services International (PSI)**
 USAID Project Manager: **Jocelyne ANDRIAMIADANA, AOR**

Description	LOP Budget	Obligated Amount	Actual Expenditures: Jan – March 2016	Actual Expenditures: Inception to Date	Remaining Obligated Funds as of March 2016
Child Survival (CS)	11,761,729	5,882,096	637,639	6,438,786	(556,690)
Family Planning (FP)	15,009,572	7,035,063	848,103	8,245,062	(1,209,999)
Malaria (MAL)	10,051,752	10,449,024	1,015,042	6,874,253	3,574,771
TOTAL	\$ 36,823,053	\$ 23,366,183	\$ 2,500,784	\$ 21,558,101	\$ 1,808,082

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

Annex H:
Research Report: TRaC Family Planning Study 2015



TRAC SUMMARY REPORT
PSI DASHBOARD

**MADAGASCAR (2015): Family Planning TRaC Survey
Among Sexually Active Women of Reproductive Age
(15-49 years old)**

6th ROUND

Sponsored by:

Women's Health Project



PSI's Four Pillars

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

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

**MADAGASCAR (2015): Family Planning TRaC Survey
Among Sexually Active Women of Reproductive Age
(15-49 years old)**

PSI Research Division
2015

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Suggested citation of this work:

PSI Research Division, **MADAGASCAR (2015): Family Planning TRaC Survey Among Sexually Active Women of Reproductive Age (15-49 years old)**

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SUMMARY

BACKGROUND

Madagascar is an island nation with a high birth rate and a consummately large youth population. According to the 2008 population projection (INSTAT), by 2013 the population of Madagascar would include 5,211,832 women between the ages of 15-49 and 2,154,382 women between the ages of 15-24.

Modern contraceptive prevalence rate (MCPR) among women of reproductive age (WRA) was 8.3% in 1992 and steadily increasing. By 2009, the MCPR rose to 40.8% (DHS), yet this rate fell to 26.9% in 2012 according to the ENSMOD¹. Current use of modern contraceptives among married WRA follows the same trend with a low CPR of 5.1% in 1992 and 33.3% in 2012. The current TRaC study reported a MCPR of 37.9% among all women 15-49 years old and 42.2% among married WRA.

RESEARCH OBJECTIVES

PSI/Madagascar conducted the sixth round of the TRaC survey for Family Planning among women aged 15 to 49 and the third round of the TRaC survey for Family Planning among young women aged 15 to 24 in July and August 2015. This research was designed to evaluate and to monitor trends in modern contraceptive methods use, such as short and long term methods among sexually active women 15-49 years and the use of short term methods among sexually active women 15-24 years in rural areas. Segmentation analysis will specifically emphasize OAM² factors related to modern contraceptive use. The result of this survey will be used to provide evidence for social marketing decisions as well as to measure the impact of program interventions and strategies.

DESCRIPTION OF INTERVENTION

The five-year Integrated Social Marketing Program (2013-2017) funded by USAID allows PSI/Madagascar to promote use of modern family planning methods among women of reproductive age with a special focus on young women 15-24 years in rural areas through social marketing activities. These activities consist of product distribution (pharmaceutical, commercial and community-based), in particular the oral contraceptive *Pilplan* and the injectable contraceptive *Confiance*. The ISM Program's strategy also consists of product promotion via medical detailing and mass/IPC communication. ISM promotes behavior change communication through an integrated communications campaign that focus on rural populations promoting a series of health behaviors including use of FP methods for spacing or limiting births.

In addition to the USAID social marketing program, in the area of family planning and reproductive health, PSI/Madagascar receives funding from a private US based foundation under the Women's Health Project initiative. The Women's Health Project was launched in 2008 to improve the health of women of reproductive age and to reduce the maternal mortality rate. The program focuses on advocacy at the

¹ *Enquête Nationale sur le Suivi des Objectifs du Millénaire pour le Développement (2012/13)*

² *OAM: Opportunity, Ability and Motivation used to categorize output indicators*

higher levels of government and the Ministry of Health. The Women’s Health Project also works on promotion and distribution of FP methods, in particular long-term methods in both public and private franchised or non-franchised sector, behavior change communications for providers and consumers, and post-abortion care counseling for private franchise providers.

METHODOLOGY

For this 6th round, TRaC FP study used a two-stage cluster sampling design, using *fokontany* as a sample unit of measurement. *Fokontany* is the smallest designation of township in Madagascar, equivalent to a “village” or “hamlet.” In the first stage, 100 *fokontany* were randomly selected using probability proportionate to size. In the second stage, households within the chosen *fokontany* were selected using systematic sampling. All eligible WRAs in selected households were interviewed.

During the 2004 baseline survey, 2185 respondents were interviewed. In 2006, 2489 women were interviewed. In 2008, 1089 women were interviewed and in 2010, 3181 interviews were conducted. In 2012 and 2015, 2040 and 2735 interviews were conducted, respectively. Among women interviewed, only sexually active women (women who have had sexual intercourse), not pregnant, and not sterile (women who have not had a hysterectomy and are not postmenopausal) were included in the analysis.

Analysis was performed using SPSS version 21. Socio-demographic characteristics (age, education level, marital status and socioeconomic status) were controlled for in the analyses. Analysis consisted of Complex Samples General Linear Model (CSGLM) and logistic regression to examine trends over time, and to examine the association between program exposure and changes in health behaviors and Opportunity, Ability and Motivation (OAM) factors.

Coarsened exact matching (CEM³) was used for evaluation analysis in order to more accurately attribute changes observed in a population to the impact of the specific programs.

³ CEM reduces imbalances in covariates between ‘exposed’ and non-exposed groups in observational data.

MAIN FINDINGS

Monitoring Analysis

Modern contraceptive use among women of reproductive age (15-49 years)

- ❖ Overall, the proportion of women 15 to 49 years reporting current use of a modern family planning method increased significantly from 16.8% in 2004 to 29.9% in 2008 and to 37.9% in 2015 ($p < 0.001$).
Current use of modern family planning among women in union significantly increased from 37.1% in 2012 to 42.2% in 2015 [$p < 0.05$].
- ❖ IUD use remains low. Overall, current use of IUD among women 15-49 years old was 0.0% in 2004, 0.3% in 2008, and 1% in 2015. The same trend was observed for current use of implants as a modern contraceptive method with values relatively low varying from 0.2% in 2004, 2.3% in 2010 to 4.7% in 2015 [$p < 0.001$].
- ❖ Current use of oral contraceptives is still low and unchanged between 2012 and 2015 (7.1% in 2015). Similarly, current use of injectable contraceptives also remained unchanged over the last two survey rounds but is higher than oral contraceptives (23.1% in 2015).

Modern contraceptive use among youth women 15-24 years old

- ❖ Current use of modern family planning among rural women 15-24 years increased significantly from 31.9% in 2012 to 41.0% in 2015 [$p < 0.01$]. Among the same population, current use of pill or injectable significantly increased from 26.6% in 2012 to 34.0% in 2015 [$p < 0.05$].
- ❖ Current use of *Pilplan* among women 15-24 years in rural areas remains unchanged: 4.1% in 2012 and 7.1% in 2015. Similarly, current use of *Confiance* did not change over time; 2.7% in 2012 and 4.8% in 2015. However, current use of injectable contraceptives among the same population increased significantly from 19.4% in 2012 to 25.2% in 2015 [$p < 0.05$].
- ❖ The proportion of those who ever used emergency contraception is still very low and remains the same: 0.1% in 2012 and 0.6% in 2015.

Factors influencing family planning among 15-49 years old women

- ❖ Perceived availability of long-term methods (LTM) increased significantly from 2012 to 2015:
 - Women that can indicate where IUD services are available significantly increased from 37.5% to 52.7% [$p < 0.001$].
 - Women that can indicate where implant services are available significantly increased from 48.6% to 59.6% [$p < 0.001$].
- ❖ No significant change was observed in perceived affordability for LTM services over time.
- ❖ The percentage of women who stated that “IUD is an effective contraceptive method for women like me” dropped significantly from 82.9% in 2012 to 76.8% in 2015 [$p < 0.01$].

- ❖ Percentage of women who reported that their husband accept them using IUD or implant remained unchanged between 2012 (50.5%) and 2015 (47.6%, $p>0.05$).
- ❖ Percentage of women who believe IUDs do not affect the quality of sexual relations with their partner declined significantly from 46.2% in 2012 to 38.9% in 2015 [$p<0.01$].
- ❖ Perceived availability of post-abortion care (PAC) service among women 15 to 49 years increased significantly from 40.1% in 2012 to 55.4% in 2015 [$p<0.001$].
- ❖ Percentage of women reporting incorrect beliefs with regard to side effects decreased significantly between the two last survey rounds for IUD users: 62.7% in 2012 and 51.1% in 2015 [$p<0.001$].

Factors influencing family planning among women 15-24 years

- ❖ Perceived ability to use pills among women 15-24 years significantly dropped from 81.5% in 2012 to 69.3% in 2015 [$p<0.01$] while perception on ability to use injectable remained high and unchanged over time (91.8% in 2012 and 90.9% in 2015).
- ❖ Percentage of women 15-24 years who thought injectable contraceptives are easy to use greatly improved from 55.3% in 2012 to 77.6% in 2015 [$p<0.001$].
- ❖ Percentage of women reporting incorrect beliefs with regard to side effects decreased significantly between the two last survey rounds for the following methods:
 - Pills among women 15-24 years living in rural areas, from 72.6% in 2012 to 68.2% in 2015 [$p<0.05$].
 - Injectable contraceptives among women 15-24 years living in rural areas, from 76.9% in 2012 to 65.5% in 2015 [$p<0.01$].

Segmentation Analysis

The results of the segmentation analysis for injectable contraceptives indicated that the probability of currently using this contraceptive method among women 15-49 years increases with:

- Social support: Women reporting social support to use injectable contraceptives are more likely to use them as a family planning method than those with no such support [OR=6.11, $p<0.001$].
- Self-efficacy: Women who felt that they are able to use injectable contraceptives are more likely to use them as a contraceptive method than those without such self-efficacy [OR=20.75, $p<0.001$].
- Beliefs: Women who reported no incorrect beliefs with regard to side effects of injectable contraception are more likely to use this method than those with incorrect beliefs [OR=1.89, $p<0.001$].

Segmentation analysis for pills showed similar results indicating that the probability of currently using pills as contraceptive method among women 15-49 years increases with:

- Social support: Women reporting social support to use pills are more likely to use oral contraceptive as a family planning method than those with no such support [OR=8.55, $p<0.001$].
- Self-efficacy: Women who felt that they are able to use pills are more likely to use pills as contraceptive method than those without such self-efficacy [OR=11.91, $p<0.001$].
- Beliefs: Women who reported no incorrect beliefs with regard to side effects of oral contraceptive are more likely to use this methods than those with incorrect beliefs [OR=2.52, $p<0.01$].

Evaluation Analysis

Evaluation analysis shows that exposure to PSI mass media messages on family planning among women 15-49 years is associated with:

- ❖ Increased use of modern family planning methods among married women. The percentages were 33.0% among non-exposed women compared to 39.2% among exposed women [$p<0.05$]
- ❖ Increased current use of IUD: 1.0% among exposed group reported this behavior compared to 0.1% among non exposed group [$p<0.05$]
- ❖ Increased perceived affordability: proportion of women having this perception was 80.3% among exposed compared to 68.0% among non-exposed [$p<0.001$]
- ❖ Increased perceived social support: perceived social support was 71.2% among exposed compared to 65.7% among non-exposed [$p<0.001$]
- ❖ Increased outcome expectation: About 87.9% women among those exposed reported positive benefits of modern FP methods compared to 75.5% among the non-exposed [$p<0.001$]
- ❖ No impact of mass media was observed on current use of oral contraceptives or injectable contraceptives or on the use of *Pilplan* and *Confiance* [$p>0.05$]

Evaluation analysis shows that exposure to IPC message on family planning among women 15-49 years is associated with:

- ❖ Increased use of modern family planning methods among married women. The proportions were 35.2.0% among non-exposed women compared to 50.1% among exposed women [p<0.05]
- ❖ Decreasing current use of *Confiance*: 0.0% among exposed group reported this behavior compared to 4.0% among non-exposed group [p<0.05]
- ❖ Increased perception on outcome expectation: proportion of women having positive outcome expectation by using modern contraceptive methods was 84.7% among exposed compared to 80.9% among non-exposed [p<0.05]

MONITORING TABLES

Table 1. Trends and Levels of Indicators on current use of modern contraceptive methods among sexually active Women 15-49 years old in Madagascar, 2004 through 2015.

NATIONAL

INDICATORS	2004 (N=1814)	2006 (N=2099)	2008 (N=984)	2010 (N=2326)	2012 (N=1544)	2015 (N=2015)	Sig.
BEHAVIOR/USE	%	%	%	%	%	%	
- Currently using modern family planning methods (among women 15-49 years)	16.8 ^a	20.4 ^b	29.9 ^c	27.8 ^c	34.7 ^d	37.9 ^d	***
- Currently using IUD as contraceptive method	0.0 ^a	0.0 ^a	0.3 ^{abc}	0.2 ^{ba}	0.8 ^{ce}	1.0 ^e	***
- Currently using modern family planning methods (among married women)	18.0 ^a	22.1 ^a	33.6 ^{bc}	30.1 ^b	37.1 ^c	42.2 ^d	***
OPPORTUNITY							
Availability							
- Perceived that LTM services are available	na	na	na	46.7 ^a	51.9 ^a	62.6 ^b	***
- Can indicate where IUD services are available	na	na	na	45.7 ^a	37.5 ^b	52.5 ^c	***
- Can indicate where implant services are available	na	na	na	62.2 ^a	48.6 ^b	59.6 ^a	***
- Can indicate where post-abortion care services are available	na	na	na	na	40.1 ^a	55.4 ^b	***
Affordability							
- Perceived that IUD services are affordable	na	na	93.4 ^a	61.9 ^b	50.0 ^c	50.9 ^c	***
- Perceived that implant services are affordable	na	na	93.4 ^a	66.3 ^b	57.5 ^c	56.7 ^c	***
Social norm for IUD							
- Who report that "IUD is an effective contraceptive method for women like me"	na	na	na	na	82.9 ^a	76.8 ^b	**
ABILITY	%	%	%	%	%	%	
Social Support							
- Women supported by their partners on use of modern contraceptives	na	na	na	na	67.3 ^a	62.9 ^a	ns
- Reported that husbands accept their wife using IUD	na	na	na	38.6 ^a	50.5 ^b	47.6 ^b	**
- Reported that husbands accept their wife using implant	na	na	na	60.7 ^a	58.3 ^a	59.0 ^a	ns
Knowledge							

INDICATORS	2004 (N=1814)	2006 (N=2099)	2008 (N=984)	2010 (N=2326)	2012 (N=1544)	2015 (N=2015)	Sig.
- Who can cite warning signs of miscarriage or other complications during pregnancy that require going to the health facility	na	na	na	na	48.9 ^a	48.4 ^a	ns

MOTIVATION	%	%	%	%	%	%	
Threat							
- Who reported that unsafe abortion is dangerous for health	na	na	na	90.5 ^a	94.2 ^b	95.3 ^b	***
Belief for IUD and implant							
- Believe that IUDs do not “migrate” to distant parts of the body	na	na	67.5 ^a	53.7 ^b	62.1 ^a	63.1 ^a	**
- Believed that IUD do not affect the quality of sexual relations with partner	na	na	42.3 ^{ac}	33.6 ^{bc}	46.2 ^a	38.9 ^c	***
- Reported incorrect beliefs with regard to side effects of IUD	na	na	na	na	62.7 ^a	51.1 ^b	***
- Reported no myths or misconceptions regarding modern FP methods	na	na	na	na	91.0	93.1 ^b	*
Outcome expectation							
- Who expect that using modern contraceptive methods allows them to plan their next pregnancy (limit, space, postpone)	na	na	na	57.1 ^a	99.9 ^b	99.7 ^b	***
- Reported that IUD are highly effective to prevent unwanted pregnancy	na	na	91.8 ^a	86.9 ^{ab}	85.7 ^b	85.8 ^b	**
- Thought that IUD is reversible	na	na	81.4 ^a	83.6 ^a	91.5 ^b	90.6 ^b	***

EXPOSURE	%	%	%	%	%	%	
- Remembered the campaign of IUD	na	na	na	3.6 ^a	7.5 ^b	1.8 ^a	***
- Remembered the message of IUD	na	na	na	na	3.1 ^a	1.9 ^b	**

MARKET SHARE	%	%	%	%	%	%	
- Social Marketing	44.2 ^a	39.1 ^a	41.6 ^a	41.9 ^a	29.2 ^b	31.4 ^b	***
- Other brand	56.2 ^a	61.2 ^a	58.9 ^a	58.2 ^a	71.0 ^b	68.6 ^b	***

OTHERS INDICATORS	2004 (N=1814)	2006 (N=2099)	2008 (N=984)	2010 (N=2326)	2012 (N=1544)	2015 (N=2015)	Sig.
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INDICATORS	2004 (N=1814)	2006 (N=2099)	2008 (N=984)	2010 (N=2326)	2012 (N=1544)	2015 (N=2015)	Sig.
BEHAVIOR/USE	%	%	%	%	%	%	
- Currently using Implant as contraceptive method	0.2 ^a	0.5 ^a	1.8 ^b	2.3 ^b	4.1 ^c	4.7 ^c	***
- Ever experienced an unwanted pregnancy	na	na	na	11.7 ^a	7.4 ^b	70.6 ^c	***
- IUD acceptors that are method switchers	na	na	na	na	56.1 ^a	67.1 ^a	ns
- Currently using PILPLAN	3.7 ^a	4.7 ^{ab}	4.7 ^{ab}	4.3 ^a	4.4 ^a	6.1 ^b	ns
- Currently using CONFIANCE	2.7 ^a	2.3 ^a	5.9 ^b	5.3 ^b	5.5 ^b	5.5 ^b	***
Social Support							
- Women who are able to convince partner to use pill	na	na	na	70.0 ^a	73.2 ^{ab}	77.7 ^b	**
- Women who are able to convince partner to use injectable contraceptive	na	na	na	73.3 ^a	79.6 ^b	81.1 ^b	***
Outcome Expectation							
- Thought that implant is reversible	na	na	84.3 ^a	86.7 ^a	89.6 ^b	92.0 ^b	***
EXPOSURE							
- Sexually active women 15-49 years who remember the campaign on injectable contraceptive or pills	na	na	na	na	2.4 ^a	0.1 ^b	***
- Sexually active women 15-49 years who remember the message from injectable contraceptive or pills campaign	na	na	na	na	1.0	0.0	***

Note:

1. Percentages and means across survey rounds are adjusted for key demographic characteristics, including age, education, marital status and socio-economic status
2. na: not applicable
3. ns: not significant; *: p<.05; **: p<.01; ***: p<.001.
4. Superscripts denote pair-wise comparisons. Significance testing results for pair-wise comparisons can be presented using letters. For example, means/percentages with the same letter in their superscripts do not differ significantly from one another according to a Least Significant Distance (LSD) test with a .05 limit on family wise error rate.

Table 2. Trends and Levels of Indicators on current use of pills or injectable contraceptive methods among sexually active women 15-24 years old in Rural Madagascar, 2010 through 2015

INDICATORS	2010 (N=672)	2012 (N=433)	2015 (N=371)	Sig.
BEHAVIOR/USE	%	%	%	
- Currently using modern family planning methods	23.5 ^a	31.9 ^b	41.0 ^c	***
- Currently using pills or injectable as contraceptive methods	20.5 ^a	26.6 ^b	34.0 ^c	***
OPPORTUNITY		%	%	
Availability				
- Can indicate where oral contraceptives are available	na	77.5 ^a	73.6 ^a	ns
- Can indicate where injectable contraceptive services are available	na	76.8 ^a	77.5 ^a	ns
- Can indicate where post-abortion care services are available	na	43.5 ^a	43.5 ^a	ns
ABILITY	%	%	%	
Self-efficacy				
- Felt that they are able to use pills	na	81.1	69.5 ^b	ns
- Felt that they are able to use injectable contraceptives	na	91.8 ^a	90.9 ^a	ns
MOTIVATION	%	%	%	
Belief for pill				
- Reported incorrect beliefs with regard to side effects of oral contraceptive	93.8 ^a	71.5 ^b	68.2 ^c	***
Belief for injectable				
- Reported incorrect beliefs with regard to side effects of injectable contraceptive	93.1 ^a	76.9 ^b	66.3 ^c	***
EXPOSURE	%	%	%	
- Remembered oral contraceptive campaign	na	1.6 ^a	2.5 ^b	ns
- Remembered oral contraceptive message	na	0.0	0.0	ns
- Remembered injectable contraceptive campaign	na	0.3 ^a	2.8 ^b	**
- Remembered injectable contraceptive message	na	0.0	0.0	ns
MARKET SHARE	%	%	%	
- Social Marketing	41.6 ^a	68.6 ^b	83.9 ^b	***
- Other brand	58.4 ^a	31.4 ^b	16.1 ^b	***

OTHERS INDICATORS	2010 (N=672)	2012 (N=433)	2015 (N=371)	Sig.
BEHAVIOR	%	%	%	
- Currently using <i>Pilplan</i>	4.1 ^a	4.0 ^a	7.1 ^a	ns
- Currently using <i>Confiance</i>	4.4 ^a	2.7 ^a	4.8 ^a	ns
- Currently using pills as contraceptive method	5.3 ^a	7.1 ^a	8.8 ^a	ns
- Currently using injectable as contraceptive method	15.2 ^a	19.4 ^a	25.2 ^b	**
- Ever used pills or injectable as contraceptive method	31.2 ^a	46.3 ^b	30.2 ^a	***
- Ever used pills as contraceptive method	13.5 ^a	20.2 ^b	19.3 ^b	**
- Ever used injectable as contraceptive method	22.1 ^a	32.4 ^b	21.3 ^a	**
- Ever experienced an unwanted pregnancy	12.0 ^a	3.4 ^b	17.3 ^a	***
Self-Efficacy for pill				
- Thought that oral contraceptive are easy to use	41.1 ^a	41.3 ^a	42.9 ^a	*
- Able to convince their partner to use oral contraception	72.0 ^a	72.0 ^a	76.2 ^a	**
Self-Efficacy for injectable contraceptive				
- Thought that injectable contraceptive are easy to use	68.6 ^a	55.3 ^b	77.6 ^c	***
- Able to convince their partner to use injectable contraceptive	76.1 ^a	80.7 ^{ab}	81.3 ^b	ns
Threat				
- Belief that unsafe abortion is dangerous for health	94.8 ^a	91.0 ^b	95.7 ^{ab}	ns
Outcome Expectation				
- Believe that using modern contraceptive methods allows them to plan their next pregnancy (limit, space, postpone)	68.6 ^a	100.0 ^b	98.3 ^c	***
- Believed that oral contraceptives are reversible	94.8 ^a	85.9 ^b	90.3 ^b	***
- Believed that injectable contraceptives are reversible	95.8 ^a	88.5 ^b	91.4 ^b	**

EMERGENCY CONTRACEPTION	2010 (N=672)	2012 (N=433)	2015 (N=371)	Sig.
- Ever heard of EC	2.9 ^a	10.4 ^b	13.8 ^b	***
- Ever used EC	0.5 ^a	0.0 ^a	0.6 ^a	ns

Note:

- Percentages and means across survey rounds are adjusted for key demographic characteristics, including age, education, marital status and socio-economic status
- n/a: not applicable
- ns: not significant; *: $p < .05$; **: $p < .01$; ***: $p < .001$.
- Superscripts denote pair-wise comparisons. Significance testing results for pair-wise comparisons can be presented using letters. For example, means/percentages with the same letter in their superscripts do not differ significantly from one another according to a Least Significant Distance (LSD) test with a .05 limit on family wise error rate.

SEGMENTATION TABLE

Table 3. Behavioural determinants of the use of contraceptive injectable among women 15 to 49 years in Madagascar Nationally, 2015

INDICATORS	Behaver (N= 500) (22.8%)	Non- Behaver (N= 1555) (77.2%)	OR	Sig.
OPPORTUNITY				
<i>Availability</i>	12.6	25.1	0.544	***
<i>Affordability</i>	82.6	88.1	0.541	***
<i>Social support</i>	89.9	69.4	6.114	***
ABILITY				
<i>Self efficacy</i>	96.7	79.7	20.754	***
MOTIVATION				
<i>Belief in injectable contraception</i>	69.4	57.0	1.886	***

- ns: not significant; *: $p < .05$; **: $p < .01$; ***: $p < .001$.
- Pseudo $R^2 = 17.6\%$
- OR= Odds Ratio

Table 4. Behavioural determinants of the use of oral contraceptive among women 15 to 49 years in Madagascar nationally, 2015

INDICATORS	Behaver (N= 145) (7.2%)	Non-Behaver (N= 1871) (92.8%)	OR	Sig.
OPPORTUNITY				
<i>Availability</i>	10.5	28.5	0.365	**
<i>Affordability</i>	86.9	83.6	0.740	ns
<i>Social support</i>	90.7	69.7	8.549	***
ABILITY				
<i>Self efficacy</i>	85.8	55.2	11.911	***
MOTIVATION				
<i>Belief in oral contraception</i>	59.2	46.8	2.520	**

- ns: not significant; *: $p < .05$; **: $p < .01$; ***: $p < .001$.
- Pseudo $R^2 = 18.3\%$
- OR= Odds Ratio

EVALUATION TABLES

Table 5. Effectiveness of exposure to Mass Media Messages on Family Planning and its correlates among 15-49 years old women in Madagascar, 2015

INDICATORS	Not exposed (N=1017)	Exposed (N=726)	Sig.
BEHAVIOR/USE	%	%	
- Currently using modern family planning methods	33.4	36.8	ns
- Currently using modern family planning methods (among married women)	33.0	39.2	*
- Currently using IUD as contraceptive methods	0.1	1.0	*
- Currently using implant as contraceptive methods	3.5	5.4	ns
- Currently using IUD or Implant as contraceptive methods	3.7	6.4	*
- Currently using oral contraceptive as contraceptive method	4.9	5.9	ns
- Currently using injectable contraceptive as contraceptive method	23.5	22.3	ns
- Currently using <i>Pilplan</i>	4.1	4.4	ns
- Currently using <i>Confiance</i>	4.0	3.7	ns
OPPORTUNITY	%	%	
Availability			
- Affordability	68.0	80.3	***
ABILITY	%	%	
Knowledge			
- Social Support	65.7	71.2	***
MOTIVATION			
Belief			
Outcome Expectation	75.5	87.9	***

Note

- ns: not significant, *: $p < .05$; **: $p < .01$; *** $p < .001$

- Population characteristics controlled for are age, education, marital status, and socio-economic status

- WRA were matched through Coarsened Exact Matching where treatment variable is the exposure to mass media campaign and matching variables are marital status, level of education, age, socio-economic status and place of residence. Multivariate imbalance measure $L1=0.00$

- Exposure refers to:

- Not exposed: refers to 0 activities

- Exposed refers to someone who listens radio or watch TV or reads magazine/newspaper

Table 6. Effectiveness of exposure to IPC messages on Family Planning and its correlates among 15-49 years old women in Madagascar, 2015

INDICATORS	Not exposed (N=1 704)	Exposed (N=39)	Sig.
BEHAVIOR/USE	%	%	
- Currently using modern family planning methods	34.7	40.7	ns
- Currently using modern family planning methods (among married women)	35.2	50.1	*
			Sig.
- Currently using IUD as contraceptive method	0.5	0.0	ns
- Currently using implant as contraceptive method	4.2	10.1	ns
- Currently using IUD or implant as contraceptive method	4.7	10.1	ns
			Sig.
- Currently using oral contraceptive as contraceptive method	5.2	7.7	ns
- Currently using injectable contraceptive as contraceptive methods	23.1	20.3	ns
- Currently using <i>Pilplan</i>	4.2	7.8	ns
- Currently using <i>Confiance</i>	4.0	0.0	*
OPPORTUNITY	%	%	Sig.
Availability			
- Affordability	73.4	70.2	ns
ABILITY	%	%	Sig.
Knowledge			
- Social Support	67.8	77.3	ns
MOTIVATION			Sig.
Belief			
Outcome Expectation	80.9	84.7	*

Note

- ns: not significant, *: $p < .05$; **: $p < .01$; *** $p < .001$

- Population characteristics controlled for are age, education, marital status, and socio-economic status

- WRA were matched through Coarsened Exact Matching where treatment variable is the exposure to IPC and matching variables are marital status, level of education, age, socio-economic status and place of residence. Multivariate imbalance measure $L1=0.00$

- Exposure refers to:

- Not exposed: refers to 0 activities

- Exposed refers to someone involved into focus group or individual IPC or home visit

APPENDIX

Monitoring Table (continued)

Table 7. Trends and Levels of Indicators on current use of modern contraceptive methods among sexually active Women 15-49 years old in RURAL Madagascar, 2004 through 2015

INDICATORS	2004 (N=1445)	2006 (N=1591)	2008 (N=815)	2010 (N=1966)	2012 (N=1311)	2015 (N=1058)	Sig.
BEHAVIOR/USE	%	%	%	%	%	%	
- Currently using modern family planning method (among women 15-49 years)	14.5 ^a	19.7 ^b	29.8 ^{cd}	27.1 ^c	33.9 ^d	38.7 ^e	***
- Currently using IUD as contraceptive method	0.0 ^{ab}	0.0 ^a	0.2 ^{ab}	0.2 ^{ab}	0.7 ^b	0.7 ^b	**
- Currently using modern family planning methods (among married women)	15.1 ^a	21.1 ^b	33.2 ^{cd}	28.9 ^c	35.9 ^d	43.3 ^e	***
OPPORTUNITY	%	%	%	%	%	%	
Availability							
- Perceived that LTM services are available	na	na	na	46.1 ^a	51.8 ^a	61.5 ^b	***
- Can indicate where IUD services are available	na	na	na	41.6 ^{ab}	36.5 ^a	50.5 ^b	***
- Can indicate where implant services are available	na	na	na	60.2 ^a	48.1 ^b	58.5 ^c	***
- Can indicate where post-abortion care services are available	na	na	na	na	39.3 ^a	52.6 ^b	***
Affordability							
- Perceived that IUD services are affordable	na	na	92.5 ^a	60.0 ^b	44.8 ^c	53.0 ^b	***
- Perceived that implant services are affordable	na	na	93.0 ^a	64.9 ^b	54.4 ^c	55.2 ^c	***
Social norm for IUD							
- Who report that "IUD is an effective contraceptive method for women like me"	na	na	na	na	82.2 ^a	78.1 ^a	ns
ABILITY	%	%	%	%	%	%	
Social Support							

- Women supported by their partners on use of modern contraceptives	na	na	na	na	70.8 ^a	63.1 ^b	**
- Thought that husbands accept their wife using IUD	na	na	na	39.6 ^a	53.3 ^b	48.0 ^{ab}	**
- Thought that husbands accept their wife using implant	na	na	na	63.0 ^a	58.9 ^a	58.8 ^a	ns
Knowledge							
- Who can cite warning signs of miscarriage or other complications during pregnancy that require going to the health facility	na	na	na	na	48.6 ^a	45.4 ^a	ns

MOTIVATION	%	%	%	%	%	%	
Threat							
- Who reported that unsafe abortion is dangerous for health	na	na	na	90.3 ^a	93.8 ^b	95.2 ^b	***
Belief for IUD and implant							
- Believe that IUDs do not “migrate” to distant parts of the body	na	na	67.3 ^a	55.4 ^b	58.3 ^a	63.3 ^{ab}	*
- Believed that IUDs do not affect the quality of sexual relations with partner	na	na	40.9 ^a	33.6 ^a	43.1 ^a	42.0 ^a	ns
- Reported incorrect beliefs with regard to side effects of IUDs	na	na	na	na	65.8 ^a	50.7 ^b	***
- Reported no myths or misconceptions regarding modern FP methods	na	na	na	na	90.6 ^a	92.6 ^a	ns
Outcome expectation							
- Who expect that using modern contraceptive methods allows them to plan their next pregnancy (limit, space, postpone)	na	na	na	57.8 ^a	99.6 ^b	99.3 ^b	***
- Reported that IUDs are highly effective to prevent unwanted pregnancy	na	na	91.4 ^a	86.9 ^{ab}	84.2 ^b	86.1 ^{ab}	*
- Thought that IUDs are reversible	na	na	83.4 ^a	82.4 ^a	91.2 ^b	91.7 ^b	**

EXPOSURE	%	%	%	%	%	%	
- Remembered IUD campaign	na	na	na	2.6 ^a	4.2 ^b	1.2 ^a	**
- Remembered IUD message	na	na	na	na	1.7 ^a	1.5 ^a	ns

MARKET SHARE	%	%	%	%	%	%	
- Social Marketing	38.8 ^{ac}	73.4 ^b	37.5 ^{ac}	41.4 ^a	27.4 ^c	33.0 ^c	***

OTHERS INDICATORS	2004 (N=1445)	2006 (N=1591)	2008 (N=815)	2010 (N=1966)	2012 (N=1311)	2015 (N=1058)	Sig.
BEHAVIOR/USE	%	%	%	%	%	%	
- Currently using implant as contraceptive method	0.3 ^a	0.1 ^a	1.8 ^b	2.3 ^b	4.2 ^c	3.9 ^c	***
- Ever experienced an unwanted pregnancy	na	na	na	12.0 ^a	7.1 ^b	71.4 ^c	***
- IUD acceptors that are method switchers	na	na	na	na	60.6 ^a	79.3 ^a	ns
- Currently using <i>Pilplan</i>	2.8 ^a	4.5 ^{bc}	4.0 ^{ab}	4.1 ^{ab}	3.9 ^{ab}	6.6 ^c	**
- Currently using <i>Confiance</i>	2.3 ^a	1.9 ^a	5.6 ^b	5.2 ^b	5.4 ^b	5.9 ^b	***
Social Support							
- Women who are able to convince partner to use oral contraceptives	na	na	na	69.3 ^a	72.3 ^a	79.1 ^b	**
- Women who are able to convince partner to use injectable contraceptives	na	na	na	72.9 ^a	79.9 ^b	83.1 ^b	***
Outcome Expectation							
- Thought that implant is reversible	na	na	85.8 ^a	87.7 ^{ab}	89.7 ^b	92.7 ^b	*

EXPOSURE							
- Sexually active women 15-49 years who remember the campaign on injectable or oral contraceptives	na	na	na	na	1.5 ^a	0.0 ^b	*
- Sexually active women 15-49 years who remember the message from injectable or oral contraceptive campaign	na	na	na	na	0.6 ^a	0.3 ^b	*

Note:

- Percentages and means across survey rounds are adjusted for key demographic characteristics, including age, education, marital status and socio-economic status
- na: not applicable
- ns: not significant; *: p<.05; **: p<.01; ***: p<.001.

- Superscripts denote pair-wise comparisons. Significance testing results for pair-wise comparisons can be presented using letters. For example, means/percentages with the same letter in their superscripts do not differ significantly from one another according to a Least Significant Distance (LSD) test with a .05 limit on family wise error rate.

Table 8. Trends and Levels of Indicators on current use of modern contraceptive methods among sexually active Women 15-49 years old in URBAN Madagascar, 2004 through 2015

INDICATORS	2004 (N=369)	2006 (N=508)	2008 (N=169)	2010 (N=360)	2012 (N=233)	2015 (N=958)	Sig.
BEHAVIOR/USE	%	%	%	%	%	%	
- Currently using modern family planning method (among women 15-49 years)	24.8 ^{ab}	22.8 ^a	30.7 ^{bc}	32.1 ^c	39.4 ^d	36.7 ^d	***
- Currently using IUD as contraceptive method	0.0 ^{ab}	0.1 ^a	0.6 ^{bcd}	0.4 ^{bc}	0.9 ^{bd}	1.3 ^d	***
- Currently using modern family planning methods (among married women)	29.1 ^{ab}	25.5 ^a	36.3 ^{bd}	38.0 ^{bd}	44.6 ^{cd}	41.1 ^d	***
OPPORTUNITY	%	%	%	%	%	%	
Availability							
- Perceived that LTM services are available	na	na	na	48.8 ^a	51.5 ^a	62.9 ^b	****
- Can indicate where IUD services are available	na	na	na	56.9 ^a	39.3 ^b	53.3 ^c	***
- Can indicate where implant services are available	na	na	na	67.5 ^a	47.6	60.1	***
- Can indicate where post-abortion care services are available	na	na	na	na	44.2 ^a	57.7 ^b	***
Affordability							
- Perceived that IUD services are affordable	na	na	93.1 ^a	68.9 ^b	63.0 ^b	48.2 ^c	***
- Perceived that implant services are affordable	na	na	92.7 ^a	72.3 ^b	70.6 ^b	56.9 ^c	***
Social norm for IUD							
- Who report that "IUD is an effective contraceptive method for women like me"	na	na	na	na	84.1 ^a	75.5 ^b	**
ABILITY	%	%	%	%	%	%	

Social Support							
- Women supported by their partners on use of modern contraceptives	na	na	na	na	59.8 ^a	63.4 ^a	ns
- Thought that husbands accept their wife using IUD	na	na	na	38.3 ^a	46.3 ^b	47.4 ^b	***
- Thought that husbands accept their wife using implant	na	na	na	52.1 ^a	55.8 ^{ab}	59.6 ^b	*
Knowledge							
- Who can cite warning signs of miscarriage or other complications during pregnancy that require going to the health facility	na	na	na	na	49.5 ^a	52.0 ^a	ns

MOTIVATION	%	%	%	%	%	%	
Threat							
- Who reported that unsafe abortion is dangerous for health	na	na	na	92.1 ^a	96.8 ^{ab}	95.0 ^b	***
Belief for IUD and implant							
- Believe that IUDs do not “migrate” to distant parts of the body	na	na	66.4 ^a	51.4 ^b	71.1 ^a	63.2 ^b	***
- Believed that IUD do not affect the quality of sexual relations with partner	na	na	46.2 ^a	35.2 ^b	53.7 ^c	35.9 ^b	***
- Reported incorrect beliefs with regard to side effects of IUD	na	na	na	na	55.9 ^a	51.5 ^a	ns
- Reported no myths or misconceptions regarding modern FP methods	na	na	na	na	92.6 ^a	93.6 ^a	ns
Outcome expectation							
- Who expect that using modern contraceptive methods allows them to plan their next pregnancy (limit, space, postpone)	na	na	na	54.3 ^a	100 ^b	99.8 ^b	****
- Reported that IUD are highly effective to prevent unwanted pregnancy	na	na	93.8 ^a	86.9 ^b	89.5 ^{ab}	85.2 ^b	***
- Thought that IUD is reversible	na	na	74.8 ^a	86.2 ^b	93.1 ^c	88.2 ^b	***

EXPOSURE	%	%	%	%	%	%	
- Remembered the campaign of IUD	na	na	na	7.7 ^a	24.6 ^b	2.3 ^c	***

- Remembered the message of IUD	na	na	na	na	9.4 ^a	2.7 ^b	***
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MARKET SHARE	%	%	%	%	%	%	
- Social Marketing	58.6 ^a	50.9 ^{ab}	57.8 ^a	42.7 ^b	34.6 ^c	31.5 ^c	***
- Other brand	42.9 ^a	50.2 ^{ab}	43.6 ^a	57.6 ^b	66.2 ^c	69.8 ^c	***

OTHERS INDICATORS	2004 (N=369)	2006 (N=508)	2008 (N=169)	2010 (N=360)	2012 (N=233)	2015 (N=958)	Sig.
BEHAVIOR/USE	%	%	%	%	%	%	
- Currently using implant as contraceptive method	0.1 ^a	1.8 ^{ab}	2.1 ^b	2.3 ^b	3.5 ^b	6.3 ^c	***
- Ever experienced an unwanted pregnancy	na	na	na	10.0 ^a	8.6 ^a	69.4 ^b	***
- IUD users who are method switchers	na	na	na	na	57.1 ^a	60.1 ^a	ns
- Currently using <i>Pilplan</i>	7.2 ^a	5.8 ^a	7.8 ^a	5.4 ^a	7.1 ^a	5.8 ^a	ns
- Currently using <i>Confiance</i>	4.3 ^a	3.9 ^{ac}	7.5 ^b	5.5 ^{bc}	5.9 ^{abc}	3.0 ^c	ns
Social Support							
- Women who are able to convince partner to use oral contraceptive	na	na	na	73.3 ^a	77.7 ^a	75.6 ^a	ns
- Women who are able to convince partner to use injectable contraceptive	na	na	na	75.7 ^a	78.8 ^a	78.6 ^a	ns
Outcome Expectation							
- Thought that implant is reversible	na	na	75.9 ^a	87.2 ^b	90.1 ^b	93.2 ^b	***

EXPOSURE							
- Sexually active women 15-49 years who remember the campaign on injectable or oral contraceptives	na	na	na	na	9.9 ^a	0.2 ^b	***
- Sexually active women 15-49 years who remember the message from injectable or oral contraceptive campaign	na	na	na	na	3.6 ^a	0.0 ^b	*

Note:

- Percentages and means across survey rounds are adjusted for key demographic characteristics, including age, education, marital status and socio-economic status
- na: not applicable
- ns: not significant; *: $p < .05$; **: $p < .01$; ***: $p < .001$.

- *Superscripts denote pair-wise comparisons. Significance testing results for pair-wise comparisons can be presented using letters. For example, means/percentages with the same letter in their superscripts do not differ significantly from one another according to a Least Significant Distance (LSD) test with a .05 limit on family wise error rate.*

Table 9. Levels of contraceptive methods use by population characteristics

BEHAVIOR/USE

	Currently using modern family planning method (among women 15-49 years)	Currently using modern family planning methods (among married women)	Currently using IUD as contraceptive method	Currently using Implant as contraceptive methods	Currently using PILPLAN	Currently using CONFIANCE
Age						
15 - 24	37.6	43.8	0.1	4.2	6.0	3.7
25 - 34	43.9	48.2	1.9	6.0	5.3	4.3
35 - 49	32.7	37.1	1.0	3.9	5.3	3.3
Zone						
Rural	39.7	44.5	0.8	4.2	6.3	4.7
Urban	36.0	41.1	1.3	6.0	4.8	2.8
Education						
Primary or less	36.0	39.9	0.7	5.1	4.8	3.6
Secondary or more	40.7	47.7	1.4	4.1	6.7	4.0
Marital status						
Not married	27.1	NA	0.2	2.4	4.8	3.0
Married	42.8	42.8	1.4	5.7	5.9	4.1
Household wealth index						
Lowest	22.6	24.4	0.6	3.1	1.2	4.3
Second	38.4	46.3	0.0	5.8	4.4	2.8
Middle	39.7	40.8	0.6	6.2	5.0	5.8
Fourth	40.7	45.8	1.3	4.4	6.6	2.5
Highest	37.2	44.5	2.0	3.1	7.5	4.1
Total	37.9	42.2	1.0	5.3	6.1	5.5

OPPORTUNITY

	Availability				Affordability	
	Perceived that LTM services are available	Can indicate where IUD services are available	Can indicate where implant services are available	Can indicate where post abortion care services are available	Perceived that IUD services are affordable	Perceived that Implants services are affordable
Age						
15 - 24	61.2	47.3	59.5	52.5	49.0	53.2
25 - 34	65.6	54.8	61.5	55.6	49.6	55.4
35 - 49	60.4	53.2	57.7	59.9	54.5	60.1
Zone						
Rural	42.1	51.0	59.0	54.3	54.1	56.0
Urban	37.5	52.9	60.1	57.9	47.9	56.8
Education						
Primary or less	56.2	42.4	53.2	51.5	44.5	51.1
Secondary or more	70.1	59.1	67.5	62.3	55.9	63.0
Marital status						
Not married	63.3	54.5	59.8	52.7	49.5	53.8
Married	62.0	51.0	59.4	57.5	51.7	57.5
Household wealth index						
Lowest	54.4	42.9	54.8	41.6	20.6	33.8
Second	56.5	34.0	54.5	43.7	32.5	45.2
Middle	57.9	44.3	56.2	54.8	42.9	51.3
Fourth	65.8	54.6	61.3	62.2	54.5	60.4
Highest	69.0	61.1	66.4	63.7	61.9	72.5
Total	62.6	52.5	59.6	56.0	50.9	56.4

ABILITY

	Social norm for IUD	Social Support					Knowledge
	Who report that "IUD is an effective contraceptive method for women like me"	Women supported by their partners on use of modern contraceptives	Report that husbands accept their wife using IUD	Report that husbands accept their wife using implant	Women who are able to convince partner to use oral contraceptive	Women who are able to convince partner to use injectable contraceptive	Who can cite warning signs of miscarriage or other complications during pregnancy that require going to the health facility
Age							
15 - 24	76.5	62.1	49.3	61.2	80.8	80.5	40.4
25 - 34	81.1	65.0	45.0	58.5	80.8	84.5	50.3
35 - 49	72.5	61.6	49.7	58.1	76.6	79.1	55.8
Zone							
Rural	78.5	62.4	48.0	58.8	82.0	84.1	46.6
Urban	75.0	63.3	47.8	59.6	76.4	78.3	51.4
Education							
Primary or less	73.0	67.7	49.8	60.1	78.0	80.0	45.1
Secondary or more	79.6	59.4	46.5	58.1	81.1	83.1	54.1
Marital status							
Not married	73.0	47.1	43.7	54.2	76.6	77.0	42.9
Married	79.6	69.2	49.6	61.2	80.5	83.2	51.6
Household wealth index							
Lowest	51.4	59.4	36.2	50.2	69.5	70.4	39.3
Second	67.5	62.5	50.2	55.8	73.4	76.6	43.9
Middle	74.9	66.7	53.2	64.0	80.5	81.9	47.4
Fourth	79.4	65.2	47.3	60.8	83.0	85.4	50.5
Highest	80.4	57.5	45.7	55.7	79.8	81.7	56.9
Total	76.7	62.9	47.9	59.0	77.7	81.3	48.9

MOTIVATION

	Belief for IUD and implant				Outcome expectation			Threat
	Believe that IUDs do not “migrate” to distant parts of the body	Believed that IUD do not affect the quality of sexual relations with partner	Reported incorrect beliefs with regard to side effects of IUD	Reported no myths or misconceptions regarding modern FP methods	Reported that IUD are highly effective to prevent unwanted pregnancy	Thought that IUD is reversible	Thought that implant is reversible	Who reported that unsafe abortion is dangerous for health
Age								
15 - 24	65.8	41.0	52.4	92.9	86.9	88.5	92.8	92.6
25 - 34	62.5	39.7	49.5	95.6	86.6	89.7	92.1	96.8
35 - 49	63.5	38.0	52.1	91.4	85.1	86.6	91.2	96.7
Zone								
Rural	65.6	43.8	50.1	93.3	86.7	88.7	91.4	95.8
Urban	62.1	35.2	52.4	93.2	85.5	87.8	92.7	94.9
Education								
Primary or less	54.8	33.4	54.8	90.7	82.1	87.4	92.6	94.5
Secondary or more	70.5	44.1	48.7	96.8	89.1	88.8	91.3	96.6
Marital status								
Not married	65.2	40.2	52.1	91.7	84.9	88.5	90.7	93.0
Married	63.2	39.3	51.0	94.0	86.6	88.2	92.5	96.4
Household wealth index								
Lowest	55.1	29.0	66.7	90.2	75.4	77.1	83.3	93.3
Second	49.8	30.8	57.4	88.7	82.1	86.5	93.5	92.5
Middle	58.1	36.5	49.5	91.3	82.5	87.7	92.2	93.9
Fourth	64.8	41.2	52.3	95.2	87.2	88.5	92.5	97.7
Highest	72.8	43.6	46.8	97.8	89.6	90.1	92.5	96.6
Total	63.9	39.5	51.3	93.3	86.1	88.2	92.0	95.4

Table 10. Levels of contraceptive method use among youth 15 to 24 by population characteristics in rural Madagascar

	Currently using modern family planning method (among 15-24 women)	Currently using oral or injectable contraceptives as contraceptive methods	Currently using <i>Pilplan</i>	Currently using <i>Confiance</i>	Currently using oral contraceptive as contraceptive methods	Currently using injectable contraceptive as contraceptive methods
Education						
Primary or less	37.1	33.4	7.6	4.8	8.3	25.2
Secondary or more	47.3	35.6	6.1	4.0	8.8	26.8
Marital status						
Not married	35.5	25.5	6.6	5.2	8.8	16.6
Married	50.3	43.3	6.8	3.4	8.4	35.0
Household wealth index						
Lowest	13.8	13.8	0.0	6.1	0.0	13.8
Second	44.8	44.8	12.4	5.7	12.4	32.1
Middle	45.1	37.7	8.6	6.3	10.9	26.9
Fourth	48.9	37.0	5.3	2.8	8.5	28.5
Highest	39.8	26.5	7.1	3.5	7.1	20.4
Total	41.8	34.6	6.9	4.3	8.6	25.2

Table 11. Population characteristic among women 15-49 years old in Madagascar

Indicator	2004 (N=2057)	2006 (N=2340)	2008 (N=1089)	2010 (N=2347)	2012 (N=1992)	2015 (N=2557)
	% or mean					
Age						
- Mean	30	30	30	30	28	28
Area						
- Rural	80.4%	76.2%	82.8%	84.5%	84.8%	50.6%
- Urban	19.6%	23.8%	17.2%	15.5%	15.2%	49.4%
Highest level of education attained						
- Primary	76.5%	71.0%	71.5%	64.4%	67.7%	55.8%
- Secondary	23.5%	29.0%	28.5%	35.6%	32.3%	44.2%
Socio-Economic Status						
- Lowest	22.5%	20.8%	20.3%	22.7%	20.8%	7.8%
- Second	18.4%	20.1%	21.5%	21.0%	17.1%	15.5%
- Middle	23.5%	21.4%	20.6%	16.4%	21.3%	24.7%
- Fourth	25.5%	17.8%	17.9%	20.3%	20.0%	33.2%
- Highest	10.1%	20.0%	19.7%	19.7%	20.8%	18.8%

Table 12. Population characteristic among women 15-24 years old in rural Madagascar

Indicator	2010 (N=434)	2012 (N=584)	2015 (N=565)
	% or mean	% or mean	% or mean
Age			
- Mean	20	19	19
Highest level of education attained			
- Primary	67.1%	67.2%	41.7%
- Secondary	32.9%	32.8%	58.3%
Socio-Economic Status			
- Lowest	26.7%	24.0%	8.1%
- Second	24.0%	19.9%	13.1%
- Middle	20.0%	25.0%	23.4%
- Fourth	18.4%	18.7%	36.5%
- Highest	10.8%	12.5%	18.9%

Annex I:
Product Status Update

Annex I - Product Status Report Q2 FY 2016

Health Area	Product	Opening Balance (Janvier 16)	Quantity In	Quantity Out	Other Quantity Out	Ending Balance (Mars 16)	CMM	Coverage Through	Ordered	ETA	Status	Action
DIARRHEA	Sur'Eau 150 ml.	78,507	571,000	407,070		242,437	325,000	Apr-16	5,000,000	May-16		
	Sur'Eau 40 ml.	72960	80,970	81,517		72,413	20,000	Jul-16	280,290	May-16		
	Sur'Eau tablet	2,872,360	14,208,000	1,749,780		15,330,580	600,000	Apr-18				
	HydraZinc	167,545		119,728		47,817	6,500	Oct-16	132000	Aug-16		
	ZINC (Generic)	223989	2	27,150		196,841	9,000	Jan-18				
	ORS (Generic)	447978	4	54,300		393,682	18000	Jan-18				
	ViaSûr	33015	191,030	23,225		200,820	8,000	Apr-18	76,370	Apr-16	Utilizing ORS/Zinc in MAHEFA and Ex SANTENET zones until arrival of ViaSur	
PNEUMONIA	Pneumox (amoxicillin)								546,000	Mar-16		
	Pneumostop Comprimé	37966	118,680	29,726	9	126,911	36,000	Jul-16				
MALARIA	Supermoustiquaire	4	350,000	23,401		326,603	29,000	Feb-17				
	Moustiquaire Générique (Net Protect White)	22,756				22,756						
	Moustiquaire Générique (Bednet)					0						
	Moustiquaire Générique (Permanet white)	2000	4,650	161		6,489						
	ACT					0			62500	Apr-16		
	RDT	13550		12,500		1,050	140,000	Mar-16				
FP/RH	Pilplan (OC)	2379501	1,337,019	841,361	7	2,875,152	240,000	Mar-17				
	Confiance (injectable)	1353276	617,225	491,954	38	1,478,509	120,000	Mar-17				
	Rojo Cycle Beads	22664		3,981		18,683	1,350	May-17				
	Copper T IUD	25743		2,545		23,198	1,350	Aug-17	8,100	May-16		
	Implanon (implants)	1361	2,016	806		2,571	450	Sep-16				
	Jadelle (implants)	112	2,000	246		1,866	125	Jun-17			RISK of STOCK OUT	
	Norlevo (EC)					0						
	Zarin (implant)	157				157	15	Jan-17				
	Chlorhexidine	387220		17,181		370,039	5,700	Jul-21				
Sayanna Press	271521	236,600	106,323		401,798	35,000	Feb-17	236,600	Nov-15			
HIV/STI	YES Youth Condom	745740		84,090		661,650	80,000	Nov-16	1500000	TBD		
	Protector Plus (condom)	943728		783,504		160,224	562,000	Mar-16	4500000	Apr-16		
	Feeling (female condom)	37689		6,612		31,077	3,000	Jan-17				
	Generic Condom	194,400		34,300		160,100	96,000	May-16				

Annex J:
IEC/BCC Activity Table

ANNEX J: IEC/BCC Activities

Table 1 below summarizes overall IEC/BCC activities for FP/RH/, Child Health and Malaria in Q2:

Program	IEC/BCC Activity	Quarterly Output	Description
Family Planning	Healthy Family Planning Radio drama broadcast	260	Radio and film dramas all integrate FP, diarrhea, pneumonia, malaria, and breastfeeding
	Tanora 100% Youth radio spot broadcasts into Za Ve campaign	1,818	Za ve campaign- Youth program
	Tanora 100% Youth TV spot broadcasts	180	Za ve campaign- Youth program
	MVU - FP - # sessions	24	11,720 people reached
	TV Spots on Short Term FP Methods	608	Short Tem Method Promotion
	Radio Spots on Short Term Methods	1560	Short Tem Method Promotion
Neonatal Health	CHX radio spot broadcast	8,625	CHX 7.1% prevention of neonatal infections
Diarrhea	Sur'Eau pilina radio spot broadcast	1,660	Scale up
	MVU - Diarrhea sessions	31	12,280 people reached
	Radio Spots for DTK	2562	Diarrhea Treatment
	Radio Spots for CHWs	270	CHW Promotion
	Radio spots for World Child Day	54	Promotion of Child Health
	TV spots for World Child Day	36	Promotion of Child Health
Malaria	MVU – Malaria sessions	39	11, 363 people reached