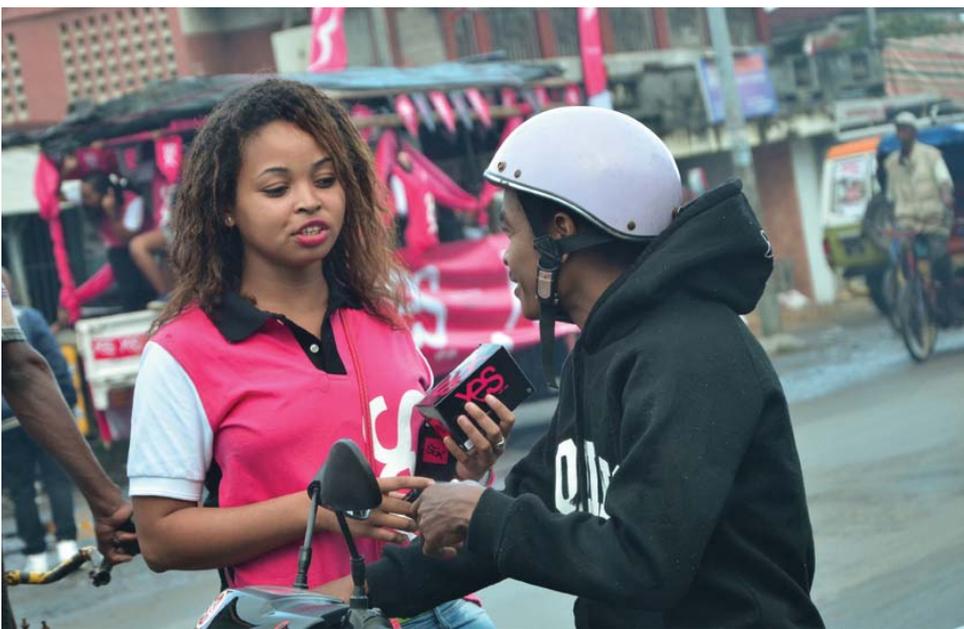


INTEGRATED SOCIAL MARKETING PROGRAM (ISM)

USAID QUARTERLY REPORT FY 2016
(APRIL - JUNE 2016)

Resubmitted August 24, 2016



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Integrated Social Marketing Program (ISM)

FY 2016 Quarterly Report

(April 1, 2016 – June 30, 2016)

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Acronyms

ABM	Accès Banque Madagascar
ACT	Artemisinin-based Combination Therapy
AFAFI	Aro ho an'ny FAhaslaman'ny Fianakaviana (Health Care for Family)
ALU	Artemether Lumefantrine
AMM	Autorisation de Mise sur le Marché (Authorization to Market)
ANC	Antenatal Care
AOR	Agreement Officer Representative
AR	Ariary
ASAQ	Artesunate Amodiaquine
ASF	Association Serasera Fananatenana
BCC	Behavior Change Communication
BG	Banyan Global
BNM	Bureau National des Normes de Madagascar (National Office of Norms of Madagascar)
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 a 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 Oral
ORS	Rehydration Salt
OTIV	Ombona Tahiri Ifampisamborana Vola
PA	Point d’Approvisionnement (Supply Point)
PAC	Post-Abortion Care
PAMF	Première Agence de Microfinance
PARC	PA Relay Communautaire
PBCC	Provider Behavior Change Communication
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 Fampanandrosoana/Fiangonan' I Jesosy Kristy eto Madagaskara (Department of Development of the Church of Jesus Christ in Madagascar)
SALAMA	Centrale d'Achats de Médicaments Essentiels
SALFA	Sampan' Asa Loteranamomban'ny Fahasalamana (Health Dept. of the Lutheran Church)
SIFPO	Support for International Family Planning Organizations
SF	Social Franchise
SM	Social Marketing
SMS	Short Message Service
SOW	Scope of Work
SR	Sub-Recipient
SSD	Service de Santé du District
SSME	Semaine de la Santé de la Mère et de l'Enfant (Mother and Child Health Week)
STI	Sexually Transmitted Infection
STM	Short-Term Method
STTA	Short-Term Technical Assistance
TA	Technical Advisor or Technical Assistance
TBD	To Be Determined
TIPS	Trials for Improved Performance
TOT	Training of Trainers
TR	Top Réseau
TRaC	Tracking Results Continuously
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UTGL	Unité Technique de Gestion Logistique
VPP	Village Phone Project
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WHP	Women's Health Project
WRA	Women of Reproductive Age
YTD	Year To Date

Introduction

In December 2012, PSI/Madagascar (PSI) was awarded the Cooperative Agreement 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 Q3 Achievements Towards Goals

The ISM team continues to evaluate the impact in 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 to 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.

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 focuses on reducing maternal mortality, the fertility rate, and the adolescent birth rate, while increasing the modern contraceptive prevalence rate (CPR). These goals are measured through high-level indicators, which the ISM program tracks throughout the duration of the project. Between 2013 and 2017, the ISM program's long-term goals are to reduce the maternal mortality rate from 478 to 440, 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%.

To achieve the desired impact on these key indicators, PSI has continued to scale up activities in Family Planning Information Education Communication (IEC)/Behavior Change Communication (BCC) messaging, expand the number of *Top Réseau* (TR) providers training on Short Term Methods (STM)/Long-Term Methods (LTM) for Family Planning, Gender-Based Violence (GBV) referrals, and improving Family Planning product distribution. The ISM program has also sought re-engagement with the government of Madagascar to ensure continued outreach to youth on topics of Family Planning and Reproductive Health.

1. Family Planning IEC/BCC Activities: Q3

ISM continued to prioritize IEC/BCC messaging in Q3. Family Planning messages were transmitted through mass media, mid-media mobile vehicle unit (MVU) sessions, and interpersonal communication (IPC).

- **Mass Media**
228 Healthy Family radio drama episodes were broadcasted during this period. The broadcasts will continue in the regions of Vohipeno, Sakaraha, Ankililoaka, and Manakara through the month of September. Additionally, the Family Planning communication campaign continued throughout Q3, with 666 T.V. spots and 990 radio spots on modern family planning methods broadcast throughout the month of June.
- **MVU Sessions**
To meet the demand for MVU sessions, an independent communication agency was contracted to diffuse the Healthy Family drama series. The agency succeeded in reaching 55 cities and towns between April 10 and May 1. The internal MVU teams continued to diffuse health messages throughout the rural areas of Madagascar, with a total of 49 MVU sessions focused on FP reaching 15, 860 people.
- **IPC Tools**
A separate communication agency was contracted to develop a script for a photonovel based on the HF drama series. PSI and USAID/MIKOLO have both approved the script, and the new tools are in production.

2. Family Planning Services/Training Delivered in Top Réseau Clinics: Q3

PSI's Top Réseau clinics continue to provide quality health services to women and youth throughout Madagascar. Efforts in Q3 have been focused on strengthening Youth Friendly Services for *Top Réseau* providers. Refresher trainings on long-term methods were also conducted for 94 providers. Medical detailing, conducted by Health Trainers and Promoters in all regions, continued to improve provider's behavior change activities.

At the national level, Post-Partum Family Planning (PPFP) remains a top priority. PSI is making significant efforts to promote the service including developing key messages and tools, and collaborating with public nursing and midwifery schools to plan a training of trainers.

PSI is also continuing to develop the gender-based violence referral mechanism for survivors of violence, a service now available at 35 *Top Réseau* providers. Providing FP/RH services by mobile service providers during various regional events is an added value to achieving the objectives. Training new *Top Réseau* providers on cervical cancer screening/prevention also started this quarter, with 25 providers receiving this training. MoH technical agents from SLMV and service delivery staff in CHD Itaasy were involved as trainers.

3. Family Planning Products Status Update: Q3

Condoms:

PSI proceeded with the procurement of an additional 1,500,000 units of *YES with you* strawberry condoms, using program income funds. These products are expected to arrive in-country by October 2016. In June, to expand accessibility to FP clients, PSI decided to extend the distribution of *YES with you* to Tamatave. The launch events were held in collaboration with the Ministry of Education, focusing on prevention of early marriage and early pregnancy. The extension led to twice as many sales in Q3 compared to Q2.

During this period, USAID also confirmed the donation of new scented *YES* condoms (1,152,000 units vanilla scented and 1,152,000 units banana scented) and 6,000,000 *Protector Plus* condoms with the new foil. These products are expected to arrive in-country in January 2017.

Sayana Press

Sales of *Sayana Press* have been lower than expected. These products are only available at supply points following MIKOLO trainings in that specific district. To meet the need for *Sayana Press* trainings for CHWs, some regions were trained by MSI (Alaotra-Mangoro, Analanjorofo, Itaasy, Analamanga and Sava). In addition, regular users of *Confiance*, who are accustomed to using *Confiance*, are slowly beginning to adopt the new method.

Depo-Provera Leakage Mitigation

Implementation and monitoring of the Depo-Provera leakage mitigation plan has continued. With support from MIKOLO, statistics on regular users is being collected continuously in the community channel. PSI's distribution staff continues to supervise PAs to ensure proper use of management tools are in line with the leakage mitigation plan. Following an analysis of sales from the first semester of 2016 compared to that of 2015, PSI reports that total sales of *Confiance* and *Pilplan* have significantly decreased (28% and 23% respectively). The decreases in sales are indications that procedures and tools developed under the leakage mitigation plan are being properly implemented.

PSI has also focused its effort to organize a workshop involving all stakeholders in the mitigation plan in support of a joint awareness campaign against commodity leakages. The workshop, which is planned in July, will be led by the Ministry of Health (DSFa) and will include the Ministry of Livestock (Department of Veterinary Services), DPLMT, and technical/financial partners. A workshop report and list of next steps will be shared in the subsequent report.

Chlorhexidine

Sales of *Arofoitra* (CHX) have been lower than originally projected. Possible causes of this are the irregularity of its use (immediately after birth, for newborns), existing promotion strategy, and potentially high prices in the community channel. To address the underperforming sales, a workshop will be held in July with MIKOLO to review the marketing strategy behind this product.

Product Challenges:

Obtaining the market authorization continues to be a challenge for *Pilplan* and *Confiance*. The market authorization for *Pilplan* expired in March 2016. Despite several reminders to the supplier, PSI is not able to move forward with the AMM request until a new over-branding authorization letter is provided by the supplier.

Further, an emergency contraceptive, branded *Norlevo*, is already distributed in Madagascar. PSI is planning to discuss with the agreed distributors to integrate the socially marketed *Norlevo* in their distribution channel. This remains a challenge given the distributor is required to divide commercial vs. socially marketed products.

4. Re-engaging with the Government of Madagascar on FP/RH

Ministry of Health:

PSI actively participates in all FP/RH related meetings and workshops led by the Ministry of Health. During the period, the FP/RH committee provided validation of the joint operational plan on the *road map for accelerating the reduction of maternal and neonatal mortality* and ENAP (Every Newborn Action Plan).

Ministry of Education

A MOU between PSI and Ministry of Education was signed in April 2016. The main goal of the collaboration is to promote youth pregnancy prevention messages and conduct youth-focused activities and events in all public secondary schools. In collaboration with the Ministry of Education, an Urban Dance event was held in Tamatave during the *YES with you* launch event. The Minister conveyed and stressed messages on the use of modern contraceptive methods to prevent early pregnancies, and the importance of sexual education for youth. This collaboration is expected to extend to rural public schools.

University of Antananarivo

A MOU between PSI and University of Antananarivo was signed in April 2016 with the main goal of improving reproductive health for students. Prevention messages on early pregnancy, family planning, and STI and HIV prevention were promoted. Gender-based violence will be a further topic of the collaboration.

These youth related initiatives implemented under the ISM project have led to several significant outcomes: a) increased number of youth visits to TR clinics, which rose by more than 50% in 2016 compared to the same period in 2015 b) increased brand awareness and appeal for YES with you youth condoms and c) increased number of youth reached by IPC activities conducted by peer educators during these youth events.

II. Child Health

The ISM project remains dedicated to reducing the child mortality rate from 62 per 1,000 live births in 2012/13 to 55 in 2017¹. PSI continues to extend products and services in key child health interventions by targeting the main diseases responsible for child mortality and morbidity: diarrhea, pneumonia, and malaria. The ISM program disseminates 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: Q3

- In Q3, PSI's MVU teams continued to communicate messaging on diarrhea prevention and treatment. A total of 17,275 people were reached, with 13,710 of those in rural areas.
- PSI also continued MVU outreach on nutrition topics. 1,985 individuals received information on nutrition via mid-media video communication.
- To support the extension *Sûr'Eau Pilina* in the regions of Vatovavy Fitovinany, Ihorombe and Haute Matsiatra, 4,274 radio spots were broadcast. These spots were produced in local dialects. Communication tools such as posters and guides were also disseminated to PAs and CHWs.
- PSI and the Scout organization (TEM) developed a collaborative work plan focused on WASH including BCC tools and MVU events for Q4. A budget was approved for activities to take place next quarter.
- Following USAID guidance, PSI is collaborating with the MOH, ONN and other partners to develop an integrated breastfeeding promotion campaign at the national level. Messages were adjusted based on decisions taken during these meetings. PSI is now in process of producing these updated communication tools, which will support the MOH during Breastfeeding Week ("Semaine Mondiale d' Allaitement Maternelle," SMAM) scheduled in August.
- PSI is also collaborating with MEAH, Diorano WASH, and partners to develop an integrated hand-washing with soap national campaign. Messages were adjusted following coordination meetings and tools are currently under production. The national campaign is set to begin in Q4.

2. Child Health IMCI Services/Training Delivered in Top Réseau Clinics: Q3

- *Top Réseau* clinics received a total of 16,342 visits by the target group for IMCI services in Q3.
- During this period, 36 providers in urban areas received trainings on nutrition.

3. Child Health Products Status Update: Q3

Sûr'Eau Pilina

All MIKOLO zones are now covered by *Sûr'Eau Pilina*. Communication support, including radio spots, posters and flyers, accompanied this introduction. Initial feedback received from the field reveals high appreciation of the product and increased correct use to treat water before consumption. The 40ml *Sur'Eau* bottles are currently being distributed in the MAHEFA zones until the end of Q4, at which case it will be replaced by *Sûr'Eau Pilina* beginning Q1 FY 2017. In FY 2017, *Sûr'Eau Pilina* will be available nationally through the community channel.

In Q4, PSI plans to continue investigating a potential expansion of its water treatment products. A possible addition is a powdered water purification product. The powder binds to suspended materials

¹Madagascar Millennium Development Goals National Monitoring Survey 2012/2013

while also eliminating pathogenic microorganisms. This potential product could be useful in regions where water is not clear and requires flocculation.

Diarrhea Treatment Kits (DTK)

PSI engaged with the DAMM seeking authorization to communicate generic ORS/Zinc messages on correct use via PSI's mass media channels. The authorization is in process and will likely be received in Q4. In addition, following the donation of generic ORS/Zinc to the public sector (144,000 kits), PSI is also supporting the MOH in developing an official notification letter informing the regional and district health authorities of the availability of ORS/Zinc, and the respective distribution strategy within this channel of distribution.

Micronutrient Powder (Zazatomady)

Product procurement is ongoing with the first batch for community distribution expected to arrive in early September. The expected arrival of *Zazatomady*, for distribution in the pharmaceutical channel, has been postponed until October 2016 due to required modification on the packaging design. Products in the pharmaceutical channel will have contrasting artwork to distinguish it from community channel products. In June, during the General Assembly of the "Ordre des Pharmaciens" association, pharmacists received training on the introduction of *Zazatomady* in the pharmaceutical channel.

Pneumox

PSI received 586,000 blister packs of *Pneumox* procured by SALAMA, which is estimated to cover 9 months of distribution. The products are currently being distributed to the regional sale points. In collaboration with MIKOLO and the MOH, training of trainers and CHWs training are planned to begin in July.

4. Re-Engaging with Government of Madagascar on Child Health: Q3

PSI Child Health department continues to actively collaborate and provide support to the Ministry of WASH (MEAH), Ministry of Education (MEN), and MoH.

- PSI supported the Ministry of Health, both financially and technically, for activities related to infants and young children. PSI actively participated in the *Semaine de la Santé de la Mère et l'Enfant* (SSME) campaign, as well as in the quarterly coordination meeting of the Nutrition Task Force committee, which focused on breastfeeding during this period.
- During campaigns organized in April, PSI supported the efforts of the Ministry of Health and of USAID by reinforcing key messages on the importance of being vaccinated against polio, through mass media channels and the *Top Réseau* clinic network.
- In collaboration with the MEAH and the WASH committee, PSI significantly progressed on the Sanitation Market Landscape assessment. The study, which aims at mapping sanitation market players and indentifying market failures within the sanitation supply chain, will help stakeholders better understand the current sanitation landscape including gaps and eventual intervention areas. As of Q3, the literature review and field research (in partnership with FAA/MCDI) were completed. A workshop, led by the MEAH and co-facilitated by PSI, will be conducted in August bringing together all stakeholders to develop sustainable interventions.
- PSI also participated in the MHM (Menstrual Hygiene Management) Global Day held on May 27th.
- Following signature of the MoU with the Ministry of National Education, events to donate WASH kits at 3 public primary schools in Toamasina II (Ambodisaina, Tanandava and Betainaomby) were held. These events were all attended by the Directeur Régional de l'Education Nationale Atsinanana. Representatives from the Ministry of National Education also providing a training for school teachers and ministry officials to build educational capacity for the WASH kit project.

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), at which time progress toward goals will be reported.

According to the FY16 Malaria Program Operational (MOP), the ISM program is responsible for a) employing the continuous distribution strategy to distribute 650,000 LLINs in 8 districts in the East coast of Madagascar; b) leading a variety of SBCC strategies to promote healthy behaviors using mass and mid-media approaches such as radio spots, MVU, and print materials for sensitization; and c) conducting LLIN durability studies.

1. IEC/BCC Activities for Malaria: Q3

Malaria prevention messages continue to be transmitted through mass-media and mid-media channels. In Q3, 43 MVU sessions on malaria were conducted reaching 8,171 people. In addition, 15,270 radio spots were broadcasted by 80 radio stations, as part of the post-campaign continuous health behavior promotion strategy.

The table below summarizes Malaria IEC/BCC tool that have been developed to support SBCC activities:

Topic	SBCC Tools	Intervention
Administrative mobilization	-One pager -Movie	LLINs, ITP, treatment, IRS
Community mobilization	-Movie -T.V. spot - Song -Cartoon movie -NTIC : SMS - Radio spot	LLINs, ITP, treatment, IRS
Promotion of service points	-Poster -Radio show	ITP, LLINs
Interpersonal communication (IPC)	-Job aids for CHW -Interactive tool for students	LLINs, ITP

3. Continuous distribution of Insecticide-Treated Nets:

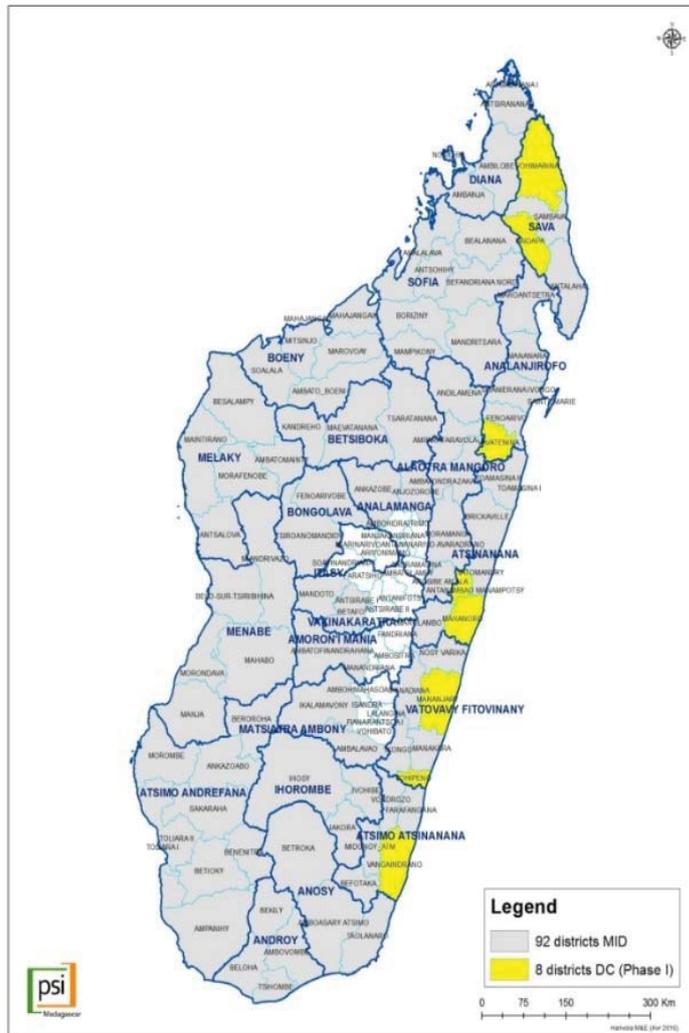
Sustained high coverage and use of insecticide-treated nets in malaria-endemic areas is a fundamental goal of the National Malaria Control Program. Evidence is overwhelming that use of LLINs is a highly cost effective strategy for malaria prevention and has been contributing to significant reductions in malaria morbidity and mortality in recent years.

During this reporting period, PSI was engaged heavily in the preparations of the 2016 PMI LLIN continuous distribution campaign organized in 8 districts in the East of Madagascar. A workshop was organized in Antananarivo with stakeholders to coordinate activities and revise strategies for implementation (implementation scheme, strategic communication plan and logistics, training, monitoring and evaluation,). The action plan and timeline were finalized during this workshop.

Approximately 650,000 LLINs will be distributed to protect more than 1.65 million people. In addition, as a new innovative strategy, PSI will collaborate with the Ministry of Education to conduct social mobilization activities for this continuous distribution campaign.

The numbers of beneficiaries by districts targeted during the FY 2016 USAID/PMI funded continuous distribution campaign are summarized in the table below:

ZONE D'INTERVENTION DISTRIBUTION CONTINUE DE MID PSI



Regions	Districts	# LLINs	Population	# Fokontany	# Schools
Sava	Antalaha	88,394	233,848	160	245
	Vohemar	115,717	238,101	142	379
Antsinanana	Mahanoro	102,722	292,656	183	236
	Tanambao Manam	15,603	60,834	57	45
Vatovavy Fitovinany	Vohipeno	41,737	147,220	127	184
	Mananjary	143,798	273,118	189	235
Analanjirifo	Vavatenina	85,940	214,501	127	186
Atsimo Atsinanana	VavateninaVangaindrano	55,759	196,681	126	248
		649,670	1,656,959	1,111	1,758

4. Re-Engagement with Government of Madagascar on Malaria: Q3

Support to National Malaria Control Program:

- PSI participated in GAS (Gestion d' Approvisionnement de Stock) meetings.
- PSI continues to assist the National Malaria Control Program in stock management of ACTs, RDTs, and SP by redeploying stock levels of PMI and GF-supported products at the district and CSB levels.
- PSI significantly supported the organization of national World Malaria Day celebrations in Ampasimpotsy – Tsiroanomandidy, including logistics, social mobilization and communications.
- In collaboration with the Ministry of Health, the ISM team contributed to the revision of SBCC messages and tools. A three-day workshop was held in June, including central and regional authorities and malaria partners organizations.

IV. Cross cutting activities

Research

Research continues to be a driving force for the ISM project as it provides the team with critical information on project implementation.

Study undertaken in Q3:

Subcutaneous Injectable Acceptability Study: PSI conducted an acceptability study on subcutaneous injectables in sub-urban and rural areas in three districts: Ambalavao, Manakara and Antsohihy. Results showed that for both providers and end users interviewed, *Sayana Press* is accepted for its usability and its painless injections. The end users support the substitution of *Depo-Provera* by *Sayana Press*. Results were disseminated to USAID, while an additional dissemination is planned for stakeholders in mid- July.

Research Dissemination to USAID in May:

- TRaC 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 (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)
- *Sayana Press* acceptability in sub-urban and rural areas in three districts: Ambalavao, Manakara and Antsohihy

The Net Durability Study related to the 2013 mass campaign distribution was disseminated during the RBM meeting on June 23. This study assessed three components: net survivorship (by PSI), fabric integrity (by PSI) and bio-efficacy (by IPM). PSI will organize a dissemination with stakeholders for the TRaC FP results, which will now be disseminated during the national Family Planning conference to be held September 13-16.

*See Annex H. for final research reports/ppt including: MAP all products; assessment of the pilot phase of the new community distribution system; audience profile of Top Réseau clients; PPT presentation on Sayana Press; and PPT presentation on Net Durability study for 2013 campaign.

Gender

Gender Based Violence pilot in Antananarivo:

For the supervision of GBV case management activities, a meeting with all *Top Réseau* providers was organized by PSI in June 2016. This was an opportunity to supervise *Top Réseau* providers trained on GBV case management and to improve the referral system. As of Q4, *Top Réseau* providers, ENDA OI, TIHAVA members and the 511 free hotline can refer survivors to those public health providers if needed. A refresher training for *Top Réseau* providers will be organized in partnership with the Ministry of Health. The evaluation of the effectiveness of GBV referral system will be continued in Q4.

Gender Based Violence scale-up activities in Majunga:

Five *Top Réseau* providers in Majunga were trained on GBV case management to scale up their GBV activities in urban area. The scale up of GBV case management activities in Majunga was an opportunity to develop partnerships with other stakeholders responsible for physical, psychosocial and legal support for survivors in Majunga including the Ministry of Population in Majunga and ENDA OI Majunga. These two entities are in charge of doing the psychosocial and legal support and develop partnerships with the public health sector in Majunga, the police, and the Tribunal. As of Q4, *Top Réseau* providers can refer survivors to all these entities mentioned above.

Gender Based Violence scale up activities in rural areas:

Ten rural *Top Réseau* providers from SAF and SALFA have signed their expressions of interest to collaborate on GBV case management.

Healthy Images of Manhood (HIM) activities:

PSI developed a partnership with the Ministry of Youth to extend the implementation of HIM approach. IntraHealth and PSI are developing a training curriculum to train the supervisors of peer educators from the Ministry of Youth in implementing the HIM approach and the referral system to *Top Réseau* and other public health sector clinics. Inputs for gender integration in Education through Listening materials and message banners were also completed.

Monitoring and Evaluation

The following MIS/routine monitoring activities took place during Q3:

DHIS 2 dashboard development

As the DHIS 2 data integration system is currently in place, PSI focused its effort during Q3 on the development of the dashboard for decision making. The process was initiated with the Child Survival and Malaria departments. Following the identification of needs, each department was trained on the basic manipulation of DHIS 2 functions. Each user can now access an integrated dashboard which includes data on:

- Supply chain: stock information at central and regional warehouse and at community level (PARCs and PA). A community distribution dashboard was also created which allows users to track each product by region, distribution zone, and provides stock level information including product expiration.

- Monthly sales report by donors and channel
- Service delivery data by region, health center, and provider

Rural tablet-based data collection implementation

The implementation of tablet-based data collection at *Top Réseau* clinics in rural area began during this period. The main objective of this activity is to increase the rates of completion and on-time submission of data from rural areas. The first wave of SAF and SALFA centers was trained on June 13 -14 in Antananarivo; these 60 providers came from remote districts including Mananara Nord, Ambovombe, Ankazoabo Atsimo, Ejeda, and Beroroha. Each provider is now equipped with a monthly internet connection of 500 MB to facilitate online data consultations and report submissions.

1. Partnership Spotlight: Q3

Collaboration between PSI and Peace Corps Madagascar

In April, a full-time Peace Corps Volunteer began working at PSI. Her responsibilities include coordinating activities with Peace Corps Volunteers in keeping with the MoU signed between PSI and Peace Corps Madagascar. These activities include: community distribution surveillance, IEC/BCC trainings for CHWs, improved IPC at the community level, and health day organization and field visits at PCV sites. In addition to these activities, the PCV aids in institutional communication and in projects related to WASH, food security, and family planning.

In Q3, a series of BCC trainings took place for volunteers leading Healthy Households, a project that uses USAID-sponsored Small Programs Assistance through Peace Corps. The PCV enlisted Volunteers to help with the supervision and maintenance of WASH kits as part of their pilot program. She has also helped volunteers organize events with Peer Educators and MVU sessions. This work continues in Q4, with the addition of trainings for PCVs about IPC and correct product usage at the Training Center in Mantsoa.

2. Health Financing and Strengthening of the Public Sector: Q3

Increase access to finance and business management for Top Réseau providers

During this quarter, greater emphasis was placed on the health financing component of the project. Four training sessions, two peer exchanges and twenty five individual coaching sessions were conducted as a mechanism to discuss, facilitate and identify financing requirements of *Top Réseau* providers. Two *Top Réseau* providers that had previously received financial and business management support were invited to attend a “Financing your medical practice” training in Majunga and Antananarivo.

Findings from the peer exchange activities revealed that many providers have a negative view of banks and of debt generally. Providing real life examples of benefits associated with borrowing has been an important component of training activities. Additionally, seven new loan proposals were developed and presented to appropriate financial institutions. One loan for 5 million MGA was disbursed by Access Bank in Antananarivo for one female provider to improve infrastructure within her clinic.

Demand-side financing of community mechanisms

The health insurance pilot program involving contributions of individuals and households with AFAFI were inconclusive due to two reasons: the membership premium payments proved expensive for the target population and the payment reimbursement modality versus third party payment did not convince the group manager, as it does not solve the financial problem of the users. The activities related to increasing demand side financing in rural communities have focused on supporting *Top Réseau* providers incorporation into mutual health schemes with OTIV Harena. Six providers in Antananarivo and additional providers from Antsirabe and Sambava were identified; these providers are in process of reviewing the MoU. PSI has also continued to work with ADEFI to identify

additional *Top Réseau* providers in Antsirabe I, Ambositra and Fianarantsoa to join the mutual health scheme.

Strengthening partnership with the public sector and the Government of Madagascar

PSI is working to identify innovative partnerships with the Ministry of Health to increase access to quality health services for the Malagasy population. In coordination with the MoH, Marie Stopes Madagascar (MSM) and MCSP, fifty public sector Centres de Santé de Base (CSB) were identified to be franchised, which includes branding, training, supervision and equipment. The franchising of some Centres de Santé de Base (CSB) will begin in the next quarter once the final approval and the partnership agreement are completed.

3. Supply Chain Management

The ISM team continued to scale-up the new community distribution strategy. In February, the new model was extended to the regions of Amoron'i Mania, Atsimo-Andrefana, Diana, and Vakinakaratra. A full scale-up followed in May 2016 with 13 additional regions. The scale-up is now in its final stages, with five remaining districts (Besalampy, Manja, Morafenobe, Maroantsetra and Ambatomainty) planned to be incorporated by the end of July (security and safety concerns prevented these districts from being incorporated in Q3). Further, 871 PAs and PARCs were trained on business management and income-generative activities as part of the module for capacity enhancement & sustainability of PAs and PARCs.

V. Result Framework Target Analysis

PSI RESULT FRAMEWORK - INDICATOR ANALYSIS BEHIND TARGET

Indicator	Indicator's definition	Baseline		Target FY16	Achievements through Q3 FY16	Projections Q4 FY16	Estimated Achievements FY 16	Achievement %	Explanation of Deviations
		Year	Value						
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	96 000	37 785	14 747	52 532	54,7%	The limited MVU teams (3) have been occupied in participation at national and regional events (SNAM, SSME, Polio campaigns, scout event, PC activities, etc.). Most sensitizations themes have focused on other health areas. The strategy will be adjusted in FY17 to reach more FP/HR audiences.
Number of target population reached through IPC activities on FP and RH (urban and rural, by age, and by sex) (I)	Number of female and female target population reached through IPC activities on FP and RH in urban and rural areas by age	2011	237 750	1 045 437	423 515	149 972	573 487	54,9%	Efforts on IPC data collection in rural areas have been reinforced. IPC reporting sheet from SAF and SALFA are now centralized at PSI and entered in the IPC database. FY16 data from rural areas will be integrated in the Q4 FY16 annual report. Further, based on the RF meeting with USAID, this target has been revised to 759, 960 (FY2015 targets+10% according to number of IPC agents and historical achievements). This will be reflected in the new RF to be submitted with the FY2017 implementation plan .
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	21419	96 000	50 830	17 696	68 526	71,4%	This indicator accounts for only people reached on diarrhea prevention/treatment messages, while in fact many MVU sessions have been conduct on broader Child Survival themes (Polio, Pneumonia, Nutrition, Healthy Family). In Q4, the MVU team will participate in scouts national events and school activities to bridge the gap in people reached on diarrhea.
Number of clinic visits by target group clients seeking FP services at <i>Top Réseau</i> health clinics (urban and rural, by age, by client sex, by type of service, and by voucher or insurance)	Number of clinic visit for all target group seeking FP services at <i>Top Réseau</i> Health Clinics			145 547	98 500	32 418	130 918	89,9%	Results presented (achievement and projection) account for only urban areas. Efforts on service delivery data collection in rural areas has been reinforced. Individual registers from SAF and SALFA are now centralized at PSI and entered in the Service Delivery Database (TRSIG). FY16 data for rural activities will be integrated in the Q4 FY16 annual report.
Number of clinic visits by target group clients seeking FP services at <i>Top Réseau</i> 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 and female target group clients seeking FP services at <i>Top Réseau</i> health clinics in urban and rural areas by age for each type of service (With voucher)	2012	0	72 584	49 367	15 700	65 067	89,6%	
	Number of clinic visits by male and female target group clients seeking FP services at <i>Top Réseau</i> health clinics in urban and rural areas by age for each type of service (With Insurance)	0	0	500				0,0%	This target will not be achieved given the challenge with insurance mechanisms. Based on the Results Framework meeting with USAID, this indicator has been changed to target groups clinic visits with and without voucher (reflected in revised RF)
Number of target group clients accessing medical insurance or group savings for <i>Top Réseau</i> clinics (urban and rural, age, sex, service type)	Number of male and female target group clients accessing medical insurance or group savings for <i>Top Réseau</i> clinics in urban and rural areas by age for each service type	2014	0	250	1	0	1	0,4%	This target will not be achieved given the challenge with insurance mechanisms. Based on the RF meeting with USAID, the indicator has been changed to target groups clinic visits with and without voucher (reflected in revised RF)

PSI RESULT FRAMEWORK - INDICATOR ANALYSIS BEHIND TARGET

Indicator	Indicator's definition	Baseline		Target FY16	Achievements through Q3 FY16	Projections Q4 FY16	Estimated Achievements FY 16	Achievement %	Explanation of Deviations
		Year	Value						
Number of social marketed products distributed (by product and by channel) (community, pharmaceutical, commercial)	Pilplan OC Community			2 373 307	1 374 241	310 559	1 684 800	71,0%	These target has been revised down to be in line with the leakage mitigation plan. Updated targets will be reflected in the FY2017 RF.
	Pilplan OC Pharmaceutical			1 582 205	907 677	157 000	1 064 677	67,3%	These target has been revised down to be in line with the leakage mitigation plan. Updated targets will be reflected in the FY2017 RF.
	Confiance Inj Pharmaceutical			898 435	378 240	85 720	463 960	51,6%	These target has been revised down to be in line with the leakage mitigation plan. Updated targets will be reflected in the FY2017 RF.
	Rojo Cyclebeads			23 153	14 250	4 190	18 440	79,6%	Steps that will deployed to reach this target include: (a) donation of starter stock to Mikolo CHV after refresh trainings, (b) distribution to Top Réseau clinics
	IUD			20 837	12 143	3 996	16 139	77,5%	The following strategies will be deployed during this period: o Service Delivery department: - Continue to promote MLD activities in other sites - Develop voucher system o Distribution: strengthening medical detailing of non -Top Réseau o Communication: strengthen MLD message for youth, including PPIUD
	FP Youth Condom (4)			1 136 700	463 320	348 210	811 530	71,4%	Promotional activities continued in Q3 including the official launch in Tamatave. PSI will also launch YES condoms in Majunga in August, while additional intervention zones are being identified for continued scale-up
	Hydrazinc DTK (Pharmaceutical)			206 849	145 426	2 324	147 750	71,4%	Additional promotional activities will be conducted to increase demand creation for HydraZinc in the pharmaceutical channel.
	Sur Eau (Watertablet)			11 125 800	4 512 180	1 846 900	6 359 080	57,2%	PSI will conduct the following activities in Q4 to increase sales: a) strengthen social mobilization through mass media and posters b) provide additional starter stock to CHVs located in CCH and Mikolo zones c) increase product availability at PARCs and PA d) introduce Súr' Eau Pilina in the commercial channel and rural CSBs
	Rapid Diagnostic Test for malaria (RTD)			300 000	111 075	0	111 075	37,0%	This target will be not achieved. No additional RDTs have been provided to PSI given the change in USAID strategy
	Arofoitra			447 145	83 739	12 401	96 140	21,5%	In collaboration with Mikolo, the CHX marketing plan is being updated to increase update of CHX. Several activities identified include: a) additional medical detailing by PSI during district and CSB review meeting to promote CHX b) produce additional communication support materials (poster, flyers) for distribution to CSB c) additional sensitization and information sharing by Mikolo TA during CSB and CHV monthly review meetings.
MNP Zazatomady			70 462	0	0	0	0,0%	Product procurement has been delayed due to change in packaging. Products are expected to arrive in early September and distribution to begin thereafter	
Number of insecticide treated nets (ITNs) purchased with USG funds (that were distributed through PA (Continuous distribution)	Number of ITN/LLIN distributed (continuous distribution)	0	0	81 250	264	0	264	0,3%	Based on USAID/PMI guidance, LLIN continue distribution activity will only begin in September (24 months after LLIN mass campaign).
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	250 000	16 800	0	16 800	6,7%	This indicator will be not achieved. No additional ACTs have been provided by USAID given the change in strategy.

Work Plan Activity Update

IR 1: Increased Adoption and Maintenance of Healthy Behaviours		Timeframe Yr 4				Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
C.f Co-Ag pg nr	Activity Description	FY Q1	FY Q2	FY Q3	FY Q4	
Q3						
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: 228 episodes were broadcasted in Q3. Broadcasts will continue until September in the regions of Vohipeno, Sakaraha, Ankilliloaka, and Manakara
	Conduct MVU sessions in rural areas	1	2	X	4	Ongoing: A communication agency was recruited in Q3 (from April 10th to May 2nd) to diffuse the Healthy Family drama series. During Q3, PSI continued to utilize the 3 internal MVU teams to diffuse health messages in rural areas in support of the CS (48 sessions), MAL (43 sessions), and FP (49 sessions) programs.
	Work with communication agency to diffuse MVU spots in 50 cities	1	2	X		Completed: The Healthy Family drama series was diffused by the communication agency from April 10 - May 1 2016 in 55 cities/towns.
pg.27	Develop tools 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: A communication agency was also recruited to develop a script for a photonovel based on the HF drama. The final version of the script was validated by both PSI and Mikolo. Production is ongoing.
	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 production of the communication tools by the newly recruited communication agency
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			Completed: Strategy and operational plans were finalized and validated by both PSI and MIKOLO. To ensure that interventions are harmonized, PSI and Mikolo agreed to reinforce the "Ankohonana Mendrika Salama" program (or Healthy household) initiated by Mikolo. 3,550 high performing households were awarded water containers as prizes as they adopted healthy behaviors around WASH and malaria prevention. PSI took responsibility of producing these prizes.
	In support of the overall HF communication activities, prepare pre-production of BCC tools (TBD)		2	3	4	Ongoing: In line with the operational plan that was developed, PSI and Mikolo are designing communication tools to support the Healthy household program. Production is planned in Q4.
pg.28	Continue activities with the US Peace Corps Volunteers (PCV) in support of BCC capacity-building efforts working with PCV in communes in rural zones					
	Build a new work plan for FY 16 and implement activities (training, stock checking at PA level, etc)	1	2	3	4	Ongoing: 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. This PCV began in April and serves as the field activities coordinator responsible for collaborating with fellow PCVs on activities including IPC/BCC trainings, monitoring of distribution channel, participation in health promotion days, and GBV activities. A quarterly work plan is developed in collaboration with the PC office.
	Conduct quarterly meeting with US Peace Corps Volunteers to plan and monitor activities	1	2	3	4	Ongoing: Given the PCV is now based at PSI's central office, meetings are organized on a frequent basis to systematically monitor activities. Activities completed in Q3 include participation in SSME events, provided BCC materials/trainings to PCVs as requested, WASH kit program supervision, etc.
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		Ongoing: In collaboration with Mikolo, PSI developed a non-cash incentive mechanism to motivate high performing CHWs. 800 CHWs were identified and will receive radio cards (using electronic cards). This incentive will serve both as a prize and a tool they will use to strengthen IPC activities such as listening groups at the community level. As the pilot phase was implemented earlier than expected, PSI and Mikolo will likely produce an assessment at the end of Q4 and decide together if this incentive mechanism could be scaled up in FY 2017.
	Implement a pilot phase to test the incentive mechanism				4	Ongoing: See above
pg.29	Harmonize existing USAID and USAID bilateral health projects BCC initiatives, along with other relevant stakeholders					
	Actively participate in the Communications Working Group (CWG) led by USAID	1	2	3	4	Ongoing: PSI regularly participates in the CWG, including the last meeting held on June 2nd focusing on the theme "social media".
	Participate in the Ministry of Health (MOH) Communication Subcommittee in BCC activities	1	2	3	4	Ongoing : PSI participated in numerous BCC subcommittee meetings related to nutrition, malaria, breastfeeding and hand washing with soap.

IR 1: Increased Adoption and Maintenance of Healthy Behaviours		Timeframe Yr 4				Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
C.f Co-Ag pg nr	Activity Description	FY Q1	FY Q2	FY Q3	FY Q4	
Q3						
	Provide financial support and participate in national and regional health care associations/organizations' events (National Doctors Day, National Pharmacist Day, conferences, etc.)	1	2	3	4	Ongoing : In Q3, PSI assisted several regional doctor associations to organize training sessions on the use of RDT
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 : A consultant was recruited to develop strategies to reach traditional leaders. Meetings were conducted in Q3 with partners to develop reference terms for a workshop to identify motivation and barriers related to appropriate health behaviors. This workshop, and subsequent field research, is planned in July 2016.
	Implement strategies in 1 or 2 pilot areas			3	4	Postponed: See above
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	X	Postponed: The annual coordination meeting was postponed to Q4
	Participate in the regular FP Harmonization Working Group	1	2	3	4	Ongoing: PSI regularly participates in FP Harmonization scheduled meetings
	Participate in the regular Chlorhexidine and Misoprostol Technical Working Group	1	2	3	4	Ongoing: No meetings were scheduled in Q3
	Participate in H4+ (initiative of United Nations system organizations to improve Maternal and Child Health)	1	2	3	4	N/A
	Celebrate national Family Planning Day and participate in MOH workshops on FP/RH				4	Ongoing: No meetings were scheduled in Q3
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 Q3, in both rural and urban area, PSI implemented numerous events in various regions of Madagascar. During these events, youth reproductive health services focused on the prevention of early marriage and early pregnancy were promoted. Such events included: "Tsinjaka tour Fokontany" on June 18 in Tuléar; "Karaoke Duo" on May 18 in Majunga; "Jumping Challenge II" on April 30 in Ampefiloha Antananarivo; "Urban Challenge" June 9 - 10 in Ankatso Antananarivo; and "Urban Dance" on June 15 in Tamatave. The "Urban Challenge" event was an activity included in the partnership with the University Of Antananarivo aiming to strengthen the sensitization of students around reproductive health. During these two days, more than 2,000 students were present and participated in sports and cultural contests. The "Urban Dance" event organized in Tamatave was the continuation of the first edition held in March in Antananarivo. PSI continued its collaboration with the Ministry of Education for this event. More than 3,000 youth from several public and private high school based in Tamatave were in attendance.
	Reinforce collaboration with Ministry of Youth (train 300 youth Peer Educators, sensitization sessions, peer exchanges, special events, etc)	1	2	3	4	Ongoing: In June, during the "Urban Dance" event in Tamatave, youth peers educators from the Ministry of Youth participated in the sensitization activities. Their supervisors were previously trained by PSI based on the training curricula. The training schedule will be scale-up in Q4 ; all peer educators from the Ministry of Youth from each region will be involved.
	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: 1,129 "Za Ve" radio spots were broadcasted in Q3 supporting FP messages including delaying first birth to at least 18 years and delaying early marriage.
	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 collaboration with the National Association of Midwives, an event titled "Santé pour Tous" (Health for all) was organized on May 13 in Arivonimamo raising awareness of FP messages for rural youth.
	Produce and disseminate communication materials to publicize youth-friendly services at public health centers and Top Réseau clinics		2	3	4	Ongoing: Communication tools (i.e., banners, IEC materials) are currently being designed to include messages on early marriage and early pregnancy
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		Completed: The scale-up for the region of Tana was completed. In accordance with the MoU signed with Youth First Association, 80 young leaders were trained on IPC for FP and RH topics at 8 locations within Tana near Top Réseau clinics. These young leaders are now conducting IPC activities with Peer Educators from PSI's Tana office.
pg.34	Prepare the market re-introduction of the Emergency Contraceptive (EC) in the pharmaceutical channel					
	Conduct Delta marketing session	1	X	X		Completed : The Delta marketing plan for the FP program was 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					

IR 1: Increased Adoption and Maintenance of Healthy Behaviours		Timeframe Yr 4				Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
C.f Co-Ag pg nr	Activity Description	FY Q1	FY Q2	FY Q3	FY Q4	
Q3						
	Conduct Delta marketing session	1	X	X		Completed : The Delta marketing plan for the FP program was finalized in Q3.
	Develop packaging	1	2	3		Completed: Following PSI's global recommendations, Sayana Press will no longer be over branded
	Introduce and promote/create demand for new products including Confidence 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 : 666 TV spots and 990 radio spots related to modern family planning methods ,including LTM, were broadcasted in June.
	Conduct FP MVU sessions in rural & urban areas	1	2	3	4	Ongoing: 49 MVU sessions related to modern family planning methods were conducted in Q3.
	Produce promotional items for existing and new products	1	2	3	4	Ongoing: Awaiting delivery of promotional items (wrist bands, wallets, USB keys) for the Tanora 100% program and YES with you condom
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 : Among the activities supporting the launch of YES condoms in Tamatave, PSI organized the following events: "YES night" - a night event at a popular club to introduce the new youth product; a carnival crossing major boulevards of Tamatave to maximize the brand exposition
	Broadcast radio and TV spot and place printed materials	1	2	3	4	Ongoing: In support of the launch in Tamatave, a new TV spot was produced to help youth from Tamatave associate the brand and the product. This TV spot was broadcasted in Tana to resume promotion activities, which were previously halted until further clarity was provided on procuring additional stock. In total, 240 TV spots & 455 radio spots were broadcasted in June in both cities.
	Produce and distribute the communication tools in the selected urban areas	1	2	3	4	Ongoing: Posters and displays were positioned at approx. 400 outlets in Tamatave.
	Prepare new YES with you scented condom introduction			3	4	Initiated: The artwork for the new foils were developed and validated by PSI/ Washington. These were also submitted to USAIDto initiate the procurement process. Commodities are expected to arrive in Tana in January 2017. PSI/M has asked USAID for samples to initiate the product registration procedures.
	Develop and implement a scale-up strategy for other urban areas	1	2	3	4	Ongoing: Distribution of YES condoms was extended to the Tamatave region. Several activities were scheduled during the launch period (June 15 - 24) including a press conference, "Yes night" event, day carnival, and animation activities at outlets. Scale-up in the Majunga region is schedule to occur in Q4.
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		Ongoing : TV and radio spots are under production. Broadcasts will begin in Q4
	Produce, disseminate and broadcast tools and spots to promote postpartum FP for birth spacing		2	3	4	Ongoing: See above
	Continue supporting CHX 7.1% gel formulation at community level					
	Broadcast radio spots	1	2	3	4	Ongoing: 8,004 radio spots were broadcasted in Q3 through regional radio stations
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		Ongoing: Development of posters and flyers completed. Awaiting delivery
	Adjust existing tools and artwork (spots, print materials, etc.) to include messages on cervical cancer prevention/screening services		2	3		Completed: As tools on cervical cancer did not previously exist, PSI developed new tools to support cervical cancer screening messages.
	Produce, disseminate and broadcast tools and spots		2	3	4	Ongoing: Awaiting delivery of communication tools to be disseminated
1.2 Child Health						
pg.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: Following USAID's guidance, PSI collaborated with the MOH, ONN and other entities to develop an integrated communication plan involving all partners working on breastfeeding promotion. Messages were adjusted based on decision following these meetings. PSI is now producing the updated communication tools.
	Celebrate Breastfeeding Week involving public sector	1				Completed: During breastfeeding week (Dec 7-12, 2015), PSI supported the MOH with various activities including financial support for the conference and morning talk show. PSI also broadcasted radio spots and assisted with "Mpihira gasy"
pg.26	Develop and implement a communication campaign to promote hand washing with soap					

IR 1: Increased Adoption and Maintenance of Healthy Behaviours		Timeframe Yr 4				Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
C.f Co-Ag pg nr	Activity Description	FY Q1	FY Q2	FY Q3	FY Q4	
Q3						
	Produce TV and radio spots, printed tools and promotional items	1	2	X	X	Postponed: As with the breastfeeding campaign, PSI is collaborating with partners to develop an integrated communication campaign. Messages/tools have been adjusted accordingly and are currently under production.
	Broadcast and disseminate communications tools		2	3	4	Ongoing: Posters for the WASH kits have been disseminated in schools in the Atsinanana region. The remaining WASH tools will be broadcasted and disseminated in Q4 once production is complete.
pg.27	Celebrate Mother and Child Health Week (SSME) involving public sector			3		Completed: PSI supported the MoH to organize the SSME (May 9-13). Concretely, PSI took responsibility of BCC activities (broadcasting spots and social mobilization)
	Support rural Community Agent referral activities related to pneumonia and nutrition					
	Produce referral kits (job aids, pamphlets) for rural Community Agents		2	3	X	Postponed: Awaiting result of the SSME survey to determine message context before developing referral kits. The survey results are expect by the end of July. Production of referral kits are planned in Q4.
	Organize small events to promote child health and child health services		2	X	4	Ongoing : During the last edition of Mother and Child Health Week, PSI conducted cooking demonstrations at rural Top Réseau clinics (SAF/SALFA) in 10 regions to promote child health nutrition.
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	X	4	Ongoing: The production of radio spots took place in Q2 .
	Support the Ministry of Water, Sanitation and Hygiene in organizing workshops to develop the national strategic plan for hygiene promotion	1	2	X		Ongoing: In accordance with the timeline developed during the H4+ workshop held in March, another workshop will be held in Q4 to validate the national strategic plan. In Q3, following USAID recommendation, supported the celebration of the "Menstrual Hygiene day" (one of the 4H components).
	Produce sensitization materials related to WASH for national risk and disaster management efforts	1	2			Completed: PSI provided previously produced DTK and Sûr'Eau spots to the Bureau National de la Gestion des Risqué et des Catastrophes (BNGRC) for diffusion.
	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: "Hand washing 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 Atsinanana, Vatamandry, 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	X		Completed: A MOU was signed between PSI/Madagascar and the Ministry of Education in April. The MoU is focused on WASH, Malaria and youth interventions in schools.
	Develop appropriate messages and produce communication tools for pupils		2	3		Ongoing: Communication tools (pencil cases, pencils, rulers) conveying messages were produced. Awaiting delivery to distribute to pupils
	Donate hygiene kits to schools as a pilot			3	4	Ongoing: In Q3, hygiene kits were distributed to 3 public schools in the district of Tamatave II during the pilot phase.
	Organize events (games, sports competitions) to facilitate the diffusion of messages on hygiene		2	X	4	Ongoing: Following the donation of hygiene kits to public schools, hygiene sensitization activities were conducted targeting pupils
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	X	Ongoing: A communication agency was recruited in Q3. Design and production of hygiene communication tools for TR and public clinics is ongoing.
	Donate hygiene kits to public health centers and Top Réseau clinics for both staff and patient use		2	3		Ongoing: Distribution of WASH kits for all CSBs in Brickaville and Tamatave II were completed in Q2/Q3. This activity will continue in Q4 with the donation of WASH kits to Top Réseau clinics and CSB in the districts of Vatamandry, Mahanoro and Tanambao Manampotsy.
	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 the extension Sûr'Eau Pilina in the regions of Vatovavy Fitovinany, Ihorombe and Haute Matsitra, 4,274 radio spots were diffused. These spots were produced in local dialects.
	Produce and disseminate printed materials and promotional items for CHWs and target audience		2	3	4	Ongoing: The Sûr'Eau tablet distribution scale-up in Vatovavy fitovinany, Ihorombe, and Haute Matsitra was completed in Q3. Communication tools such as posters and guides were disseminated to PAs and CHWs
	Organize events coupled with MVU sessions		2		4	N/A
pg.34	In line with the new strategic orientations, continue promoting Sûr'Eau 150ml					
	Produce communication materials (spots, printed tools, promotional items)	1	2	X	X	Postponed: Design of promotional tools for Sûr'Eau 150ml, including outlet signs, were completed in Q3. Production is planned in Q4.
	Broadcast radio and TV spots and disseminated printed tools		2	3	4	Ongoing: 260 TV spots and 300 radio spots were broadcasted in Q3 to promote Sûr'Eau 150ml.
pg.34	Continue supporting the distribution of Sûr'Eau 40ml at the community level in all MAHEFA areas					

IR 1: Increased Adoption and Maintenance of Healthy Behaviours		Timeframe Yr 4				Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
C.f Co-Ag pg nr	Activity Description	FY Q1	FY Q2	FY Q3	FY Q4	
Q3						
	Broadcast messages on water treatment	1		3		N/A: Sûr'Eau 40ml is currently being phased out to be replaced by Sûr'Eau Pilina. As such, messages have focused on promotion of Sûr'Eau Pilina products.
	Promote the Sûr'Eau 40ml format using CHW IPC, media and mid-media channels		2		4	N/A
	Coordinate with past efforts between MIKOLO, MAHEFA, MCDI and WaterAid to promote WASH after Community Led Total Sanitation (CLTS) message campaigns					
	Communicate, through media and mid-media channels, to increase the use of latrines and address cultural barriers to latrine use including "fady" (taboos)			3	4	N/A: these activities and associated budget have been removed and replaced with the Sanitation Market Landscape (TMA). The first two phases of the market landscape (desk review, field research) were completed in June. The workshop with all relevant partners will be held in early August and final report produced by end of August.
	Initiate an appropriate approach for the promotion of improved latrine use (sanitation at scale)			3	4	N/A: See above
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: In Q3, PSI and the Scout organization (TEM) developed a collaborative work plan and approved a budget for Q4 WASH activities.
	Produce materials for sensitization	1	2	X		Completed: PSI distributed 30 megaphones to the Scouts organization to support WASH sensitization activities.
	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	Ongoing: The criteria for label certification were identified and small restaurants selected to support positive WASH behaviors.
pg.26	Disseminate messages for diarrhea treatment (correct use of ORS and Zinc and seeking treatment) and promote social marketing products HydraZinc and ViaSur					
	Produce communication tools (spots, printed tools, promotional items, etc)	1		3		Completed: the production of ORS/Zinc visual and promotional materials were completed in Q3.
	Broadcast TV and radio spots nationwide and disseminate other communication tools	1	2	3	4	Ongoing: in Q3, 171 radio spots related to HydraZinc kits were broadcasted. PSI also worked with TV stations to produce and diffuse programs sensitizing prevention and treatment of diarrhea.
pg.27	Celebrate World Pneumonia Day involving public sector	1				Completed in Q1
pg.29	Broadcast TV and Radio spots to increase knowledge and prevention of pneumonia		2			Completed: TV and radio spots were broadcasted
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: Tools to facilitate trainings were produced, but dissemination of these tools will only occur during CHW trainings, which is now scheduled in Q4 (commodities only arrived at the end of June 2016)
	Broadcast TV and Radio spots for pneumonia treatment		2	3		Postponed: Broadcasts will occur subsequent to trainings in Q4.
	Celebrate National Nutrition Day involving public sector					Postponed: Activities will occur in Q4 in accordance with ONN planning
	Promote nutritional services and products					
	Support activities of the Task Force ANJE/Neff (Alimentation des Nourrissons et des Jeunes Enfants/ Nutrition de la Femme) under the leadership of the MOH	1	2	3	4	Ongoing: PSI supported the organization and participated in a round of workshops led by the MoH to develop work plans and a communication plan on breastfeeding
	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 tools were completed in Q3. Awaiting delivery
	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 tools were completed in Q3. Awaiting delivery
pg.26	Develop and disseminate messages to refer malnourished children to CRENAs (Centres de Récupération et d'Education Nutritionnelle Ambulatoire)					PSI is conducted a study related to nutrition from June 27th to June July 6th. The results will lead the development of messages
pg.26	Support the MOH and partner activities increasing polio campaign awareness through messaging					
	Broadcast messages on immunization through media channel	1	2	X		Completed : 1,711 radio spots and 112 T.V spots were broadcasted in April during the national polio campaign.
	Link polio with hygiene and sanitation messaging (WASH activities)	1	2	X		Postponed: PSI will conduct an integrated campaign during the next immunization campaign planned in Q1 FY17.
pg.26	Coordinate with the MoH and Unicef to reinforce BCC activities on general immunization	1	2	3	4	Ongoing: PSI participated in the social mobilization subgroup committee activities at central level
1.3 Malaria						
pg.25	Following the results of the Anthropological Study (IPM) and in line with other survey results (ITN Post Campaign survey, MIS, etc.), develop a communication plan for malaria prevention and treatment involving all stakeholders. This communication plan includes messages and strategies for LLINs, IPT, ACT, RDT and IRS)					

IR 1: Increased Adoption and Maintenance of Healthy Behaviours		Timeframe Yr 4				Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
C.f Co-Ag pg nr	Activity Description	FY Q1	FY Q2	FY Q3	FY Q4	
Q3						
	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 the 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	X	Postponed: The communication plan was developed. Messages and tools were also validated by the MoH and partners at the end of June. The one-pager will be finalized in Q4.
	Revise and print the malaria toolkit		2	3	X	Postponed: The revised malaria toolkit will be printed in Q4
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 held on June 21th, 2016. This was a opportunity for partners (CRS, PCV and PSI) to share experiences on BCC activities.
pg.27	Continue supporting public sector efforts to fight against malaria					
	Provide support for the Malaria World Day celebration			3		Completed: For World Malaria Day, PSI conducted MVU sessions in Tamatave, Tuléar, Diégo and Ampasimpotsy from 21 - 25 June. PSI also heavily supported the organization of the national celebration held on June 9th in Ampasimpotsy, ensuring the logistics and social mobilization of the ceremony.
	Support the MOH at the central level in organizing workshops	1	2	3	4	Ongoing: Under the leadership of the MoH, PSI organized a round of workshops to validate the communication plan, messages and BCC tools.
pg.39	LLIN Campaign					
	Based on the last campaign post-test survey, modify and continue broadcasting messages to ensure LLIN correct use and maintenance including consistent use by pregnant women and children under 5	1	2	3	4	Ongoing : PSI broadcasted 15,270 radio spots focused on pregnant women and CU5
	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: These activities will resume as part of LLIN continuous distribution activities.
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	Completed: The communication plan, messages and tools are now available for BCC malaria activities
	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	Ongoing: In collaboration with partners, a guide and a one- pager for advocacy activities were elaborated. These advocacy activities will be implemented in Q4 along with the LLIN continuous distribution activities.
	Prepare and produce communication tools from the communication plan			3	4	Ongoing: Posters, radio spot, and communication tools for students and teachers are under production.
	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		Completed: The communication plan, messages and tools are now available for BCC malaria activities
	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	X	Postponed: In accordance with the new communication plan, PSI will use the concept called "Entertain to Educate" to guide the development of an evidence-based behavior change approach
	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	Ongoing: Production of promotional and sales incentives (watch, raincoat, power bank, pencil case) were completed. Awaiting delivery
	Produce and broadcast TV and radio spots to support the social marketing activity	1	2	3	4	Ongoing: Design of communication campaign complete. Awaiting production of TV and radio spots
pg.25	Artemisinin-based Combined Treatment (ACT) and Rapid Diagnostic Test (RDT) for malaria					
	Adjust messages and communication strategy in line with the Global Malaria Communication plan developed with the stakeholders	1	2	X		Completed: The communication plan, messages and tools are now available for BCC malaria activities
	Prepare and produce communication tools from the communication plan		2	3		Ongoing: Production of communication tools (posters, reportage) were completed. Awaiting delivery.
	Broadcast messages through media and mid-media channel and disseminate other communication tools		2	3	4	Postponed: Messages will be disseminated in Q4 once tools are available
	Produce certificates for CHWs who have completed their practicum to be able to provide RDT for malaria		2	3	X	Postponed: CHW training on RDT use will be conducted with funding from the GF NFM project, which is set to begin in Q4. PSI will produce certificates for dissemination after the training.

IR 2: Improved Quality of Selected Health Services in the Private Sector		Timeframe Yr 4				Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
C.f Co- Ag pg nr	Activity Description	FY Q1	FY Q2	FY Q3	FY Q4	
Q3						
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 : Performance analysis, mapping of existing Top Réseau clinics and intervention of other partners helped to prioritize new recruitments. 18 new clinics were recruited, while contracts for 12 clinics were ended due mainly to non-compliance of quality standards and inability to reach the target groups. The current number of Top Réseau clinics stands at 257 (216 urban; 41 rural)
	Continue to upgrade clinics to conform to minimum standards in terms of infrastructure and equipment	1	2	3	4	Ongoing: The 18 new clinics were fully equipped based on the needs assessment of each clinic to ensure minimum quality standards
	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		Completed: 181 providers were trained on FP, 160 additional on long-term FP methods and 176 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 : 25 Top Réseau providers from Antsirabe and Fort Dauphin were trained on medical communication, particularly on how to develop customer loyalty, to deliver friendly services and to improve marketing strategies. Training on Social Franchising approach is planned in the next period for all new providers.
pg.30	Increase access to finance for TR providers					
	Continue to provide individual coaching in access to finance	1	2	3	4	Ongoing: 13 new Top Réseau providers in Fianarantsoa , Majunga, Fort Dauphin and Tana benefited from individual coaching. 12 follow ups on individual coaching in 5 sites were conducted this quarter. The individual coaching gave support to providers on loan application or on connecting their need to the supplier.
	Organize and facilitate meetings for sharing experiences, best practices, success stories between providers		2	3	4	Ongoing: 4 sessions on sharing experiences between Top Réseau providers in Tana, Fianarantsoa , Majunga and Fort Dauphin were conducted in Q3. Performing providers on business management shared their best practices on loan, facility management and pricing strategies; the participants developed an action plan that PSI staff will follow.
	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: New partnerships with FIVOY/IFRA in Ambovombe and QMM in Fort Dauphin Tolaganaro were developed. Agreements with 2 suppliers ,HOSPITEQ and IEM, enabled 3 to 12 month deferred payments for Top Réseau providers who purchased medical equipment to enhance the quality of their services.
	Explore solutions, including developing new partnerships, to increase loan application	1	2	3	4	Ongoing: Resulting from the business training session on budgeting, simplified accounting and business coaching, 3 providers were able to self-invest their specific projects for an estimated amount of more than 40 million MGA total. As for developing new partnership, a meeting with KIVA also offered a loan opportunity for providers to be explored.
	Monitor and track loans to Top Réseau providers	1	2	3	4	Ongoing: 7 new loan applications from Top Réseau providers were presented to Access Bank and FIVOY this quarter. One loan for 5 million MGA was disbursed by Access Bank in Tana for 1 female provider to improve infrastructure for new services like safe delivery.
pg.31	Modernize existing data collection					
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		Completed: Scale-up with others providers started this quarter with rural Top Réseau providers
	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	X	4	Ongoing: A DHIS2 online dashboard for Service delivery by health areas is now available. Trainings were completed for the Malaria and Child Survival department during this reporting period. Service delivery dashboards for supervision results were initiated this quarter and will be completed in Q4
	Monitor use of the system and the dashboard and continue to improve and upgrade as needed	1	2	3	4	Ongoing: Monitoring of the new dashboard by health area is now ensured by the M&E Supervisor
	Move to tablet based data collection in rural Top Réseau clinics			3	X	Initiated : 20 providers out of 61 trained transitioned to collecting clients data through tablet based system. The training lasted for 2 days; an active follow up process facilitated through a call center and coaching during supervision will help the provider on use of the device. 2 trainings sessions for the remaining Top Réseau rural providers are planned for the next period.
	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

IR 2: Improved Quality of Selected Health Services in the Private Sector		Timeframe Yr 4				Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
C.f Co-Ag pg nr	Activity Description	FY Q1	FY Q2	FY Q3	FY Q4	
Q3						
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		Completed : 27 providers in 3 regions (Majunga, Fianarantsoa and Fort Dauphin) received refresher trainings this year
	Continue to train rural and urban providers in business management	1	2	3	X	Postponed: Due to unavailability of the providers, the training is now scheduled in Q4.
	Finalize a sustainable business model for providers in collaboration with International Center for Social Franchising (ICSF)	1	2	X		Completed: The business model for Top Réseau providers were finalized for cabinet medical and centre medical. Individual coaching is based on these two sustainable business models
	Continue to roll out individual coaching in business management by taking into account the defined sustainable business model	1	2	3	4	Ongoing : 3 Top Réseau cabinet medical were evaluated in terms of their potentiality to become a medical center in Tamatave, Fort Dauphin and Tana. One request for MOH authorization to open a center and laboratory was facilitated by PSI for a cabinet medical in Fort Dauphin. One medical cabinet in Tamatave is also ready to send his application to the MOH in September. 20 individual coaching on business management for potential cabinet medicals are planned in Q4.
	Train Top Réseau providers in financial analysis		2	3	4	Ongoing : Selection criteria and training plan were developed. Onsite training on financial analysis for 2 Top Réseau providers were carried out this quarter
pg.31	Enhance the medical training approach of the Top Réseau franchise (OPQ, new health area training, TOT, peer mentoring)					
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 : 62 Providers in urban and rural areas were selected for training on cervical cancer, and permanent method.
	Train 100 urban and 20 rural Top Réseau providers on chronic malnutrition and MNP		2	3	4	Ongoing: 104 Top Réseau providers were trained on chronic malnutrition and MNP this quarter for a total of 84 urban and 20 rural TR providers. Additional new and rural providers will be trained in Q4.
	Train 2 urban Top Réseau providers on FP permanent methods (tubal ligation)			3	X	Postponed : 2 facilities with 4 providers were identified but FISA, the training center for theoretical and practical training, were not available. This training is planned to occur in Q4.
	Train 50 new urban Top Réseau providers on cervical cancer screening/prevention and conduct refresher trainings for current providers			3	4	Ongoing: 25 Top Réseau providers were trained on cervical cancer screening by the MOH. Training for additional providers is planned in Q4
	Train 20 urban and 10 rural Top Réseau providers on FP services (Jadelle, Implant NXT)	1	2	3		Completed: 21 rural and 14 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		Completed : 176 Top Réseau providers received refresher training on Youth-Friendly services.
	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: 13 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	X		Ongoing: The QA team conducted supervision of supervisors, which included PSI, SAF and SALFA supervisors, on general QA, IMCI, FP/RH and on gender.
	Develop Continued Medical Education (CME) through m-health			3	4	Initiated : The concept of Continued Medical Education through SMS, quiz, e-learning and Visio conference was developed. The use of SMS for CME will be explored in Q4.

IR 2: Improved Quality of Selected Health Services in the Private Sector		Timeframe Yr 4				Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
C.f Co- Ag pg nr	Activity Description	FY Q1	FY Q2	FY Q3	FY Q4	
Q3						
	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: 551 supportive supervision visits for all health areas were conducted this quarter. The focus was on new health area and the systematization for IMCI. Q4 supportive supervision will be devoted to quality evaluation
	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	Initiated: 10 urban and rural clinics started the quality evaluation in Q3. Technical staff from MOH and high performing Top Réseau providers are part of the evaluation team. The quality evaluation will continue in July and August for all clinics; result for FY16 will be shared in the Q4 report.
pg.32	Enhance provider behavior change (PBCC/medical detailing approach)					
	Conduct medical detailing visits in private sector using Provider Behavior Change Communication (PBCC) approach (promotion and correct use of social marketing products, vigilance regarding correct use/dispensing of Depo-Provera, etc.)	1	2	3	4	Ongoing: This is a routine activity conducted with the Health Training and Promotion team throughout all quarters of the year with health professionals (doctors, nurses, midwives, and pharmacists)
pg.32	Institutionalize capacity building targeting high-performing franchise providers (provider motivation, communications, quality)					
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: 4 Top Réseau providers were involved as co-trainers this quarter
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: One peer exchange visit was organized in Fort-Dauphin. 7 providers visited a high performing Top Réseau provider in Ambovombe. Dr. Maurice shared in pictures how the center developed throughout the years, and how the health services expanded with Top Réseau. The participants witnessed the advancements, asked many questions and developed an action plan for their own improvement.
	Develop and share Top Réseau newsletter for providers	1		3		Initiated: The Top Réseau newsletter for Q3 is focused on polio surveillance and immunization, sharing experiences and guidelines on the prevention of infections.
	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. It was an opportunity to share information such as the increased surveillance and guidelines on polio immunization, practical information on Sayana Press and monitoring of the activities in the last quarter of 2016.
pg.42	Capacity-building : Gender Based Case Management					
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	X		Completed: 5 Top Réseau providers in Majunga were trained one GBV in Q3. Relevant stakeholders such as The Ministry of Population, ENDA OI, CHU Androva, the police and the justice for physical, psychosocial and legal support for survivors were connected with the Top Réseau providers for referrals. In Tana, 17 members of TIHAVA networks are identified as referral centers for psycho-social and medico-legal expertise. For the next quarter, in partnership with the MOH, 28 Top Réseau providers will be trained on medical expertise especially in case of physical and sexual violence.
	Inform IPC agents (urban youth peer educators and WHP funded FP counselors) on GBV referral activities	1	2	3	4	Ongoing: 9 IPC agents from Fianarantsoa were informed on GBV referral systems 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 counter-referral 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: 35 survivors were received in Top Réseau clinics in Tana and Majunga. A meeting in June with all Top Réseau providers in Tana, of which 18 were trained on GBV case management, permitted discussions on the way to improve the referral system and was an occasion to strengthen the referral system inside and outside the network.

IR 2: Improved Quality of Selected Health Services in the Private Sector		Timeframe Yr 4				Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
C.f Co- Ag pg nr	Activity Description	FY Q1	FY Q2	FY Q3	FY Q4	
Q3						
	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	Ongoing : The study began in Q3. The evaluation of the effectiveness of GBV referral system will continue and results shared in Q4.
2.3 Promotional support						
General promotional support: radio, MVU, print materials, IPC referrals						
pg.32	Continue to promote Top Réseau services through radio with messages tailored for urban and rural targets, peer education (with vouchers for referrals), promotional event for rural Top Réseau, advertising signs for new rural Top Réseau clinics					
	Continue to promote 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 has been finalized. Work plan activities from the marketing plan will continue in Q4
	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		Completed : 78 Top Réseau clinics in urban and rural areas participated in the celebration of Mother & Child Health week in May 2016. During the week, 6,381 CU5 received services at Top Réseau clinics. It was an occasion to launch nutrition services at 32 Top Réseau clinics; a culinary demonstration was organized with community health workers from the ORN .
	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. 80,353 youth were reached, of which 28% were referred to Top Réseau clinics with vouchers
	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: 50 supervisors from the Ministry of Youth working in rural and urban Top Réseau districts received a TOT to train IPC workers on health seeking behaviors.
	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 : 691 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 : 14 special events on youth integrated Reproductive Health and FP occurred in Q3
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 signed a MOU with the ONM to strengthen collaborations particularly on communication, expanding information and Continuing Medical Education for doctors.
	Collaborate with CROM at regional level for the promotion of the Top Réseau network at regional/local events	1	2	3	4	Ongoing: 692 medical doctors in 8 regions were reached during the 8 sessions of CME on fever case management and diarrheal case management for CU5.
	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	Ongoing : The exchange meeting among listeners on database management and exploration of ways to improve the collaboration was held in Q3. Promotion of the hotline, information on tools for the referral system for GBV, FP complication and FP adverse event, is planned in July.
	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	Ongoing : All Top Réseau services are promoted with 321 Mandroso. Promotion to inform the target group on the availability of the 321 Mandroso is planned in Q4.

IR 2: Improved Quality of Selected Health Services in the Private Sector		Timeframe Yr 4				Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
C.f Co- Ag pg nr	Activity Description	FY Q1	FY Q2	FY Q3	FY Q4	
Q3						
pg.32	E-voucher program (FP subsidies, mobile reimbursement to TR)					
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	X	Postponed to Q4 due to technical issues on the mobile application
	Build capacity of the 6 Top Réseau sites in use of the E-voucher system			3	4	Postponed : The scale up of E-voucher is pending the operationalization of the voucher system integration with the actual tablet based data collection
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	X	Ongoing: Contracts with Orange and Telma are being processed.
pg.32	Demand-side financing rural community mechanisms					
pg.32	Conduct pilot phase for mutual insurance (demand-side financing) in 2 Top Réseau zones					
	Start of insurance coverage	1	X			Completed : 17 Top Réseau clinics signed a MOU with the microfinance institution ADEFI. The collaboration will be expanded in the region of Antsirabe, Fianarantsoa and Ambalavao with the selection of additional clinics. Convention with OTIV Harena continues its expansion with other Top Réseau clinics in Tana and in the SAVVA region.
	Conduct periodic meeting for group managers		2	3		Completed : The arguments shared during meetings on discussing the new scheme of payment from AFAFI didn't convince the group managers and collaboration with AFAFI ended for now
	Explore innovative solutions to enhance household group capacity to pay premium		2	3	4	This activity cannot be fulfilled due to the disinterest of household group on the AFAFI payment scheme.
	Monitor the insurance coverage (monthly payment, respect of ground rules of the association and MOU with the mutual organization)	1	2	X		Ongoing : Monitoring of the insurance coverage with mutual organizations showed that 141 individuals received health coverage at SALFA Top Réseau clinics in Fianarantsoa. The complete number of beneficiaries from the scheme will be followed-up using ADEFI and OTIV databases. PSI will continue tracking indicators from all Top Réseau providers
	Evaluate the pilot of the insurance coverage in Tana			3	4	This activity was suspended as the pilot of insurance coverage in Tana with household group was inconclusive
	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 health savings mechanism.
	Conduct health savings mechanism for sites without mutual organization		2	3		Ongoing: In addition to MADA BEMIRAY association for health saving mechanism in Fianarantsoa, 15 NGOs /Associations in Fianarantsoa and in Fort Dauphin were identified for health saving mechanisms. PSI will support the initiative and follow up with these members.
	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	Ongoing: 3 meetings with the MOH in charge of managing the private medical sector (SMLDP) occurred this quarter. Presentations of PSI's Top Réseau activities informed the MOH on PSI's focus on quality assurance related to infection prevention, waste management and facility organization. The visit with SMLDP is planned in July.
	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		Completed : In April, 4 technical staffs from the DSFA participated in a workshop with PSI staff on conducting the quality evaluation of Top Réseau centers in Q4.
	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: 2 meetings with MoH were conducted to finalize the concept of franchising public sector facilities. 50 faculties were identified considering the MSM and MCSP activities.
	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 : PSI is awaiting MoH approval on the concept of franchising selected public sector clinics. A convention with the MOH is planned to formalize the collaboration and the onsite training for some public providers will start in Q4

IR 3: Increased Availability of Life-Saving Health Products and Services		Timeframe Yr 4				Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
C.f Co-Ag pg nr	Activity Description	FY Q1	FY Q2	FY Q3	FY Q4	
						Q3
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: 2,281,918 (58%) units of Pilplan, 1,650,232 (73%) units of Confiance, 3,313 (83%) units of Implanon, 885 (161%) of Jadelle, 12,143 (58%) units of IUDs and 14,250 (62%) units of Rojo-branded cycle beads have been distributed in FY16.
	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: 907,664 (61%) consumables have 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 : 237,709 doses of Sayana Press injectables 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	X	Ongoing: 12,490 units of emergency contraceptives (branded Norlevo) arrived in late Q3 and are planned to be distributed in Q4. 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, over branding emergency contraceptives 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 : 463,320 (41%) "YES with you " condoms have been distributed through Q3. 504 additional points of sale were identified during the scale-up in Tamatave.
	Develop market for new "YES with you" products (vanilla and banana scented) and work on obtaining AMM	1	2	3	4	Postponed: USAID has informed PSI that the procurement of new scented "YES with you" products will now occur in FY 2017. Expectations: Oct 16 1,500,000 Strawberry, Feb-17 1,152,000 Banana and 1,152,000 Vanilla
	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: 83,739 (19%) Arofitra (CHX) were distributed through Q3. A workshop will be held in Q4 with partners to develop a revised marketing plan aiming to increase product uptake.
Child Survival						
pg.34	Continue to promote ViaSur and HydraZinc-branded Diarrhea Treatment Kits (DTK)					
	Distribute 392,841 DTKs (185,992 Viasûr / 206,849 HydraZinc)	1	2	3	4	Ongoing : 107,068 (58%) ViaSur kits and 145,426 (70%) HydraZinc kits were distributed through Q3.
	Distribute remaining generic DTKs donated by USAID (223,991)					
	Donate generic ORS / Zinc to the MOH and BNGRC (Bureau National de Gestion des Risques et des Catastrophes) to respond to natural disasters (144,000 kits)		2	X	X	Ongoing: Donation to the MOH & BNGRC is ongoing. 75,880 (53%) ORS/Zinc kits were distributed to date following signature of the donation (completed in Q2). PSI is awaiting on the MOH quantification exercise before donating the remaining 68,120 units.
	Distribute remaining 79,991 ORS / Zinc donated by USAID to PAs in MAHEFA zones		2	3	X	Ongoing: 125,155 (156%) ORS/Zinc kits were distributed in the community circuit.
pg.34	Promote and scale up household water treatment products for both community-based distribution and commercial channel					
	Distribute 11,125,800 Sur'Eau Pilinea tablets in the Atsinanana region and progressively scale-up throughout all MIKOLO zones	1	2	3	4	Ongoing : 4,512,180 (41%) Sur' Eau Pilinea tablets were distributed through Q3. All Mikolo zones are now covered. Progressive scale-up for the remaining regions are in progress, beginning with 5 additional districts in July (Morafenobe, Ambatomainity, Maroantsetra, Besalamy and Manja).
	Distribute 348,300 bottles of Sûr'Eau 40ml in MAHEFA and ex SanteNet2 zones through community based distribution	1	2	3	4	Ongoing: 345,970 (99%) bottles of Sûr'Eau 40ml have been distributed through Q3.

IR 3: Increased Availability of Life-Saving Health Products and Services		Timeframe Yr 4				Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
C.f Co-Ag pg nr	Activity Description	FY Q1	FY Q2	FY Q3	FY Q4	
Q3						
	Distribute 1,679,528 bottles of cost recovery Sûr'Eau 150ml through the commercial channel	1	2	3	4	Ongoing : 1,753,044 (104%) bottles of Sûr'Eau 150ml have been distributed through Q3.
	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: WASH kits for the Atsinanana region were donated during the Q2 period. The official donation ceremony was conducted with USAID and MOH representatives on March 22 during World Water Day celebrations 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	Completed: In collaboration with DREN Atsinanana, WASH kits were donated to 3 schools in Atsinanana region to promote WASH behaviors
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	X		Ongoing : 219,933 (92%) PPT tablets have been distributed through Q3.
	Work on obtaining AMM for Amoxicillin DT (through Salama collaboration)	1	2	X		Ongoing: SALAMA , the entity facilitating this procurement, is awaiting on the official AMM notification from the DAM. Products are currently available at PSI's warehouse ready to be distributed in Q4. Further, on July 4th, PSI received a letter from the AGMED authorizing distribution.
	In partnership with MAHEFA, organize TOT for heads of CSBs to inform correct use of the new molecule (Amoxicillin DT)	1	2	3	X	Postponed: As products only arrived in late June, the ToT has been postponed to Q4.
	Organize TOT for MIKOLo trainers to inform correct use of the new molecule (Amoxicillin DT)	1	2	3	X	Postponed: As products only arrived in late June, MIKOLo trainings will begin in Q4.
	Distribute 168,000 Amoxicillin DT through the community-based channel			3	4	Postponed: As products only arrived in late June, distribution will begin in Q4.
	Implement pharmaco vigilance activities in the community distribution channel for Amoxicillin DT use			3	4	Ongoing: PSI is collaborating with other NGOs to implement pharmacovigilance activities. In order to facilitate CHW trainings, PSI will provide each CHW with job aids, booklets, and posters to better understand pharmacovigilance activities.
	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 August.
	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: Given products are expect to arrive in August, ToT will begin in September. In Q4, PSI will also collaborate with the MOH and ONN to update training tools.
	Supervise CHW training on MNP and post-training follow-up		2	X	4	Postponed: CHW training will commence in Q4 as products expected to arrive in August.
	Distribute 41,035 boxes of MNP at community level in the districts of Vakinankaratra region			3	4	Postponed: Distribution will follow CHW trainings, expected in Q4.
	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 August.
	Distribute 6,773 boxes of MNP through urban and rural TR clinics			3	4	Postponed: Distribution will begin in Q4 as products are expected to arrive in August.
	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 August.
	Train pharmacists and sales staff on MNP		2	X		Completed: In collaboration with the "Ordre des pharmaciens," the training was completed on June 16 in Févrière Est.
	Distribute 22,654 boxes of MNP through the pharmaceutical channel			3	4	Postponed: Distribution will begin in Q4 as products are expected to arrive in August.
pg.39	Malaria					
	Distribute socially marketed LLINs (174,996 Supermoustiquaire for FY16)			3	4	Ongoing : 108,771 (62%) units of Super Moustiquaire were distributed through Q3.

IR 3: Increased Availability of Life-Saving Health Products and Services		Timeframe Yr 4				Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
C.f Co-Ag pg nr	Activity Description	FY Q1	FY Q2	FY Q3	FY Q4	
Q3						
	Conduct preparation activities for distribution of 81,250 "Continuous Distribution LLINs" via CSBs and PAs (distribution to begin October 2016)			3	4	Ongoing: Preparation activities for LLIN continuous distribution were conducted. The distribution of 162,500 LLIN will be facilitated through PAs and is plan to begin in late August.
	Distribute 250,000 ACT and 300,000 RDT (exact quantities pending USAID decision)			3	4	Ongoing: PSI received 62,500 ACTs as buffer stock to be distributed only during emergency situations. No RDTs were provided to PSI. PSI is already distributing the stock buffer through PAs in line with the list of CSB provided by the NMCP
	Distribute 4,100 LLINs for emergency/disaster relief	1	2	3	4	Ongoing: Based on a request from CRS, following a query into a fire in Fénerive Est on May 2 in the Fokontany Andapabe, PSI provided 250 LLINs to assist the 117 families affected by the tragedy.
	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 : 4,168,440 Protector Plus and 9,546 Feeling condoms were distributed through Q3.
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 the research team.
	Scale up new community-based distribution system (pending results from the pilot evaluation)		2	3	X	Ongoing: The national scale-up has been nearly completed for the 17 regions of Madagascar. However, given security reasons, PSI postponed the scale-up in 5 districts (Besalampy, Manja, Morafenobe, Ambatomainy et Maroantsetra), which will now occur by the end of July.
	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	X	X	Ongoing: PSI conducted 871 trainings (798 PA and 73 PARC) in the extension zone of the new distribution strategy.
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 tablets began in January 2016 and is ongoing
	Organize quarterly coordination meeting with MIKOLO and MAHEFA to find solutions and minimize stock-outs	1	2	3	4	Completed: Last coordination meeting was conducted in April with MIKOLO (MAHEFA project came to a close).
	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.
pg.37	Distribute IEC and promotional materials to PAs	1	2	3	4	Ongoing: Sûr'Eau Pilina IEC materials were distributed in the Vakinankaratra, Amoron'i Mania and Haute Matsiatra regions; this will continue in Q4 for remaining regions.
pg.37	Train community PAs and PARCs in financial and business management					
	Identify PAs & PARCs to be trained	1	2	3	4	Ongoing : 16 PARC were identified to be trained by PSI (6 in Vakinankaratra, 3 in Amoron'imania, 1 in Menabe/Miandrivazo, and 6 in Atsimo-Andrefana)
	Conduct TOT for PSI trainers on the revised curriculum of simplified accounting and the utilization of simplified management tools	1	X	X	X	Ongoing 1 TOT conducted in Antsirabe; 1 FPS (PSI trainer) 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	Ongoing :14 PARC were trained in Q3 : 5 Vakinankaratra, 3 Amoron'imania, 1 Miandrivazo, 5 Atsimo-Andrefana, 1 Ihorombe. 3 PARC could not attend the training sessions (PARC Manandriana, PARC Mandoto, PARC Bezaha).
	Conduct monitoring and technical assistance to ensure simplified accounting record keeping	1	2	3	4	Ongoing: These monitoring activities will occur during Distribution Supervisor trainings planned in July.
pg.37	Pilot access to credit for key PAs & PARCs (focusing on female operated where possible) and Income Generating Activities (IGAs)					

IR 3: Increased Availability of Life-Saving Health Products and Services		Timeframe Yr 4				Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
C.f Co-Ag pg nr	Activity Description	FY Q1	FY Q2	FY Q3	FY Q4	
						Q3
	Identify projects to develop IGAs of PARCs and interested PAs	1	2	3	4	Ongoing : 11 IGA projects for PARC were identified. This includes: 1 Wholesale of second-hand clothes/PARC Antsirabe; 2 Distributor of Startimes (Digital TV Provider)/PARC Antsirabe and Ambohitra; 8 cash points for Airtel Money (Mobile money)/Sakaraha, Ampanihy, Ankazoabo, Betioky, Ambohitra, Miandrivazo, Faratsiho, Betafo
	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: Search for funding and financial partners for projects identified in Q2 continues.
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				Ongoing: A contract was signed with a new wholesaler in Tamatave (MAEVA) to improve coverage of commercial products.
	Recruit a commercial Distribution Excellence Group (DEG) to be implemented in Tananarive and Tamatave	1	2			Ongoing: Recruitment of DEG members was completed and the approach will be implemented in Q4 for both the Tamatave and Tana regions.
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: This is a routine activity
	Recruit a pharmaceutical Distribution Excellence Group (DEG) to be implemented in Tananarive and Tamatave	1	2	3	4	Ongoing: Recruitment of DEG members was completed and the approach will be implemented in Q4 for both the Tamatave and Tana regions.
	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. No additional feedback has been received.
	Finalize commodity distribution plan for all USAID-supported FP commodities	1				Completed: Revised strategy was submitted to USAID on March 14, 2016. No additional feedback has been received.
	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. URs 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.
	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	Ongoing: Regular meetings have been held to prepare a workshop with the Ministry of Livestock and Mohr in support of a joint awareness campaign. The workshop will be held in July.

IR 3: Increased Availability of Life-Saving Health Products and Services		Timeframe Yr 4				Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
C.f Co-Ag pg nr	Activity Description	FY Q1	FY Q2	FY Q3	FY Q4	
						Q3
	Conduct workshop/advocacy meetings and joint supervision activities with stakeholders including Ministry of Livestock to raise awareness of this issue	1	2	3	4	Ongoing: The workshop will be held in July.
	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: PSI is in continuous discussions with the MOH to obtain the authorization to provide injectables directly at TR clinics. The letter has been drafted and awaiting MOH signature.
	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		Ongoing: The data collection stage will occur in Q4 as the consultant recruitment took longer than expected.
	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		Postponed: Awaiting results of the porcine market research.
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	X	Postponed: the MIT integration supervision will now occur in July.
	Conduct quarterly integrated field supervision activities with partners	1	2	3	4	Ongoing: In June, joint supervision activities involving PSI, Mikolo, and USAID were conducted in the regions of Vakinankaratra and Amoron'i Mania.
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 extension zones. Activities will continue in Q4 for 5 remaining districts.
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: PSI participated in a 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: PSI participated in GAS committee meetings 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 has been scaled up across all regions
	Create new distribution incentive for staff motivation	1	2	X		Ongoing: PSI is evaluating distribution staff performance under the new community based distribution model and will allocate incentives for staff motivations subsequent to the review of this evaluation.

IR 3: Increased Availability of Life-Saving Health Products and Services		Timeframe Yr 4				Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
C.f Co-Ag pg nr	Activity Description	FY Q1	FY Q2	FY Q3	FY Q4	
						Q3
pg.37	Upgrade storage conditions and procedures at PSI warehouses					
	Update warehouse policy and procedures	1	X	X	X	Ongoing: Warehouse policy and procedures will be finalized in Q4.
	Install required equipment (air conditioning, generators, security measures, & smoke detectors) as necessary	1	X	X	X	Ongoing: All AC units and generators have been installed. Smoke detectors will be 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 activities were conducted 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) were made available in Q3. Waiting for community communication data that need to be verified with the SR / NMCP. The final report will be completed in Q4 under GFATM funding
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 and monitoring tools were finalized in Q3. These training will be conducted in Q4.
	Harmonize coordination between all partners involved in CD (ANC, Programme Elargi de Vaccination (PEV), social marketing, community)		2	3	4	Ongoing: Fields visits with key partners are planned in Q4 to ensure coordination and harmonization
	TA recruitment at districts		2	3	4	Ongoing: The TDRs were validated in Q3 and the recruitment process will be launched in Q4.
	Produce logistics management tools and M&E tools		2	3	4	Ongoing: Production of logistical management and M&E tools will be completed in Q4
	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 were finalized in Q3 . The orientation will be conducted in Q4.
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		Completed: New pricing strategies for condoms (YES with you, Protector Plus) have been validated and adopted. The strategy, which aimed to progress program sustainability, focused on reducing trade margins to industry standards and reducing packaging costs.
	In partnership with bilateral partners (MIKOLO & MAHEFA), identify community-based products that require revised pricing and adjust accordingly	1	2	X		Ongoing: Following partner and stakeholder decisions, the pricing of Sayana Press products were reduced and now aligned with Confiance. The remaining community based products are regularly discussed with partners.
	Identify pharmaceutical and commercial products that require revised pricing and adjust accordingly	1	2			Completed: Following the FP DELTA, it was decided the pricing strategies for Confiance and Pilplan would remain the same.

Cross - Cutting (Research, M&E, Gender, Environment)		Timeframe Yr 4				Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
C.f Co-Ag pg nr	Activity Description	FY Q1	FY Q2	FY Q3	FY Q4	
Q3						
Research						
pg.46	Qualitative Research					
	Acceptability study for subcutaneous injectable among stakeholders (peri urban providers, CHWs and FP providers in rural areas)		2	3		Completed : Data collection was completed in April. The internal oral presentation was conducted on 2nd of June and the results were presented to USAID on 21st of June. An external dissemination is planned on 21st of July among partners and MOH.
	Pretest of radio, TV spots and printed IEC materials for Malaria activities		2	3	4	Postponed to Q1 FY17: 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		Postponed to Q1 FY17: 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 materials are not yet ready for pretesting
	Evaluate the effectiveness of the GBV referral system	1	2	X	X	Ongoing: The study design was finalized with PSI's Regional Researcher and the ICRW "International Center for Research on Women". The study was also approved by the local research ethics board. Field work started beginning of July and is planned to last 3 months among survivors and 15 days among Top Réseau providers.
	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 main findings were presented to USAID on 4th of May, while the PPT presentation was included in the Q1 FY16 report.
	Evaluate the pilot phase of the new community based distribution system	1	X			Completed: The internal oral presentation was conducted on 19th of February. The PPT presentation and the final report are attached to the Q3 FY16 report.
	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	Postponed to Q4: The healthy family communication tools were developed & broadcasted in Q3. The evaluation of these tools will be completed in Q4.
	Formative study on emergency contraception			3	4	Ongoing: The research brief has been drafted. The study will be implemented by an external agency. The procurement process to recruit an agency is still ongoing. Data collection is planned in August. Results are planned to be available in September.
	Nutrition study on breastfeeding practice, motivations and barriers to visit CRENA				4	Ongoing: The study design was finalized and the data collection began end of June. Results will be shared internally by the end of July and thereafter with partners.
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 was finalized and included in the Q3 FY16 report.
	Client Satisfaction Survey			3		Postponed: The program team decided to postpone this study in order to implement new programmatic remedial action following the audience profile study that was conducted in Q1 FY16. This study is now planned for Q2 FY17.
	Evaluate the pilot phase of the new community based distribution system	1				Completed: The internal oral presentation was conducted on 19th of February. The PPT presentation and the final report are attached to the Q3 FY16 report.
	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 Institute Pasteur of Madagascar. Analysis is expected to be completed in August. The report on net survivorship and fabric integrity components will be available in the Q4 FY16 report. Results were shared during the RBM meeting on 23rd June. The PPT presented during the RBM meeting is attached to the 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 mass campaign distribution of Permanent 2.0 nets occurred. Data cleaning and analysis were completed and the preliminary results will be presented internally on 7th July. The dashboard will be available in the Q4 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: Data collection is still ongoing till the end of July. Preliminary results are expected in September.
	Assessment of the potential complementarities between CSBs and PAs to assure adequate distribution of commodities to all CHWs	1				Completed: The internal oral presentation was conducted in 19th of February. The final report is attached to the Q3 FY16 report.

Cross - Cutting (Research, M&E, Gender, Environment)		Timeframe Yr 4				Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
C.f Co-Ag pg nr	Activity Description	FY Q1	FY Q2	FY Q3	FY Q4	
						Q3
	Strategy to minimize Depo-Provera leakages: Porcine market and mystery clients		2	3	X	Ongoing: The study design was elaborated and finalized by an external agency. The implementation of the study will be outsourced. Field work is expected to be completed in August, preliminary results available in September and the final report completed by the end of October.
	Conduct dissemination workshops/meetings with partners for select research studies	1	2	3	4	Ongoing: The first polio study conducted in September 2015 was presented to partners including WHO, UNICEF, USAID, CDC and MoH. Five studies were presented to USAID on May 4th (TRaC FP; Assessment of the pilot phase of Sûr'Eau Pilina in Vatomandry; MAP - all products; & Evaluation of the Healthy Image of Manhood (HIM) campaign). Further, on June 21st, PSI presented to USAID two additional studies (Subcutaneous Injectable Contraceptive Acceptability study & Assessment of the pilot phase of the new community based distribution system).
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: Improvement of data collection tools and dashboards continued in Q3. Data integration on IPC and mass media/print media will be completed in 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	X	Initiated: The design & scope of work of the MIS audit was developed in Q3. The procurement process to identify the implementing entity is ongoing. The audit is expected to begin in August.
	Develop new data collection tool for MVU teams using tablets	1	2			Completed: DHIS2 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 DHIS2. 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 assessment for the second semester is planned in July for all sites
	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: DHIS2 user trainings for two department were completed during the reporting period. The Child Survival and Malaria departments can now access their integrated dashboards (Supply Chain, Distribution, Service Delivery).
	Develop an internal and external data dissemination system (bulletin board, flyers, intranet)		2	X	X	Ongoing: Monthly report sharing is ongoing. The dissemination system will be focused on the DHIS2 dashboard. The integration of quantitative data in the PSI monthly newsletter is in the design stage.
	Improve the data archiving system at central and regional levels		2	X	X	Ongoing: Procurement of archiving system is ongoing.
	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		Ongoing: Individual and small group M&E training, specifically on data use and interpretation with DHIS2, was held during this period.
	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		Completed: Data verification on the LLIN campaign was completed. Final data on the LLIN campaign is now available

Cross - Cutting (Research, M&E, Gender, Environment)		Timeframe Yr 4				Progress on the Implementation of This Quarter's Planned Activities: Completed; Initiated; Ongoing; Postponed; N/A
C.f Co-Ag pg nr	Activity Description	FY Q1	FY Q2	FY Q3	FY Q4	
Q3						
	Organize a workshop for MID Campaign evaluation		2	X	X	Postponed to Q4: This activity will be integrated with the NSA2 lessons learnt dissemination planned in September.
	Conduct quarterly field supervisions related to LLIN Continuous Distribution activities (data quality check, supportive supervision)		2	3	4	Initiated: M&E activities at the central level began in Q3 (program design, tools development, capacity building, etc). Supervision at all levels will begin in August.
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 : This is an ongoing activity at each site.
	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: 6 peer educators and 3 FP counselors from Fianarantsoa 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.
	Conduct follow-up on HIM implementation	1	2	3	4	Ongoing : The follow up activities on HIM implementation was conducted in Fianarantsoa. This is an ongoing activity.
	Document lessons learned, best practices and case studies from the implementation of HIM in different regions		2		4	Ongoing : Lessons learned and best practices on the implementation of HIM approaches in Fianarantsoa are available.
	Ensure gender is mainstreamed throughout the ISM program					
	Enhance gender perspective and male involvement in FP, maternal, neonatal, and child health by PSI/IntraHealth Gender Specialist providing input into the development of PSI BCC/IEC outputs and PSI training curricula	1	2	3	4	Ongoing : PSI developed a partnership with the Ministry of Youth to extend the implementation of HIM approach. IntraHealth's Gender Specialist developed a training curriculum to train the supervisors of peer educators from this Ministry of Youth in a way to extend the referral system to Top Réseau and public health sector. IntraHealth's Gender Coordinator gave inputs in BCC/IEC through the integration of gender concepts in the "Education through listening" materials.
	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 : There were no meetings organized by the Gender Working Group and the Ministry of Population during Q3. The next meeting is planned in Q4, whereby PSI and IntraHealth will be taking the lead to organize.
	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	X	Completed: PSI/Madagascar receive financial/accounting support from the HQ Program Manager in April 2016. A follow-up trip from the Associate Program Manager is planned in July.
	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.
	Participation in international conference/ training / capacity building sessions for FP/WASH/Nutrition/MAL	1	X	3		Completed: Three PSI staff members attended the International Conference on Family Planning in January 2016 and presented abstracts that were accepted. PSI Child Survival staff also attended an Sanitation / TMA workshop in December 2015.
	Technical assistance (2 trips) from Banyan Global's DC based program manager to monitor implementation of BG's work plan	1		3	X	Postponed to Q4. As the previous Banyan TA visits occurred in Q2, the follow-up visit is planned in Q4
	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	X	Postponed to Q4: The next TA visit is planned in Q4 and will focus on the quality evaluation analysis planned in Q4.
	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	Completed for Q2: Ongoing 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

Integrated Social Marketing Program (ISM)

FY 2016 Quarterly Report Q3

(April 1, 2016 – June 30, 2016)

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

Quarterly Reports Results Framework

ISM Program

PSI/Madagascar (2013-2017)

I-Impact level indicator

Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline		Achievements				Targets				Frequency of data collection
					Year	Value	FY13	FY14	FY15	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	FY14	FY15	FY16	FY16	FY16	FY16	Target	Frequency of data collection
					Year	Value	Achievement FY13	Achievement FY14	Achievement FY15	Quarterly Achievement	Achievement FY16	Target FY16	Achievement % FY16		
										Apr-Jun					
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 CUS with diarrhea in the last two weeks who received combined ORS & zinc treatment (urban and rural)	Number of CUS with diarrhea who received combined ORS & zinc treatment as a proportion of all CUS with diarrhea in urban and rural areas	2011	3.6%		National: 8.1% Urban: 9.7% Rural: 7.6%				12%		2-3 years	
9	SO4	TRaC IMCI 2014 & 2017	Percentage of CUS with cough and rapid breathing in the last two weeks who received the recommended antibiotic (urban and rural) [1]	Number of CUS with cough and rapid breathing who received the recommended antibiotic (Cotrimoxazole and Amoxicilline) as a proportion of all CUS with cough and rapid breathing in urban and rural areas	2011	50.9%		National: 52.4% Urban: 48.8% Rural: 53.2%				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 CUS who slept under an insecticide-treated net (ITN) the previous night. (urban and rural) NB. Included in USAID Standard Indicator List	Number of CUS who slept under an ITN the previous night as a proportion of all CUS in urban and rural areas	2011	76.5%	National: 61.5% Urban: 74.8% Rural: 60.7%		N/A	N/A	N/A	80%		2 years	
12	SO7	MIS Survey 2013 & 2016 (baseline: 2011)	Proportion of households with at least one insecticide-treated nets (ITN) (urban and rural)	Number of households who have at least one LLIN as a proportion of all households in urban and rural areas	2011	80%	National: 67.9% Urban: 79.5% Rural: 66.8%		N/A	N/A	N/A	80%		2 years	
13	SO8	MIS Survey 2013 & 2016 (baseline: 2011)	Percentage of CUS who received an RDT (proxy: finger or heel prick) to diagnose malaria among those who had a fever in the past two weeks[2] (urban and rural)	Number of CUS with a fever in the past two weeks who received an RDT (proxy: finger or heel prick) to diagnose malaria as a proportion of all CUS who had a fever in the past two weeks	2011	National: 6.2% Urban: 8.6% Rural: 6.1%	National: 13.4% Urban: 9.1% Rural: 13.6%		N/A	N/A	N/A	20%		2 years	
14	SO10	Program MIS	Couple Years of Protection NB. Included in USAID Standard Indicator List	Number obtained according to USAID standard calculations	2012	561 510	622 980	929 694	975 782	217 570	736 157	979 838	75,1%	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	183 717	1 554 470	1 904 597	81,6%	TBD	Quarterly

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

[2] During the MIS 2011, this indicator was not included yet. In the 2013 MIS, the indicator did not specifically ask about RDTs but focused on a blood test. Results reported here refer to CUS who had a blood test to detect malaria. The indicator will be reworded to be more precise for RDTs in the 2015 MIS; the 2015 target is set based on the result of the 2013 MIS.

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	FY14	FY15		FY16			FY16			Targets	Frequency of data collection	
					Year	Value				Achievement FY13	Achievement FY14	Achievement FY15	Target FY15 [1]	Achievement % FY15	Quarterly Achievements			Achievement FY16	Target FY16			Achievement % FY16
															Oct-Dec	Jan-Mar	Apr-Jun					
																	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%	21.6% [1]	431.0%	N/A	N/A	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	90.7%										
17	FPI.2	TRaC FP 2014 - 2015	Percentage of WRA who perceive that their partner support them to use modern contraceptives (urban, rural, and by age)	Number of WRA 15 to 49 years old and 15 to 24 years old who perceive that their partner support them to use modern contraceptives as a proportion of all WRA 15 to 49 years old and 15 to 24 years old in urban and rural areas	2012	National: 67.8%	National	Female	15-49			62.9%	72.8% [1]	86.4%	N/A	N/A	N/A	N/A	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	65.5%										
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																											
ISM Program																											
PSI/Madagascar (2013-2017)																											
3-Output Level Indicator																											
Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline		Area	Sex	Age	FY13	FY14	FY15			FY16			Targets	Frequency of data collection								
					Year	Value				Achievement FY13	Achievement FY14	Achievement FY15	Target FY15 [L]	Achievement % FY15	Quarterly Achievements					Achievement FY16	Target FY16	Achievement % FY16					
															Oct-Dec	Jan-Mar	Apr-Jun										
																	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			National: 21.3%									80%	N/A	2 years						
							Urban			Urban: 29.3%	N/A	N/A	N/A	N/A	N/A	N/A											
							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			National: 72.6%									77%	N/A	2 years						
							Urban			Urban: 68.2%	N/A	N/A	N/A	N/A	N/A	N/A											
							Rural			Rural: 73%																	
25	MT1.7	MIS survey 2013-2015	Percentage of target group who perceive ACTs including ASAQ and/or ALU as an effective treatment for malaria for CU5 (urban and rural, and by sex)	Number of male and female target group who perceived that ACTs including ASAQ and/or ALU is effective to treat malaria for CU5 as a proportion of all male and female target group in urban and rural areas	2011	19% (ASAQ only)	National			National: 32%									55% (per USAID request)	N/A	2 years						
							Urban			Urban: 43%	N/A	N/A	N/A	N/A	N/A	N/A											
							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%	80%	68%		N/A	N/A	N/A	N/A	N/A	90%
										Pilplan OC Pharmaceutical	2011	58.4%	Urban			N/A	0%	88%	65%	135%		N/A	N/A	N/A	N/A	N/A	75%
										Confance Inj Community	N/A	N/A	Rural			N/A	0%	53%	80%	66%		N/A	N/A	N/A	N/A	N/A	90%
										Confance Inj Pharmaceutical	2011	45.5%	Urban			N/A	0%	84%	60%	140%		N/A	N/A	N/A	N/A	N/A	70%
										Safe Water Solution (Sûr'Eau)	N/A	N/A	Rural			N/A	0%	50%	80%	63%		N/A	N/A	N/A	N/A	N/A	90%
											2005	65.6%	Urban			N/A	0%	59%	70.8%	83%		N/A	N/A	N/A	N/A	N/A	80%
										Hydrazinc DTK (Pharmaceutical)	N/A	N/A	Urban			N/A	0%	88%	55%	160%		N/A	N/A	N/A	N/A	N/A	65%
										Viasur DTK (Community)	N/A	N/A	Rural			N/A	0%	46%	80%	58%		N/A	N/A	N/A	N/A	N/A	90%
										Pneumostop	N/A	N/A	Rural			N/A	0%	53%	80%	66%		N/A	N/A	N/A	N/A	N/A	90%

Quarterly Reports Results Framework																										
ISM Program																										
PSI/Madagascar (2013-2017)																										
4-Activity Level Indicator																										
Indicator N°	Output	Data source	Indicator	Indicator's definition	Baseline		Area	Service Type	Sexe	Age	FY13	FY14	FY15	FY16			FY16		Targets	Frequency of data collection						
					Year	Value					Achievement FY13	Achievement FY14	Achievement FY15	Quarterly Achievements			Achievement FY16	Target FY16			Achievement % FY16					
														Oct-Dec	Jan-Mar	Apr-Jun										
31	FP1.3	Program MIS	Number of target population reached through mid-media (mobile video units) communication on FP (urban and rural)	Number of male and female target population reached through mid-media (mobile video units) (including projections, special events, flash sales) communication on FP in urban and rural areas	2012	22 563	Urban		M		60 868	10 152	8 847	1 825	1 540	2 055	5 420	96 000	39.4%	120 000	Quarterly					
												12 697	10 490	2 375	1 905	2 865	7 145									
												14 215	17 030	2 955	3 800	4 920	11 675									
												17 895	19 640	3 450	4 475	5 620	13 545									
												54 959	56 007	10 605	11 720	15 460	37 785									
32	FP1.4	Program MIS	Number of target population reached through IPC activities on FP and RH (urban and rural, by age, and by sex) (1)	Number of male target population reached through IPC activities on FP and RH in urban and rural areas by age	2011	237 750	Urban		M	15-24	5 811	21 118	31 360	7 964	13 534	13 423	34 921	1 045 437	40.5%	1 400 000	Quarterly					
										25-49		939	4 624	1 804	1 143	1 351	4 298									
										Other		61	193	165	42	62	269									
										15-24		0	0	0	0	0	0									
										25-49		0	0	0	0	0	0									
							Other	0	0	0	0	0	0													
							TOTAL (Male)										22 118					36 177	9 933	14 719	14 836	39 488
							Rural		F	15-24	363 891	307 817	333 369	71 641	37 345	77 902	186 888									
										25-49		3 508	3 441	530	162	384	1 076									
										Other		0	0	0	0	0	0									
										15-24		0	0	0	0	0	0									
										25-49		0	0	0	0	0	0									
							Other	0	0	0	0	0	0													
TOTAL (Female)										555 133	624 372	137 721	88 672	157 634	384 027											
TOTAL										577 251	660 549	147 654	103 391	172 470	423 515											
33	DP/DT 1.4	Program MIS	Number of target population reached through mid-media communications (mobile video unit) on diarrhea prevention and treatment (urban and rural, and by sex)	Number of male and female target population reached through mid-media communications (mobile video unit) on diarrhea prevention and treatment in urban and rural areas	2011	21 419	Urban		M		58 330	5 275	3 385	1 850	450	1 575	3 875	96 000	52.9%	120 000	Quarterly					
												6 170	4 115	2 200	575	1 990	4 765									
												17 685	20 765	7 925	5 165	6 315	19 405									
												21 075	25 356	9 300	6 090	7 395	22 785									
												50 205	53 621	21 275	12 280	17 275	50 830									
34	S1.1	Program MIS	Number of new Top Réseau health clinics integrated into the franchised network (urban and rural, and by provider sex)	Number of Top Réseau health clinics recruited into the franchised network in urban and rural areas (cumulative)	2012	0	Urban				9	18	38	41	46	64	n/a	n/a	20	Quarterly						
						0					Rural	16	24	40	40	41	41	41	n/a		n/a	40				
35	S1.2	Program MIS	Number of Top Réseau health clinics offering integrated services in at least three health areas (FP/RH; IMCI/nutrition; malaria) (urban and rural)	Number of Top Réseau health clinics offering at least three health areas (FP/RH; IMCI/nutrition; malaria) in urban and rural areas (cumulative)	2012	213	Urban				226	205	204	206	210	216	216	n/a	n/a	233	Quarterly					
						0					Rural	16	40	40	40	41	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			35	42	68	0	0	4	0	150	123%	150	Quarterly				
												74	71	116	0	0	4	0								
												TOTAL											109	113	184	0

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			Achievement FY16	FY16		Targets	Frequency of data collection									
					Year	Value								Quarterly Achievements				Target FY16	Achievement % FY16											
														Oct-Dec	Jan-Mar	Apr-Jun														
					FY17																									
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	2	1	14	17	5	880%	60	Quarterly									
												16	7	0	3	18	21													
												23	0	0	0	0	0													
												16	0	0	0	6	6													
TOTAL											61	11	2	4	38	44														
38	PS3.1	Program MIS	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)	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	7	2	0	0	2	2	2 287	66.4%	FY 2016 achievement+5%	Quarterly										
										15-24	2 043	2 154	324	439	688	1 451														
										>25	18	22	5	14	47	66														
										Rural	<15	0	0	0	0	0														
										15-24	0	0	0	0	0	0														
										>25	0	0	0	0	0	0														
										TOTAL (Male)											2 068	2 178	329	453	737	1 519				
										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)	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	82	84	32	23	35	90			
			15-24	37 944	41 157	9 906	10 752	13 764	34 422																					
			>25	24 986	25 646	6 454	2 300	4 570	13 324																					
			Rural	<15	0	0	0	0	0								0													
			15-24	0	0	0	0	0	0																					
			>25	0	0	0	0	0	0																					
			TOTAL (Female)														63 012	66 887	16 392	13 075	18 369	47 836								
			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)	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	0	0	0	0	0	0							
										15-24	0	0	0	0	0	0														
>25	0	0								0	0	0	0																	
Rural	<15	0								0	0	0	0																	
15-24	0	0								0	0	0	0																	
>25	0	0								0	0	0	0																	
TOTAL (Male)											0	0	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)	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	0	0	0	0	0	0										
			15-24	0	0	0	0	0	0																					
			>25	0	0	0	0	0	0																					
			Rural	<15	0	0	0	0	0																					
			15-24	0	0	0	0	0	0																					
			>25	0	0	0	0	0	0																					
			TOTAL (Female)											0	0	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	22 265	22 844	2 293	8 886	6 528	17 707	FY 2013 achievement +10%	Quarterly						
F	20 305	21 526								2 032	8 202	6 435	16 669																	
Rural	M	2 011								3 418	2 985	1 165	1 751			5 901														
F	1 820	2 956								2 831	992	1 628	5 451																	
TOTAL											46 401	50 744	10 141	19 245	16 342	45 728														
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	n/a	n/a	FY 2013 achievement +10%	Quarterly												
									F																					
									Rural	M																				
			F																											
TOTAL																														

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			FY17
														Oct-Dec	Jan-Mar	Apr-Jun						
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								6 338 850	161	50	6 339 061	6 350 000	99.8%	0	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	23 401	85 370	108 771	174 996	62.2%	175 004	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								13	1	250	264	81 250	0.3%	1 218 750	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	0	16 800	16 800	250 000	7%	0	Quarterly	
47	SM3.6b	Program MIS	Number of health workers (Top Reseau providers) trained, with USG funds, in case management with artemisinin-based combination therapy (ACTs) (by provider sex)	Number of male and female TR providers trained in case management with ACTs	2012	0			M					n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Quarterly
48	SC3.3	Program MIS	Number of distributors of social marketing products (by product, and by type and by distributor sex)	Number of male and female distributors distributing social marketing products by product and by type	2012	Commercial : 286					Authorized wholesalers : 317	8	10	10	10	16	16	n/a	n/a	Commercial : 5-10		
						Pharmaceutical : 13					13	13	13	13	19	19	n/a	n/a	Pharmaceutical : 14			
						Community : 870					1 088	1 122	1 084	1 084	1 180	1 182	1 182	n/a	n/a	Community : 1 200		

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

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

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

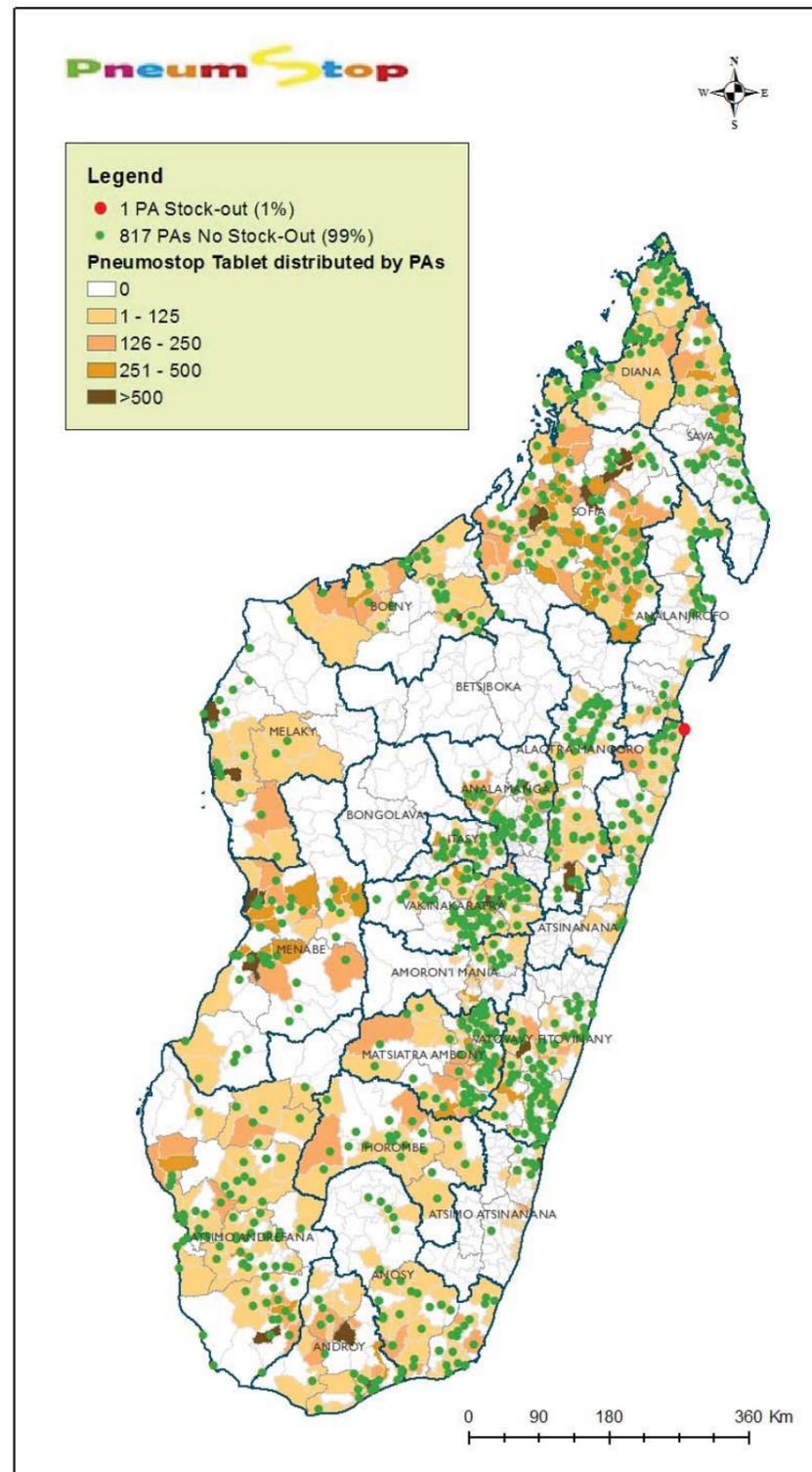
(4) Distribution launched in FY 2015.

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

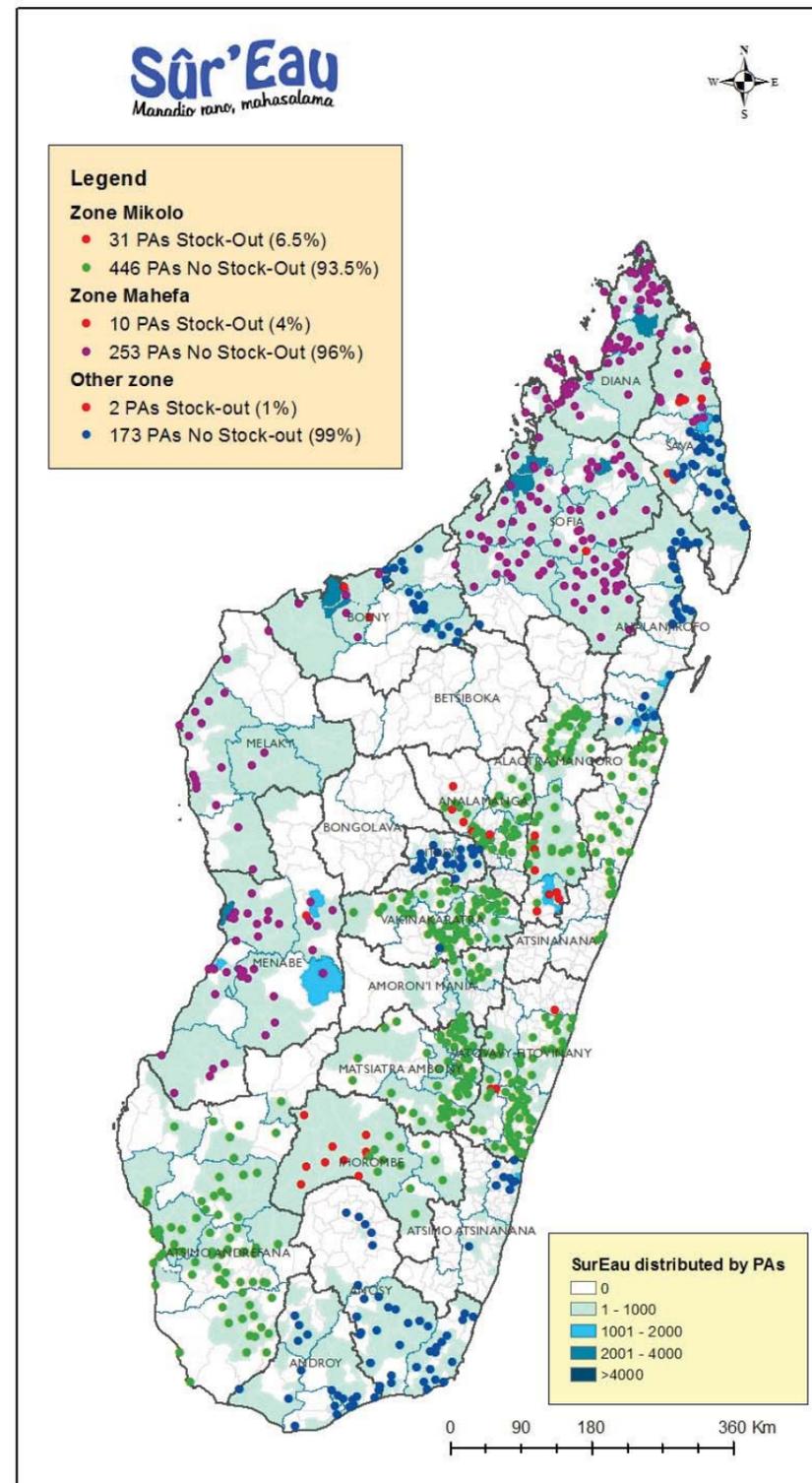
Annex B: Distribution Maps

Annex B1a - COMMUNITY BASED DISTRIBUTION CHILD SURVIVAL PRODUCTS (FY16 Q3)

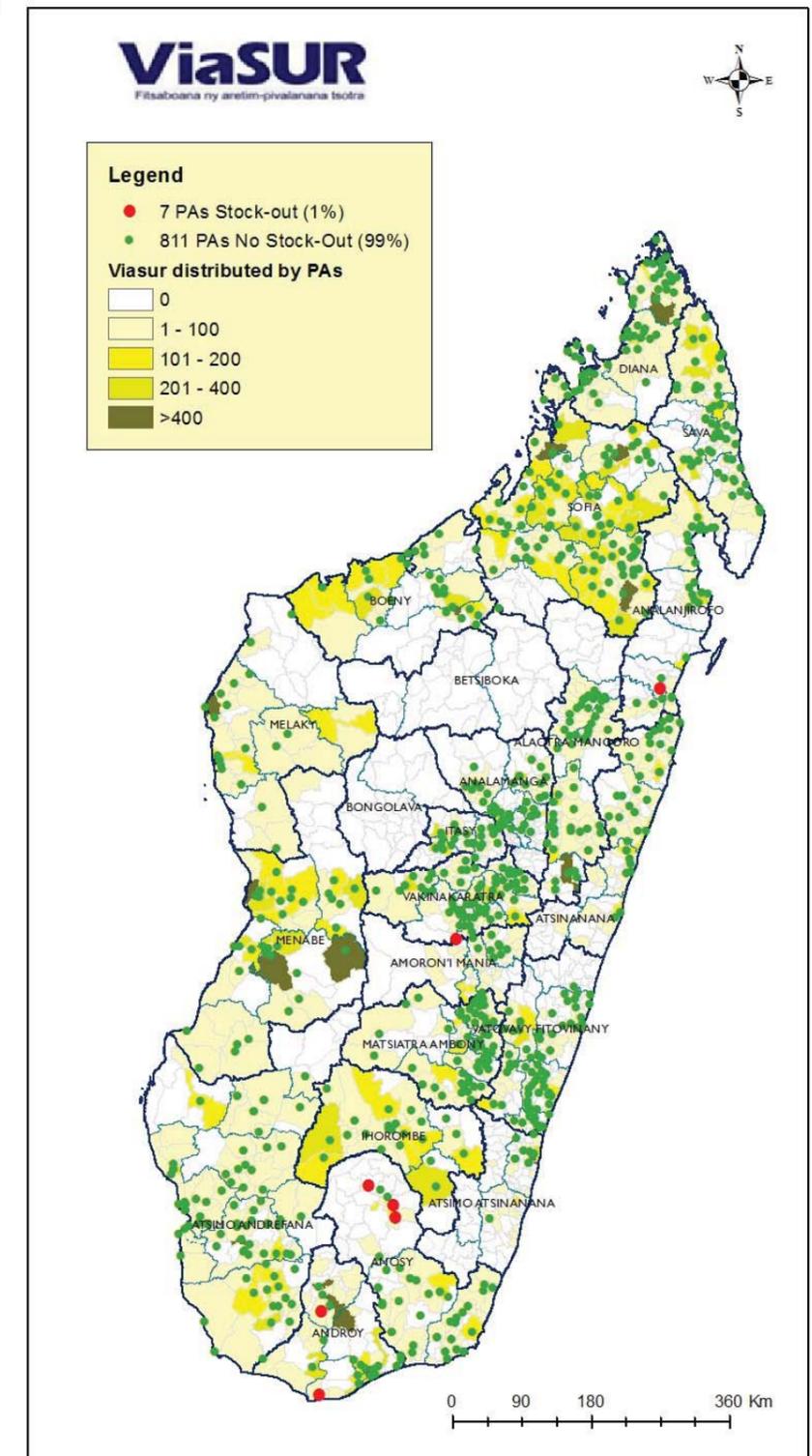
PAAs that reported no stock-out over the last month on Pneumonia Treatment Kit (Pneumostop Tablet) (among those visited)



PAAs that reported no stock-out over the last month on Diarrhea Prevention (Sur'Eau) (among those visited)



PAAs that reported no stock-out over the last month on Diarrhea Treatment Kit (Viasur) (among those visited)

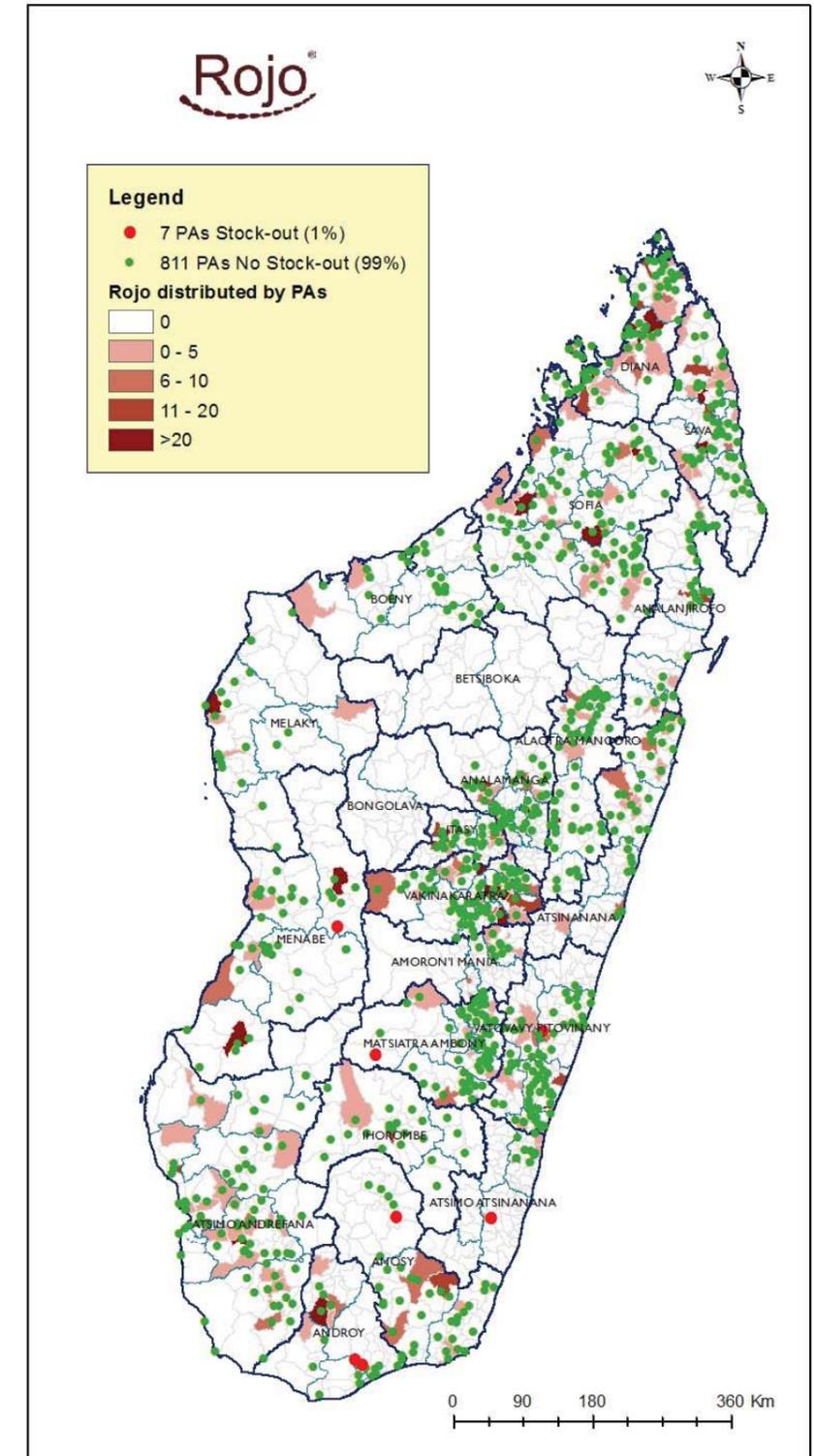
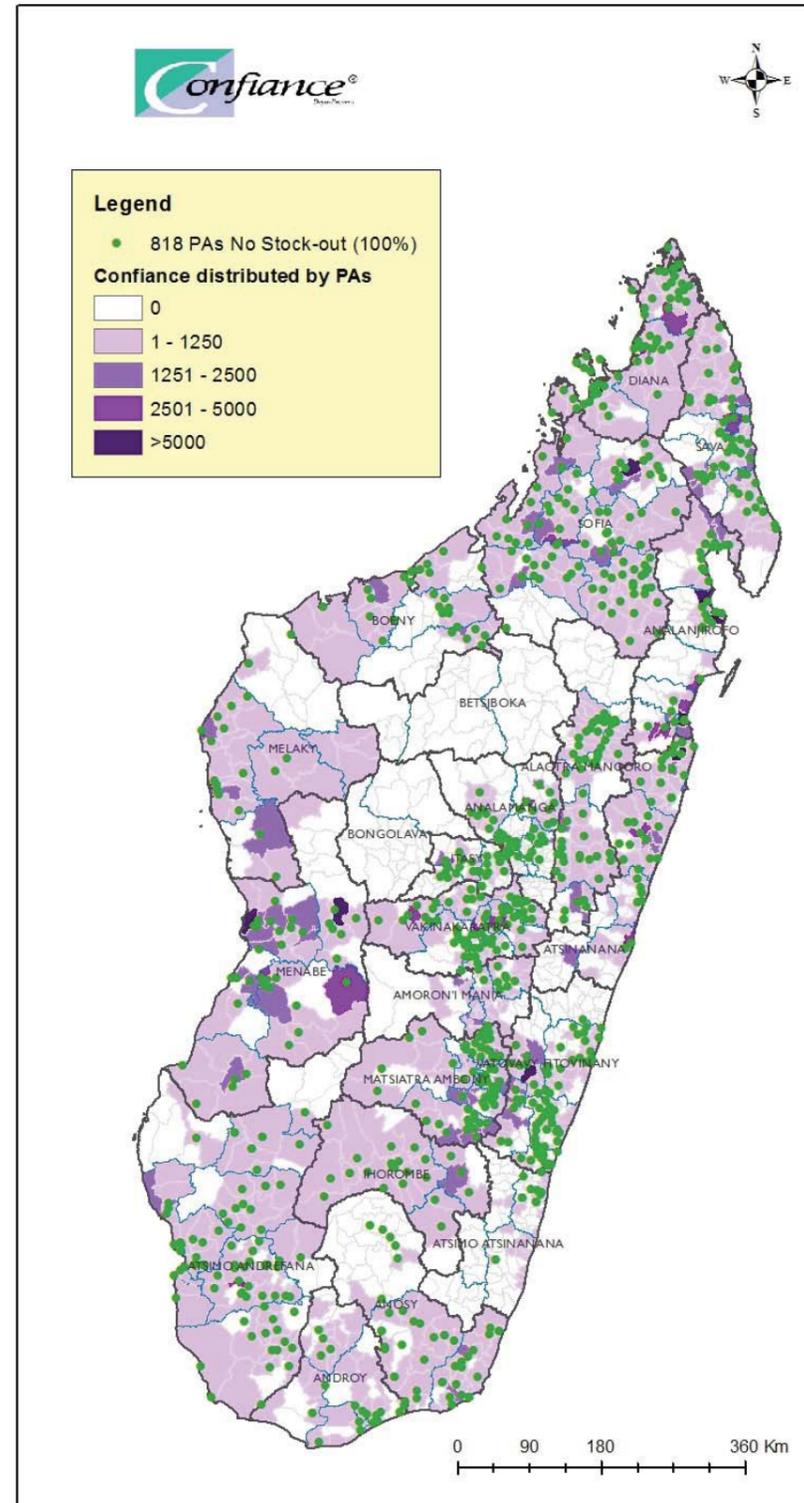
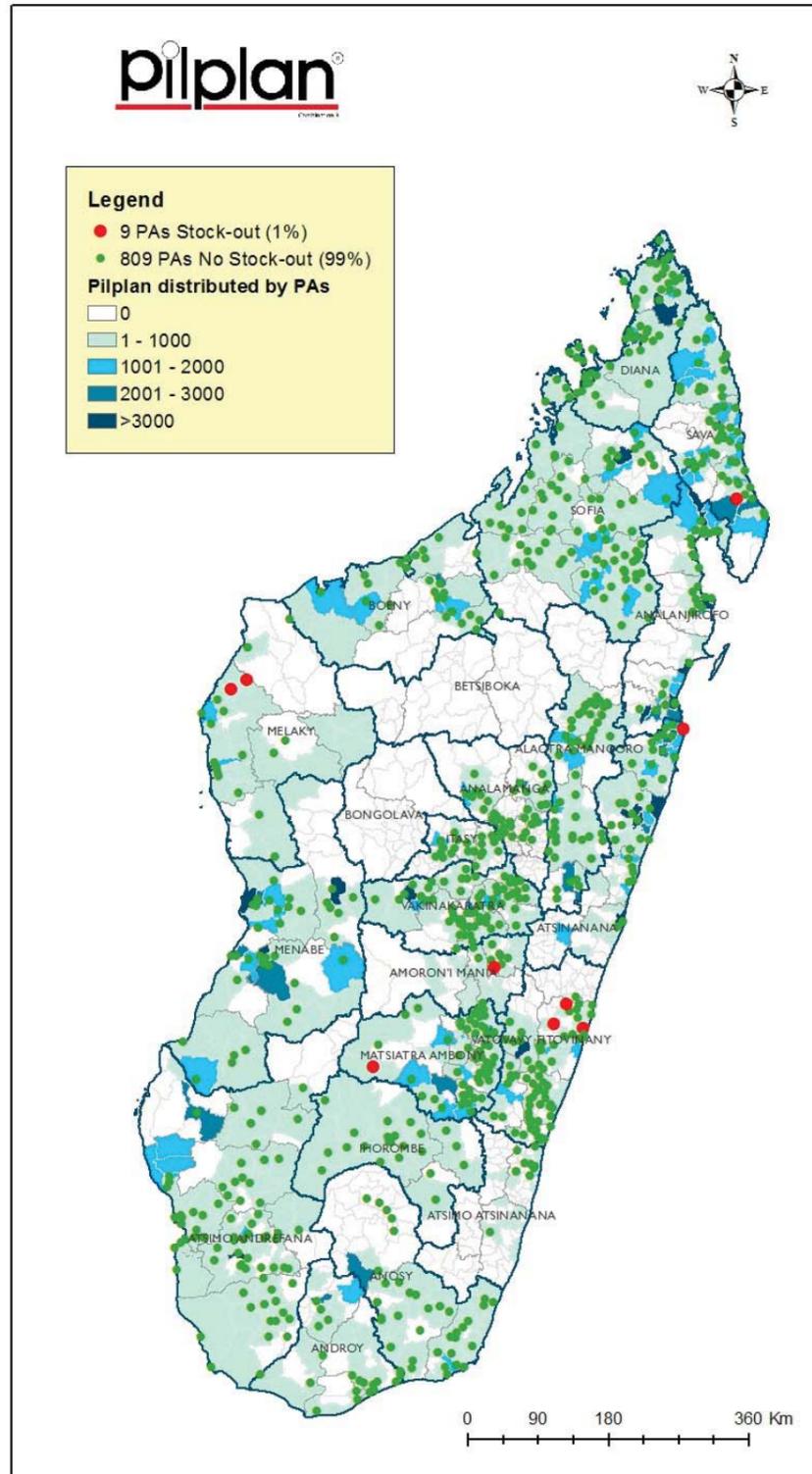


Annex B2a - COMMUNITY BASED DISTRIBUTION FAMILY PLANNING PRODUCTS (FY16 Q3) (Contraceptives)

**PAs that reported no stock-out
over the last month on Oral Contraceptif Pilplan
(among those visited)**

**PAs that reported no stock-out
over the last month on Injectable Contraceptif Confiance
(among those visited)**

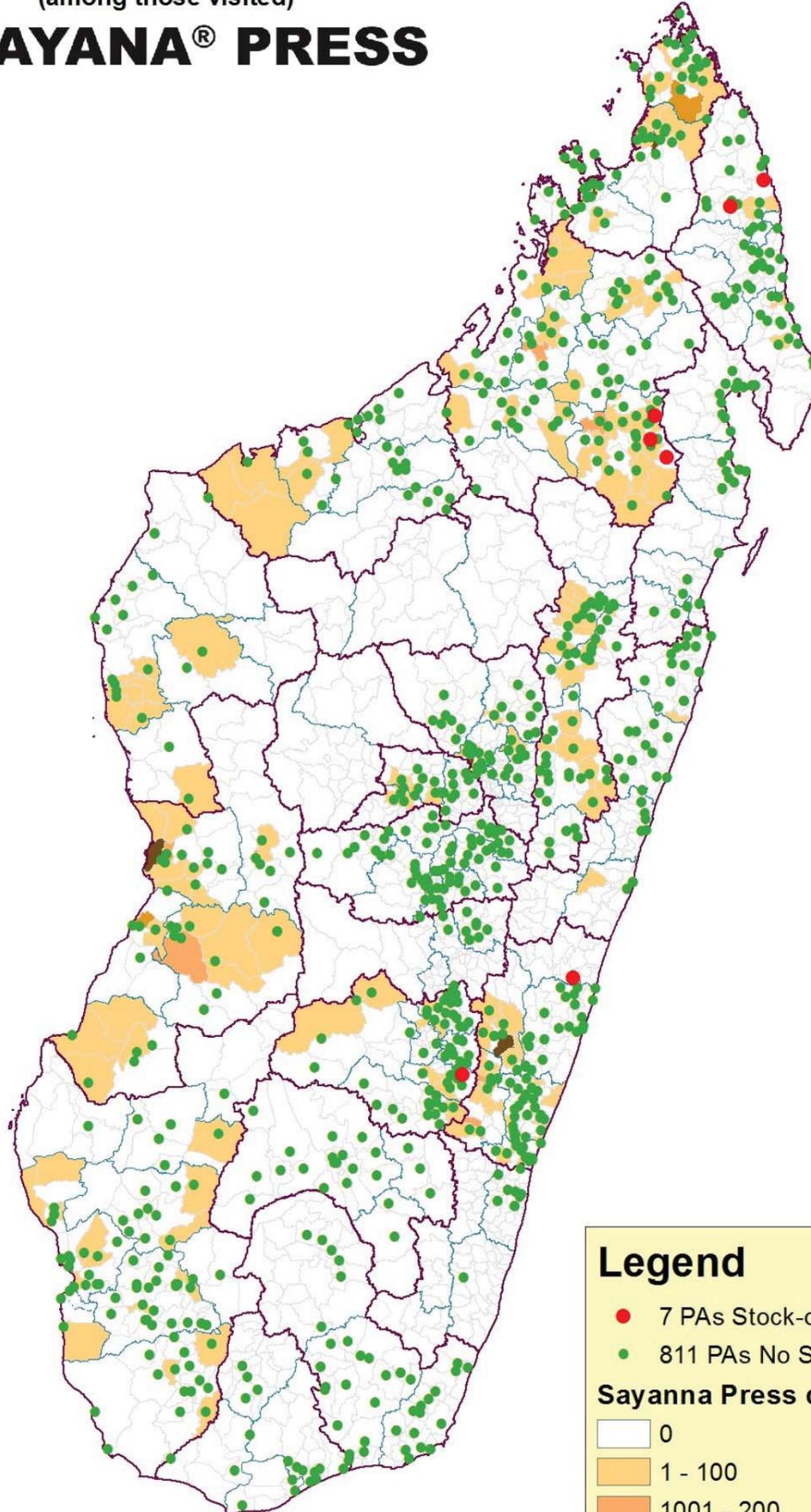
**PAs that reported no stock-out
over the last month on Cyclebeads Rojo
(among those visited)**



Annex B2b - COMMUNITY BASED DISTRIBUTION FAMILY PLANNING PRODUCTS (FY16 Q3) (Contraceptives)

PAs that reported no stock-out
over the last month on Injectable Contraceptif Sayana Press
(among those visited)

SAYANA® PRESS

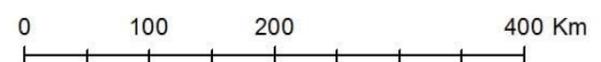


Legend

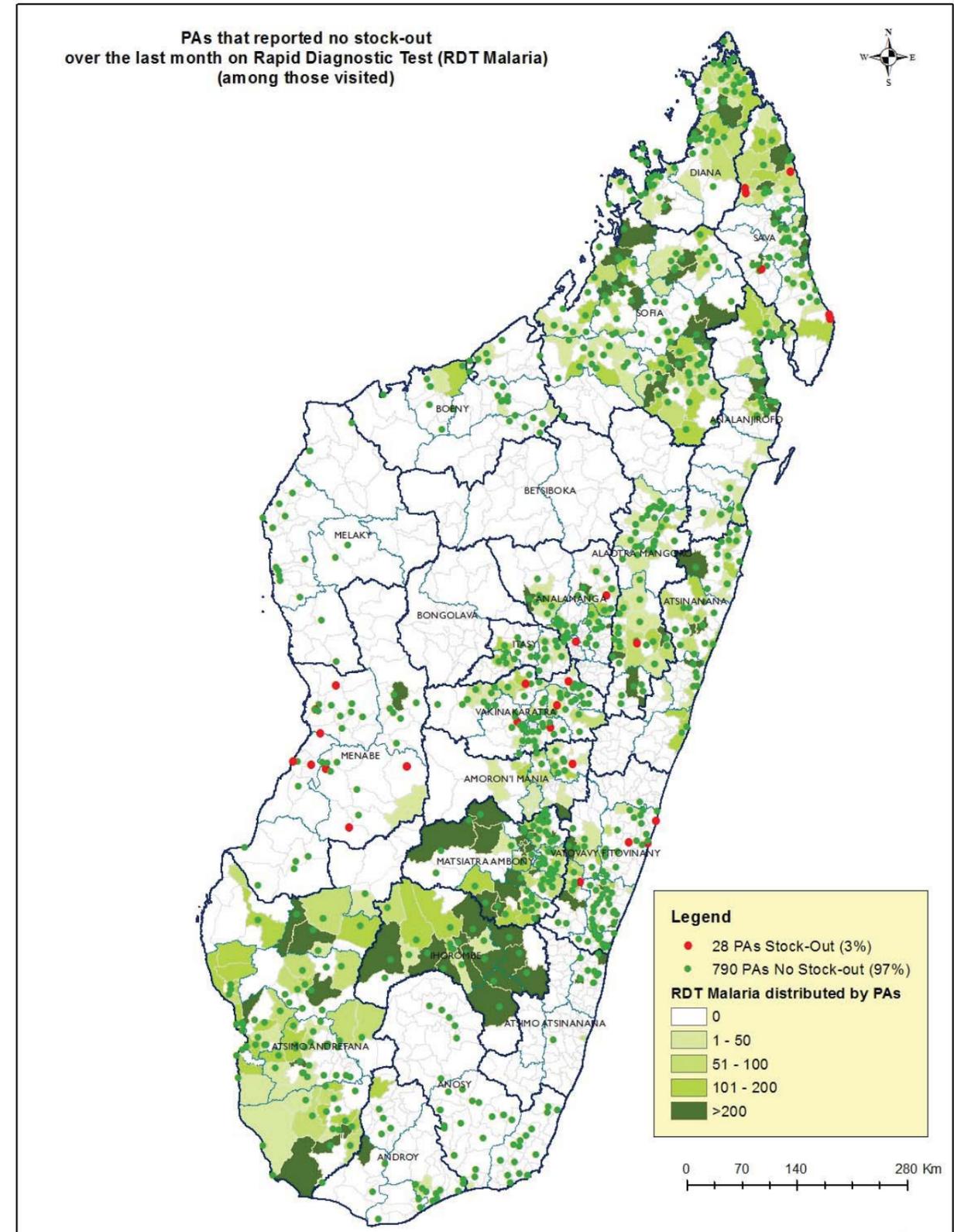
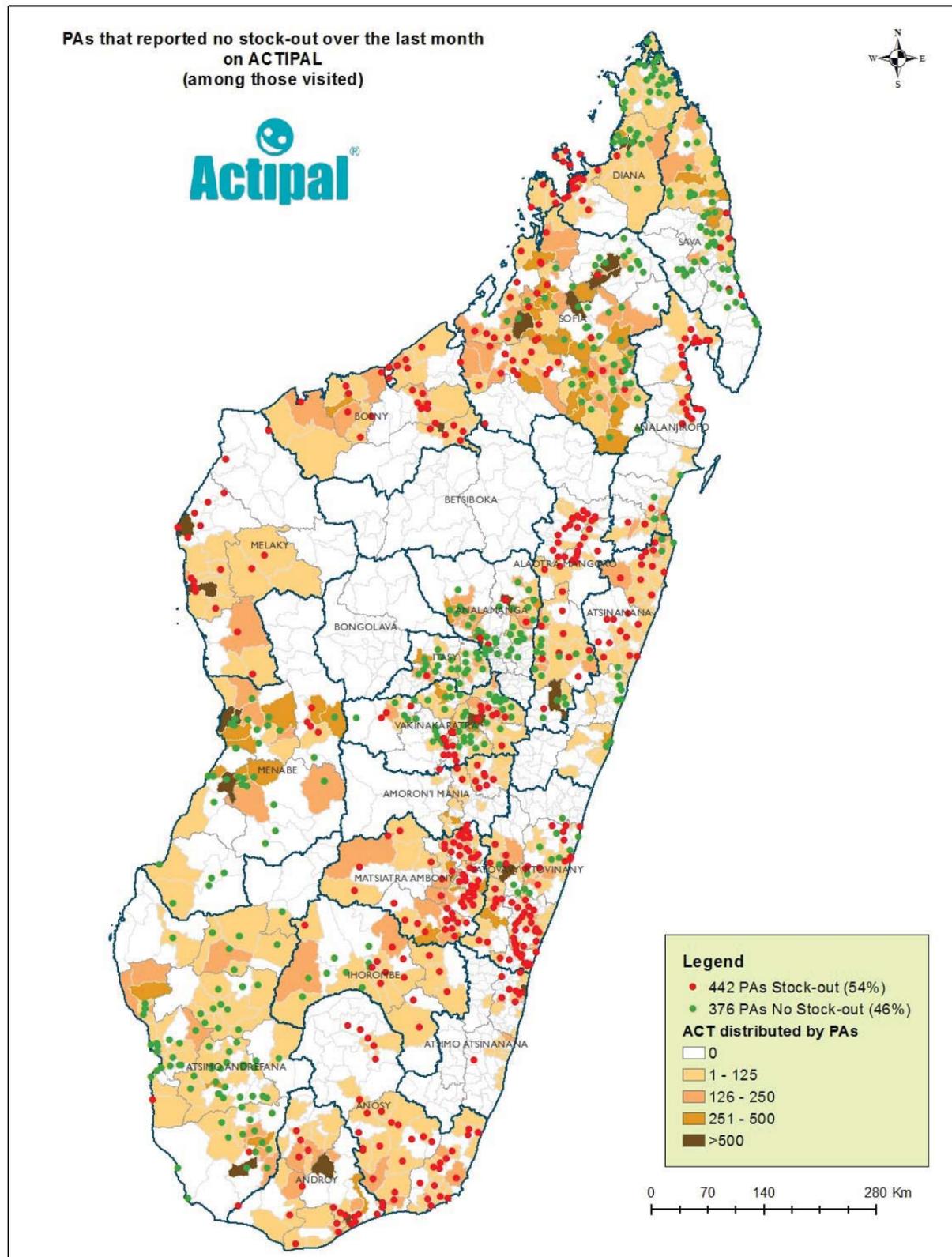
- 7 PAs Stock-out (1%)
- 811 PAs No Stock-out (99%)

Sayanna Press distributed by PAs

	0
	1 - 100
	1001 - 200
	201 - 400
	>400



Annex B1a - COMMUNITY BASED DISTRIBUTION MALARIA PRODUCTS (FY16 Q3)



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

Annex C: PSI Family Planning Compliance Plan Activity Report

PSI ISM Program Q3 FY 2016

The activities described below are based on the “PSI Family Planning Regulations Compliance Plan” submitted to USAID. The plan also includes 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 staffs 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, IPC agents do not have to complete the online training, taking into account their inability to take the course in English. As of the end of Q3, 106 of 141 staffs (75%) completed the updated 2016 online training. The training curricula for IPC agents was updated according FP compliance course 2016 during this period and 374 of 451 IPC workers (57%) were trained on FP compliance by supervisors. PSI will ensure that they will be trained during 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 allowed informed of choice
6.1.2 .a. and 6.2.2	Ensure sub-contractors & implementing partners are oriented & contracts include sub-clause regarding adherence to US policy requirements (as contracted)	1	2	3	4	Sub-contractors SAF/SALFA were trained on US policy requirements by the PSI FP Compliance Focal Point. Adherence to US policy is included in their contracts. Next quarter, all SAF/SALFA supervisors will receive update training on free and informed choice
6.1.2 .b, d, e, g, h & 6.2.4	Ensure all PSI-affiliated workers (providers, Peer Educators (PE), CHWs, pharmaceutical detailers,	1	2	3	4	- Providers: see above re: training - PE: trained by PE Supervisors and received periodic visits

Plan Ref #	Planned Activity	Q 1	Q 2	Q 3	Q 4	Quarterly Activity Update
.1	supply points, FP Counselors) are trained in free & informed choice (upon affiliation)					<ul style="list-style-type: none"> - 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 periodic visits and conduct quarterly evaluations of FP Counselors
6.1.2.f	Provide initial training of trainers (TOT) for CHW Supervisors of NGO-affiliates SAF, SALFA, MAHEFA, and MIKOLU. NGO trainers subsequently conduct CHW training.					Completed: Initial TOT for SAF/SALFA supervisors was conducted in FY 2014. All 10 supervisors were trained on-the-job by the SAF/SALFA/ PSI Rural Coordinator this year and 20 of 60 SAF/SALFA providers received training on informed choice. MIKOLU has their own compliance plans.
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	Supportive supervision were carried out in SAF/SALFA rural clinics during : <ul style="list-style-type: none"> - Q1: 1 provider in 1 clinic - Q2: 2 providers in 2 clinics - Q3: 4 providers in 3 clinics
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 cards, clinic posters, client health booklets, and flyers distributed to providers, outreach workers, and 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 & training tools among PSI/M staff in 2016	1	2			PSI/HQ is currently working on an on-line training tool. As of Q3, it is not yet available. The USAID informed choice policy was updated this year and used by PSI/Madagascar

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

**Annex D: ISM FY 2016 Quarterly Environmental Mitigation Monitoring Report (EMMR)
Quarter 3**

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</i> providers									
Provide universal precaution training to counselors and laboratory technicians (at initial and refresher HIV trainings).	1	2	3 X	4	No HIV initial trainings were provided in Q3.				
Provide universal precaution training to each new <i>Top Réseau</i> health center (at initial training, equipped w/ poster, and ongoing supervision)	1	2	3 X	4	18 new <i>Top Réseau</i> health centers were provided with information and posters for universal precautions in Q3.				
Provide supervision to centers by using Rapid Monitoring Tool to assess infrastructure and equipment for washing hands, infection prevention (decontamination and containers for infectious waste), waste cans, safety boxes, etc. (at least annually)	1	2	3 X	4	Supervision using the Rapid Monitoring Tool was held for the new health centers to evaluate their compliance with the environmental protection standards for <i>Top Réseau</i> .				
Provide centers with: garbage cans & gloves for ordinary waste (one-time); sharps containers & gloves (as needed)	1	2	3 X	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 Q3 FY 2016, 779 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. 1,913 supervisions took place pre-campaign, 1,634 during campaign, and 653 post campaign				
By November 30, 2015, PSI and Malaria District Officers will supervise the SR/NGO and do spot checks during the post campaigns	1				Completed: PSI and Malaria District Officers conducted 15 supervision visits during post campaign phase				

Activity Description	Q	Q	Q	Q	Progress on Implementation this Quarter
	1	2	3	4	
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 Cooperation 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 of Malaria District Officers SOWs including supervision of CBS chiefs, spot checks during campaign</p> <p>1.3 Draft of 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 reinforcing 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		Ongoing: The revision of messages and SBCC tools are finalized in Q3 .But Training curriculum and SOW for CHW revised will finalized in Q4. PSI will submit all documents in Q4.
By September 30, 2016, PSI will develop LLIN distribution monitoring check-list and site visit compliance plan				4	
By July 2016, PSI will 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. There will be a pre-test after Malaria BCC working group to validate, revise and finalize tools.				4	

Annex E: Participant Training Report

Annex E: Participant Report, Q3 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							
02/05/2016	02/05/2016	Refresher training Top Reseau providers on IMCI/Child Survival (DIANA)	20	11	31	-	\$ -
07/05/2016	07/05/2016	Refresher training Top Reseau providers on IMCI/Child Survival (ALAO TRA MANGORO)	17	13	30	-	\$ -
20/05/2016	20/05/2016	Refresher training Top Reseau providers on IMCI/Child Survival (ALAO TRA MANGORO)	18	17	35	-	\$ -
21/05/2016	21/05/2016	Refresher training Top Reseau providers on IMCI/Child Survival (ANALANJIROFO)	17	13	30	-	\$ -
28/06/2016	30/06/2016	Refresher training Top Reseau providers on IMCI/Child Survival (MORONDAVA)	1	2	3	1 853	\$ 582,89
		Subtotal	73	56	129	1 853	\$ 582,89
Refresh training Top Reseau providers on Nutrition							
12/04/2016	13/04/2016	Refresher training Top Reseau providers on Nutrition (Tamatave)	3	12	15	3 261	\$ 1 017,11
20/04/2016	22/04/2016	Refresher training Top Reseau providers on Nutrition (Diego)	6	5	11	4 421	\$ 1 378,80
15/06/2016	17/06/2016	Refresher training Top Reseau providers on Nutrition (Diego)	2	8	10	3 261	\$ 1 025,61
		Subtotal	11	25	36	10 943	\$ 3 421,52
Top Reseau providers trained on Malaria							
02/04/2015	02/04/2016	Top Reseau providers trained on Malaria (DIANA)	44	30	74	-	\$ -
13/04/2016	13/04/2016	Top Reseau providers trained on Malaria (SAVA)	2	4	6	-	\$ -
02/05/2016	02/05/2016	Top Reseau providers trained on Malaria (DIANA)	3	5	8	-	\$ -
		Subtotal	49	39	88	-	\$ -
Top Reseau urban providers trained on GBV service case management							
29/06/2016	30/06/2016	Top Reseau urban trained on GBV service case management (Majunga)	1	4	5	1 437	\$ 451,83
		Subtotal	1	4	5	1 437	\$ 451,83
Family Planning/Reproductive Health							
Refresh training Top Reseau providers on (Short Term FP Method) and (Long Term FP Method)							
18/05/2016	20/05/2016	Refresher training Top Reseau providers on (Short Term FP Method and Long Term FP Method) from areas	9	10	19	4 923	\$ 1 545,61
						-	\$ -
		Subtotal	9	10	19	4 923	\$ 1 545,61
Refresh training Top Reseau providers on Short Term FP Method							
02/05/2016	04/05/2016	Refresh training Private Providers on Short Term FP Method (Majunga)	3	11	14	3 452	\$ 1 083,72
21/06/2016	22/06/2016	Refresh training Private Providers on Short Term FP Method (Toamasina)	8	21	29	4 500	\$ 1 415,07
28/06/2016	29/06/2016	Refresh training Private Providers on Short Term FP Method (Toamasina)	3	5	8	1 092	\$ 343,42
		Subtotal	14	37	51	9 043	\$ 2 842,21
Refresh training Private Providers on Short Term FP Method							
		Subtotal	-	-	-	-	\$ -
Refresh training Top Reseau providers on Long Term FP Method							
01/04/2016	01/04/2016	Refresh training Private Providers on Long Term FP Method (Antananarivo)	4	20	24	1 186	\$ 369,89
07/06/2016	10/06/2016	Refresh training Private Providers on Long Term FP Method (Antananarivo)	3	9	12	7 635	\$ 2 400,99
		Subtotal	7	29	36	8 821	\$ 2 770,88
Top Reseau services							
Top Reseau providers trained on integrated health area							
19/04/2016	19/04/2016	Top Reseau providers trained on integrated health area (Antsirabe)	1	-	1	6 335	\$ 1 975,77
31/05/2016	02/06/2016	Top Reseau providers trained on integrated health area (Fianarantsoa)	2	2	4	5 007	\$ 1 571,96
13/06/2016	17/06/2016	Top Reseau rural providers trained on integrated health area	-	6	6	3 978	\$ 1 250,96
02/03/2016	04/03/2016	Top Reseau providers trained on integrated health area (Fort-Dauphin)	1	1	2	4 883	\$ 1 529,56
25/04/2016	27/04/2016	Top Reseau providers trained on integrated health area (Toamasina)	1	5	6	6 765	\$ 2 109,88
08/03/2016	10/03/2016	Top Reseau providers trained on integrated health area (Diego)	5	3	8	5 165	\$ 1 617,88
24/05/2016	26/05/2016	Top Reseau providers trained on integrated health area (Majunga)	1	5	6	3 567	\$ 1 119,86
19/04/2016	21/04/2016	Top Reseau providers trained on integrated health area (Tulear)	3	2	5	-	\$ -
		Subtotal	14	24	38	35 699	\$ 11 175,86
Top Reseau providers trained on Youth Friendly Services							
18/04/2016	20/04/2016	Top resseau providers trained on YFS (Antananarivo)	4	20	24	6 335	\$ 1 975,77

Start Date	End Date	Subject Area of Training	Male	Female	Total	Direct Cost (K AR)	Direct Cost (USD)
19/04/2016	21/04/2016	Top reseau providers trained on YFS (Antsirabe)	10	15	25	5 007	\$ 1 561,47
19/04/2016	21/04/2016	Top reseau providers trained on YFS (Tulear)	7	8	15	3 978	\$ 1 240,59
25/04/2016	27/04/2016	Top reseau providers trained on YFS (Moramanga)	10	8	18	4 883	\$ 1 522,92
26/04/2016	28/04/2016	Top reseau providers trained on YFS (Antananarivo)	7	13	20	6 765	\$ 2 109,88
24/05/2016	26/05/2016	Top reseau providers trained on YFS (Majunga)	3	11	14	5 165	\$ 1 621,68
31/05/2016	02/06/2016	Top reseau providers trained on YFS (Fianarantsoa)	10	18	28	3 567	\$ 1 119,86
					-	-	\$ -
		Subtotal	51	93	144	35 699	\$ 11 152,17
Youth Peer Educators linked to Top Reseau providers							
22/04/2016	24/04/2016	Youth Peer Educators linked to Top Reseau providers (TULEAR)	1	1	2	466	\$ 145,31
23/05/2016	27/05/2016	Youth Peer Educators linked to Top Reseau providers (Morondava)	1	1	2	611	\$ 191,71
					-	-	\$ -
		Subtotal	2	2	4	1 077	\$ 337,02
Family planning counselors linked to Top Reseau							
25/04/2016	29/04/2016	New FP counselors linked to Top Reseau (Morondava)	-	2	2	611	\$ 190,44
24/05/2016	27/05/2016	New FP counselors linked to Top Reseau (DIANA)	-	14	14	2 986	\$ 937,56
08/06/2016	10/06/2016	New FP counselors linked to Top Reseau (SAVA)	-	11	11	2 613	\$ 821,63
					-	-	\$ -
		Subtotal	-	27	27	6 209	\$ 1 949,63
Business & Financial Management							
Community supply points trained in business & financial management							
							\$ -
							\$ -
							\$ -
							\$ -
		Subtotal	-	-	-	-	\$ -
Workshop Focus group on mutual health insurance for Top Reseau providers							
							\$ -
							\$ -
		Subtotal	-	-	-	-	\$ -
Top Reseau providers trained on basic accounting and budgeting							
01/06/2016	01/06/2016	Top Reseau providers trained on basic accounting and budgeting (Fort-Dauphin)	2	1	3	-	\$ -
14/06/2016	15/06/2016	Top Reseau providers trained on basic accounting and budgeting (Fianarantsoa)	2	2	4	-	\$ -
12/05/2016	13/05/2016	Top Reseau providers trained on basic accounting and budgeting (Majunga)	-	1	1	-	\$ -
							\$ -
		Subtotal	4	4	8	-	\$ -
Refresh training Top Reseau providers on budgeting and financial management							
01/06/2016	01/06/2016	Refresh training Top Reseau providers on financial management (Fort-Dauphin)	2	1	3	-	\$ -
14/06/2016	15/06/2016	Refresh training Top Reseau providers on financial management (Fianarantsoa)	5	9	14	3 477	\$ 1 093,60
12/05/2016	13/05/2016	Refresh training Top Reseau providers on financial management (Majunga)	1	4	5	1 295	\$ 406,60
							\$ -
		Subtotal	8	14	22	4 772	\$ 1 500,20
Medical marketing and clients loyalty							
Top Reseau providers trained on medical marketing and client loyalty							
21/06/2016	22/06/2016	Top Reseau providers trained on medical marketing and client loyalty (Antsirabe)	6	9	15	3 793	\$ 1 192,73
					-	-	\$ -
		Subtotal	6	9	15	3 793	\$ 1 192,73
Top Reseau providers semestrial meeting							
15/06/2015	15/06/2016	Top Reseau providers semestrial meeting	18	50	68	3 130	\$ 977,11
							\$ -
		Subtotal	18	50	68	3 130	\$ 977,11
Data Collection							
Top Reseau providers trained on Mobile Health Information System Application mTRSIG							
12/06/2015	13/06/2015	Top Reseau rural providers trained on mTRSIG (Tana)	5	15	20	-	\$ -
					-	-	\$ -
		Subtotal	5	15	20	-	\$ -

Annex F: Success Story

Continuous Distribution for Continuous Access

A community takes action in the fight against malaria



RABEFIBIRANA, very concerned about the health of his community, regularly visits households.

RABEFIBIRANA is the mayor of a town called Lanivo, located in southeastern region of Madagascar. He has lived many parts of the country, working as a public school teacher and serving as mayor in other towns. After years of work, Rabefibirana returned to his hometown, Lanivo, to serve as their mayor.

Lanivo has a population of 7,950 spread over roughly fifty square kilometers. The town is divided into seven small villages, called fokontany. In the southeast region of Madagascar, malaria is endemic and causes the most deaths in vulnerable populations, including pregnant women and children under 5 years of age.

In 2015, Lanivo was one of the towns which benefited from the continuous distribution of long-lasting impregnated nets (LLINs). Community dialogues were initiated to involve the fokontany and empower local authorities. Rabefibirana led the movement in Lanivo by gathering members of the community, with an objective to resolve social issues surrounding malaria within the community. After that, Rabefibirana realized that he had a mission. " I am committed to improving health in my community," he said.

The Continuous Distribution Strategy sustainably implemented by PSI Madagascar aims to ensure continued access to mosquito nets and maintain the possession and correct usage rates after the mass campaign. Continued access is critical, as LLINs can wear out and households may need additional nets after births, marriages, and moving houses. For this year, 2016, distribution will occur in a total of 8 districts throughout Madagascar. 483,000 LLINs will be distributed in 1,098 fokontany with the assistance of 1,098 village committees, 1,773 schools and 4,824 community agents.

On a weekly basis, unannounced household visits by " Quartier Mobiles " are led by the doctor, community health worker, or the Mayor himself. The purpose of the visits are to see if households have sufficient nets and use them correctly. " We also encourage sanitation. Bushes and grasses must be cleared away from yards, so that the mosquitos do not have a place to live," the leader of one Quartier Mobile said. The kitchen gardens must be kept at least three meters from the house, and the yard must be swept daily.

Rabefibirana is now in his fourth term and is satisfied with his work. " The malaria rate has decreased and is virtually zero. If cases occur, they are touching the neighboring communes," testified Aimée, the head of the health center (Centre de Santé de Base). This has had a positive impact on school attendance rates. " Students are not absent because of malaria," said Ms. Bao Nirina Espedo, the principal of the public primary school.

7,950

of population spread over roughly fifty square kilometers

483,700

LongLasting Impregnated Nets will be distributed in 2016

1,098

Fokontany

1,098

village committees

1,773

schools

4,824

community agents



« I am committed to improving health in my community. »

said Mr. RABEFIBIRANA.



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 2016 – June 2016**
 Organization: **Population Services International (PSI)**
 USAID Project Manager: **Jocelyne Andriamiadana, AOR**

Description	LOP Budget	Obligated Amount	Actual Expenditures: April – June 2016	Actual Expenditures: Inception to Date	Remaining Obligated Funds as of June 2016
Child Survival (CS)	10,861,153	7,689,389	708,109	7,141,345	548,044
Family Planning (FP)	13,705,651	8,135,063	876,154	9,117,773	(982,710)
Malaria (MAL)	12,256,249	12,649,024	1,315,803	8,190,044	4,458,980
TOTAL	\$ 36,823,053	\$ 28,473,476	\$ 2,900,066	\$ 24,449,162	\$ 4,024,314

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

Annex H: Product Status Update

Health Area	Product	Opening Balance (Avril 16)	Quantity In	Quantity Out	Other Quantity Out	Ending Balance (juin 16)	CMM	Coverage Through	Ordered	ETA	Status
DIARRHEA	Sur'Eau 150 ml.	94 887	1 928 604	657 606		1 365 885	325 000	oct-16	5 000 000	sept-16	
	Sur'Eau 40 ml.	72 413	207 330	137 813		141 930	48 000	sept-16			
	Sur 'Eau tablet	15 330 580	193 790	2 362 578	2	13 161 790	900 000	sept-17			
	HydraZinc	47 817		4 594		43 223	6 500	janv-17	132 000	août-16	
	ZINC (Generic)	196 841		98 005		98 836	9 000	mai-17			
	ORS (Generic)	393 682		196 010		197 672	18 000	mai-17			
	ViaSûr	200 820	76 296	18 522		258 594	20 000	juil-17			
PNEUMONIA	Pneumox (amoxicillin)										Awaiting AMM
	Pneumostop Comprimé	126 911		108 140		18 771	36 000	juil-16			
MALARIA	Supermoustiquaire	326 603		85 370		241 233	29 000	févr-17			
	Moustiquaire Générique (Net Protect White)	22 756		251		22 505			681 379	oct-16	NSA2
	Moustiquaire Générique (Bednet)					0					
	Moustiquaire Générique (Permanet white)	6 489	650 000	50		656 439					
	ACT	62 500		16 800		45 700					
	RDT	1 050		425		625	140 000	juin-16	1 773 659	oct-16	NSA2
FP/RH	Pilplan (OC)	2 875 152	49	486 999		2 388 202	187 000	juil-17	2 700 000	août-16	
	Confiance (injectable)	1 478 509	1	505 661	5	972 844	135 000	janv-17	500 000	TBD	
	Rojo Cycle Beads	18 683	760	3 528	240	15 675	1 350	juin-17	18 000	TBD	Revise Quantity
	Copper T IUD	23 198	8 100	3 927		27 371	1 350	févr-18			
	Implanon (implants)	2 571		821		1 750	450	oct-16	7 344	juil-16	
	Jadelle (implants)	1 866		509		1 357	125	mai-17			
	Norlevo (EC)					0			12 480	juil-16	
	Zarin (implant)	157		91		66	15	oct-16			
	Chlorhexidine	370 039		6 633		363 406	5 700	sept-21			
Sayanna Press	401 798		89 507		312 291	15 000	mars-18	363 400	août-16		
HIV/STI	YES Youth Condom	661 650		179 370		482 280	80 000	déc-16	3 804 000	TBD	
	Strawberry								1 500 000	TBD	RFP launched using PI fungs
	Banana								1 152 000	TBD	
	Vanilla								1 152 000	TBD	
	Protector Plus (condom)	160 224	4 500 000	1 041 600		3 618 624	750 000	nov-16	7 500 000	janv-17	
	Feeling (female condom)	31 077		6 654		24 423	3 000	févr-17			
	Generic Condom	160 100		41 900		118 200	96 000	juil-16			

Annex I: IEC/BCC Activity Table

ANNEX I: IEC/BCC Activities

Table 1 below summarizes overall IEC/BCC activities for FP/RH/, Child Health and Malaria in Q3:

Program	IEC/BCC Activity	Quarterly Output	Description
Family Planning	Healthy Family Radio drama broadcast	228	Radio drama and film Tia Miaina: all integrate FP, diarrhea, pneumonia, malaria, and breastfeeding
	Tanora 100% Youth TV spot broadcasts	129	Zave campaign- Youth program
	MVU - FP - # sessions	49	15,860 people reached
	TV Spots on short term methods	666	Short Term Method Promotion
	TV spot YES	600	Yes With You
	Radio Spot YES	825	Yes With You
	Radio Spots on Short Term Methods	990	Short Term Method Promotion
Neonatal Health	CHX radio spot broadcast	8004	CHX 7.1% prevention of neonatal infections
Diarrhea	Colostrum e AME	540	Spot AME et colostrum
	Polio radio spot	1 711	
	Polio TV spot	112	
	Hydrazinc	171	
	Sur' Eau pilina radio spot broadcast	4274	Availability of Sur'eau pilina
	MVU - Diarrhea sessions	48	17 275 people reached
	Radio Spots for DTK	705	Diarrhea Treatment
	Radio Spots for CHWs	468	Availability announcement of Sur'Eau Pilina to CHWs
	Radio spots for Mother and Child Week	815	Promotion of Child Health, announcement for the launch of the Mother and Child Week and participation of TOP Réseau
	TV spots for Mother and Child Week	384	Promotion of Child Health, announcement for the launch of the Mother and Child Week and participation of TOP Réseau
	Sur' Eau 150ml radio spot	300	Spot Sur' Eau 150ml
	Sur' eau 150ml TV spot	260	Spot Sur 'Eau 150ml
Malaria	MVU – Malaria sessions	43	8,171 people reached

Annex J: Research Report



AUDIENCE RESEARCH SUMMARY REPORT
PSI DASHBOARD

MADAGASCAR (2015): Top Réseau Clients Exit Survey

BASELINE 2015



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

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): Top Réseau Clients Exit Survey

BASELINE 2015

PSI Research Division
2015

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PSI Research Division, "MADAGASCAR (2015): Top Réseau Clients Exit Survey. Baseline",
<<http://www.psi.org/resources/publications>>.

1. Background

As per the household periodic survey conducted by INSTAT (Institut National de la Statistique) in 2010, around 20% of consultation is done among private clinics and/or private medical doctors. The same survey shows that household members in the wealthiest quintile are the majority who come to private sector to seek treatment. This proportion is indeed higher in urban area with people in the fourth and fifth quintiles.

The last exit interview conducted by PSI Madagascar in 2013 showed that 97% of the clients who received services at Top Réseau clinics are in the highest wealth quintile.

This study sought to provide evidence on audience profile in terms of socio-economic status as well as equity of use. Measuring equity helps social franchising program to know if it is serving those most in need (the poor).

2. Program Description

PSI created the franchise network branded Top Réseau targeting people who belong to the first to four quintiles with integrated services such as FP, and cervical cancer screening among others.

Since 2000, the Top Réseau network of providers has been operated by PSI/Madagascar. Following the repositioning of Top Réseau in 2011, focusing beyond youth and RH more generally on family health, there are approximately 241 clinics in the network providing integrated services (FP/RH, Child Survival and Nutrition, Fever Case management, Cervical screening, and STI treatment and VCT). The program target audience includes women, children under five years old, youth ages 15-24 years old, general population and high-risk groups. In 2013, Top Réseau was expanded in the rural areas under a partnership with SAF and SALFA¹ under the ISM project.

The franchise network collaborates with ICSF on the clinic business model analysis. The goal of the model is to create a sustainable clinic business model among the most performing facilities in terms of client volume.

3. Research objectives

The study sought to understand:

- The role of private sector in the delivery of health care for lower quintiles.
- Clients' key decision factors when seeking services.
- Service fees in Top Réseau clinics.
- Perceived affordability of services among different quintiles.
- Equity of use i.e. if social franchising programs serve the poor.
- Client satisfaction with services offered

¹ SAF and SALFA are religions association that provide health care services in urban and rural areas.

4. Methods

This study used exit interviews among clients seeking treatment at Top Réseau facilities between October and November 2015. Eligible clients were male, female, pregnant woman, youth, and caregivers of children under 15 years old. All clients 15 years old and above who were not referred to another facility because of serious illness and seeking treatment or advice from the Top Réseau facilities were approached for the study. The interviewers used screening questionnaire to identify eligible clients before proceeding to the real interview among consented clients. A semi-structured questionnaire was used to capture information about clients' reason of visits, price paid at the facility, perceived client satisfaction with services received, and assets/characteristics of household.

A total of 74 Top Réseau facilities were selected. These included all the 12 clinics belonging to the workstream², 9 SAF and SALFA rural clinics, 43 liberal medical offices, and 10 SAF and SALFA urban clinics, including FJKM³ Dispensary. The last three types of facilities were randomly selected.

Table 1. Outlet approached

	Number of outlet selected	Total number of outlet or sampling frame
12 clinics belonging to the workstream 2	12	12
SAF and SALFA rural clinics	09	34
Liberal medical office	43	159
SAF and SALFA urban clinics including FJKM Dispensary	10	36
Total	74	241

A total of 1,055 eligible were interviewed till the end.

The analysis used PCA or Principal Component Analysis to calculate wealth indexes. For equity analysis DHS 2008/09 dataset were used as national wealth quintiles or reference. The two dataset were compared to provide picture of the socio-economic status of the Top Réseau clients.

8. Ethical considerations

The study was determined as a quality improvement that does not need ethical clearance from local ethics board. However, informed consent was sought for participants in this study.

² This is the franchise network program with ICSF for the clinic business model. The goal is to create a sustainable clinic business model among the most performing facilities in terms of client number.

³ FJKM : A religion association in Madagascar that has private clinics

Results

Response rates

In total 1,122 clients were approached to participate in the study, of whom 1,091 were screened. 1,070 eligible clients were identified and interviews were conducted with 1,055 clients.

Table 2. Client sample description, by facility type

	Liberal medical office	12 clinics belonging to the workstream 2	SAF and SALFA urban clinics including FJKM Dispensary	SAF and SALFA rural clinics	Total
Clients approached	502	246	214	160	1122
Clients screened	483	240	208	160	1091
Clients eligible ^a	471	237	203	159	1070
Clients interviewed	465	237	200	159	1061
Clients with completed interview ^b	462	237	198	158	1055

^a: Eligible client is defined as people 15 years old and above, do not refer by the provider for serious illness

^b: Clients who completed the interview till the end. These are the denominator considered for the analysis

Clients characteristics

Among 1,055 clients who completed interviews, 67% of the clients were female. As many as 68% of interviewed clients had completed secondary education or above. About 67% of SAF and SALFA rural clinics clients were in lowest wealth quintiles and the majority of these, 61% had primary or less education.

Table 3. Characteristics of interviewed clients, by facility type

	Liberal medical office	12 clinics belonging to the workstream 2	SAF and SALFA urban clinics including FJKM Dispensary	SAF and SALFA rural clinics	Total
Clients (N)	462	237	198	158	1055
Gender of client					
Male	37.2	27.4	31.8	27.9	32.6
Female	62.8	72.6	68.2	72.2	67.4
Age group of client (years)					
0-14	20.0	17.3	22.2	24.1	20.4
15-24	22.8	28.3	20.7	26.0	24.1
25-34	28.4	22.4	24.8	20.3	25.1
35-45	15.0	16.9	16.2	19.0	16.2
46 and above	13.9	15.2	16.2	10.8	14.1
Education Level of client					
None	4.1	4.2	2.0	8.9	4.5
Primary	22.3	21.5	25.3	52.5	27.2
Secondary	43.3	58.2	52.5	36.7	47.4
University / Tertiary	30.3	16.0	20.2	1.9	21.0
Wealth proxy					
Lowest	10.2	12.2	15.2	66.5	20.0
Second	18.6	18.6	20.2	26.0	20.0
Middle	22.7	22.4	22.7	5.1	20.0
Fourth	21.7	26.2	23.2	1.9	20.0
Highest	26.8	20.7	18.7	0.6	20.0

One client refused to provide the age

The table 4 provides the equity analysis which compares wealth quintiles of the Top Réseau data and the DHS national data as reference. This analysis allows identification of which quintile Top Réseau clients occupy compared to the national wealth.

In total, as many as 75% of all clients were in the highest quintile, 17% were in the fourth quintile and 1% in the lowest quintile (Table 4). For the urban quintiles, 31% of clients were falling in the highest quintile, 16% in the fourth quintile, 18% in the middle, 22% in the second lowest quintile and finally 14% were in the very lowest quintile.

Table 4. Equity analysis (putting the sample into quintile of national population from DHS data 2008/09)

<i>Wealth proxy</i>	Urban quintiles		National quintiles	
	%	N	%	N
Lowest	13.7	123	0.9	9
Second	21.5	193	1.8	19
Middle	18.2	163	5.6	59
Fourth	15.8	142	16.6	175
Highest	30.8	276	75.2	793
Total	100	897	100	1055

Purpose, frequency of visit and reason for seeking treatment at the facility

The highest mentioned reason, 43%, for seeking treatment was for general medicines followed by child health, 12%, and then family planning, 11% (Table 5). Visits for family planning purposes were highest in rural areas, 21%, compared to any of the urban clinics.

Table 5. Purpose of visit, by facility type

	Liberal medical office	12 clinics belonging to the workstream 2	SAF and SALFA urban clinics including FJKM Dispensary	SAF and SALFA rural clinics	Total
Clients (N)	462	237	198	158	1055
- General medicine	44.8	39.2	47.5	43.0	43.8
- Minor surgery	0.2	0.4	0.0	0.6	0.3
- Maternity	0.0	0.8	0.5	1.9	0.6
- CPN (Pre-natal consultation)	3.5	4.2	3.5	7.0	4.2
- CPON (Post-natal consultation) / Maternal Care	0.9	0.4	1.0	0.0	0.7
- Vaccination	0.9	0.0	6.6	4.4	2.3
- Medical analysis	2.0	4.6	6.1	1.9	3.3
- Echography	3.5	3.0	7.6	0.0	3.6
- PF (Short term method)	7.8	11.0	10.1	20.9	10.9
- STI treatment	3.3	1.7	2.5	1.9	2.6
- RH	0.4	1.7	0.5	0.0	0.7
- IMCI	11.7	12.7	8.1	15.8	11.9
- PF (Long term method)	4.6	5.1	1.5	1.9	3.7
- HIV testing	0.4	0.0	0.0	0.0	0.2
- Cervical Cancer Screening	0.0	0.0	0.0	0.0	0.0
- Manual vacuum aspiration uterine	0.0	0.0	0.0	0.0	0.0
- Nutrition	0.2	0.0	2.5	0.0	0.6
- Post abortion consultation	0.0	0.0	0.5	0.0	0.1
- Clinical management abortion	0.2	0.0	0.0	0.6	0.2
- Injection	7.1	2.5	4.0	7.0	5.5
- Bandage	1.1	2.1	1.5	0.6	1.3
- Pregnancy test	0.9	0.8	0.5	1.3	0.9
- Removal (Long term method)	0.2	0.8	0.0	1.9	0.6
- Fever	2.8	2.5	2.0	1.3	2.4
- Counseling	3.0	1.7	1.5	1.3	2.2
- Systematic visit	3.0	3.8	4.6	0.0	3.0
- Others	5.8	5.5	2.0	1.3	4.4

Overall about 22% of the clients were visiting the clinic for the first time. Of those that were not first timers, most, 67%, visit a clinic when someone in the family is sick while about 15% visit a clinic every three months, 7% more than three months and 6% visit every month (table 6).

Table 6. Frequency of visit, by facility type

	Liberal medical office	12 clinics belonging to the workstream 2	SAF and SALFA urban clinics including FJKM Dispensary	SAF and SALFA rural clinics	Total
Clients (N)	462	237	198	158	1055
- First time	25.1	24.5	18.2	10.8	21.5
Clients (N)	346	179	162	141	828
- Every day	0.6	0.0	1.2	2.9	1.0
- Every week	2.6	1.1	2.5	0.0	1.8
- Every month	7.2	2.2	8.6	3.6	5.8
- Every three months	13.0	12.9	12.4	23.4	14.6
- More than three months	8.1	6.7	7.4	1.4	6.5
- Every year	5.5	4.5	1.2	0.7	3.6
- When someone in the family is sick	63.0	72.6	66.7	68.1	66.7
Total	100.0	100.0	100.0	100.0	100.0

Most reasons cited for visiting the clinic they were interviewed at included quality of the services, 48%; trusting the doctor, 45%; ease of access, 27%; and affordability, 12% (table 7). Quality of service was highest in rural clinics, 63%, compared to any of the urban clinics. Similarly, trusting a doctor was highest in rural clinics compared to any of the urban clinics.

Table 7. Reason for seeking treatment, by facility type

	Liberal medical office	12 clinics belonging to the workstream 2	SAF and SALFA urban clinics including FJKM Dispensary	SAF and SALFA rural clinics	Total
Clients (N)	462	237	198	158	1055
- Close by /Easy to access	27.7	25.3	26.8	24.1	26.5
- Reputation for quality treatment	44.6	49.8	43.4	62.7	48.3
- Cheap treatment	10.0	8.4	17.7	13.3	11.6
- Modern medicine available	7.1	7.6	6.1	12.0	7.8
- Traditional medicine available	0.2	0.0	0.0	0.0	0.1
- Provide credit	2.8	5.9	1.0	8.2	4.0
- Short wait time	5.2	3.4	5.1	1.9	4.3
- illness not serious	2.6	0.4	0.5	0.6	1.4
- Open at night	0.4	0.0	0.0	1.3	0.4
- Open during Weekend	1.5	0.0	0.5	0.0	0.8
- Trust Doctor	43.1	46.8	36.9	59.5	45.2

Pricing

During the survey, the clients were asked about the price they paid at the facility. Some provided detailed information on the amount paid, some provided only the combined cost (consultation plus drug or plus diagnostic following the information available after consultation).

On average one client paid 0.5USD for the consultation in the rural SAF and SALFA clinics. This price is higher than among the liberal medical office (2.4USD).

For those who had only information on combined cost, the average amount paid raised to 3.4USD in the rural SAF and SALFA clinics compared to 7.0USD among SAF and SALFA urban clinics including FJKM Dispensary.

Table 9. Average price paid, by facility type (USD)

	Liberal medical office	12 clinics belonging to the workstream 2	SAF and SALFA urban clinics including FJKM Dispensary	SAF and SALFA rural clinics
Consultation (N)	100	45	30	7
Min	0.15	0.30	0.30	0.61
Max	15.46	4.58	2.13	0.91
Average	2.39	1.25	0.88	0.49
Std. dev	2.10	0.75	0.31	0.37
Drug (N)	54	53	39	29
Min	0.09	0.15	0.06	0.06
Max	30.25	12.22	9.16	3.05
Average	3.33	3.51	2.51	0.40
Std. dev	5.72	2.87	2.39	0.54
Diagnostic (N)	12	6	6	1
Min	0.61	0.30	0.06	1.43
Max	9.16	3.36	6.11	1.43
Average	3.59	1.73	4.09	1.43
Std. dev	3.20	1.21	3.12	NA
All combined (N)	222	123	99	109
Min	0.24	0.18	0.24	0.12
Max	25.06	22.92	25.21	21.39
Average	4.46	4.37	6.52	3.33
Std. dev	4.10	3.97	5.99	3.31

USD: United States Dollar

1 USD = 3,272 Ariary (converted using historic for the period of data collection).

Table 10. Distribution of price paid by category

	Percentage	N
Consultation(Ariary)		
[200-3 000]	44.5	81
[4 000 – 5 000]	28.6	52
[5 100 – 10 000]	3.3	6
[15 000 – 50 600]	23.6	43
Drug (Ariary)		
[200-1 000]	29.7	52
[1 200 – 5 000]	22.9	40
[5 200 – 11 900]	22.9	40
[12 000 – 99 000]	24.6	43

Diagnostic (Ariary)		
[2 00-3 000]	32.0	8
[4 000 – 5 000]	20.0	5
[10 000 – 20 000]	40.0	10
[30 000]	8.0	2
All combined (Ariary)		
[400-5 000]	26.8	148
[5 200 – 12 000]	28.0	155
[12 300 – 19 000]	20.8	115
[19 200 – 82 500]	24.4	135

Eighty one percent (81%) of the clients mentioned that the consultation fee they paid was cheap (Table 11). This was fairly often the case across all the clinics. In this survey 145 clients (14%) did not respond to this question since they had medical insurance. These clients were excluded from these analyses.

Table 11. Percentage distribution of client satisfaction with the cost of consultation, by facility type

	Liberal medical office	12 clinics belonging to the workstream 2	SAF and SALFA urban clinics including FJKM Dispensary	SAF and SALFA rural clinics	Total
Clients (N)	379	205	171	155	910
Expensive	21.6	12.7	25.2	12.9	18.8
Cheap	78.4	87.3	74.9	87.1	81.2
<i>145 clients insured</i>					

Clients who had difficulty paying for services mentioned a number challenges resulting from paying for services (Table 12). As many as 40% had to borrow money following paying service fees (50% for clients of rural SAF and SALFA clinics); 29% were unable to pay essentials such as school fees or clothes and 28% were unable to afford full treatment (44% among clients of SAF and SALFA urban clinics including FJKM Dispensary).

Table 12. Percentage distribution of problems caused by the cost of services received among those who reported having difficulty on the amount to be paid, by facility type

	Liberal medical office	12 clinics belonging to the workstream 2	SAF and SALFA urban clinics including FJKM Dispensary	SAF and SALFA rural clinics	Total
Clients (N)	33	25	23	18	99
- Had to borrow money	39.4	44.0	30.4	50.0	40.4
- Unable to pay for essentials such as school fees or clothes	39.4	20.0	43.5	5.6	29.3
- Had to reduce spending on non-essential items	9.1	16.0	8.7	0.0	9.1
- Delayed consulting doctor due to lack of money	3.0	12.0	8.7	0.0	6.1
- Unable to afford full treatment today	30.3	32.0	17.4	33.3	28.3

Client satisfaction

Most clients were satisfied with the overall services received at the facility (Table 13). Overall, 88% of all clients reported satisfaction. This proportion was lowest at liberal clinics, 84%, and highest at clinics belonging to workstream 2 and SAF and SALFA urban clinics. Satisfaction at SAF and SALFA rural clinics was 87%. Only less than 1% of all clients reported dissatisfaction with services offered.

Table 13. Percentage distribution of client satisfaction with overall services received at the facility, by facility type

	Liberal medical office	12 clinics belonging to the workstream 2	SAF and SALFA urban clinics including FJKM Dispensary	SAF and SALFA rural clinics	Total
Clients (N)	462	237	198	158	1055
Very satisfied	84.4	91.1	91.4	86.7	87.6
More or less satisfied	14.5	8.0	8.6	12.7	11.7
Not satisfied	1.1	0.8	0.0	0.6	0.8

Programmatic recommendations

The programmatic recommendation will address the 4P (Place, Product, Price and Promotion). This will help to review the marketing plan.

Place:

- Expand the program in rural areas to reach those most in need which are classified in quintile 1, 2 &3 and consider to “Franchise “ the Public sector

Product:

- Increase the range of services offered at TOP Réseau : 10 services for the life cycle of Hanta’s family and identify possibly funding opportunities for Integrated general medicines (new services as Non Communicable Disease, delivery kit,...)

Price:

- Review the voucher system (cost and place) to target those most in need
- PSI/M with support from Banyan Golbal will continue on building the capacity of *Top Réseau* providers to participate in demand-side financing to increase consumers’ ability to access services from the private health sector
- Strengthen brand association with PSI’s social mission and reputation. Develop and suggest a social mission plans for provider. Each provider should set a promotional days and this will be part of the Franchise standard

Promotion:

Demand creation:

- A stress on ‘Value for money’ to make Top Réseau accessible to the 3 lowest quintile will be improved among providers during visite, medical detailing and supervision
- Set up a communication plan to encourage new clients to access services: Radio – TV, Mobile Video Unit and IPC

Brand Positioning:

- Develop and revise the marketing plan focusing on key message of “quality” “affordability” “value for money”
- Empower Top Réseau providers to do local marketing: PSI/M will continue to provide training on medical marketing, design tool for local marketing and support franchisee in the local marketing activities

Brand association

- Make service providers feel part of PSI by sharing information on PSI’s activities in Top Réseau newsletters

The key motivation for coming to seek services is the quality of the provider. Activities for maintaining and improving the quality will focus on: recruit high potential provider for quality and performance; set up a minimum standard for clinic environment and customer experience; and refresh and train providers on customer experience namely the client satisfaction and customer loyalty.

To achieve our vision:, affordable quality of care for underserved population (Quintile 1, 2, 3), involvement in UHC and private sector contractualisation discussions in the head office constitutes a key element.

Annex 1. Additional tables

Table 1a. Purpose of visit, by wealth quintiles

	Lowest	Second	Middle	Fourth	Highest
Clients (N)	211	211	211	211	211
- General medicine	43.6	40.8	38.9	42.2	53.6
- Minor surgery	0.0	0.5	0.5	0.0	0.5
- Maternity	1.4	0.5	1.0	0.0	0.0
- CPN (Pre-natal consultation)	4.7	4.7	6.2	2.4	2.9
- CPON (Post-natal consultation) / Maternal Care	1.0	1.0	0.0	0.5	1.0
- Vaccination	3.3	4.8	1.0	1.0	1.4
- Medical analysis	3.8	3.3	1.4	5.2	2.8
- Echography	2.4	3.8	5.7	4.3	1.9
- PF (Short term method)	20.4	12.3	11.4	7.1	3.3
- STI treatment	1.0	2.4	1.9	2.8	4.7
- RH	0.0	0.0	1.4	1.0	1.0
- IMCI	13.7	7.1	11.9	13.7	12.8
- PF (Long term method)	3.8	4.3	3.8	5.2	1.4
- HIV testing	0.0	0.5	0.0	0.0	0.5
- Cervical Cancer Screening	0.0	0.0	0.0	0.0	0.0
- Manual vacuum aspiration uterine	0.0	0.0	0.0	0.0	0.0
- Nutrition	0.0	1.0	0.5	1.4	0.0
- Post abortion consultation	0.0	0.0	0.0	0.0	0.5
- Clinical management abortion	0.0	0.5	0.5	0.0	0.0
- Injection	6.6	7.1	4.7	4.3	4.7
- Bandage	1.0	1.9	1.4	1.9	0.5
- Pregnancy test	0.5	1.0	2.4	0.0	0.5
- Removal (Long term method)	0.5	1.0	1.0	0.0	0.5
- Fever	1.4	3.3	3.3	1.4	2.4
- Counseling	1.0	2.4	2.4	3.8	1.4
- Systematic visit	1.4	2.4	3.8	3.3	4.3
- Others	1.4	4.3	4.7	5.7	5.7

Others includes: Dentist, follow up, buying/taking drug

Table 2a. Reason for seeking treatment, by wealth quintiles

	Lowest	Second	Middle	Fourth	Highest
Clients (N)	211	211	211	211	211
- Close by / Easy to get to	19.4	24.2	30.8	29.9	28.0
- Reputation for quality treatment	62.1	46.9	45.5	47.4	39.3
- Cheap treatment	15.2	8.1	11.9	11.4	11.4
- Modern medicine	13.7	8.5	3.8	5.2	7.6

available					
- Traditional medicine available	0.0	0.0	0.0	0.0	0.5
- Provide credit	5.7	3.8	4.3	2.4	3.8
- Short wait time	3.3	2.8	3.8	3.8	7.6
- illness not serious	1.4	1.4	1.0	1.0	2.4
- Open at night	0.5	0.5	0.0	1.0	0.0
- Open during Weekend	0.5	2.4	0.0	0.5	0.5
- Trust Doctor	51.7	43.6	41.2	42.7	46.9

Table 3a. Average price paid, by wealth quintiles (Ariary)

	Lowest	Second	Middle	Fourth	Highest
Consultation (N)	13	33	35	44	57
- Mean [SD]	4053[2391]	5112[4464]	7257[6678]	4336[3374]	7063[7174]
Drug (N)	35	33	40	28	39
- Mean [SD]	1 780[1 735]	7 651[10 541]	9 190[13 208]	10 750[10 677]	14 701[17 107]
Diagnostic (N)	2	6	7	5	5
- Mean [SD]	11 000[12 727]	14 783[10 571]	8 171[10 178]	9 840[8 014]	8 600[8 443]
All combined (N)	140	106	109	110	88
- Mean [SD]	12 640[14 662]	13 580[12 414]	4 165[14 075]	18 102[15 311]	17 796[15 519]

Table 4a. Average price paid, by wealth quintiles (USD)

	Lowest	Second	Middle	Fourth	Highest
Consultation (N)	13	33	35	44	57
- Mean [SD]	1.23 [0.73]	1.56[1.36]	2.21[2.04]	1.32[1.03]	2.15[2.19]
Drug (N)	35	33	40	28	39
- Mean [SD]	0.54[0.53]	2.33[3.22]	2.80[4.03]	3.28[3.26]	4.49[5.22]
Diagnostic (N)	2	6	7	5	5
- Mean [SD]	3.36[3.88]	4.51[3.23]	2.49[3.11]	3.00[2.44]	2.62[2.58]
All combined (N)	140	106	109	110	88
- Mean [SD]	3.86[4.48]	4.15[3.79]	4.32[4.30]	5.53[4.67]	5.43[4.74]

Table 5a. Percentage distribution of client satisfaction on the cost of consultation, by wealth quintiles

	Lowest	Second	Middle	Fourth	Highest
Clients (N)	203	182	183	179	163
Expensive	21.7	20.9	17.5	20.7	12.3
Cheap	78.3	79.1	82.5	79.3	87.7

145 Client insured

OTHER SOURCES OF TREATMENT BESIDE TOP RESEAU CLINICS IN THE LAST 12 MONTHS

Table 6a -Reason for seeking treatment	Percentage	N
Clients visited other facility in the past 12 months	41.0	1 055
Public Hospital	30.3	433
Public CSB	14.4	433
Private health facility	46.3	433
Other Top Reseau facility	4.4	433
This Top Reseau facility	0.2	433
Private not for profit	2.1	433
NGO	1.9	433
Faith based	6.0	433
Grocery store	0.2	433
Pharmacy/Drug shop	3.0	433

Public hospital

Table 7a1-Purpose of visit	Percentage	N
General medicine	49.6	131
Maternity	6.9	131
CPN (Pre-natal consultation)	7.6	131
CPON (Post-natal consultation) / Maternal Care	1.5	131
Vaccination	0.8	131
Medical analysis	4.6	131
Echography	3.1	131
FP (Short term method)	1.5	131
STI treatment	1.5	131
IMCI	8.4	131
FP (Long term method)	0.8	131
Bandage	1.5	131
Fever	3.8	131
Systematic visit	0.8	131

Table 7a2 -Reason for seeking treatment	Percentage	N
Close by / Easy to get to	8.7	131
Reputation for quality treatment	17.4	131
Cheap treatment	30.4	131
Modern medicine available	13.0	131
Traditional medicine available	0.0	131
Provide credit	0.0	131
Short wait time	0.0	131
illness not serious	0.0	131
Open at night	0.0	131
Open during Weekend	0.0	131
Trust Doctor	4.4	131

Table 7a3 - Average price paid, by facility type (Ariary)					
Clients	Min	Max	Average	Std. dev	N
Consultation	300	30 000	7 760	7 865	27
Drug	600	15 000	5 890	3 584	22
Diagnostic	200	70 000	20 633	21 411	8
All combined	400	70 000	21 618	18 891	44

Table 7a4: - Client satisfaction ratings		
Clients	Percentage	N
Expensive	36.7	131
Cheap	63.3	131

CSB (Community public health)

Table 8a1-Purpose of visit	Percentage	N
General medicine	51.6	62
Maternity	3.2	62
CPN (Pre-natal consultation)	8.1	62
CPON (Post-natal consultation) / Maternal Care	3.2	62
Vaccination	6.5	62
Medical analysis	0.0	62
Echography	1.6	62
FP (Short term method)	8.1	62
STI treatment	0.0	62
IMCI	11.3	62
FP (Long term method)	1.6	62
Bandage	0.0	62
Fever	1.6	62
Systematic visit	0.0	62

Table 8a2 -Reason for seeking treatment	Percentage	N
Close by / Easy to get to	46.2	62
Reputation for quality treatment	0.0	62
Cheap treatment	30.8	62
Modern medicine available	7.7	62
Traditional medicine available	0.0	62
Provide credit	0.0	62
Short wait time	0.0	62
illness not serious	0.0	62
Open at night	0.0	62
Open during Weekend	0.0	62
Trust Doctor	15.4	62

Table 8a3 - Average price paid, by facility type (Ariary)

Clients	Min	Max	Average	Std. dev	N
Consultation	50	15 000	5 964	7 097	7
Drug	500	45 000	6 466	8 892	28
Diagnostic	200	5 000	2 600	3 394	2
All combined	1 500	40 000	10 825	9 712	20

Table 8a4: - Client satisfaction ratings

Clients	Percentage	N
Expensive	24.6	62
Cheap	75.4	62

Other private health facility

Table 9a1-Purpose of visit	Percentage	N
General medicine	48.5	200
Maternity	5.0	200
CPN (Pre-natal consultation)	5.0	200
CPON (Post-natal consultation) / Maternal Care	0.0	200
Vaccination	0.0	200
Medical analysis	3.0	200
Echography	3.0	200
FP (Short term method)	1.0	200
STI treatment	2.5	200
IMCI	17.0	200
FP (Long term method)	1.0	200
Bandage	0.5	200
Fever	2.0	200
Systematic visit	1.5	200

Table 9a2 -Reason for seeking treatment	Percentage	N
Close by / Easy to get to	24.5	200
Reputation for quality treatment	18.0	200
Cheap treatment	4.5	200
Modern medicine available	3.5	200
Traditional medicine available	0.0	200
Provide credit	0.5	200
Short wait time	2.5	200
illness not serious	1.0	200
Open at night	2.0	200
Open during Weekend	7.5	200
Trust Doctor	12.0	200

Table 9a3 - Average price paid, by facility type (Ariary)					
Clients	Min	Max	Average	Std. dev	N
Consultation	1 000	20 000	7 983	5 202	60
Drug	1 000	60 000	19 620	14 940	40
Diagnostic	4 000	35 000	14 624	10 155	8
All combined	1 000	85 000	23 086	20 597	79

Table 9a4: - Client satisfaction ratings		
Clients	Percentage	N
Expensive	42.3	200
Cheap	57.7	200

Other Top Reseau facility

Table 10a1-Purpose of visit	Percentage	N
General medicine	47.4	19
Maternity	0.0	19
CPN (Pre-natal consultation)	0.0	19
CPON (Post-natal consultation) / Maternal Care	0.0	19
Vaccination	0.0	19
Medical analysis	0.0	19
Echography	5.3	19
FP (Short term method)	5.3	19
STI treatment	5.3	19
IMCI	10.5	19
FP (Long term method)	10.5	19
Bandage	0.0	19
Fever	0.0	19
Systematic visit	0.0	19

Table 10a2 -Reason for seeking treatment	Percentage	N
Close by / Easy to get to	26.3	19
Reputation for quality treatment	15.8	19
Cheap treatment	5.3	19
Modern medicine available	0.0	19
Traditional medicine available	0.0	19
Provide credit	0.0	19
Short wait time	0.0	19
illness not serious	0.0	19
Open at night	0.0	19
Open during Weekend	10.5	19
Trust Doctor	15.8	19

Table 10a3 - Average price paid, by facility type (Ariary)

Clients	Min	Max	Average	Std. dev	N
Consultation	2 000	10 000	5 900	3 847	5
Drug	1 500	15 000	9 500	7 088	3
Diagnostic	NA	NA	NA	NA	0
All combined	1 000	30 000	13 611	9 873	9

NA: Not Available

Table 10a4: - Client satisfaction ratings

Clients	Percentage	N
Expensive	35.3	19
Cheap	64.7	19

Faith Based

Table 11a1-Purpose of visit	Percentage	N
General medicine	46.2	26
Maternity	0.0	26
CPN (Pre-natal consultation)	11.5	26
CPON (Post-natal consultation) / Maternal Care	0.0	26
Vaccination	0.0	26
Medical analysis	19.2	26
Echography	3.9	26
FP (Short term method)	7.7	26
STI treatment	3.9	26
IMCI	3.9	26
FP (Long term method)	0.0	26
Bandage	0.0	26
Fever	0.0	26
Systematic visit	0.0	26

Table 11a2 -Reason for seeking treatment	Percentage	N
Close by / Easy to get to	26.9	26
Reputation for quality treatment	19.2	26
Cheap treatment	15.4	26
Modern medicine available	3.9	26
Traditional medicine available	0.0	26
Provide credit	0.0	26
Short wait time	0.0	26
illness not serious	0.0	26
Open at night	0.0	26
Open during Weekend	0.0	26
Trust Doctor	11.5	26

Table 11a3 - Average price paid, by facility type (Ariary)

Clients	Min	Max	Average	Std. dev	N
Consultation	1 000	3 000	2 611	697	9
Drug	2 000	30 000	15 571	10 706	7
Diagnostic	2 000	20 000	10 400	7 765	5
All combined	3 000	92 000	27 614	30 788	14

Table 11a4: - Client satisfaction ratings

Clients	Percentage	N
Expensive	42.3	26
Cheap	57.7	26





**ACCEPTABILITY STUDY
OF SAYANA PRESS
AT COMMUNITY LEVEL**





STUDY SITE: SOFIA—HAUTE MATSIATRA—
MANAKARA

JUNE 2016




JUSTIFICATION

- The introduction of *Sayana Press* in Madagascar at the community level contributes to the diversification of Family Planning methods.
- To mitigate the leakage of *Depo-Provera* in the porcine sector, *Sayana Press* will be used as alternative to *Depo-Provera*.
- As a new product, an acceptability study is requested among the final users, the community health workers, and the public/private providers to identify motivations/barriers on the introduction of the product.




OBJECTIVES

- Assessing personal perception of the client on the use of subcutaneous injectable contraceptives
- Identifying the motivations and barriers of the clients and the providers on *Sayana Press*
- Assessing the acceptability for the substitution of *Depo-Provera* by *Sayana Press*
- Assessing the acceptability of *Sayana Press* introduction at Psi-franchise facility




SAMPLING

- 31 users of injectable contraceptive
- 3 providers from public sector
- 5 providers from PSI-franchise facility (*Top Réseau*)
- 16 Community Health Workers





PERCEPTIONS AND MOTIVATIONS ON THE USE OF SAYANA PRESS AMONG END USERS




PERCEPTIONS AND MOTIVATIONS ON THE USE OF SAYANA PRESS AMONG END USERS

- This is a full kit (dose and syringe combined) which is easy to prepare (**maj.**)
- The small needle is an advantage : *less fear, less pain, no burning on the area injected* (**maj.**)
- Small amount of liquid/dose then : *less side effects, less discomfort, regular menstruation, easy absorption into the blood* (**maj.**)
- Positive experiences of using Sayana Press: *good health, weight gain and good appetite, more enjoyment during sexual intercourse* (**maj.**)
- Only one injection every 3 months : *injection date easy to remember, less travel* (**min.**)
- More efficient than Depo-Provera (**min.**)
- Acceptation after CHW outreach: *health monitoring , reliable method* (**min.**)
- New product more attractive (*nice presentation*) : *they want to experiment the efficiency* (**min.**)

Citation: « We, the people in Ambala, like new thing »




PERCEPTIONS AND MOTIVATIONS AMONG CHW AND PROVIDERS ON SAYANA PRESS




PERCEPTIONS AND MOTIVATIONS OF CHW AND PROVIDERS ON SAYANA PRESS

- Combined syringe and dose is convenient : *less preparation, less material, product easy to use* (**maj.**)

Citation: « You can do the injection immediately, you don't need to aerate the liquid before injecting»

- Advantages of subcutaneous injection : *the dose/liquid is easy to release, less painful, quick absorption, less tiring, low risk of product leakage to the porcine sector* (**maj.**)
- Waterproof product: *safety, no risk of underdosing, no risk of leakage* (**min.**)
- Alternative and similar to Dépo-Provera: *efficiency and side effects are known in advance* (**min.**)
- Small and short needle, appreciated by the users and make them confident
- New product appreciated by PSI-franchise providers (**maj.**)
- CHW and public sector providers are willing to prescribe if the price is the same as Dépo-Provera (inf. min.)



FEARS AND BARRIERS TO ADOPT SAYANA PRESS



NEGATIVE PERCEPTIONS/FEAR AMONG USERS

- *Pain in the area injected* : feeling of heaviness, tiring... (*min.*)
- *Side effects*: migraine headache, nausea, tired, irregular menstruation, low weight, pain in the joints, feeling hungry, pain swelling and redness on the area injected (*min.*)
- *False beliefs*: malformation of the baby, damaged womb (if using for a long term), menstruation disorder, paralysis of the arm (*min.*)
- *Distrust on the efficiency of the product*: small amount of liquid (not injected entirely), new product (*min.*)
- *Risk storage*: transparent plastic (product will be transformed by the warm) (*inf. min.*)
- Perception that combined product is expensive (*inf. min.*)




BARRIERS ACCORDING TO THE EXPERIENCE OF THE PROVIDERS

<p>The product</p>	<ul style="list-style-type: none"> • Fear of side effects linked to the new product (need evidence from other users before use) (<i>min.</i>) • Distrust on the availability (<i>inf. min.</i>)
<p>The administration</p>	<ul style="list-style-type: none"> • Pain and heaviness in the arm (<i>inf. min.</i>) • Clumsiness of CHW to execute the injection (<i>inf. min.</i>) • Risk of self-injection (<i>inf. min.</i>)
<p>The presentation</p>	<ul style="list-style-type: none"> • Reservoir hard to press (<i>min.</i>) • Plastic packaging not suitable: difficult storage and liquid color may be changed by ocean air (<i>inf. min.</i>)



ACCEPTABILITY OF THE SUBSTITUTION OF DEPO-PROVERA BY SAYANA PRESS



ACCEPTABILITY OF DEPO-PROVERA SUBSTITUTION BY SAYNA PRESS

By the users

- Subcutaneous injection not painful (*maj.*)
- Quick absorption (*min.*)
- Attractive presentation (*min.*)
- Modern, ready to use (solution and syringe combined), fine needle (*min.*)
- Product suited to women health: no more side effect, regular menstruation (*min.*)
- Convenience of self-injection (less travel) (*inf. min.*)

By the CHW/Public and private providers

- New/modern, efficient, easy and quick administration, attractive (*maj.*)
- Same efficacy than *Depo-Provera* (*min.*)
- Small amount of liquid hence low risk of side effect and infections (*min.*)
- Appreciated by users (*min.*)

By the Psi-franchise providers (Top Réseau)

- Practicability (two in ONE) (*maj.*)
- Attractive presentation (*min.*)
- New technology (*inf. min.*)



ADDITIONAL INFORMATION :
ACCEPTABILITY OF SELF-INJECTION
(CHW and providers' opinions)



ACCEPTABILITY OF SELF-INJECTION ACCORDING TO THE PROVIDERS AND CHW

- Not suitable in rural area because of the low education level of the target group and their ability to understand how to use the product (*maj.*)
- Possible failure: users non-eligible, failure of use, product storage, distrusting of the efficiency of the product (*maj.*)
- Negative impact for the providers: depreciation, client reduction, incrimination in case of complication (*maj.*)
- Suitable for remote areas: innovation for the rural area, no need to move to the town to get the product hence lightening of the tasks (*inf. min.*)



RECOMMANDATIONS WHETHER SELF INJECTION APPROVED

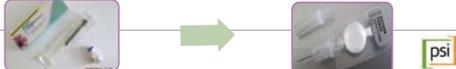
- Health monitoring – prescription for treatment of side effects
- More information about the new product (advantages, disadvantages, utilisation mode)
- Capacity building/ refreshing knowledge of providers and CHW
- Availability of the product
- Providing fund to CHW at the beginning of the activity for the first procurement
- Giving consumable (a clean cotton pad or clean paper tissue) to the end users to ensure hygiene





CONCLUSIONS

- For both providers and end users, *Sayana Press* is accepted for its practicability and its benefits: subcutaneous, no pain during injection and finally it is a new product.
- The end users are for the substitution of *Depo-Provera* by *Sayana Press*
- Like any new product, fears and barriers exist such as: fear of side effects, false beliefs that lead to distrust on efficacy of the product
- Self-injection was rejected as deemed not suitable in rural areas and may corrupt the efficacy of the product and the notoriety of the providers.



THANKS





Healthy lives. Measurable results.

PROVIDER SUMMARY REPORT PSI DASHBOARD

MADAGASCAR (2015): Assessment of Penetration of PSI Products in Supply Points

Sponsored by



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): Assessment of Penetration
Of PSI Products in Supply Points

PSI Research Division
2015

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BACKGROUND

Madagascar is a country with a population of about 22 million and a high level of poverty. About 92% of the population lives with less than the minimum of \$2 per day, making people more vulnerable. Eighty five percent (85%) of Malagasy people live in rural areas with a lack of infrastructure that makes some areas not accessible during rainy season or inaccessible at all times.

PSI/Madagascar was awarded the Cooperative Agreement for the Integrated Social Marketing (ISM) Program in Madagascar funded by USAID for 5 years from January 1, 2013 to December 31, 2017. The goal of this 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—through an increasingly sustainable social marketing program that delivers essential health products and services with a focus on reaching rural and underserved areas. PSI/Madagascar and those referred to as the ISM Team will apply their expertise in social marketing, social franchising and behavior change to bring more users into the Malagasy health market.

PSI uses pharmaceutical and community channels to ensure availability of marketing social products. The community channel is used to reach rural and underserved areas. PSI works with 1000 supply points recruited around the country at community level. Each Commune has one or two supply points where CHW connect to buy marketing social products.

Among the challenges for supply points (SP) are the activity report and the stock-outs that occur with infrequent supplies.

A new distribution system was implemented and piloted in three regions in June and November 2015 to improve the current system in order to address stock out among supply point.

This study is used to evaluate the efficiency of the new distribution system in three regions compared to the previous system. A baseline study was conducted in July just before the implementation of the new system and an endline study in November 2015 after the pilot phase of three months among the same 142 supply points.

RESEARCH OBJECTIVES

The purpose of this study is to evaluate the pilot phase of the new distribution system implemented in the three regions. It requires evaluating the strengths and weaknesses of the previous distribution system to use as tools in rectifying the new strategy. This study will help to compare availability and procurement of marketing social products at baseline versus endline.

The specific objectives of the study were to measure the following aspects of the distribution system:

- Availability of 10 socially marketed products (Pilplan, Confiance, Rojo, Protector Plus, Pneumostop, Viasur, Sur'Eau, ACT, RDT and safety box). It provided stock situation and frequency of stock-outs within the supply point
- Price structure, that will help the distribution team to understand the profit margin,
- Management tool related to the monitoring system,
- Supply frequency and sales,
- Motivation and barriers on the adoption of the new community-based distribution strategy

DESCRIPTION OF INTERVENTION

To improve availability of PSI product at community level, PSI created the community wholesaler position, at which supply points connect to procure the socially marketed products. PSI supplies products directly to the community wholesalers, which then distribute to the supply points. The main purpose of the new strategy is to minimize stock outs within the community channel and to have a sustainable system with optimized cost/efficiency. The system was piloted in three regions: SOFIA, Haute Matsiatra and Ihorombe where USAID / Mahefa and USAID / MIKOLO were implemented and where activity will be scaled up.

METHODOLOGY

The study used both qualitative and quantitative methodologies.

For the quantitative methodology, a census of all supply points within the 3 selected regions was done and a total of 171 and 153 supply points were respectively visited during the baseline and the endline survey. The analysis was done among 142 SP visited twice at baseline and endline to allow for comparison.

For the qualitative study, 19 in depth individual interviews were conducted among supply points during baseline and 24 during endline. Six Community wholesalers were interviewed for the endline.

KEY RESULTS TABLES

In total 142 SP constitute the panel between baseline and endline with 74 in Sofia, 50 in Haute Matsiatra and 18 in Ihorombe.

Table 1. Sampling structure

Region	Matching SP for Baseline and Endline	Baseline	Endline
Haute Matsiatra	50	62	52
Ihorombe	18	21	20
Sofia	74	88	81
Total	142	171	153

Stock

The results show significant increases on the stock average of some products such as: Pilplan, confiance, Protector Plus, Su'Eau, Viasur, RDT and Pneumostop. ACT and Pneumostop are out of stock at PSI level (Table 2). For instance, average stock for Pilplan increased 242 to 325 strips, while that of Confiance increased from 191 to 317 units. Products that showed a decline in stock levels included Rojo and Safety box.

Table 2. Average stock amount per product among SPs in the three sites

	Baseline (N=142)	Endline (N=142)
	Mean (median)	Mean (median)
1. PILPLAN [strip]	242 (140)	325 (180)
2. CONFIANCE [unit]	191 (130)	317 (170)
3. ROJO [unit]	26 (19)	21 (14)
4. PROTECTOR + [box of 3]	46 (24)	58 (29)
5. SUREAU 40 MI [bottle]	40 (20)	62 (23)
6. VIASUR [box]	32 (20)	47 (28)
7. ACT 25 mg [strip]	4 (0)	0 (0)
8. ACT 50 mg [strip]	7 (0)	0 (0)
9. RDT [unit]	156 (125)	223 (125)
10. PNEMOSTOP Cp [strip]	26 (7)	30 (0)
11. PNEMOSTOP Sirop [bottle]	24 (12)	7 (0)
12. SAFETY BOX [unit]	18 (12)	16 (12)

The proportion of SP experiencing stock-outs significantly decreased for Pilplan, Confiance, Protector Plus, Viasur, RDT and Safety box (Table 3). Proportion of SP reporting PILPLAN stock out decreased from 10% at baseline to 3% after the pilot; 10% to 2% for CONFIANCE; 8% to 6% for PROTECTOR condoms and 13% to 5% for VIASUR. . The average number of days of stock out also decreased for

most of the products (Table 4). PILPLAN stock out days decreased from 71 days to 17 days while Confiance decreased from 47 days to 12; Protector+ from 91 to 43 days and VIASUR stock out days declined from 58 to 15 days. However, it is worth noting that stock out days for Community Sur'Eau product increased from 42 to 60 days during this period.

Table 3. Proportion of SP reporting stock outs during the pilot phase among SPs in the three sites

	Baseline (N=142)	Endline (N=142)
	%	%
1. PILPLAN	9.9	2.8
2. CONFIANCE	9.9	2.1
3. ROJO	0.7	2.1
4. PROTECTOR +	8.0	5.6
5. SUREAU 40 MI	8.7	10.6
6. VIASUR	13.5	4.9
7. ACT 25 mg ¹	84.9	97.9
8. ACT 50 mg	82.3	97.9
9. RDT	10.6	6.3
10. PNEMOSTOP Cp	45.0	61.9
11. PNEMOSTOP Sirop	19.0	59.6
12. SAFETY BOX	6.0	5.7

1 ACTs and Pneumostop are stock out from PSI. It explains the increase in the proportion of PP in stock out of these products

Table 4. Average number of stockout days among SPs in the three sites

	Baseline	Endline
	<i>Mean (median)</i>	<i>Mean (median)</i>
1. PILPLAN	71 (45)	17 (10)
2. CONFIANCE	47 (29)	12 (7)
3. ROJO	n/a (.)	59 (49)
4. PROTECTOR +	91 (68)	43 (19)
5. SUREAU 40 MI	42 (24)	60 (28)
6. VIASUR	58 (32)	15 (14)
7. ACT 25 mg	138 (125)	236 (225)
8. ACT 50 mg	138 (124)	229 (217)
9. RDT	52 (37)	24 (12)
10. PNEMOSTOP Cp	92 (67)	124 (105)
11. PNEMOSTOP Sirop	115 (62)	75 (62)
12. SAFETY BOX	94 (78)	53 (30)

Supply and sales

Overall, the duration between two supplies decreased from 57 days with the old system to 42 days after the new system is implemented (Table 5). As a result, the SPs go to the community wholesaler more often.

Qualitative results confirmed that the frequency of the supplies was every 2 months with the old system. However, with the new distribution strategy, the SPs are able to supply according to their needs: every 15, 30 or 60 days. However, SPs reported that supply induced additional charges (food, transportation, handling, etc.), waste of times (trip, waiting, inaccessibility) and necessity to bring back the outdated products to the community wholesalers.

At the last purchase, there is an increase in the average number of units bought for most of the products following the pilot (Table 6). With Pilplan, for example, the SP bought 305 strips as reported at baseline versus 342 strips at endline. Increase in number of units bought is also observed in all other family planning products: Confiance 246 to 346 units at endline and Rojo from 16 to 43 units at endline. All other community products follow the same trend except for products which are stock out at PSI level.

In the endline survey, the SP was asked to provide information on purchase and selling price (Table 7). The highest margin, 194%, was observed for Pilplan and the lowest, 26%, was observed for 26% Pneumostop sirop.

Information on monthly sales show that the volume sold increased for all products except for PNEUMOSTOP and SAFETY BOX (Table xx). For example, the SP sold 41 boxes of three condoms at baseline compared to 103 boxes following the new distribution system.

As anticipated, the amount of money SPs spent at every purchase significantly decreased from 48 726 Ar to 35 627 Ar at endline. The trend is confirmed with qualitative results which also shows a decrease from 73 600 Ar to 69 166 Ar by aggregated data from interview of 24 SPs . The SP limit their purchase up to the credit PSI provided.

Table 5. Duration between two supplies on PSI products by the supply point (days) in the three sites

	Baseline (N=142)	Endline (N=142)
	Mean (median)	Mean (median) ¹
Duration between two supplies on PSI products (days)	57 (37)	42 (36)

¹The implementation of the new distribution strategy produces behavior change on SPs supplying conditions. The SPs can supply their stock according to the needs of the CHWs. The replenishment can vary by the season (epidemic, rainy season ...) and the rate of the sales. The duration between two supplies fluctuate from 15 days to 2 months.

Table 6. Number of units bought at last purchase by SPs in the three sites

	Baseline	Endline
	Mean (median)	Mean (median)
1. PILPLAN [strip]	305 (140)	342 (200)
2. CONFIANCE [unit]	256 (200)	348 (300)
3. ROJO [unite]	16 (10)	43 (20)
4. PROTECTOR + [box of 3]	63 (40)	92 (40)
5. SUREAU 40 MI [bottle]	64 (40)	85 (40)
6. VIASUR [box]	42 (30)	45 (30)
7. ACT 25 mg [strip]	17 (10)	n/a (.)
8. ACT 50 mg [strip]	16 (15)	28 (28)
9. RDT [unit]	224 (200)	215 (100)
10. PNEMOSTOP Cp [strip]	62 (32)	208 (60)
11. PNEMOSTOP Sirop [bottle]	47 (30)	27 (20)
12. SAFETY BOX [unit]	14 (6)	45 (6)

Table 7. Purchase and selling price (at endline) by SPs in the three sites

	Average Purchase price (Ar) (N=142)	Average Selling price (Ar) (N=142)	Margin
	Mean (median)	Mean (median)	
1. PILPLAN [strip]	17 (17)	50 (50)	194%
2. CONFIANCE [unit]	34 (34)	98 (100)	188%
3. ROJO [unite]	45 (42)	99 (100)	120%
4. PROTECTOR + [box of 3]	77 (34)	134 (63)	74%
5. SUREAU 40 MI [bottle]	65 (64)	99 (100)	52%
6. VIASUR [box]	303 (298)	400 (400)	32%
7. ACT 25 mg [strip]	19 (18)	51 (50)	168%
8. ACT 50 mg [strip]	19 (18)	51 (50)	168%
9. RDT [unit]	0 (0)	0 (0)	NA
10. PNEMOSTOP Cp [strip]	43 (42)	98 (100)	128%
11. PNEMOSTOP Sirop [bottle]	355 (340)	446 (450)	26%
12. SAFETY BOX [unit]	0 (0)	0 (0)	NA

Table 8. Amount spent at last purchase by SPs in the three sites

	Baseline (N=142)	Endline (N=142)
	Mean (median)	Mean (median)
<i>Amount spent at every purchase (in Ariary)</i>	48726 (35000)	35627 (30000)

Table 9. Monthly sales volumes by SPs in the three sites

	Baseline (N=142)	Endline (N=142)
	Mean (median)	Mean (median)
1. PILPLAN [strip]	577 (131)	774 (90)
2. CONFIANCE [unit]	564 (114)	570 (150)
3. ROJO [unite]	7 (5)	34 (10)
4. PROTECTOR + [box of 3]	41 (26)	103 (26)
5. SUREAU 40 MI [bottle]	98 (20)	109 (35)
6. VIASUR [box]	130 (20)	60 (30)
7. ACT 25 mg [strip]	12 (12)	n/a (.)
8. ACT 50 mg [strip]	27 (30)	76 (76)
9. RDT [unit]	163 (57)	289 (94)
10. PNEMOSTOP Cp [strip]	459 (31)	414 (120)
11. PNEMOSTOP Sirop [bottle]	133 (29)	56 (29)
12. SAFETY BOX [unit]	15 (1)	6 (3)

Type of supplier and perception of the new system

About 84% of SP reported that they appreciated the new strategy (table 10). The result show that 90% of SPs were motivated on procuring product in another place instead of direct supply from PSI.

For the 13% that reported that they preferred the old system, they cited the following reasons: the new supply point is too far (57%); the retailer is too busy to travel to the new SP (21%) and not being used to the new system (14%)

Table 10. Reasons of demotivation on procuring product from other sources, preference between old system and the new strategy and at endline among SPs in the three sites

	Endline (N=142) %
Preference between the old and the new distribution system	
- I prefer the old system	13.4
- I prefer the new system	83.8
- Do not have choice	1.4
- N/A	1.4
Motivation on procuring product in another place instead of directly supplied by PSI	
- Motivation on procuring product in another place	90.0
Reasons of demotivation on procuring product from other sources among those who did not motivate for the new system	N=14
- I am busy	21.4
- It is too far	57.1
- I am free to decide the quantity I prefer for each product I want to buy	7.14
- I am not used to that practice	14.3
Reasons for preferring the old system among those who preferred the old system	N=20
- The profit is the same and I am obliged to buy the products in another place	2.1
- I do not have time to go to the community wholesaler to buy product	3.5
- I do not understand well the mechanism of the new distribution system	-
- The place I had to go to get the product is too far	7.8
- Too much effort to spend with too little margin	2.1
- The community wholesaler does not have all the product I need	0.7
- Other	4.2

Motivation

The results show that SP motivation is linked with (table 11):

- Benevolat, 58.5%
- Working for the community, 53.5%
- Taking care of health of mother and child, 40.9%
- Fellowship with other community health worker, 23.9%
- Intrest in selling medicine, 12.0%

The main barriers are about the stock out at PSI level (42%) and the tool management that request to fill paper (9%).

Table 11. Measure of motivation and barriers as SP in the three sites

	Endline (N=142) %
Motivation of SPs on doing their job	
- Take care of health of mother and child	40.9
- Fellowship with other community health worker	23.9
- Benevolat	58.5
- I like selling medicine	12.0
- Working for the community	53.5
- I have enough time to do this job of supply point	3.5
- I like working with PSI	3.5
- Want to make profit	3.5
- Want to have more knowledge	7.0
- Designated by the community	9.2
- Other	9.2
Barriers related to the new distribution strategy	
- Stockout from PSI	42.3
- Being forced to fill papers	8.5
- Take too much time	7.7
- Too few profit	7.7
- CHWs rarely buy product	2.8
- The community wholesaler is very far	6.3
- Very bad road	1.4
- Transportation fee is high	1.4
- Financial problem	0.7
- None	17.6

PROGRAMMATIC RECOMMENDATION

Most of the supply points are working not for profit but for the good of the community. PSI through its distribution team will try to strengthen the relationship with the SP to help them serve the community more. This will be done by giving training to the SP, offering certificate, T-shirt and goodies. The same strategy will be duplicated to the community wholesalers as they are working closely with SPs.

A little less than a half reported that the main barrier is the unavailability of the product from PSI. Effort should be focused on supplying every PSI store with at least 2 month security stock so that stock out issue is solved among community wholesaler and SPs.

Following the implementation of the new distribution system, distribution team already created a strategy document that will help SP to be more motivated by voucher system. They will benefit from reduced price and an availability to buy more products. This document will be used by distribution supervisor to help SP understand how profitable the new system will be in terms of profits.

PERCEPTIONS DES AC CONCERNANT LE REMPLACEMENT DES PA PAR LES CSB



Objectifs d'étude

- Quelles sont les **fonctions minimales** qu'un point d'approvisionnement devrait maintenir afin de le qualifier comme "fonctionnel" (Heures d'ouverture, accessibilité, personnel, stockage, rapportage de stock, gestion de stock ?)
- Quels sont les **avantages** potentiels perçus par les AC, si les PA sont remplacés par les CSB (pour le cas des PA qui sont à proximité du CSB)?
- Quels sont **les risques** potentiels perçus par les AC, si les PA sont remplacés par les CSB (pour le cas des PA qui sont à proximité du CSB) ?
- Comment PSI pourra répondre aux demandes des AC qui se trouvent dans les localités très reculées ?



Méthodologie

- Interviews individuelles approfondies auprès des 12 AC se trouvant entre 5 à 25 km des PA et entre 5 à 25 Km des CSB
- **Remarque** : aucun des AC interviewés ne s'approvisionne auprès du CSB



LES FONCTIONS MINIMALES EXIGÉES POUR LES PA

- Présence continue des produits
- Pas de produits périmés
- Ouvert à tout moment
- Sociabilité du responsable / bonne collaboration : *communication, encadrement*
- Respect des normes de stockage des produits : espace et condition
- Lieu accessible *distance et état de route* et visible
- Ayant des outils de gestion
- Prix abordable / pas d'excédent de marge



Appréciations de l'approvisionnement auprès des PA

Positifs

- Lieux accessibles et habituels
- Convivialité avec les PA
- Offre de produits avec une conformité de stockage et de prix

Négatifs

- Eloignement du PA



LES AVANTAGES perçus si les PA seront remplacés par les CSB

- Regroupement de tous les produits de santé au CSB
- Présence permanente du dispensateur au CSB
- Pas d'intermédiaire → Réduction du prix des produits
- Octroi de plus d'explication sur les produits
- Acquisition d'expériences et d'informations auprès de médecins



Les inconvénients et appréhensions si PA remplacés par CSB

- Absence des produits / rupture de stock
- Confusion des produits avec ceux du CSB / Risque de mauvaise gestion
- Approvisionnement retardé
- Absence du dispensateur / longue attente due à l'indisponibilité du dispensateur
- Restriction d'horaire
- Restriction des produits pour le cas des CSB liés à des organismes confessionnels



Attente des AC reculés

- Livraison de produits par PSI dans une zone limite accessible
- Possibilité de ravitaillement pour 3 mois (pendant la saison de pluies)
- Mettre des PA dans chaque Fokontany
- Organiser des visites régulières des AC par PSI
- Indemniser les AC





Conclusions

- Les AC ont plus d'appréciations positives de leur approvisionnement auprès des PA
- Le remplacement des PA pour les CSB connaît plus d'appréhension en terme : d'organisation, de praticité et d'efficacité.



MAP SUMMARY REPORT
PSI DASHBOARD

**MADAGASCAR (2015): Evaluating Coverage
And Quality of Coverage of PSI/Madagascar products**

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Population Services International
1120 Nineteenth Street NW, Suite 600
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**MADAGASCAR (2015): Evaluating Coverage
And Quality of Coverage of PSI/Madagascar products**

PSI Research Division
2015

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BACKGROUND

Under the Integrated Social Marketing project, PSI/Madagascar, a non-profit non-governmental organization (NGO) that specializes in social marketing of Reproductive Health and Maternal and Child Health, is implementing programs targeting vulnerable people by promoting the use of social marketed products in order to invite them to adopt healthy behavior.

The goal of this 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--through an increasingly sustainable social marketing program that delivers essential health products and services with a focus on reaching rural and underserved areas. PSI/Madagascar and its staff,altogether referred to as the ISM¹ Team, will apply its expertise in social marketing, social franchising and behavior change to bring more users into the Malagasy health market.

RESEARCH OBJECTIVES

PSI/Mconducted the MAP “Measuring Access and Performance” survey to measure the availability of 7 socially marketed products in view of producing estimates on these products coverage, quality of coverage, and numeric distribution rates in urban and rural areas of Madagascar. To this end the study examined:

- Coverage of Pilplan, Confiance, Protector Plus, Sur'Eau, Hydrazinc, Viasur, Pneumostop.
- Quality of the distribution system of these socially marketed productsby supervision area.
- Measure the market numeric distribution of these socially marketed products in all areas.

Through this theMAP study identified areas of poor coverage or quality of coverage. This information is vital for the sales and for the marketing teams in prioritizing their efforts.

METHODOLOGY

Type of MAP Study

The MAP study aims to assess coverage and quality of coverage of PSI products.The study uses the Lot Quality Assurance Sampling (LQAS) technique to draw a random sample of 19 communes from each supervision area and for each stratification area, bothurban and rural. In total, 114 Communes were selected.

The LQAS assessment of coverage determines the proportion of each supervision area in which PSI/Madagascar’s products are available using definition of minimum standards defined below. In addition to providing a basic measure of product coverage, the LQAS assessment also determines “quality of coverage”, i.e. the proportion of each supervision area, in which the products conform to additional minimum standards (cf. definition in annex). The quality standards were measured using following indicators: Product stocking, condition of storage, visibility, promotion, working tool, waste management

¹In December 2012, PSI/Madagascar was awarded the Cooperative Agreement for the Integrated Social Marketing (ISM) Program in Madagascar. The ISM Program runs from January 1, 2013 through December 31, 2017. The goal of this 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 -- through an increasingly sustainable social marketing program that delivers essential health products and services with a focus on reaching rural and underserved areas.

system, expiration date and prices. All potential outlets in the selected communes were audited. Data was collected from March to May 2015.

Unit of Analysis

Unit of analysis is the commune or sub-District and the supervision area was the sales distribution zone defined as North, Center and South of Madagascar. The selected unit of analysis corresponds to the smallest geographic area in which social marketed products are expected to be available with the following criteria as minimum standards:

COVERAGE IN URBAN AREA At least 20% of the potential retail outlets in a commune must have the product.

COVERAGE IN RURAL AREA is defined as the proportion of commune that met the minimum standard which is: least 1 SP² (Supply Point) has the product.

QUALITY OF COVERAGE is the proportion of commune in which the PSI product is available and conforms to additional minimum standards on stocking, storage, visibility, promotion, waste management, product expiration and price (cf. details per product in annex).

Quality of coverage for stocking, storage, visibility and expiration date are only evaluated if the outlet has the product.

Existence of promotional items and pricing is evaluated even if the outlet does not have the product at the moment of visit.

PENETRATION: is the proportion of outlets where the product is available.

Type of outlet visited and sample structure

In each visited communes, the following outlet type were all visited grouped by the channel it belongs to:

Table 1.-Sample structure

Channel	Available products within the channel	Outlet type	Frequency	Percent
Pharmaceutical channel	Pilplan, Confiance, Hydrazinc	Community health center level 1 (Without Doctor)	50	0,2
		Community health center level 2 (With Doctor)	132	0,5
		Private clinic	98	0,4
		NGO/Mission clinic/hospital (SALFA, SAF FJKM, MSI, etc	48	0,2
		Private practice	289	1,2
		Pharmaceutical wholesaler	9	0,0
		Pharmacy	122	0,5
		Dépot de médicament	154	0,6

² SP (Supply point) is created by PSI to serve the Community Health Workers (CHW). SPs procure products at a SP wholesaler and distribute to CHW presents in their intervention zone. Each Commune has generally one SP.

Channel	Available products within the channel	Outlet type	Frequency	Percent
Community channel	Pilplan, Confiance, Protector Plus, Sur'Eau, Viasur, Pneumostop	Supply point of CHW	67	0,3
		Community health worker	2277	9,5
Commercial channel	Protector Plus, Sur'Eau	Wholesaler	603	2,5
		Grocery store with/without gargote	15435	64,1
		Bar with/without grocery store	3901	16,2
		Maison de passé	116	0,5
		Gas Station shop	81	0,3
		Supermarket	30	0,1
		Hotel	677	2,8
		Other	6	0,0
All channel		Total	24089	100,0

25,301 total outlets were approached. Of that number, 1,206 (4.8%) were absent or refused to be interviewed. 6 outlets were dropped because they did not belong to the target outlet to be interviewed. A total of 24,089 outlets were thus used for the analysis.

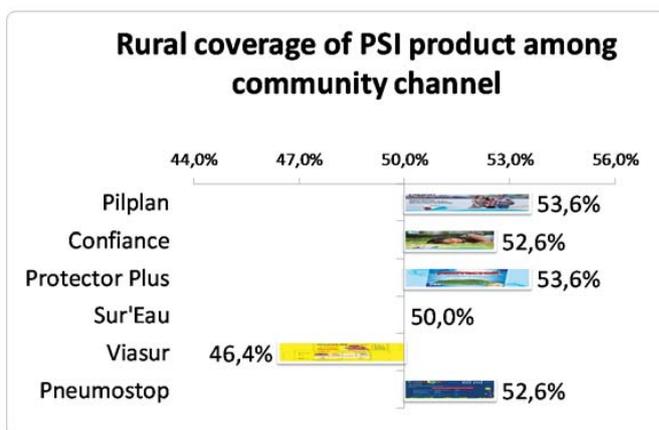
More than half of approached outlets were grocery stores (64.3%). Pharmacy and depot de medicament only account for 1% of the sample.

The number of outlets in commercial channel account for 86.5% of the sample while pharmaceutical channel and community channel only account for 3.7% and 9.7% respectively.

LQAS table was used to find coverage and quality of coverage for each supervision area as 19 communes was drawn from each while weighted average was used to determine coverage in urban, rural and at national level.

MAIN FINDINGS

Coverage among community channel



Graph 1.- Rural coverage of PSI product among community channel

Minimum standard : At least 1 Supply point must have the product

Coverage in rural areas is evaluated through supply points (SP) within community channel. Six PSI products could be found within this channel: Pilplan, Confiance, Protector Plus, Sur'Eau, Viasur and Pneumostop. Coverage for all of these products are higher than average³ except for Sur'Eau and Viasur.

Coverage of family planning products are among the highest and coverage of Viasur is the lowest among all products evaluated (Graph 1).

Coverage among pharmaceutical channel

Coverage in urban areas is evaluated through availability of PSI products within pharmacy or drug shops. Only three PSI products could be found within this channel: two family planning products; Pilplan, Confiance and Hydrazinc as diarrhea treatment kit. Coverage for all the three products is above average (Graph 2).

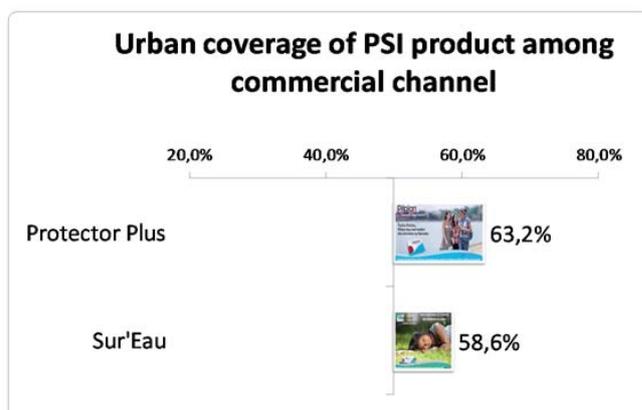


Graph 2.- Urban coverage of PSI product among pharmaceutical channel

Minimum standard : at 20% of pharmacies/drug shops must have the product

³ As this is a baseline, coverage and quality of coverage will therefore be compared to 50% level named as "average"

Coverage among commercial channel



Coverage among commercial channel is evaluated through retailers and wholesalers as well as shops and supermarkets. Two PSI products are affected through this channel: Protector Plus and Sur'Eau 150 mL. Both products coverage is above average. PP coverage is better than that of Sur'Eau.

Graph 3.- Urban coverage of PSI product among commercial channel

Minimum standard : at least 20% of retail outlets must have the product

Coverage within supervision areas in urban and rural Madagascar

Table 2 presents coverage by rural urban supervision areas. Coverage for most products is good across all supervision areas except for Viasur in Center and Sur'Eau in the South for the rural. For the urban only Protector plus has poor coverage in the South. Overall, coverage for all the products in the rural is better in the North and poorest in Center while for the urban, coverage for products is also high in the North and lower in the South.

Table 2.-Coverage of social marketing products by supervision area

Area	Distribution Area	Number of communes	Pilplan (%)	Confiance (%)	Protector Plus (%)	Sur'Eau (%)	Hydrazinc (%)	Viasur (%)	Pneumo-stop (%)
RURAL	North	19	80	75	80	80		80	70
	Center	19	60	60	60	65		45	55
	South	19	60	60	60	45		55	70
URBAN	North	19	>95	>95	80	85	90		
	Center	19	>95	>95	75	70	95		
	South	19	80	75	10	60	75		

Quality of coverage in rural Madagascar

Table 3 shows that quality of coverage in rural areas is about average for most products. The number of expired products indicates that outlets do not sell out of the products by their sell-by date. Quality of coverage related to expiration date requires that out-of-date product should not be stocked in a Supply Point. For Sur'Eau, this indicator is low meaning there are some Supply Points with expired products. Quality of coverage on recommended price is higher than average for most of products except for Protector Plus

Table 3.-Quality of coverage of social marketing products in rural areas

	Number of communes	Stocking		Storage		Not expired		Price	
		N	%	N	%	N	%	N	%
Pilplan	57	31	53.6	30	51.8	30	96.8	34	58.9
Confiance	57	30	52.6	29	50.9	30	100.0	35	60.7
Protector Plus	57	24	42.1	29	51.8	28	93.3	28	49.1
Sur'Eau	57	28	49.1	27	47.8	22	60.0	34	58.9
Viasur	57	24	42.1	26	46.4	27	100.0	33	57.9
Pneumostop	57	30	52.6	30	52.6	30	100.0	33	57.1

Quality of coverage in urban Madagascar

Table 4 shows quality of coverage in urban areas evaluated among pharmaceutical channel for Pilplan, Confiance and Hydrazinc and evaluated among commercial channel for Protector Plus and Sur'Eau. Quality of coverage among pharmaceutical channel is high compared to that in commercial channel.

Protector Plus has the poorest quality of coverage on stocking. Price adherence is poor for all products but slightly above average for Protector plus. Existence of promotional items (at least one promotional item is visible inside or outside the outlet) is also very poor in urban areas for all products.

Storage quality of coverage is higher in pharmaceutical channel than in commercial channel. The highest quality of storage is observed for Pilplan among pharmaceutical channel.

Expiration date quality of coverage of Protector Plus is very low compared to other products.

Table 4.-Quality of coverage of social marketing products in urban areas

	Number of communes	Stocking		Storage		Visibility		Promotion		Not expired		Price	
		N	%	N	%	N	%	N	%	N	%	N	%
Pilplan	57	48	87.9	47	82.8	44	78.9	N/D ¹	N/D	49	100	34	63.2
Confiance	57	46	84.2	45	81.0	40	71.9	N/D	N/D	45	100	37	65.5
Protector Plus	57	13	22.4	34	60.7	33	57.9	0	0.0	15	25.9	54	94.7
Sur'Eau	57	27	47.4	34	58.6	32	56.1	0	0.0	57	100.0	27	47.4
Hydrazinc	57	40	73.7	45	77.6	40	70.2	N/D	N/D	47	100.0	43	77.6

¹ Promotional item is not evaluated among pharmaceutical channel as promotion of medicines are prohibited by the law

Numeric distribution

Numeric distribution is the percentage of retailers selling socially marketed products.

Numeric distribution was the highest among pharmacies for Pilplan, Confiance and Hydrazinc. Numeric distribution for Pilplan was highest in the Pharmacy (86.9%), Depot de Medicament (72.1%) and Supply point of CHW (82.1%) and lowest in community health centers. Similarly, Confiance distribution is highest in

the Pharmacy (78.7%), Depot de Medicament (65.6%) and Supply point of CHW (80.6%) and lowest in the community health centers. Numeric distribution for Hydrazinc among pharmaceutical channel is the highest (73.0%) as it is only distributed through this channel and lowest in the community health centers. Numeric distribution is highest in the community channel for the remaining products: Protector plus (83.6%), Sur'Eau (44.8%), Viasur (70.0%), and Pneumostop (80.0%) and lowest among community health workers.

Table 5.-Numeric distribution of social marketing products in Madagascar

	Pilplan	Confiance	Protector Plus	Sur'Eau	Hydrazinc	Viasur	Pneumo-stop
	%	%	%	%	%	%	%
Community health center level 1 (Without Doctor)	2.0	4.0					
Community health center level 2 (With Doctor)	0.0	0.8			3.0		
Private clinic	33.7	35.7			24.5		
NGO/Mission clinic/hospital (SALFA, SAF FJKM, MSI, etc.	25.0	29.2			18.8		
Private practice	26.6	35.6			5.2		
Pharmaceutical wholesaler	55.6	33.3			66.7		
Pharmacy	86.9	78.7			73.0		
Drug depot	72.1	65.6			39.6		
Supply point of CHW	82.1	80.6	83.6	44.8		70.0	80.0
Community health worker	18.3	16.8	10.0	6.6		19.3	19.3
Wholesaler			24.7	24.7			
Grocery store with/without gargote			22.8	29.3			
Bar with/without grocery store			21.7	13.8			
Brothel			30.2				
Gas Station shop			11.1	8.6			
Supermarket			10.0	13.3			
Hotel			25.7				

Numeric distribution is the highest in the North for all products and lowest in the South. Highest numeric distribution is observed for Pneumostop (51.9%) among community channel in the North and the lowest numeric distribution is found among pharmaceutical channel for Hydrazinc in the South (3.7%). Numeric distribution for commercial products Protector Plus and Sur'Eau are quite similar among all supervision areas.

Table 6.-Numeric distribution of social marketing products by supervision area in Madagascar

		Pilplan %	Confiance %	Protector Plus %	Sur'Eau %	Hydrazinc %	Viasur %	Pneumostop %
Supervision area	North	49.3	47.6	25.3	28.1	9.2	48.7	51.9
	Center	20.9	21.2	21.2	24.7	8.1	13.4	14.0
	South	11.6	10.5	18.6	17.6	3.7	9.6	8.1
	All areas	25.1	24.4	21.7	23.8	6.7	21.1	21.4

PROGRAMMATIC RECOMMENDATIONS

PSI's socially marketed products are distributed according to the channel they belong to. As coverage among pharmaceutical channel is already high, the main strategy is to maintain this level in urban areas and to increase coverage in rural areas by increasing the number of distribution supervisor and the frequency of medical training on use of family planning methods. Further collaboration with other pharmaceutical wholesalers would help on extending promotion of FP methods.

As for pharmaceutical channel, coverage of product in rural commercial channel has to be improved by increasing collaboration among Supply point and retailers mainly in the South. A new community based distribution strategy was implemented in 2015 to increase availability of socially marketed products in rural areas and the project scale-up will improve coverage.

As PSI is working closely with USAID/Mikolo and Mahefa within the community channel, strengthening collaboration with these entities will result in higher coverage, with a target of 80% community coverage until the end of 2016.

APPENDIX

ANALYSIS 1 – According to USAID minimum standard

Table 7.-Target and achievement for MAP products

Products	Area	Coverage Baseline (%)	Year	Achievement 2015	Channel	Coverage criteria (At Commune Level)
Pilplan OC Community	Rural	NA	2011	53,6%	Community	At least 1 PA (supply point) has the product
Pilplan OC Pharmaceutical	Urban	58,4	2011	87,9%	Pharmaceutical	At least 20% of pharmacies/drug shops have the product
Confiance Inj Community	Rural	NA	NA	52,6%	Community	At least 1 PA (supply point) has the product
Confiance Inj Pharmaceutical	Urban	45,5	2011	84,2%	Pharmaceutical	At least 20% of pharmacies/drug shops have the product
Protector Plus	Rural	NA	NA	53,6%	Community	At least 1 PA (supply point) has the product
	Urban	NA	2005	63,2%	Commercial	At least 20% of retail outlets have the product
Safe Water Solution (Sûr'Eau)	Rural	NA	NA	50,0%	Community	At least 1 PA (supply point) has the product
	Urban	65,6	2005	58,6%	Commercial	At least 20% of retail outlets have the product
Hydrazinc	Urban	NA	NA	88,2%	Pharmaceutical	At least 20% of pharmacies/drug shops have the product
Viasur	Rural	NA	NA	46,4%	Community	At least 1 PA(supply point) has the product
Pneumostop	Rural	NA	NA	52,6%	Community	At least 1 PA (supply point) has the product

PILPLAN

Table 8.-PILPLAN Coverage among community channel in rural Madagascar

Supervision area	Rural		
	N	Communes with PILPLAN	Coverage (%)
North	19	13	80
Center	19	9	60
South	19	9	60
Total [weighted average]	57	31	53.6

Table 9.-PILPLAN Quality of coverage among community channel in rural Madagascar⁴

Supervision area	Number of communes	Stocking		Storage		Not expired		Price	
		N	%	N	%	N	%	N	%
North	19	13	80	13	80	12	75	14	85
Center	19	9	60	8	55	9	60	10	65
South	19	9	60	9	60	9	60	10	65
Total [weighted average]	57	31	53.6	30	51.8	30	96.8	34	58.9

Table 10.-PILPLAN Coverage among pharmaceutical channel in Madagascar

Supervision area	Urban			Rural			National
	N	Communes with PILPLAN	Coverage (%)	N	Communes with PILPLAN	Coverage (%)	Coverage (%)
North	19	18	>95	19	11	70	82.5
Center	19	18	>95	19	8	55	75.0
South	19	13	80	19	5	40	67.5
Total [weighted average]	57	49	87.9	57	24	41.1	53.1

⁴ Stocking, storage, visibility and expiration date were evaluated only if the outlet has the product in stock at the time of visit.

Table 11.-PILPLAN Quality of coverage in Pharmaceutical channels in urban Madagascar

Supervision area	Number of communes	Stocking		Storage		Visibility		Not expired		Price	
		N	%	N	%	N	%	N	%	N	%
North	19	17	>95	18	>95	17	>95	18	>95	11	70
Center	19	18	>95	16	>95	15	90	18	>95	14	85
South	19	13	80	13	80	12	75	13	80	9	60
Total [weighted average]	57	48	87.9	47	82.8	44	78.9	49	100	34	63.2

Table 12.-PILPLAN Quality of coverage among pharmaceutical channel in rural Madagascar

Supervision area	Number of communes	Stocking		Storage		Visibility		Not expired		Price	
		N	%	N	%	N	%	N	%	N	%
North	19	9	60	11	70	11	70	11	70	12	75
Center	19	8	55	8	55	7	50	8	55	10	65
South	19	5	40	5	40	4	40	5	40	6	45
Total [weighted average]	57	22	37.5	24	41.1	22	37.5	24	100	28	49.1

CONFIANCE

Table 13.-CONFIANCE Coverage among community channel in rural Madagascar

Supervision area	Rural		
	N	Communes with CONFIANCE	Coverage (%)
North	19	12	75
Center	19	9	60
South	19	9	60
Total [weighted average]	57	30	52.6

Table 14.-CONFIANCE Quality of coverage among community channel in rural Madagascar

Supervision area	Number of communes	Stocking		Storage		Not expired		Price	
		N	%	N	%	N	%	N	%
North	19	12	75	12	75	12	75	14	85
Center	19	9	60	8	55	9	60	10	65
South	19	9	60	9	60	9	60	11	70
Total [weighted average]	57	30	52.6	29	50.9	30	100	35	60.7

Table 15.-CONFIANCE coverage among pharmaceutical channel in Madagascar

Supervision area	Urban			Rural			National
	N	Communes with CONFIANCE	Coverage (%)	N	Communes with CONFIANCE	Coverage (%)	Coverage (%)
North	19	17	>95	19	10	65	80
Center	19	17	>95	19	8	55	72.5
South	19	12	75	19	4	35	55
Total [weighted average]	57	46	84.2	57	22	37.5	49.1

Table 16.-CONFIANCE Quality of coverage in Pharmaceutical channel in urban Madagascar

Supervision area	Number of communes	Stocking		Storage		Visibility		Not expired		Price	
		N	%	N	%	N	%	N	%	N	%
North	19	17	>95	17	>95	16	>95	17	>95	12	75
Center	19	17	>95	16	>95	14	85	16	>95	13	80
South	19	12	75	12	75	10	65	12	75	12	75
Total [weighted average]	57	46	84.2	45	81.0	40	71.9	45	100	37	65.5

Table 17.-CONFIANCE Quality of coverage among pharmaceutical channel in rural Madagascar

Supervision area	Number of communes	Stocking		Storage		Visibility		Not expired		Price	
		N	%	N	%	N	%	N	%	N	%
North	19	10	65	9	60	9	60	10	65	12	75
Center	19	8	55	8	55	7	50	8	55	10	65
South	19	4	35	4	35	4	35	4	35	5	40
Total [weighted average]	57	22	37.5	21	35.7	20	33.9	22	95.5	27	46.4

PROTECTOR PLUS

Table 18.-PROTECTOR PLUS Coverage among community channel in rural area in Madagascar

Supervision area	N	Communes with PROTECTOR PLUS	Coverage (%)
North	19	13	80
Center	19	9	60
South	19	9	60
Total [weighted average]	57	31	53.6

Table 19.-PROTECTOR PLUS Quality of coverage among community channel in rural Madagascar

Supervision area	Number of communes	Stocking		Storage		Not expired		Price	
		N	%	N	%	N	%	N	%
North	19	10	65	13	80	13	80	11	70
Center	19	8	55	8	55	8	55	10	65
South	19	6	45	9	60	8	55	7	50
Total [weighted average]	57	24	42.1	29	51.8	28	93.3	28	49.1

Table 20.-PROTECTOR PLUS Coverage among commercial channel in Madagascar

Supervision area	Urban			Rural			National
	N	Communes with PROTECTOR PLUS	Coverage (%)	N	Communes with PROTECTOR PLUS	Coverage (%)	Coverage (%)
North	19	13	80	19	3	30	55
Center	19	12	75	19	1	20	47.5
South	19	10	10	19	2	25	17.5
Total [weighted average]	57	35	63.2	57	6	10.5	21.2

Table 21.-PROTECTOR PLUS Quality of coverage among urban Commercial channel Madagascar

Supervision area	Number of communes	Stocking		Storage		Visibility		Promotion		Not expired		Price	
		N	%	N	%	N	%	N	%	N	%	N	%
North	19	6	45	13	80	13	80	0	N/A	4	35	19	>95
Center	19	3	30	12	75	11	70	0	N/A	6	45	18	>95
South	19	6	45	8	55	8	55	0	N/A	3	30	17	>95
Total [weighted average]	57	13	22.4	34	60.7	33	57.9	0	0.0	15	25.9	54	94.7

Table 22.-PROTECTOR PLUS Quality of coverage among Commercial channel in rural Madagascar

Supervision area	Number of communes	Stocking		Storage		Visibility		Promotion		Not expired		Price	
		N	%	N	%	N	%	N	%	N	%	N	%
North	19	1	20	4	35	4	35	0	N/A	6	45	6	45
Center	19	0	N/A	1	20	1	20	0	N/A	9	60	3	30
South	19	0	N/A	1	20	1	20	0	N/A	8	55	4	35
Total [weighted average]	57	1	1.7	6	10.3	6	10.3	0	0.0	23	60.5	12	21.4

SUR'EAU

Table 23.-SUR'EAU Coverage among community channel in rural area in Madagascar

Supervision area	Rural		
	N	Communes with SUR'EAU	Coverage (%)
North	19	13	80
Center	19	10	65
South	19	6	45
Total [weighted average]	57	29	50.0

Table 24.-SUR'EAU Quality of coverage among community channel in rural Madagascar

Supervision area	Number of communes	Stocking		Storage		Not expired		Price	
		N	%	N	%	N	%	N	%
North	19	12	75	12	75	9	60	14	85
Center	19	10	65	9	60	8	75	10	65
South	19	6	45	6	45	5	40	10	65
Total [weighted average]	57	28	49.1	27	47.8	22	60.0	34	58.9

Table 25.-SUR'EAU Quality of coverage among rural commercial channel in Madagascar

Supervision area	Number of communes	Stocking		Storage		Visibility		Promotion		Not expired		Price	
		N	%	N	%	N	%	N	%	N	%	N	%
North	19	0	N/A	1	20	1	20	0	N/A	17	>95	8	55
Center	19	0	N/A	0	N/A	0	N/A	0	N/A	16	95	10	65
South	19	1	20	1	20	1	20	0	N/A	16	95	11	70
Total [weighted average]	57	1	1.7	2	3.4	2	3.4	0	0.0	49	86.0	29	50.9

Table 26.-SUR'EAU Coverage among commercial channel in Madagascar

Supervision area	Urban			Rural			National
	N	Communes with SUR'EAU	Coverage (%)	N	Communes with SUR'EAU	Coverage (%)	Coverage (%)
North	19	14	85	19	1	20	85.0
Center	19	11	70	19	0	N/A	77.5
South	19	9	60	19	1	20	65.0
Total [weighted average]	57	34	58.6	57	2	3.4	56.5

Table 27.-SUR'EAU Quality of coverage among urban commercial channel in Madagascar

Supervision area	Number of communes	Stocking		Storage		Visibility		Promotion		Not expired		Price	
		N	%	N	%	N	%	N	%	N	%	N	%
North	19	10	65	14	85	13	80	0	N/A	19	>95	5	40
Center	19	10	65	11	70	10	65	0	N/A	19	>95	9	60
South	19	6	45	9	60	9	60	0	N/A	19	>95	13	80
Total [weighted average]	57	27	47.4	34	58.6	32	56.1	0	0.0	57	100	27	47.4

HYDRAZINC

Table 28.-HYDRAZINC Coverage by urban and rural areas in Madagascar

Supervision area	Urban			Rural			National
	N	Communes with HYDRAZINC	Coverage (%)	N	Communes with HYDRAZINC	Coverage (%)	Coverage (%)
North	19	15	90	19	6	45	67.5
Center	19	16	95	19	7	50	72.5
South	19	12	75	19	1	20	47.5
Total [weighted average]	57	43	88.2	57	14	44.8	39.5

Table 29.-HYDRAZINC Quality of coverage within urban pharmaceutical channel Madagascar

Supervision area	Number of communes	Stocking		Storage		Visibility		Not expired		Price	
		N	%	N	%	N	%	N	%	N	%
North	19	13	80	15	90	14	85	15	90	15	80
Center	19	15	90	16	95	14	85	17	>95	16	90
South	19	12	75	12	75	12	75	13	80	12	60
Total [weighted average]	57	40	73.7	45	77.6	40	70.2	47	100.0	43	77.6

Table 30.-HYDRAZINC Quality of coverage among rural pharmaceutical channel in Madagascar

Supervision area	Number of communes	Stocking		Storage		Visibility		Not expired		Price	
		N	%	N	%	N	%	N	%	N	%
North	19	3	30	6	45	6	45	6	45	8	55
Center	19	5	40	7	50	6	45	7	50	7	50
South	19	1	20	1	20	1	20	1	20	2	25
Total [weighted average]	57	9	15.8	13	23.2	13	21.4	13	100.0	117	28.6

VIASUR

Table 31.-VIASUR Coverage among Community in rural areas in Madagascar

Supervision area	Rural		
	N	Communes with VIASUR	Coverage (%)
North	19	13	80
Center	19	6	45
South	19	8	55
Total [weighted average]	57	23	46.4

Table 32.-VIASUR Quality of coverage within rural community channel Madagascar

Supervision area	Number of communes	Stocking		Storage		Not expired		Price	
		N	%	N	%	N	%	N	%
North	19	12	75	13	80	13	80	15	90
Center	19	5	40	6	45	6	45	10	65
South	19	7	50	8	55	8	55	9	60
Total [weighted average]	57	24	42.1	26	46.4	27	100	33	57.9

PNEUMOSTOP

Table 33.-PNEUMOSTOP Coverage by urban and rural areas in Madagascar

Supervision area	Rural		
	N	Communes with PNEUMOSTOP	Coverage (%)
North	19	11	70
Center	19	8	55
South	19	11	70
Total [weighted average]	57	30	52.6

Table 34.-PNEUMOSTOP Quality of coverage within rural community channel Madagascar

Supervision area	Number of communes	Stocking		Storage		Not expired		Price	
		N	%	N	%	N	%	N	%
North	19	11	70	11	70	11	70	13	80
Center	19	8	55	8	55	8	55	9	60
South	19	11	70	11	70	11	70	11	70
Total [weighted average]	57	30	52.6	30	52.6	30	100	33	57.1

ANALYSIS 2 – According to MAP study minimum standard in the initial study design

In analysis 2, all outlets selling specific products are included in the analysis

PILPLAN

Coverage: Pilplan must be available in at least 20% of targeted outlets in the commune.

Quality of Coverage: The proportion of geographically defined areas in which the product or service delivery system conforms to minimum standards of adherence to recommended prices, promotion visibility, inventory and other standards. The following minimum standards will be used

- **Stock:** 20% of all outlets has at least 10 units of Pilplan
- **Visibility:** Products is easily found in at least 20% of all outlets
- **Promotional items** are available: has at least one visible type of Point of Sale (POS) material in at least 20% of all outlets
- **Conditions of conservation** is in a good condition of storage (far from moisture, light and sunlight) in at least 20% of all outlets
- **Expiration date** should be after the 1st of the month of data collection in 100% of all outlet
- The **advised price** per unit of Pilplan is respected in at least 20% of all outlets
 - Not exceeding Ar 300 for all outlet in pharmaceutical channel in urban area
 - Not exceeding Ar 500 for all outlet in pharmaceutical channel in rural area
 - Not exceeding 100 Ariary for CHW

Table 35.-PILPLAN Coverage by urban and rural areas in Madagascar

Supervision area	Urban			Rural			National
	N	Communes with PILPLAN	Coverage (%)	N	Communes with PILPLAN	Coverage (%)	Coverage (%)
North	19	15	90	19	16	95	92.5
Center	19	9	60	19	9	60	60.0
South	19	2	25	19	7	50	37.5
Total [weighted average]	57	26	46.4	57	31	54.4	51.3

Table 36.-PILPLAN Coverage among pharmaceutical channel in Madagascar

Supervision area	Urban			Rural			National
	N	Communes with PILPLAN	Coverage (%)	N	Communes with PILPLAN	Coverage (%)	Coverage (%)
North	19	17	>95	19	12	75	85.0
Center	19	18	>95	19	9	60	77.5
South	19	15	90	19	5	40	65.0
Total [weighted average]	57	52	89.7	57	25	44.6	56.5

Table 37.-PILPLAN Coverage among community channel in rural area in Madagascar

Supervision area	Rural		
	N	Communes with PILPLAN	Coverage (%)
North	19	15	90
Center	19	7	50
South	19	6	45
Total [weighted average]	57	27	47.4

Table 38.-PILPLAN Quality of coverage within urban Pharmaceutical channel in Madagascar

Supervision area	Number of communes	Stocking		Storage		Visibility		Not expired		Price	
		N	%	N	%	N	%	N	%	N	%
North	19	15	90	17	>95	17	>95	16	95	10	65
Center	19	15	90	15	90	13	80	18	>95	12	75
South	19	13	80	14	85	13	80	15	90	7	50
Total [weighted average]	57	44	77.2	46	82.1	43	74.1	51	98.1	31	54.4

Table 39.-PILPLAN Quality of coverage among pharmaceutical channel in rural Madagascar

Supervision area	Number of communes	Stocking		Storage		Visibility		Not expired		Price	
		N	%	N	%	N	%	N	%	N	%
North	19	9	60	12	75	12	75	12	75	12	75
Center	19	7	50	8	55	7	50	9	60	12	75
South	19	4	35	5	40	4	35	5	40	7	50
Total [weighted average]	57	19	33.9	26	42.9	23	39.3	25	100	31	54.4

Table 40.-PILPLAN Quality of coverage among community channel in rural Madagascar

Supervision area	Number of communes	Stocking		Storage		Not expired		Price	
		N	%	N	%	N	%	N	%
North	19	12	75	15	90	17	>95	10	65
Center	19	4	35	7	50	11	>95	5	40
South	19	3	30	5	40	11	N/D	3	30
Total [weighted average]	57	18	31.6	25	44.6	39	100	17	30.4

Table 41.-PILPLAN penetration table by area

		Rural %	Urban %	National %
Supervision area	North	54.2	45.3	49.3
	Center	21.1	20.8	20.9
	South	10.8	12.3	11.6
Total		25.8	24.6	25.1

Table 42.-PILPLAN penetration table by outlet type

Outlet type	Number of outlet	Numeric distribution (%)			
		North	Center	South	National
Community health center level 1 (Without Doctor)	50	0.0	0.0	10.0	2.0
Community health center level 2 (With Doctor)	132	0.0	0.0	0.0	0.0
Private clinic	98	29.6	37.8	30.8	33.7
NGO/Mission clinic/hospital (SALFA, SAF FJKM, MSI, etc	48	20.0	36.4	22.7	25.0
Private practice	289	23.1	27.3	29.2	26.6
Pharmaceutical wholesaler	9	66.7	50.0	50.0	55.6
Pharmacy	122	86.7	86.3	88.5	86.9
Dépot de médicament	154	80.3	71.4	59.0	72.1
Supply point of CHW	67	84.8	83.3	75.0	82.1
Community health worker	2277	51.3	11.2	4.8	18.3
Total	3246	49.3	20.9	11.6	25.1

CONFIANCE

Coverage: Confiance must be available in at least 20% of targeted outlets⁵ in the commune.

Quality of Coverage: The proportion of geographically defined areas in which the product or service delivery system conforms to minimum standards of adherence to recommended prices, promotion visibility, inventory and other standards. The following minimum standards will be used:

- **Stock:** 20% of all outlet has at least 5 units of Confiance
- **Visibility:** Products is easily looked at first sight in the outlet in at least 20% of all outlets
- **Promotional items** are available: has at least one visible type of Point of Sale (POS) material in at least 20% of all outlets
- **Conditions of conservation** is in a good condition of storage (far from moisture, light and sunlight) in at least 20% of all outlets
- **Expiration date** should be after the 1st of the month of data collection in 100% of all outlet
- The **advised price** per unit of Confiance is respected in at least 20% of all outlets
 - Not exceeding Ar 600 for all outlet in pharmaceutical channel in urban area
 - Not exceeding Ar 1000 for all outlet in pharmaceutical channel in rural area
 - Not exceeding 300 Ariary for CHW

Table 43.-CONFIANCE Coverage by urban and rural areas in Madagascar

Supervision area	Urban			Rural			National
	N	Communes with CONFIANCE	Coverage (%)	N	Communes with CONFIANCE	Coverage (%)	Coverage (%)
North	19	16	95	19	15	90	92.5
Center	19	11	70	19	6	45	57.5
South	19	4	35	19	5	40	37.5
Total [weighted average]	57	33	56.9	57	24	42.9	11.4

Table 44.-CONFIANCE Quality of coverage within urban Pharmaceutical channel Madagascar

Supervision area	Number of communes	Stocking		Storage		Visibility		Not expired		Price	
		N	%	N	%	N	%	N	%	N	%
North	19	18	>95	17	>95	15	90	19	>95	12	75
Center	19	16	95	16	95	13	80	19	>95	10	65
South	19	12	75	9	60	8	55	15	>95	9	60
Total [weighted average]	57	47	81.0	45	77.6	37	64.9	54	100	31	54.4

Table 45.-CONFIANCE Quality of coverage among pharmaceutical channel in rural Madagascar

Supervision area	Number of communes	Stocking		Storage		Visibility		Not expired		Price	
		N	%	N	%	N	%	N	%	N	%
North	19	9	60	11	70	11	70	12	>95	14	85
Center	19	7	50	7	50	7	50	9	N/D	10	65
South	19	3	30	4	35	4	35	4	N/D	5	40
Total [weighted average]	57	18	32.1	21	37.5	21	37.5	24	96.0	27	49.1

Table 46.-CONFIANCE Quality of coverage among community channel in rural Madagascar

Supervision area	Number of communes	Stocking		Storage		Not expired		Price	
		N	%	N	%	N	%	N	%
North	19	14	85	14	85	16	>95	10	65
Center	19	3	30	5	40	12	>95	3	30
South	19	5	40	5	40	11	N/D	3	30
Total [weighted average]	57	20	35.7	24	100	38	100	15	26.3

Table 47.-CONFIANCE penetration table by supervision area

		Rural %	Urban %	National %
Supervision area	North	55.3	41.5	47.6
	Center	20.6	21.5	21.2
	South	9.7	11.3	10.5
	Total	25.5	23.5	24.4

Table 48.-CONFIANCE penetration table by outlet type

Outlet type	Number of outlet	Numeric distribution (%)			
		North	Center	South	National
Community health center level 1 (Without Doctor)	50	4.8	0.0	10.0	4.0
Community health center level 2 (With Doctor)	132	0.0	0.0	2.2	0.8
Private clinic	98	40.7	42.2	19.2	35.7
NGO/Mission clinic/hospital (SALFA, SAF FJKM, MSI, etc	48	26.7	45.5	22.7	29.2
Private practice	289	35.9	38.8	29.2	35.6
Pharmaceutical wholesaler	9	33.3	25.0	50.0	33.3
Pharmacy	122	82.2	80.4	69.2	78.7
Dépot de médicament	154	68.2	71.4	53.8	65.6
Supply point of CHW	67	81.8	77.8	81.3	80.6
Community health worker	2277	48.0	9.7	4.3	16.8
Total	3246	47.6	21.2	10.5	24.4

PROTECTOR PLUS

Coverage: Protector must be available in at least 20% of condom-selling outlets in the commune.

Quality of Coverage: The proportion of geographically defined areas in which the product or service delivery system conforms to minimum standards of adherence to recommended prices, promotion visibility, inventory and other standards. The following minimum standards will be used:

- **Stock:** 20% of all outlet has at least 2 boxes of Protector Plus
- **Visibility:** Products is easily looked at first sight in the outlet in at least 20% of all outlets
- **Promotional items** are available: has at least one visible type of Point of Sale (POS) material in at least 20% of all outlets
- **Conditions of conservation** is in a good condition of storage (far from moisture, light and sunlight) in at least 20% of all outlets
- **Working tools:** Has the required 2 working tools (inventory sheet and invoice or delivery order) for CHW in at least 20% of all outlets
- **Expiration date** should be after the 1st of the month of data collection in 100% of all outlet
- The **advised price** per unit is respected in at least 20% of all outlets (1 unit= box of 3 condoms)
 - Not exceeding Ar 200 for retailers

Table 49.-PROTECTOR PLUS Coverage by urban and rural areas in Madagascar

Supervision area	Urban			Rural			National
	N	Communes with Protector Plus	Coverage (%)	N	Communes with Protector Plus	Coverage (%)	Coverage (%)
North	19	14	85	19	6	45	65
Center	19	11	70	19	1	20	45
South	19	8	55	19	0	N/A	37.5
Total [weighted average]	57	33	57.9	57	6	10.5	21.7

Table 50.-PROTECTOR PLUS Quality of coverage within urban Commercial channel Madagascar

Supervision area	Number of communes	Stocking		Storage		Visibility		Promotion		Not expired		Price	
		N	%	N	%	N	%	N	%	N	%	N	%
North	19	6	45	13	80	13	80	0	N/A	4	35	19	>95
Center	19	3	30	12	75	11	70	0	N/A	6	45	18	>95
South	19	6	45	8	55	8	55	0	N/A	3	30	17	>95
Total [weighted average]	57	13	22.4	34	60.7	33	57.9	0	0.0	15	25.9	54	94.7

Table 51.-PROTECTOR PLUS Quality of coverage among Commercial channel in rural Madagascar

Supervision area	Number of communes	Stocking		Storage		Visibility		Promotion		Not expired		Price	
		N	%	N	%	N	%	N	%	N	%	N	%
North	19	1	20	4	35	4	35	0	N/A	6	60	6	45
Center	19	0	N/A	1	20	1	20	0	N/A	9	80	3	30
South	19	0	N/A	1	20	1	20	0	N/A	8	75	4	35
Total [weighted average]	57	1	1.7	6	10.3	6	10.3	0	0.0	23	60.5	12	21.4

Table 52.-PROTECTOR PLUS Quality of coverage among community channel in rural Madagascar

Supervision area	Number of communes	Stocking		Storage		Visibility		Promotion		Not expired		Price	
		N	%	N	%	N	%	N	%	N	%	N	%
North	19	0	N/A	12	75	N/D		N/D		8	55	14	85
Center	19	0	N/A	1	20	N/D		N/D		8	55	5	40
South	19	0	N/A	1	20	N/D		N/D		6	45	3	30
Total [weighted average]	57	0	0.0	13	22.4	N/D		N/D		22	75.9	20	36.4

Table 53.-PROTECTOR PLUS penetration table by supervision area

		Rural %	Urban %	National %
Supervision area	North	16.0	27.5	25.3
	Center	9.2	24.3	21.2
	South	6.7	22.2	18.6
	Total	10.2	24.7	21.7

Table 54.-PROTECTOR PLUS penetration table by outlet type

Outlet type	Number of outlet	Numeric distribution (%)			
		North	Center	South	National
NGO/Mission clinic/hospital (SALFA, SAF FJKM, MSI, etc	48	20.0	27.3	0.0	12.5
Private practice	289	9.0	10.8	2.8	8.3
Pharmaceutical wholesaler	9	33.3	25.0	. ⁶	22.2
Pharmacy	122	53.3	43.1	19.2	41.8
Dépot de médicament	154	39.4	40.8	15.4	33.8
Supply point of CHW	67	84.8	88.9	75.0	83.6
Community health worker	2277	30.1	6.2	1.3	10.0
Wholesaler	603	37.1	18.7	23.5	24.7
Grocery store with/without gargote	15435	24.1	22.8	21.5	22.8
Bar with/without grocery store	3901	22.5	20.6	23.7	21.7
Maison de passé	116	37.1	37.0	22.2	30.2
Gas Station shop	81	23.5	5.0	12.5	11.1
Supermarket	30	10.0	7.7	14.3	10.0
Hotel	677	24.6	23.4	32.4	25.7
Total	23809	25.3	21.2	18.6	21.7

⁶ No pharmaceutical wholesaler was found in visited areas

SUR'EAU

Coverage: Sur'Eau must be available in at least 20% of all retail outlets in the commune.

Quality of Coverage: The proportion of geographically defined areas in which the product or service delivery system conforms to minimum standards of adherence to recommended prices, promotion visibility, inventory and other standards. The following minimum standards will be used:

- **Stock:** 20% of all outlet has at least 5 bottles of Sur'Eau
- **Visibility:** Products is easily looked at first sight in the outlet in at least 20% of all outlets
- **Promotional items** are available: has at least one visible type of Point of Sale (POS) material in at least 20% of all outlets
- **Conditions of conservation** is in a good condition of storage (far from moisture, light and sunlight) in at least 20% of all outlets
- **Expiration date** should be after the 1st of the month of data collection in 100% of all outlet
- The **advised price** is respected in at least 20% of all outlets
 - Not exceeding Ar 198 the 150ml bottle for wholesalers
 - Not exceeding Ar 300 the 150ml bottle for retailers
 - Not exceeding Ar 150 the 40ml bottle for CHW

Table 55.-SUR'EAU Coverage by urban and rural areas in Madagascar

Supervision area	Urban			Rural			National
	N	Communes with SUR'EAU	Coverage (%)	N	Communes with SUR'EAU	Coverage (%)	Coverage (%)
North	19	14	85	19	5	40	62.5
Center	19	11	70	19	0	N/A	45.0
South	19	9	60	19	1	20	40.0
Total [weighted average]	57	34	58.6	57	5	8.8	20.9

Table 56.-SUR'EAU Coverage among commercial channel in Madagascar

Supervision area	Urban			Rural			National
	N	Communes with SUR'EAU	Coverage (%)	N	Communes with SUR'EAU	Coverage (%)	Coverage (%)
North	19	14	85	19	1	20	85.0
Center	19	11	70	19	0	N/A	77.5
South	19	9	60	19	1	20	65.0
Total [weighted average]	57	34	58.6	57	2	3.4	56.5

Table 57.-SUR'EAU Coverage among community channel in rural area in Madagascar

Supervision area	Rural		
	N	Communes with SUR'EAU	Coverage (%)
North	19	11	70
Center	19	3	30
South	19	4	35
Total [weighted average]	57	17	29.8

Table 58.-SUR'EAU Quality of coverage within urban commercial channel Madagascar

Supervision area	Number of communes	Stocking		Storage		Visibility		Promotion		Not expired		Price	
		N	%	N	%	N	%	N	%	N	%	N	%
North	19	10	65	14	85	13	80	0	N/A	7	50	5	40
Center	19	10	65	11	70	10	65	0	N/A	8	55	9	60
South	19	6	45	9	60	9	60	0	N/A	7	50	13	80
Total [weighted average]	57	27	47.4	34	58.6	32	56.1	0	0.0	23	39.7	27	47.4

Table 59.-SUR'EAU Quality of coverage among rural commercial channel in Madagascar

Supervision area	Number of communes	Stocking		Storage		Visibility		Promotion		Not expired		Price	
		N	%	N	%	N	%	N	%	N	%	N	%
North	19	0	N/A	1	20	1	20	0	N/A	17	>95	8	55
Center	19	0	N/A	0	N/A	0	N/A	0	N/A	16	95	10	65
South	19	1	20	1	20	1	20	0	N/A	16	95	11	70
Total [weighted average]	57	1	1.7	2	3.4	2	3.4	0	0.0	49	86.0	29	50.9

Table 60.-SUR'EAU Quality of coverage among community channel in rural Madagascar

Supervision area	Number of communes	Stocking		Storage		Not expired		Price	
		N	%	N	%	N	%	N	%
North	19	3	30	10	65	0	N/A	18	>95
Center	19	2	25	3	30	0	N/A	11	70
South	19	2	25	3	30	0	N/A	17	>95
Total [weighted average]	57	7	12.3	15	26.3	0	0.0	45	80.4

Table 61.-SUR'EAU penetration table by supervision area

		Rural %	Urban %	National %
Supervision area	North	11.8	32.1	28.1
	Center	7.7	29.2	24.7
	South	5.9	21.1	17.6
	Total	8.2	28.0	23.8

Table 62.-SUR'EAU penetration table by outlet type

Outlet type	Number of outlet	Numeric distribution (%)			
		North	Center	South	Total
Supply point of CHW	37	42.4	55.6	37.5	44.8
Community health worker	2126	13.2	3.9	5.0	6.6
Wholesaler	454	37.1	19.3	21.7	24.7
Grocery store with/without gargote	10917	32.8	30.6	22.2	29.3
Bar with/without grocery store	3362	14.9	13.8	12.9	13.8
Gas Station shop	74	11.8	5.0	12.5	8.6
Supermarket	26	0	7.7	42.9	13.3
Total	16996	27.8	24.6	17.5	23.8

HYDRAZINC

Coverage: Hydrazinc must be available in at least 20% of all targeted outlets⁷ in the commune.

Quality of Coverage: The proportion of geographically defined areas in which the product or service delivery system conforms to minimum standards of adherence to recommended prices, promotion visibility, inventory and other standards. The following minimum standards will be used:

- **Stock:** 20% of all outlet has at least 5 kits of Hydrazinc
- **Visibility:** Products is easily looked at first sight in the outlet in at least 20% of all outlets
- **Promotional items** are available: has at least one visible type of Point of Sale (POS) material in at least 20% of all outlets
- **Conditions of conservation** is in a good condition of storage (far from moisture, light and sunlight) in at least 20% of all outlets
- **Expiration date** should be after the 1st of the month of data collection in 100% of all outlet
- The **advised price** is respected in at least 20% of all outlets
 - Not exceeding Ar 2500 the kit for all outlet in pharmaceutical channel in urban area
 - Not exceeding Ar 3000 for depot de médicament

Table 63.-HYDRAZINC Coverage by urban and rural areas in Madagascar

Supervision area	Urban			Rural			National Coverage (%)
	N	Communes with HYDRAZINC	Coverage (%)	N	Communes with HYDRAZINC	Coverage (%)	
North	19	10	65	19	6	45	55.0
Center	19	13	80	19	8	55	67.5
South	19	14	85	19	2	25	55.0
Total [weighted average]	57	37	64.9	57	15	27.3	40.4

Table 64.-HYDRAZINC Quality of coverage within urban pharmaceutical channel Madagascar

Supervision area	Number of communes	Stocking		Storage		Visibility		Promotion		Not expired		Price	
		N	%	N	%	N	%	N	%	N	%	N	%
North	19	8	55	10	65	8	55	0	N/A	16	>95	12	75
Center	19	6	45	12	75	9	60	1	20	18	>95	16	95
South	19	10	65	11	70	11	70	1	N/A	15	>95	14	85
Total [weighted average]	57	23	39.7	33	58.9	27	48.2	2	3.5	51	100.0	44	77.2

Table 65.-HYDRAZINC Quality of coverage among rural pharmaceutical channel in Madagascar

Supervision area	Number of communes	Stocking		Storage		Visibility		Promotion		Not expired		Price	
		N	%	N	%	N	%	N	%	N	%	N	%
North	19	3	30	6	45	6	45	1	20	7	N/D	9	60
Center	19	6	45	7	50	6	45	1	20	8	N/D	8	55
South	19	2	25	1	20	1	20	0	N/A	2	N/D	4	35
Total [weighted average]	57	11	19.6	13	23.2	12	21.4	2	3.4	16	100.0	20	35.7

Table 66.-HYDRAZINC penetration table by supervision area

		Rural %	Urban %	National %
Supervision area	North	2.8	14.0	9.2
	Center	3.7	10.3	8.1
	South	0.3	7.1	3.7
	Total	2.0	10.2	6.7

Table 67.-HYDRAZINC penetration table by outlet type

Outlet type	Number of outlet	Numeric distribution (%)			
		North	Center	South	Total
Community health center level 2 (With Doctor)	128		2.2	6.7	3.0
Private clinic	74	14.8	31.1	23.1	24.5
NGO/Mission clinic/hospital (SALFA. SAF FJKM. MSI. etc	39	13.3	27.3	18.2	18.8
Private practice	274	2.6	7.2	4.2	5.2
Pharmaceutical wholesaler	3	66.7	75.0	50.0	66.7
Pharmacy	33	73.3	70.6	76.9	73.0
Dépot de médicament	93	47.0	46.9	17.9	39.6
Community health worker	2275	0.4	0.0	0.0	0.1
Total	2919	9.2	8.1	3.7	6.7

VIASUR

Coverage: Viasur must be available in at least 20% of all targeted outlets⁸ in the commune.

Quality of Coverage: The proportion of geographically defined areas in which the product or service delivery system conforms to minimum standards of adherence to recommended prices, promotion visibility, inventory and other standards. The following minimum standards will be used:

- **Stock:** 20% of all outlet has at least 5 kits of Viasur ou SRO&Zinc
- **Conditions of conservation** is in a good condition of storage (far from moisture, light and sunlight) in at least 20% of all outlets
- **Expiration date** should be after the 1st of the month of data collection in 100% of all outlet
- The **advised price** with the consumer is respected in at least 20% of all outlets
 - Not exceeding Ar 500 the kit of Viasur for CHW

Table 68.-VIASUR Coverage in rural areas in Madagascar

Supervision area	Rural		
	N	Communes with VIASUR	Coverage (%)
North	19	13	80
Center	19	4	35
South	19	7	50
Total [weighted average]	57	23	40.4

Table 69.-VIASUR Quality of coverage within rural community channel Madagascar

Supervision area	Number of communes	Stocking		Storage		Not expired		Price	
		N	%	N	%	N	%	N	%
North	19	9	60	13	80	13	80	0	N/A
Center	19	1	20	4	35	5	40	0	N/A
South	19	2	25	7	50	8	55	1	20
Total [weighted average]	57	11	19.3	23	40.4	25	78.1	1	1.7

Table 70.-VIASUR penetration table by supervision area

		Rural %
Supervision area	North	48.7
	Center	13.4
	South	9.6
	Total	21.1

Table 71.-VIASUR penetration table by outlet type

Outlet type	Number of outlet	Numeric distribution (%)			
		North	Center	South	Total
Supply point of CHW	12	77.8	54.5	72.7	70.0
Community health worker	917	47.0	11.9	8.3	19.3
Total	929	48.7	13.4	9.6	21.1

PNEUMOSTOP

Coverage: Pneumostop must be available in at least 20% of all targeted outlets⁹ in the commune.

Quality of Coverage: The proportion of geographically defined areas in which the product or service delivery system conforms to minimum standards of adherence to recommended prices, promotion visibility, inventory and other standards. The following minimum standards will be used:

- **Stock:** 20% of all outlet has at least 5 tablets of Pneumostop-pill or 2 Pneumostop syrup bottles
- **Conditions of conservation** is in a good condition of storage (far from moisture. light and sunlight) in at least 20% of all outlets
- **Expiration date** should be after the 1st of the month of data collection in 100% of all outlet
- The **advised price** with the consumer is respected in at least 20% of all outlets
 - Not exceeding Ar 200 the tablet of Pneumostop-pill
 - Not exceeding Ar 600 the Pneumostop syrup bottle

Table 72.-PNEUMOSTOP Coverage rural areas in Madagascar

Supervision area	Rural		
	N	Communes with PNEUMOSTOP	Coverage (%)
North	19	13	80
Center	19	4	35
South	19	4	35
Total [weighted average]	57	19	33.9

Table 73.-PNEUMOSTOP Quality of coverage within rural community channel Madagascar

Supervision area	Number of communes	Stocking		Storage		Not expired		Price	
		N	%	N	%	N	%	N	%
North	19	5	40	13	80	11/13	95	11	70
Center	19	1	20	4	35	8/8	N/D	1	20
South	19	0	N/A	4	35	10/10	N/D	0	N/A
Total [weighted average]	57	5	8.8	19	33.9	29	93.5	11	19.0

Table 74.-PNEUMOSTOP penetration table by supervision area

		Rural %
Supervision area	North	51.9
	Center	14.0
	South	8.1
	Total	21.4

Table 75.-PNEUMOSTOP penetration table by outlet type

Outlet type	Number of outlet	Numeric distribution (%)			
		North	Center	South	Total
Supply point of CHW	12	72.2	72.7	100.0	80.0
Community health worker	917	50.7	11.9	6.2	19.3
Total	929	51.9	14.0	8.1	21.4

DEFINITIONS AND ACRONYMS

Term	Definition
Coverage	Coverage is the proportion of geographic units in which a minimum standard of product or service availability is present. The primary use of the coverage indicator is in determining whether proximity of populations to PSI products and services is increasing or decreasing over time. The lowest minimum standard of availability is the presence of at least one outlet in the area that delivers any product or service that PSI also delivers.
MAP	MAP (Measuring Access and Performance) studies are a tool for measuring the performance of social marketing product and service delivery systems in developing countries. PSI measures social marketing performance among vulnerable populations at the individual level as well as by assessing the delivery systems by which the populations are reached. MAP studies are designed to measure the coverage, quality, and equity of access of social marketing product and service delivery systems. With this additional evidence, our social marketers take action to continuously improve upon the cost-effectiveness, equity, and efficiency of our interventions.
Outlets	Outlets are those that may potentially sell or distribute contraceptives products as Pharmacy, Dépôt de médicament, Private practice, Private clinic, Community Health Worker (CHW), NGOs (SALFA, SAF FJKM, MSI, etc.), Supply point of CHW
Numeric distribution /Penetration	Numeric distribution is the proportion of outlets in which a product or service is available: out of all potential outlets for a given product or service, it is the percentage of outlets that actually sell the product or provide the service.
Quality of Coverage	Quality of coverage is the proportion of geographic units in which the PSI product or service delivery system is available and conforms to additional minimum standards as described in the report.

LQAS table

Sample size*	Average coverage (baselines) / annual coverage target (monitoring and evaluation)																	
	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%	65%	70%	75%	80%	85%	90%	95%
12	N/A	N/A	1	1	2	2	3	4	5	5	6	7	7	8	8	9	10	11
13	N/A	N/A	1	1	2	3	3	4	5	6	6	7	8	8	9	10	11	11
14	N/A	N/A	1	1	2	3	4	4	5	6	7	8	8	9	10	11	11	12
15	N/A	N/A	1	2	2	3	4	5	6	6	7	8	9	10	10	11	12	13
16	N/A	N/A	1	2	2	3	4	5	6	7	8	9	9	10	11	12	13	14
17	N/A	N/A	1	2	2	3	4	5	6	7	8	9	10	11	12	13	14	15
18	N/A	N/A	1	2	2	3	5	6	7	8	9	10	11	11	12	13	14	16
19	N/A	N/A	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
20	N/A	N/A	1	2	3	4	5	6	7	8	9	11	12	13	14	15	16	17
21	N/A	N/A	1	2	3	4	5	6	8	9	10	11	12	13	14	16	17	18
22	N/A	N/A	1	2	3	4	5	7	8	9	10	12	13	14	15	16	18	19
23	N/A	N/A	1	2	3	4	6	7	8	10	11	12	13	14	16	17	18	20
24	N/A	N/A	1	2	3	4	6	7	9	10	11	13	14	15	16	18	19	21
25	N/A	1	2	2	4	5	6	8	9	10	12	13	14	16	17	18	20	21
26	N/A	1	2	3	4	5	6	8	9	11	12	14	15	16	18	19	21	22
27	N/A	1	2	3	4	5	7	8	10	11	13	14	15	17	18	20	21	23
28	N/A	1	2	3	4	5	7	8	10	12	13	15	16	18	19	21	22	24
29	N/A	1	2	3	4	5	7	9	10	12	13	15	17	18	20	21	23	25
30	N/A	1	2	3	4	5	7	9	11	12	14	16	17	19	20	22	24	26

N/A: not applicable, meaning LQAS cannot be used in this assessment because the coverage is either too low or too high to assess an SA. This table assumes the lower threshold is 30 percentage points below the upper threshold.

 : shaded cells indicate where *alpha* or *beta* errors are $\geq 10\%$.

 : shaded cells indicate where *alpha* or *beta* errors are $> 15\%$.



Etude sur « Net Durability »

Campagne 2013

Antananarivo Androhibe, Réunion RBM 23 juin 2016






CONTEXTE ET INTRODUCTION

- Le plan stratégique national 2013-2017 a pour but l'atteinte de la couverture universelle d'une MID pour deux personnes. En 2012/2013, des campagnes de distribution gratuite de MID ont été réalisées dans 92 Districts à Mada:
 - 2.1 million MID fournies par PMI pour les 19 Districts du côte Est en 2012
 - 1.5 million MID fournies par GF pour les 12 Districts du côte Est en 2012
 - 2.7 million MID fournies par PMI pour 28 Districts en 2013
 - 3.5 million MID fournies par GIpour 32 Districts en 2013
 - 140,000 MID fournies par UNICEF pour un Districts en 2013
- Les directives de l'OMS mentionnent qu'une MID pourra tenir après 20 lavages et au moins 3 ans d'utilisation routinière.
- Pour le suivi des moustiquaires distribuées, une étude nommée "Net durability" a été mise en oeuvre pour aider le ministère de la santé et la DLP à définir: la périodicité de distribution de MID à Madagascar et le type de MID adapté à la population malgache en vue d'atteindre et de maintenir la couverture universelle.




OBJECTIFS DE L'ETUDE

- Mesurer la survie des MID (couverture et perte) au niveau des ménages qui ont reçu des MID pendant la distribution de masse de 2013 *(par PSI)*
- Mesurer l'intégrité des MID sur divers aspects: détérioration physique comme apparition de trou, dichirure au niveau des coutures *(par PSI)*
- Evaluer l'efficacité des insecticides *(par IPM)*




ECHANTILLONNAGE

- Enquête effectuée dans six régions

District	Diego	Ambanja	Tamatave	Morondava	Mandoto	Sakaraha
Marque	Royal Sentry	Royal Sentry	Bestnet Netprotect	Bestnet- Netprotect	Yorkool	Yorkool
Echantillon	499 ménages	500 ménages	499 ménages	500 ménages	500 ménages	500 ménages

- Enquête ménage avec sélection aléatoire d'une moustiquaire obtenue pendant les campagnes de 2013 par ménage
- 10 Fokontany sélectionnés suivant ppt au niveau de chaque District et 50 ménages choisis aléatoirement dans chaque Fokontany
- 10 ménages sélectionnés pour l'évaluation de l'intégrité physique des moustiquaires parmi les 50 ménages choisis au niveau du Fokontany
- 3 ménages sélectionnés pour l'analyse de bio-efficacité parmi les 10 ménages inclus pour l'intégrité



DESCRIPTION DES ÉCHANTILLONS

Ménage visités pendant les trois séries d'enquête

District	6 mois après campagne		12 Mois après campagne			24 mois après campagne		
	Total	Bio - efficacité	Total	Perte	Bio - efficacité	Total	Perte	Bio - efficacité
Diego	499	30	396	73	30	332	34	30
Ambarja	500	30	406	64	30	331	45	30
Tamatave	499	30	391	78	30	330	31	30
Morondava	500	30	390	80	30	284	76	30
Mandoto	500	30	422	48	30	336	56	30
Sakara	500	30	427	43	30	334	63	30



METHODOLOGIES

Mesure de trou pendant les activités de terrain

- catégorie 1 – < pouce (0.5-2.0cm) (*trou <0.5 cm ignoré*)
- catégorie 2 – > pouce < poing (2-10 cm)
- catégorie 3 – > poing < tête (10-25 cm)
- catégorie 4 – > tête (>25 cm)

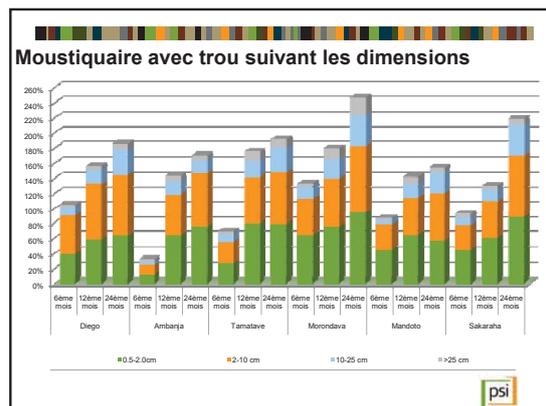
Coefficients utilisés pour le calcul de pHI (*Indice proportionné de trou*)

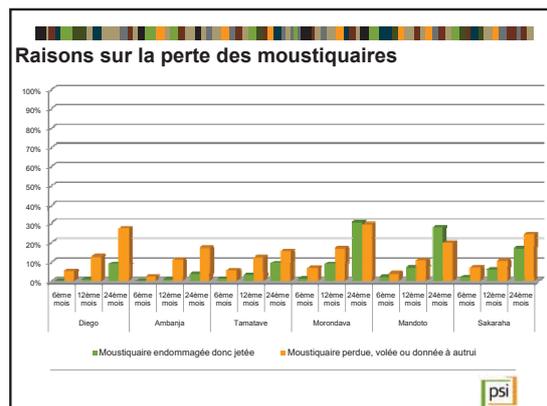
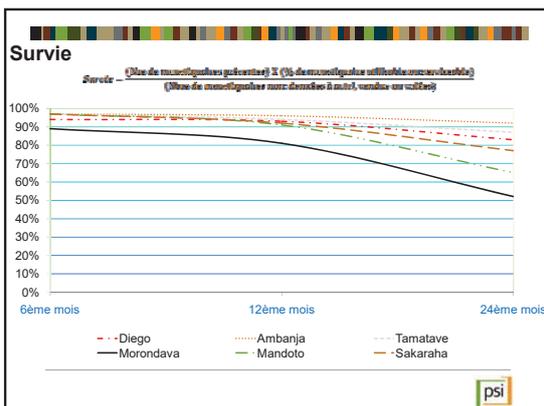
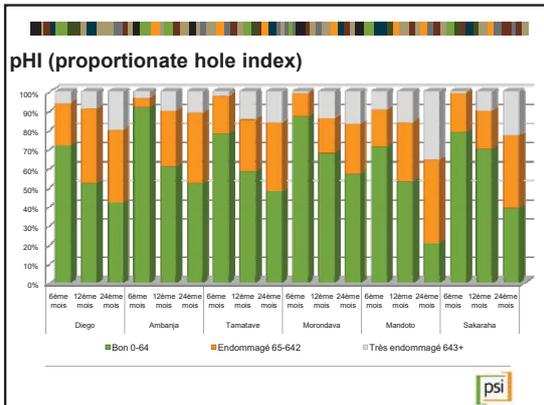
- catégorie 1 trou x 1
- catégorie 2 trous x 23
- catégorie 3 trous x 196
- catégorie 4 trous x 576

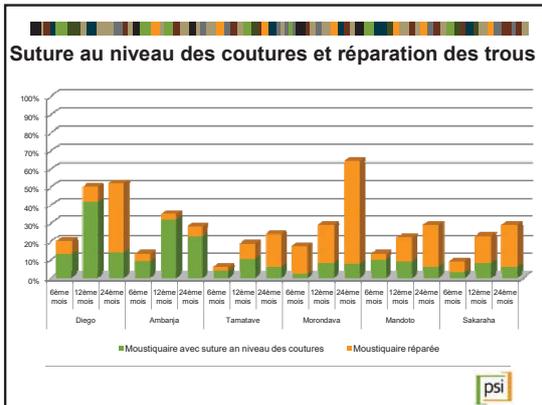
Catégorie	pHI
Good	0-64
Damaged	65-642
Too torn	643+



RESULTATS





Conclusions

- La détérioration ou les dimensions de trou sur les moustiquaires aggrandissent avec le temps.
- A 6ème mois, les moustiquaires à Diégo et à Morondava présentaient beaucoup plus de trou comparées à celles d'Ambanja et Tamatave
- Les moustiquaires serviceables à 24ème mois sont faibles à Morondava et élevées à Ambanja (64% vs 89%)
- A 24ème mois, le phi 0-64 (ou bon) est très faible à Mandoto 21% contre 57% à Morondava et 52% à Ambanja
- La survie des moustiquaires est faible dans le Sud (Morondava, Mandoto et Sakaraha) comparée à celle dans la partie Nord.
- A 24ème mois, la réparation des moustiquaires est plus fréquente à Morondava et à Diégo

CDC USAID President's Malaria Initiative

psi

Entomologie-Médicale

Efficacy of 3 long-lasting insecticidal nets brands used for a mass distribution in Madagascar

Sanji RANDRIAMAHERJAONA
Animation scientifique 08/06/2016

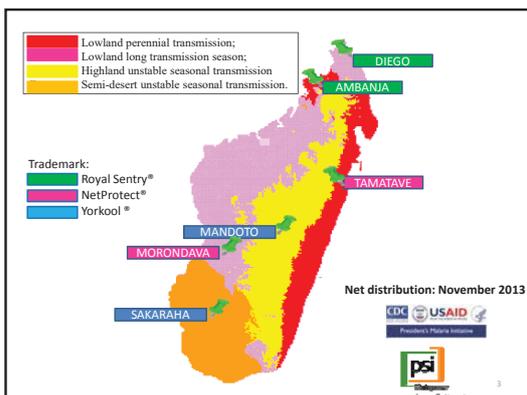
1

Long-lasting net evaluation

LLINs durability assessment in operational conditions:

- ❖ Bio-efficacy
- ❖ Physical integrity
- ❖ Net survivorship

2



Long-lasting net evaluation

Procedure: assessment at 6, 12 and 24 months post-distribution

Measuring and counting the number of holes → Hole-index

category 1 - < thumb (0.5-2.0cm)
category 2 - > thumb < fist' (2,1-10 cm)
category 3 - > fist < head' (10,1-25 cm)
category 4 - > head' (>25 cm)

Hole index = nbr of holes by category x weights holes

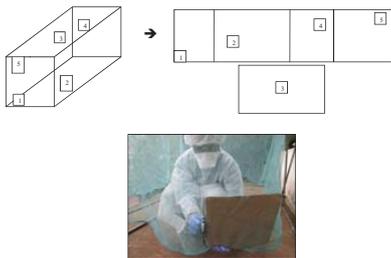
Good	Damaged	To torn
64	65	642
643		

Hole size categorization (WHO, 2013)

4

Long-lasting net evaluation

Collection of LLIN samples



The diagram illustrates the process of collecting LLIN samples. On the left, a 3D perspective view of a bed net is shown with numbered boxes (1-4) indicating collection points. An arrow points to a 2D layout of these numbered boxes. Below the diagram is a photograph of a person in a white lab coat and mask, wearing gloves and using a tool to collect samples from a bed net.

5

Long-lasting net evaluation

Bioassay with *An. arabiensis* susceptible strain (3 min exposition)



The photograph shows a bioassay setup in a laboratory. Several insect traps are arranged on a table, and a person in a white lab coat and mask is visible in the background, likely conducting the bioassay.

6

Long-lasting net evaluation

Kd recording: 1h
Mortality recording : 24 h
Laboratory condition: T° = 27 ± 2 °C, RH = 75% ± 10%



The photograph shows a large number of insect traps arranged in rows on a table in a laboratory setting.

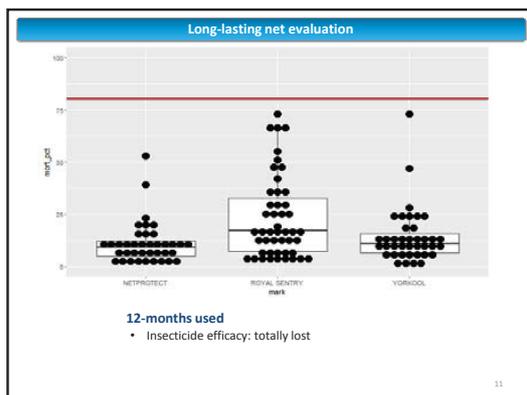
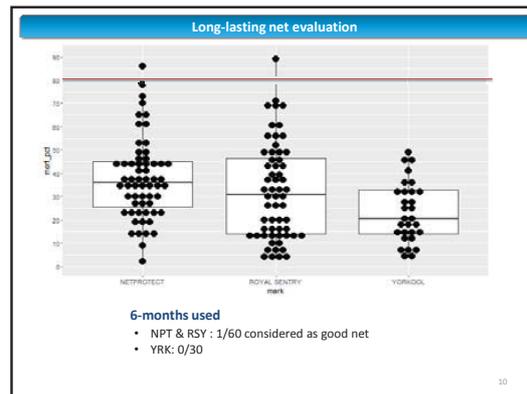
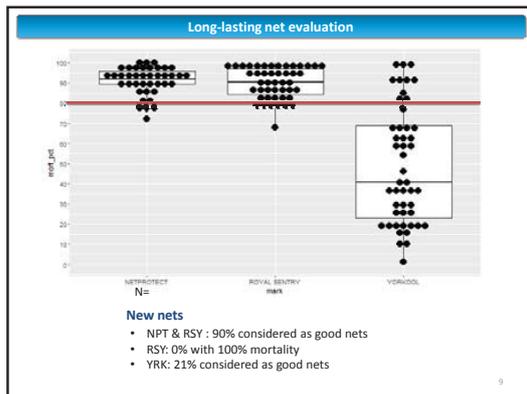
Results:
Mortality ≥ 80% = good net
Mortality < 80% = bad net

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Long-lasting net evaluation

	NetProtect®	Royal Sentry®	Yorkool®	
	N	N	N	TOTAL
Baseline	40	46	48	134
6 months	60	60	30	150
12 months	38	47	39	124
				408

8

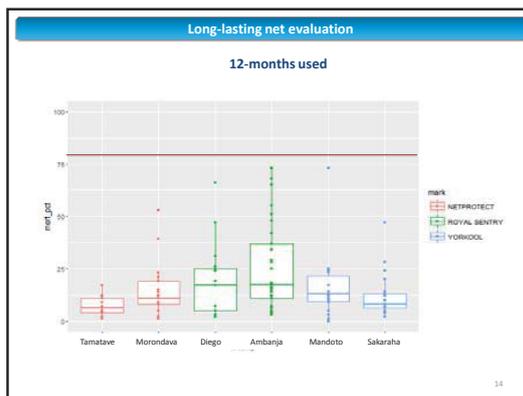
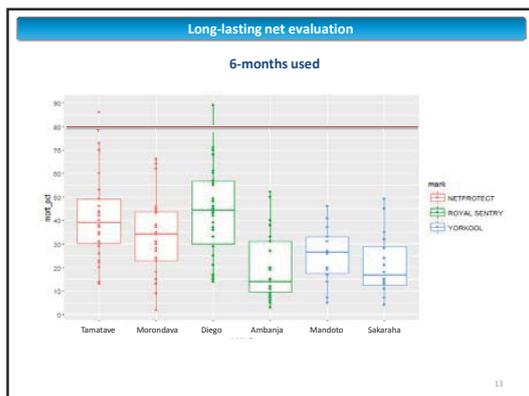


Long-lasting net evaluation

	NetProtect ®		Royal Sentry ®		Yorkool ®	
	N	Mortality (%)	N	Mortality (%)	N	Mortality (%)
Baseline	40	91,1 ^a	46	90,2 ^a	48	48,6 ^b
6 months	60	37,4 ^c	60	32,0 ^d	30	23,1 ^e
12 months	38	11,0 ^f	47	23,1 ^g	39	14,0 ^f

*There is no significant difference between values which share the same letters

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Long-lasting net evaluation

		6 months		12 months	
		N	Mortality (%)	N	Mortality (%)
Tamatave	NetProtect	30	41,9†	17	6,9
Morondava	NetProtect	30	33	21	14,3
Diego	Royal Sentry	30	44,3†	17	18,1
Ambanja	Royal Sentry	30	19,7	30	25,9
Mandoto	Yorkool	14	25,4	18	16,2
Sakaraha	Yorkool	13	23,8	21	12,1

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Long-lasting net evaluation

Net integrity assessment

		6 months		12 months	
		Nb	Prop H/I = 0	Nb	Prop H/I = 0
Tamatave	NetProtect	101	59,4 %	96	14,6 %
Morondava	NetProtect	97	34,0 %	100	19 %
Diego	Royal Sentry	100	43 %	100	22 %
Ambanja	Royal Sentry	99	80,8 %	100	30 %
Mandoto	Yorkool	100	47 %	100	28 %
Sakaraha	Yorkool	100	44 %	102	34,3 %

6-months used

- 34-80% : no holes

12-months used

- 15-34% : no holes

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Long-lasting net evaluation

Rapid loss of insecticidal activity due to:

- **Low insecticidal activity on arrival in port**
 - Low bio-efficacy of new nets even though directly removed from packaging
 - ➔ Increasing the risk of transmission / reducing protective efficacy of ITN
 - Importance of quality control along the supply chain right through hanging of the ITN
- **Low impregnation/coating of nets fiber at the manufacturer level**
- **Bad uses of mosquito bednets**

Good physical integrity after 6 months: relationship between HI values and fiber type

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