

**The Social Marketing Program for Child, Maternal, and Reproductive Health
Products and Services in Madagascar**

Cooperative Agreement No. 687-A-00-08-00032-00

Annual Report

For the period:

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English

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EXECUTIVE SUMMARY

The Social Marketing Program for Child, Maternal, and Reproductive Health Products and Services in Madagascar

In July 2008, Population Services International/Madagascar (PSI) was awarded a follow on its earlier Cooperative Agreement. The new Cooperative Agreement (CA # 687-A-00-08-00032-00) allows PSI to expand its successful social marketing and behavior change communication interventions in family planning, maternal and child health, and STI/HIV prevention and treatment. The total project duration is five years and three months – from July 14, 2008 through September 30, 2013.

Using research to guide its programmatic decision-making – i.e. evidence-based social marketing – PSI aims to increase the use of health products and services through commercial strategies, collaborating with NGOs at the community level, and working closely with the public sector. Building on already-strong foundations of partnerships in these sectors across all health areas, this project will also leverage funding it receives from its other major donors – specifically from the Global Fund for activities in malaria and HIV/AIDS and from a private foundation for long term method family planning activities.

On March 13, 2009, the PSI/M expatriates were evacuated to South Africa due to the security concerns pervading the country since the inception of the crisis in January. They continued to work remotely until June at which point they returned to the offices in Madagascar. Although the political crisis has not yet been resolved, related security concerns have decreased significantly. The activities that were suspended due to security precautions are now fully functioning again as of the end of April 2009 include trainings (grouping more than two people was illegal for a period of time) and non-essential travel within the country, which affected many activities including product distribution. In June, the last of the activities that were suspended due to security concerns (nocturnal activities) were restarted bringing PSI/M activities back up to full force.

In order to ensure that our operations are the most cost-effective as possible and that they are reflective of our current obligations and financing, PSI/M underwent an internal reorganization in September 2009 which included collective layoffs. Although the organization will obviously go through a period of transition, we have taken all necessary steps to ensure that our objectives and management of this cooperative agreement are not compromised. In fact, as mentioned above the objective is to be more cost-effective while continuing to improve our performance and our services to our target audience.

The following report provides insights into the extent of how the disruption affected programmatic activities and also reports on progress and achievements made on a number of indicators and important activities, including:

1. Maternal and Child Health

- a. Sûr Eau sales remained high and exceeded objectives. This confirms the trend noted in the previous semester report: Sûr'Eau sales and consumption are becoming less seasonal, more consistent over time. Rainy season, as it brings cyclones and flooding that require more intensive water treatment, still coincides with greater demand, but fluctuations are less important than previously observed.
- b. The first batch of DTK (Diarrhea Treatment Kits, pre-packaged therapy for diarrhea treatment including a blister of 10 zinc tablets, 2 sachets of low-osmolarity flavored ORS packets and instructions) arrived in Madagascar in February 2009. It contained 179,000 kits including 33,000 ViaSûr (heavily subsidized product) and 146,000 HydraZinc (cost-recovery, “premium” DTK).

- c. An enhanced marketing campaign was conceptualized and will be launched for Diarrhea Treatment Kits (DTK). Product visibility in stores and with community agents will be maximized. Video spots emphasizing ease of use and effectiveness in treating uncomplicated diarrhea have been produced and will be aired on national TV (Hydrazinc) and mobile video units (MVU) (Viasûr).
- d. Trained community agents were given startup kits including 10 Viasûr DTK. Tools for both, the management of uncomplicated child diarrhea, as well as, for the management of DTK sales in the community were also included in the startup kits.

2. Family Planning and Reproductive Health

- a. The official dissemination of the 2008 TRaC results to partners was postponed due to the political situation in Madagascar. The 2008 TRaC results among 4,559 women of reproductive age (urban and rural) demonstrate a large increase in modern method use among married women (15-49), from 23.9% in 2006 to 34% in 2008. Several factors contributed to this improvement. These include the government's 2007 policy to provide free access to health care in public clinics, improved supply systems and access to services, expanded communication campaigns, which include PSI's determinant-focused campaigns. Two behavioral determinants were identified as significant in the final TRaC reports: self-efficacy and belief.
- b. Pilplan and Confiance sales reached 87% and 91% of projections respectively, with 2,061,013 cycles to Pilplan and 724,339 doses to Confiance sold during FY09. Decreased sales results originated mainly from the social and political situation in Madagascar since January 2009, which led to decreased detailing efforts and interruptions in mass communication.
- c. PSI distributed 20,746,289 male condoms during the reporting period for both family planning and STI/HIV programs. This equates to 96% of the objective, which considering the political environment demonstrates a considerable achievement. The female condom, *Feeling*, was more acutely affected by the political environment due to the curfew which did not permit female sex workers (FSW) to work late at night. Consequently, 34,704 branded female condoms were distributed amounting to almost 83% of the objective for FSW.
- d. Following the Depo-provera community distribution and service provision scale-up plans, PSI initiated discussions with Santenet2 to train community based agents. A PSI staff has participated in a Training of Trainers in February 09 and attended two trainings organized by Santenet2 in May 09.
- e. Due to the disruption of the public health sector stemming from the political instability, PSI was asked to receive additional contraceptive products throughout 2010 initially intended for the public sector. These products will be reallocated for private sector and community-based distribution, assuming that the demand usually met via public sector clinics would no longer be achieved, thus requiring an alternative distribution system. These included 384,000 doses of Depo-provera, 182,000 cycles of a new progestin-only oral pill contraceptive "Microlut", and 20,000 cycle beads. In addition, 648,000 cycles of Duofem were added as a security stock (i.e. with no additional funding), based on the fact

that these had been initially planned and ordered to cover national needs, and may be needed once the public sector delivery channel stocks out. As of September, based on the information received, no other partner was contributing to filling national needs for contraceptives, which led PSI to accept this request.

- f. In preparation for the community-based distribution scale up in and beyond SantéNet2 areas of intervention, PSI started identifying NGOs, associations, community-based health committees, and community-based social development committees in order to establish partnerships to develop and train community agents.
- g. Following a local site assessment in the summer of 2008, PSI has expanded the *Top Réseau* franchised network of private clinics to Fianarantsoa, a large city in the highlands with a large youth and Sex Worker population. The official launch took place in November 2008 and was attended by the USAID mission Director, the Minister of Health, local health authorities and partner representatives. Twelve clinics with 14 private providers became official *Top Réseau* members. The network has been performing well since the start, with 3746 youth receiving reproductive health counseling and services during the first year.

3. Malaria

- a. Management of uncomplicated malaria cases continues with Actipal, sold through pharmacies (80%) and trained community agents (17%).
- b. Sales during the reporting period have been 385,521 LLINs.
- c. PSI created malaria counseling cards including both, prevention and treatment components, as well as a management algorithm that will help community agents make sound decisions when they consult a patient. Counseling cards will serve as a reminder of the main characteristics of ACTs for community agents, as well as, key tools for the interaction between the community agent and target groups.

4. HIV and AIDS

- a. Due to the ongoing political situation in 2009, World Bank funds have been suspended resulting in the inability of the MOHFP to supply STI treatment kits to both, the private and public health sectors. Therefore, PSI purchased 157,500 Cura7 and 145,000 Genicure to cover social marketing needs and avoid imminent stock out. Moreover, PSI program income has been used to purchase an additional 195,000 Cura7 and 150,000 Genicure to compensate for the shortfall and to enable the 2009 objectives to be reached. Funding for these STI products remains very challenging for the future. For the last two months, sales couldn't really reach its higher level because of the lack of stock available. PSI team will manage possible actions to attain the total year objectives upon the arrival of STI products.
- b. PSI conducted a qualitative study using photo narrative methodology among men with high risk behaviors during September 2009. The study's objectives are to contribute to an evidence-based intervention to help programmers develop a new positioning statement for the new Protector Plus packaging brand. During this study, 18 men (12 demonstrating high-risk behaviors and 6 demonstrating low-risk behaviors) from the target group 25 to 49 years old were interviewed during five days in Antananarivo. The following

instructions were provided to guide the participants in regards to the type of photos sought: photos of their everyday life, activities they do during the weekends, particular things they like and dislike, any fears they may have, their behaviors related to sexual health and prevention, and lastly any particular hobbies of interest. In-depth interviews were conducted with the participant after the photos were taken. These photos were then discussed in a two-day interpretation workshop with a PSI regional research team in early October to determine differences in the profiles of at-risk versus not at-risk men. Risky behaviors are defined as having multiple sexual partners and not using condoms at last sex with FSW partners.

- c. “Gasy Band Cool” – GBC (Malagasy Cool Guys) campaign post-evaluation:
PSI conducted a post-evaluation of the *Gasy Band Cool* integrated mass media campaign in July 2009 that ran from July 2008 to January 2009. A total of 35 at-risk men in 2 sites, Antananarivo and Toamasina, were interviewed during focus group discussions and/or individual interviews. It was pre-determined that these men had been exposed to at least one element of the campaign (radio ads, radio shows, TV shows, DVD of messaged clip, or posters) and considered at-risk by having met them in high risk zones where risky behaviors, such as having unprotected sex with sex workers, takes place.
- d. In July 2009 PSI conducted a second round pretest study for the new design of Protector Plus packaging. The study focused on high risk men aged 25 to 49 years old and was conducted in both the urban and peripheral areas of Antananarivo. Sixteen in-depth interviews were conducted in order to assess the characteristics associated with quality condoms and to better understand how the perceptions of these characteristics influence condom purchasing. Additionally, four focus group discussions were conducted to discuss and confirm the study’s findings.
- e. A youth communication campaign on partner reduction was developed based on the findings from the youth TRaC study in 2008. In July 2009 a pretest of this youth communication campaign was conducted. The campaign focuses on the four main behaviors that were identified in the 2008 TRaC study: partner reduction, condom use, STI seeking treatment and modern contraceptive use. The campaign will integrate each of these four behaviors and will last one year.
- f. After receiving USAID approval, the PSI team carried out the activities proposed in the budget adjustment from July to September 2009. In total, 13 meetings were organized to discuss MSM programming and female condom coverage in seven *TOP Réseau* sites and one refresher training for FSW peer educators.
- g. Activities under the Global Fund Round 8 HIV grant, which are anticipated to commence in October 2009, are complementary to, and build upon, the solid foundation PSI has developed as a result of the USAID funded, targeted outreach/interpersonal communication (IPC) activities with most at risk populations (MARP).
- h. Because PSI has been acknowledged by local and international partners as a leader in STI/HIV prevention programs targeting MARP, we were once again selected by the AIRIS Indian Ocean Commission to attend a training on HIV in Mauritius.
- i. PSI extended its outreach and IPC work with vulnerable populations, and in particular, MSM at a new site in Taolagnaro. Since the beginning of the extension in December 2008, a total of 2,428 MSM have been reached through one-to-one sessions and small

group discussions. During the reporting period, nearly 370 MSM have received STI treatment and counseling and 325 have gone for VCT at selected *TOP Réseau* clinics. However, it is worth pointing out that to date, the Taolagnaro site has yet to refer any MSM patients to *TOP Réseau* clinics as they are still learning about the MSM environment. PSI will start referring MSM patients for VCT and STI services in Taolagnaro October 2009.

5. Cross-Cutting Achievements

- a. Collaboration with SantéNet2:
PSI's role in the SanteNet2 project aims to strengthen the community-based distribution network for social marketing products within 500 'New Generation Kaominina Mendrika' (NGKM) and 300 "Old Kaominina Mendrika". To do so, PSI developed job aids to help community-based agents familiarize themselves with social marketing products. PSI's coordinator based at the Santenet2 office facilitates the collaboration between the two organizations and contributes to the reinforcement of the distribution system and scale up of the community-based Depo-provera service delivery.
- b. Following collaborative planning and thanks to SantéNet2 financial support the two programs were able to organize 13 trainings for MARP leaders in three sites during the reporting period. After agreeing on themes to be addressed and curriculum to be used, PSI's peer educators invited MARP leaders to attend training, which were typically co-facilitated by SantéNet and PSI field staff. Activities implemented thus far include trainings involving FSW leaders, men with high risk behavior leaders and MSM leaders. The sites selected are Antananarivo, Taolagnaro and Toamasina. Themes such as access to STI treatment, condom use, gender and sexuality, body and sexuality, rights and sexuality have been addressed. PSI and SanteNet2 are currently working on training curriculum addressing the issue around "How to live positively with HIV" as the number of HIV positive cases continues to increase in many *TOP Réseau* sites.
- c. Collaboration with WCS: Conservation and Human Welfare in Northeastern Madagascar. PSI is providing technical support to WCS, a sub contractor on the USAID grant, in the implementation of the integration of health and Family Planning interventions in the Antongil Bay area. This support will come in the form of establishing and monitoring relations with district and communal health authorities, providing technical training to AVBC, WCS and CSB staff as needed, as well as periodic technical support to build the content of radio programming and to develop the field based monitoring and evaluation component.
- d. Collaboration with Voahary Salama: PSI collaborates with VS at community level to reinforce the capacity of health workers in the management of integrated MCH and RH services, through the use of socially marketed products. The pilot project will be implemented in 4 communes within the districts of Moramanga

and Ambalavao. The Subcontract with Voahary Salama was signed on the 19th of March 2009, with first quarter activities to run from February-April 2009.

- e. Gender: a gender audit originally planned to be conducted by PACT will be rescheduled before the end of 2009.

MONITORING AND EVALUATION

To measure and improve the effectiveness of social marketing interventions across the health areas where PSI intervenes, significant resources are invested in the production of timely and actionable data. These data are used to make evidence based decisions for ongoing and future social marketing activities. PSI uses four types of studies to generate data for program planning and evaluation:

A) Qualitative Research (Project FoQus) - Qualitative research is used for concept development, photo narrative, pretesting communication materials and, if necessary, further exploring questions raised in segmentation using focus on scales and focus on segmentation (e.g. factors that differentiate users versus non users of a certain product/service).

B) TRaCking Surveys (Project TRaC) - PSI's TRaCking Results Continuously surveys collect data on evolving trends in logical framework indicators at the purpose, output, and activity levels with different target populations and for different health interventions. TRAC studies produce three sets of tables for program planners: 1) monitoring tables, which allow program planners to detect significant changes on logframe indicators; 2) segmentation tables, which allow them to explore the differences over time in certain behavioral determinants between users and non users of a product/service; and 3) evaluation tables, which provide them with evidence of the combined impact of PSI' communication activities on the desired behavior.

C) Mapping Surveys (Project MAP) - Project Measuring Access and Performance (MAP) informs program planners about the coverage of a product, the quality of the coverage and the equity of access among the target population. PSI has started using geographic information systems to produce maps, as a way to assess among other indicators, equity of access.

D) Priorities for Local AIDS Control Efforts (PLACE) - PLACE studies use qualitative research methods such as key informant interviews, to identify the sites where people meet sexual partners. PSI and INSPC have conducted PLACE studies in large urban areas with high concentration of groups most vulnerable to STIs/HIV, and has widely disseminated this information to local HIV prevention groups.

1. Current and Completed Research Studies

During the period October 2008 - September 2009, we report progress on the following research studies and quality improvement activities. As in prior reports, key findings from TRAC and MAP studies available to date are summarized in Annex A, which also presents the adjusted research results from two periods (baseline and follow-up survey). As appropriate, Annex A also shows the suggested target for indicators for the next round of study.

a. Youth TRaC 2008 Follow Up Survey

Final detailed results on HIV prevention (Condom use, Partner Reduction and STI treatment) and Family Planning are available and the reports are under finalization. Results from this survey were used by marketing team to develop and adjust communication strategies on Condom use, Partner Reduction and STI treatment among youth and to develop the marketing plans. Details on these strategies are outlined in Activities Section. Results on all HIV TRaC surveys, combining those among Youth and those among Commercial Sex Workers and Clients (data collection for TRaC CSW and clients is planned in Dec 09) will be presented in 2010 among local partners and stakeholders with distribution of brochure outlining key findings.

b. **National Women's TRaC 2008 Follow up Survey**

Analysis of results was done based on the five behaviors assessed: slept under an insecticide treated net last night; use of home based safe water systems; current use of modern contraceptives; use of anti-malarial within 24 hours after symptoms at last case of fever for a child under five in the past two weeks; and use of Sur Eau and zinc during the ten days after first symptoms for the last case of diarrhea for a child under five in the past 2 weeks. For each behavior, the final detailed results (segmentation, monitoring and evaluation tables) are available. Three reports are under finalization: malaria prevention, diarrhea prevention and treatment, family planning. The malaria treatment results (use of anti-malarial within 24 hours after symptoms at last case of fever for a child under five in the past two weeks) and the baseline survey results on the availability of anti malarial at outlets reports are developed by Malaria Regional Team under ACTWatch project as for other countries. Net use results will be presented during the 5th Multilateral Initiative Malaria in Kenya in November 09 and during the 58th American Society of Tropical Medicine and Hygiene Symposium in Washington DC in November 09. Local dissemination will be done among Roll Back Malaria team according to availability of National Malaria Control Program.

c. **Population at Risk of HIV Follow up TRaC Survey**

The 2009 follow up survey will focus on Sex workers and their clients who are men selected from Hotzones during peak slot times within eight *Top Réseau* sites using the Time-Location-Sampling methodology¹. Behaviors of interest for SWs include condom use during last sex and STI treatment; for clients, a third additional behavior will be partner reduction. Due to the change in specific target group, a qualitative study using the Focus on Scales methodology was conducted in September 2009 to identify the scaled items for TRaC questionnaire. Results from this qualitative study are under analysis to get the final items to be included as constructs in determinants for the quantitative survey. Data collection for the TRaC HIV follow up survey will be conducted in December 2009. Due to the change in sampling strategy, we will not be able to compare 09 results for men at risk of STI/HIV with 06 results. Funded by QMM, an oversampling among Commercial Sex Workers in Fort Dauphin will be conducted to get results representative to the site on two main behaviors: Condom use, STI treatment.

d. **PLACE Survey Fort Dauphin:**

The follow up PLACE survey in Fort Dauphin was planned for Quarter 1 2009 but has not been conducted. This study was to follow on the 2006 PLACE Survey, and to be financed fully by QMM, with whom PSI/M has signed a contract for specific social marketing activities in the Anosy region. QMM has informed PSI/M that it is assessing the political situation before requesting PSI/M to carry out the planned research.

e. **Qualitative Study on Cycle Beads:**

In collaboration with the GeorgeTown Institute of Reproductive Health, this survey was conducted in the south of Madagascar (Beroroha, Ankazoabo, Sakaraha, Benenitra, Betioky, Ampanihy) in November-December 08. Results were presented to IRH

¹ Time sampling location is a widely used sampling strategy for quantitative studies with hard to reach populations. Hard to reach populations are those that are not easily accessible through household studies, which is the case for sex workers and their clients. The methodology is also often used for cluster sampling of so-called floating populations, which are not attached to a specific site but move freely between sites. Sites however are accessible to researchers who can conduct interviews on-site. When using time-location sampling, the primary sampling unit for floating populations is not only the physical site but also the time of the month/week/day when sampling takes place. Respondents for the surveys will be chosen randomly within selected sampling units.

Madagascar staff in March 09. Final report will be available soon. The study aimed to assess the community based distribution of cycle beads, and the results will be used to improve services and related training activities particularly as distribution is scaled up. A total of 105 structured interviews were conducted among CBD agents, 2 focus groups were held with users of cycle beads, and 21 in-depth interviews were conducted with e/g local partners, chefs de fokontany, DHS medical staff.

f. **Mystery Client Follow Up Survey in Morondava:**

This is the last Mystery client survey per site, which was conducted in July 08. Results are compared to baseline findings from the Morondava survey in August 2007. Due to the increase of number of clinics and sites within Top Réseau project, and budget limitations, the next round of Mystery Clients in 2009 will use the LQAS methodology (19 clinics will be randomly selected among the existing 130 TR clinics). As such, results will be representative of all sites nationally but no site specific results will be available.

g. **Foqus on Segmentation, IUD:**

In collaboration with PSI's Women's Health Project, a qualitative study using the photo narrative and prompt narrative methodology was conducted among 30 women 25 to 35 years old, users and non users of the IUD from September-December 2008 in 4 sites: Antsirabe, Tamatave, Majunga and Antananarivo. The study provided women with disposable cameras and asked them to document their lives and their ambitions in life for one-day; they then came together and produced a collage of their pictures which allowed them to tell their story. Their stories subsequently allowed programmers and communication staff to construct an ideal archetype of an IUD user and an audience profile for communication purposes. Researchers further conducted selected in-depth discussions with both users and non users of the IUD, as a way to identify key barriers to IUD use and to develop an audience profile. Three external PSI staff guided the interpretation and marketing plan development workshops, including PSI's Regional Researcher, Regional Marketing Advisor and the Deputy Director for Qualitative Research from PSI Washington.

h. **Mystery Client Survey**

Beginning in 2009, Mystery client survey has used the LQAS methodology. Nineteen clinics among the 130 existing *TOP Réseau* clinics were randomly selected to get representative sample of all *TOP Réseau* clinics nationally. Data collection begun in August 09 and is ongoing. Previous to 2009, survey was done per site. National global results will be available in November 2009.

i. **FoQus on Concept Development-Protector Plus**

A qualitative study using the photo narrative methodology was conducted among High Risk Men users and non users of condom in September 2009 in Antananarivo. The objective of this qualitative study is to get the audience profile, the beliefs to change and to reinforce among target groups for communication purposes. With the help of external PSI staff (PSI's Regional Researcher, Regional Marketing Advisor and the Responsible for Brand positioning from PSI Washington.) interpretation session and marketing plan development workshops using the DELTA process were done in September 09.

2. Other Qualitative Studies Conducted During This Period

Several other qualitative studies were completed during the reporting period. They include: an assessment of CBD agents' motivation and needs in Ifanadiana, Tamatave and Betioky in July 08;

Foqus on scales (for TRAC questionnaire development) on diarrhea and malaria prevention in Tamatave and Majunga in July 08; Foqus on scales on malaria treatment with ACTwatch in August 08; a youth reproductive health baseline assessment before the launch of Top Reseau in Fianarantsoa in September 08; a campaign assessment of Aina Sarobidy (malaria prevention) in Majunga in December 08; pretesting of the new packaging design of Protector Plus in March 09 in Antananarivo and Tamatave; and lastly validating changes to a FP IPC tool in January-March 09 in Antananarivo; pre-testing of a radio campaign on diarrhea entitled Aina Sarobidy, pretesting of different BCC materials and support pamphlet VIASUR, boîte à image Malaria, packaging Misoclear and assessment of the strategy of project RANORAY.

3. Planned Research Studies October 2009 – March 2010

a. MAP Phase 2 Study Follow-up

This study gives information about coverage, quality of coverage, access and equity of access to socially marketed products, especially those for highly targeted interventions such as condoms. The MAP Phase 2 baseline was conducted in 2006 to assess access and availability to condoms in selected urban high risk zones. The follow up condom hot zone MAP survey will be conducted in parallel with the TRaC Population at Risk of HIV planned for the end of 2009 and at the same areas as the TRaC HIV population at Risk Survey. Results will help programmers and distribution teams improve weak spots in current distribution and promotion efforts.

b. Population at Risk of HIV Follow up TRaC Survey

Data collection will be done in December, data entry, data analysis and report development will be done by Q2 2010.

c. Outlet and Household Malaria treatment survey

These follow up surveys within ACTwatch project are planned to be conducted in April-May 09. Results will be used as baseline for AMFm project.

d. Child Survival TRaC survey with POUZN

With POUZN funding, ABT plans to conduct a behavioral survey with help from PSI in January 2010.

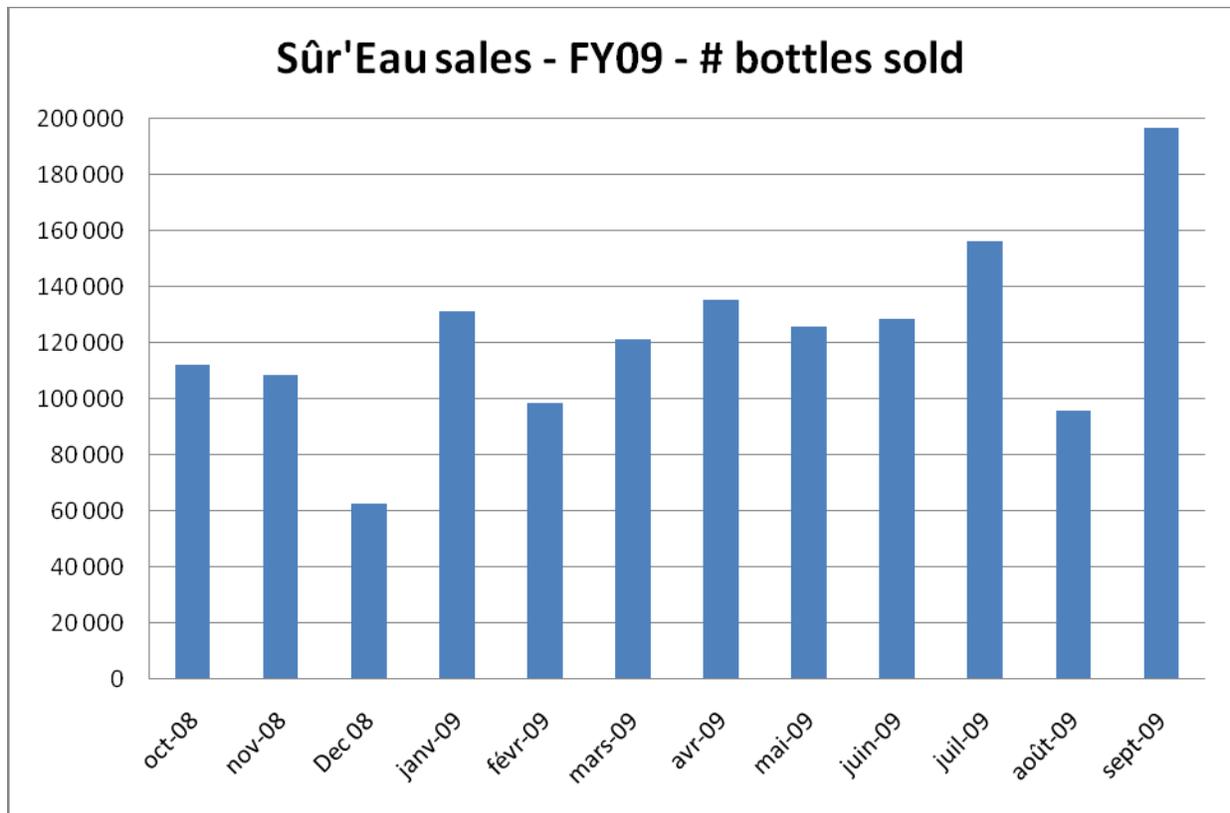
e. Qualitative Surveys

Photo narrative surveys to get audience profile on short term methods users are planned in Q1 2010.

RESULT AND ACTIVITY HIGHLIGHTS
Result 1. Maternal and Child Health

A. Diarrhea Prevention - Increased correct and consistent use of Safe Water Solution (SWS) among low-income Malagasy households

The relation with Sigma, the local manufacturer that has been producing Sûr'Eau since 2004, is still strong. A new 2-years contract has been signed. The production capacity of the plant is now 5,000 bottles per day which allows rapid response after a cyclone, a cholera outbreak or a natural disaster. All materials except for the caps are produced locally, which permits maximum flexibility in production planning and contributes to the local economy. The PSI/Sigma partnership has flourished over the years and is another aspect of the Sûr Eau success story. Discussions are ongoing to diversify the Sûr'Eau range, and R&D is under way at Sigma to address some of the product barriers identified in the 2008 TRAC results.



Despite the turmoil caused by the socio-political crisis and the measures that followed it (including the inability to work directly with the public sector), Sûr Eau sales remained high, and exceeded objectives. This confirms the trend noted in the previous semester report: Sûr'Eau sales and consumption are becoming less seasonal, more consistent over time. Rainy season, as it brings cyclones and flooding that require more intensive water treatment, still coincides with greater demand, but fluctuations are less important than previously observed.

The share of the “traditional” private sector distribution channel represents the vast majority (85%) of Sûr'Eau sales over other channels such as Ranoray, Sekoly Sur'E OR Hotely Sur'E. Despite the reduction in the number of sensitization activities, sales reached assigned objectives in the Ranoray network. During

the reporting period, HIP implemented its sanitation marketing program which consists of giving pilot communities a package of water treatment, hygiene and sanitation products. Sûr Eau is part of this package.

During the reporting period, PSI evaluated Ranoray, a project that aimed at increasing Sûr'Eau availability through the involvement of women groups that conducted IPC and product sales. It found that Ranoray, since it was requiring intensive supervision and contributed in a limited way to the overall Sûr'Eau objectives, was neither cost effective nor sustainable. PSI decided to put an end to Ranoray and is exploring other possibilities to implement a new community-based distribution approach with HIP. One of Sûr'Eau's greatest challenges is to increase rural penetration, both to increase product availability in rural areas and to increase the reach of BCC activities. This new approach will seek to increase Sûr Eau access in remote areas. Indeed, TRaC 2008 results show that there has not been any significant change in the use of Sûr'Eau in the last 24 hours and in the past month in rural areas. This new approach will build on lessons learned during Ranoray implementation and best practices.

Behavior: Used Sûr'Eau in the Past month, Risk Group: 15 to 49 Year Old Mothers/Caregivers of Children under Five Years of Age in Rural Area

INDICATORS	2004 (N=1196)	2006 (N=1298)	2008 (N=879)	Sig
BEHAVIOR/USE	%	%	%	
- Used <i>Sûr'Eau</i> in the last 24 hours	2.3 ^{ab}	1.0 ^a	2.5 ^b	ns
- Used <i>Sûr'Eau</i> in the past month	8.4 ^a	9.0 ^{ab}	12.0 ^b	ns
- Ever used Sûr'Eau	20.1 ^a	18.3 ^a	31.5 ^b	***
- Treated water with prior to consumption (including chlorine, boiling, filtering) in the last 24 hours	n/a	n/a	34.2	n/a

Sekoly Sur'E is the program component that suffered the most from post-crisis adjustments. Largely in part because most public sector schools were part of the program. For example, all 102 Sekoly Sur'E recruited in the Ambohidratrimo district during the first quarter of the previous school year are public schools.

During the reporting period Hotely Sur'E suffered from insufficient follow-up; therefore, Hotely Sur'E in Morondava and Manakara have been re-organized in order to correct this lack of supervision. A supervisor will be assigned to Hotely Sûr'E to ensure that activities are continuing and that Hotely Sûr'E members are fulfilling their commitments.

To make up for the drop in sensitization activities, six different radio spots (hourly jingles) have been developed and aired over 1,200 times. As soon as movement restrictions were lifted, MVU activities resumed: 530 MVU activities – animations / projections / flash sales reached over 43,500 people in the target audience over the reporting period.

B. Diarrhea Treatment - Increased correct and consistent use of Diarrhea Treatment Kit to treat diarrhea at home

PSI/Madagascar's diarrhea treatment strategy developed early 2008 under the POUZN funding mechanism focuses on increasing availability of pre-packaged ORS and zinc therapy in two ways: through traditional social marketing channels (pharmacies, depots and private providers) to reach commercial markets on a national scale and through targeted efforts at the household level in high-

prevalence communities through community-based distributors. Therefore, the POUZN project team developed two DTKs brands and two distribution models to balance its goals of program sustainability with achieving health impact among the poor. Both brands include a blister of 10 zinc tablets, 2 sachets of low-osmolarity flavored ORS packets and instructions. The heavily-subsidized brand, “Viasûr”, has orange-flavored ORS and instructions in Malagasy. The cost-recovery premium brand, “Hydrazinc” has strawberry-flavored ORS and instructions in French. Both brands obtained official authorization from the local drug regulation authority to be marketed in Madagascar.

Following a long brand and packaging development process and minor issues with the supplier, arrival of DTKs in country has been delayed. The first batch of DTK arrived in Madagascar in February 2009. It contained 179,000 kits including 33,000 ViaSûr and 146,000 HydraZinc. Each element of the pack arrives separately. Once in country, the products are packaged together under PSI/Madagascar’s supervision. A supplier was identified to insert ORS sachets and zinc blisters into the PPT packaging, print lot number and expiry date and produce cartons.

TRaC 2008 gave PSI data about zinc and ORS use, knowledge, as well as families’ behaviors in case their children under five had diarrhea.

Behavior: Appropriately treated with ORS or ORT and ZINC a child under five who had diarrhea during the last two weeks

INDICATORS		2008 (N=514)
BEHAVIOR/USE		%
- Received ORS or ORT and ZINC to treat diarrhea		0.1
- Received ORS and/or recommended home fluids		58.2
- Treated with zinc supplements for 10 days		0.1
- Received increased fluids during the illness		71.6
- Received the same amount or more food during and after the illness		38.6
- Delivered care to CU5 from CHW (in rural area)		1.5
OPPORTUNITY		%
<i>Availability</i>		
- Could identify a community health worker or facility within 1 hour of home		74.3
ABILITY		%
<i>Self Efficacy</i>		
- Be able correctly explain ORT/ORS preparation		38.6
- Be able explain correct zinc administration and duration		0.3

TRaC results have guided the team in the development of a communication strategy for the coming years. These results show that, despite the fact that zinc had been introduced in Madagascar since 2006, use is almost non-existent with 0.1% use of combined ORS/zinc. Knowledge is also nearly non-existent, with only 0.3% of respondents able to explain correct zinc administration and duration. TRaC 2008 shows how the new DTKs are for parents, as well as, for medical staff and community-based agents. Therefore, the marketing strategy revolves around making the product more readily understood. Product visibility in stores and with community agents will be maximized. Video spots emphasizing ease of use and effectiveness in treating uncomplicated diarrhea have been produced and will be aired on national TV (Hydrazinc) and MVU (Viasûr).

Activities during October 2008 – September 2009

1. Trainings

PSI started DTK distribution activities in April 2009. Since that date, a number of trainings of community agents took place through partnerships with NGOs working in seven pilot districts, as well as other NGOs that requested training in diarrhea management with ORS and zinc to complement their activities. The table below summarizes the number and type of agents trained by district, with different partner NGOs (April-September 2009).

NGO/Partners	Number of trained agents	Type	Districts
MCDI	43	Trainers	Tuléar II, Betioky, Sakaraha, Benenitra, Morombe, Ampanihy
	254	Community agents	
PENSER	1	Trainers	Antsirabe II
	23	Community agents	
CRS	2	Trainers	Betafo
	29	Community agents	
ZETRA	27	Community agents	Majunga I & II
Association des Jeunes Travailleurs de Vatomandry	60	Community agents	Vatomandry
Association de développement de Fort Dauphin	30	Community agents	Fort Dauphin
Subtotal	46	Trainers	
	423	Community agents	
TOTAL	469		

Trained community agents were given startup kits including 10 Viasûr DTK. Tools for both, the management of uncomplicated child diarrhea, as well as, for the management of DTK sales in the community were also included in the startup kits. Most trainers that received DTK training of trainers are area supervisors of partner NGOs, and therefore have the capacity to train community agents based in the community.

Hydrazinc, the cost-recovery DTK distributed in pharmacies and dépôts de médicament in urban and suburban areas, trainings were regularly organized for medical doctors, pharmacists and pharmacy clerks. Trainings took place as part of the MoU between PSI and the CROM (Conseil Régional de l'Ordre des Médecins), Madagascar's Regional Medical Associations. PSI also entered into a MoU with the Birth Attendants National Federation (Fédération Nationale des Sages Femmes - FNSF). In September 2009 PSI organized a training on diarrhea management using DTK in Diego Suarez, during the national annual meeting of FNSF. Mini-launches and CROM trainings will continue in other regions and through other collaborations. The table below summarizes the number of agents trained by PSI in management of uncomplicated ORS and zinc (July - September 2009).

ONG/Partners	Number of people trained	Type	Regions
CROM	105	Médecins	Bongolava, Diana
FNSF	187	Birth attendants	National
Pharmacists /Counter staff	72	Pharmacists /staff	Tana, Diego, Tamatave, Antsirabe, Tuléar, Majunga
PSI (Med. promotion dept.)	1,800	MD	National
TOTAL	2,164		

2. Communications

The following communication materials have been produced to support the social marketing strategy of both Hydrazine and Viasûr:

Type	Number	Users
Video spots	2	MVU – NGOs - CROM
Audio spots	4	MVU – NGOs - CROM
Brochures	5,000	AC – CROM – PSI - FARMAD
Point of sale materials	750	Pharmacie - Dépôts
Banner for stands / presentations	4	PSI Promoteurs

Following USAID’s recommendations after the socio-political crisis, radio and TV spot airings on national radio / TV have been postponed until a later date (starting November 09). Following TRaC 2008 results, communication themes focus on knowledge and correct ORS and zinc use. For Viasûr, communication materials emphasize the role played by community agents. Other communication supports are being produced (mini-movies, counseling cards, radio spots in local languages) and will be aired or distributed during the diarrhea season (November-March).

3. Distribution

Following the socio-political crisis which makes it impossible to work through the public sector, a new distribution system with SantéNet 2 and other NGOs has been setup to ensure availability of DTKs at the community-level in different intervention and pilot areas. The PSI team ensures availability to the district level and NGOs ensure availability to community agents in the community (communes, fokontany). Consequently, community agents evaluate DTK needs of the target population in their area and send product need forecasts to their respective NGOs through supervisors.

RESULT AND ACTIVITY HIGHLIGHTS
Result 2. Family Planning and Reproductive Health

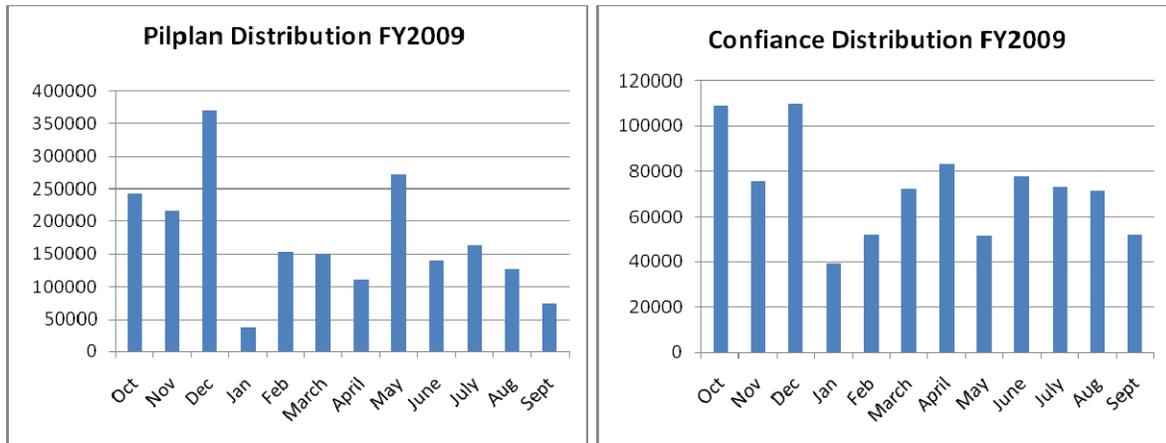
As with the preceding activities, family planning and reproductive health services were also greatly affected by the security situation and the political crisis. These disruptions hindered product sales and programmatic activities. However, that latter part of the year saw a return to relatively normal activities and enabled programs to recommence. The following outlines the results and current activities for each area within family planning-short term hormonal methods, long term contraceptive methods and cycle beads, as well as, highlights a couple developments in reproductive health.

1. Family Planning

a. Sales and distribution of short term hormonal methods (STHM)

The difficulties met by medical detailers to perform their task as usual due to the security situation and the impact of the political crisis, as well as the interruption of all mass media communication since February 2009, all contributed to affecting the level of sales as shown on the graphs below.

Pilplan and Confiance sold during the FY09 and this despite the distribution in the community started and a promotion sale was done from October to December 2008.



Pilplan and Confiance packaging was redesigned to coincide with the planned 50% price increase to take place in January 2010. Pretests results were positive, and it is anticipated that the new pill (Microlut) will adopt the same pricing as Pilplan.

b. Women’s Health Project – Long term contraceptive methods

USAID’s FP program is complemented by the WHP (under other donor funding) that focuses on increasing the use of modern long term family planning methods (LTM), such as IUDs and implants.

To ensure immediate results in the initial stage of the project, PSI tapped into its existing branded network of accredited adolescent reproductive health (ARH) care providers *TOP Réseau*. In the first year of the project, over 90% of all insertions had been reached via this network, consisting of 38 trained and operational health care providers working in nine regions (out of 22) for IUD insertion and 14 trained and operational health care providers working in five regions for implant insertion. Additional providers were also certified from partner NGOs, the private sector, and the public sector to expand the service delivery network in urban and peri-urban areas (18 for IUDs and 13 for

implants). Between October 2008 and September 2009, a total of sixty providers were trained or received refresher courses in LTM insertions.

PSI developed the ProFemina umbrella brand in collaboration with partners, to be used as a leverage tool for socially marketed contraceptive products, as well as FP network providers. This social franchise of FP services and products is positioned as a complement to the youth-focused RH franchise *TOP Réseau*. However, service providers are encouraged to belong to both networks. All ProFemina providers were required to offer STHM as well as one or both of the LTMs promoted for increased choice to women.

Between October 2008 and September 2009, about 14,939 women will have been served by network providers with the LTM of their choice, i.e. 13,970 IUDs and 969 implants.

PSI developed a comprehensive communication campaign that includes targeted communications focused on decreasing the behavioral barriers surrounding LTM use among women. A mixed channel campaign with unified messages promotes behavior change on a range of FP issues through methods such as “edu-tainment” films and documentaries used on mobile video units, participatory shows, and radio programs.

In addition, 105 male and female outreach workers were recruited and trained to educate women and their partners on FP and LTMs. The focus of the training was to inform them of services in their area in order to enable them to refer individuals to a point of sale or network service provider. Outreach workers reached 63,159 individuals through educative talks and offered personal support until formal counseling session with a provider could be conducted. Many of these outreach workers were themselves satisfied users of LTMs, and one out of every six women who were informed by a PSI outreach worker became a LTM user themselves. MVUs, accompanied by communication agents, exposed 95,111 individuals to FP messages on a range of products, including the IUD. The MVUs are especially suitable to enable PSI to visit communities to increase awareness and stimulate interest in LTMs among target populations.

Reports from regional medical coordinators and outreach workers in the most northern and southern regions of Madagascar indicated a lack of interest in and even considerable resistance to LTMs among non-family planning providers, who were members of influential local organizations such as the Regional Council of the National Order of Providers (CROM). Hence, to raise awareness among CROM members of the benefits of LTMs and to demonstrate proper insertion techniques, PSI regional staff in several regions organized half-day symposiums on LTMs, which attracted many participants. These discussions and activities increased interest in LTMs.

c. Cycle Beads

PSI distributes cycle beads in collaboration with SantéNet2 via their community based agents. During the reporting period, 5,060 initial startup units were distributed. Since the end of the IRH initial funding in June 2009, USAID funding was awarded to add 20,000 units to SantéNet2 areas of intervention.

d. Sales and Distribution of Condoms

PSI distributed 20,746,289 male condoms during the reporting period for both family planning and STI/HIV programs. This equates to 96% of the objective, which considering the political environment demonstrates a considerable achievement. Nevertheless, PSI plans to catalyze the condom brand to increase awareness and the visibility of the product. The repackaging is driven by evidence-based research to attract new audiences and improve its position for the last quarter of 2009.

The female condom, *Feeling*, was more acutely affected by the political environment due to the curfew which did not permit FSW to work late at night. Consequently, 14,514 branded female condoms were distributed amounting to almost 53% of the objective for FSW.

Result 1: Increasing Informed Demand for and Access to Socially Marketed Contraceptives and High Quality FP Services

Output 1: Improving the Opportunity of the Target Group to Practice Modern Family Planning

Access and affordability:

PSI Madagascar's FP strategy focuses on increasing availability of contraceptive products in two ways: through traditional social marketing channels (pharmacies, depots and private providers) to reach commercial markets and community-based distributors in rural areas. To limit leakage between the two channels due to a lower pricing in rural areas, different packaging is being used for community distribution for all products.

Medical detailing teams visited new pharmacies and private providers to assess stock inventory and train salesmen. They also held regular educational sessions with women at the community level to discuss a variety of topics associated with contraceptive use: benefits, possible side effects and how to best address them, and common fears and misconceptions. During this reporting period, a total of 860 women were educated and 174 salesmen in medical depots were trained.

Training activities for community-based agents (CBA) resumed in July 2009, resulting in 107 CBAs being trained in FP by PSI during the final three months of this reporting period. These agents were provided with an initial start up stock of 1,070 cycles of Pilplan. In collaboration with SantéNet2, PSI also provided an initial start up stock of 5,480 doses of Confiance (548 CBAs were trained in injectable service delivery), 5,060 units of Cycle Beads, and an additional 10,120 cycles of Pilplan.

Two FP provider trainings were conducted with 27 providers in April in Antananarivo and 25 in June in Antsirabe. Five refresher trainings were conducted with 102 providers in May in Mahajanga, 60 providers in August in Ambatondrazaka (Toamasina), 52 providers in July in Tulear, 53 providers in September in Diego, and 42 providers in September in Fianarantsoa. A total of 315 providers attended PSI's Continuous Medical Trainings and 52 providers were trained on basic FP.

Output 2 & 3: Improve the Ability and the Motivation of the Target Group to Practice Modern Family Planning

PSI's 2008 TRaC results identified two determinants as having significant impact on the use of modern contraceptives for both urban and rural women: self efficacy (ability to use pills and injectables) and belief (incorrect belief regarding infertility and safety of pills and injectables). The study's results also indicated the importance to focus communication on rural areas.

In April, the report Harena ny Taranaka TV program was updated and the speech was reduced and the speech of the authorities was taken away to be adapted to the situation and was used during MVU sessions. Sixty-three radio spots were aired and broadcast to promote Implanon use and to recruit clients for Implanon insertion during training days in Morondava and Fort-Dauphin (under WHP funding). MVU activities continued and during this reporting period 142 education sessions were held, reaching 36,867 people.

However, due to the crisis and the closure of certain radio stations, PSI suspended the radio broadcast of FP programs and spots. These are expected to resume in November.

Radio spots, TV spots, mini-films, printed materials, medical bulletins for providers and pharmacists will be created for MVU teams. Additionally, efforts were made to improve the educational program “Toky sy Antoka” based on the impact evaluation made across the various channels.

Indicator Achievement

- **Increase the percentage of sexually active women 15-49 who are currently using a modern contraceptive method (national, urban and rural)**

The results from the TRaC Women 2008 survey showed a significant positive change for the % of married women who reported using a modern family planning method compared to TRaC 2006: from 21.9% to 34.0% nationally; from 24.9% to 34.0% in urban areas; and from 21.2% to 33.8% in rural areas. This increase was mostly driven by injectables. The highest percentage was found among 25 to 34 year old women.

- **Increase the percentage of sexually active women 15-49 who are currently using an oral or injectable contraceptive (national, urban and rural)**

Data from the TRaC Women 2008 showed a highly significant increase in the % of women who reported using oral or injectable contraceptives compared to TRaC 2006: from 18.2% to 25.9% nationally; from 17.5% to 25.1% in urban areas; from 18.5% to 26.1% in rural areas. This increase was entirely driven by injectables. The highest percentage was found among 25 to 34 year old women.

- **Increase the percentage of women of reproductive age 15-49 who cite correctly side effects from using a modern contraceptive**

This indicator was not measured from the TRaC women 2008 survey, but the TRaC Women 2008 showed a significant change in the following proxy indicators:

Decrease the % of women of reproductive age 15-49 who report incorrect beliefs with regard to side effects of pill/injectable contraception

Data from the TRaC Women 2008 showed a significant increase in the % of women who reported incorrect belief regarding pills compared to TRaC 2006: from 67.5% to 93.6% nationally; from 76.4% to 94.1% in urban areas; from 64.8% to 93.4% in rural areas;

Data from the TRaC Women 2008 showed a significant increase in the % of women who reported incorrect belief regarding injectables compared to TRaC 2006: from 63.3% to 93.5% nationally; from 71.4% to 92.3% in urban areas; from 60.8% to 93.6% in rural areas.

Increase the % of women of reproductive age 15-49 who believe the IUD does not affect the quality of sexual relations with partner

Although this indicator was not used in previous TRaC studies, the results from the 2008 TRaC study showed that this determinant represents the most relevant belief affecting IUD use, with only 39.8% of women believing IUDs do not affect the quality of sexual relations with their partner (46.2% in urban areas and 38.5% in rural areas).

- **Increase in the mean score for belief indicators regarding pills and injectables among women of reproductive age 15-49 from 2.73 in 2006 to 2.93 in 2008**

As in 2006, belief (on side effects or functional nature of the method) remains one of the important determinants of behavior among women of reproductive age. Moreover, belief indicators showed a significant negative change with a decrease in the mean score from 2.67 in 2006 to 2.49 in 2008 about belief for pill, and decrease too from 2.87 in 2006 to 2.62 in 2008 about belief for injectable which required a specific approach.

PSI will therefore maintain its effort to communicate accurate information on the methods and break incorrect beliefs amongst the target group. It will focus its message on the correct side effects that are temporary and minor, and reinforce the knowledge amongst providers so that they contribute to this effort.

MOTIVATION	% or Mean Scores	% or Mean Scores	% or Mean Scores	
<i>Belief for pill</i>				
- Believed that oral contraceptives are reversible	20.1 ^a	20.8 ^a	43.4 ^a	***
- Believed that oral contraceptives have a lot of secondary effects which require stopping to use this method	50.0 ^a	48.8 ^a	73.5 ^b	***
- report incorrect beliefs with regard to side effects of pills contraception	68.0 ^a	67.5 ^a	93.6 ^b	***
Mean	2.66 ^a	2.67 ^a	2.49 ^b	***
<i>Belief for injectable</i>				
- Believed that injectable contraceptives are reversible	70.5 ^a	70.3 ^a	93.8 ^b	***
- Believed that injectable contraceptives have a lot of secondary effects which require stopping to use this method	45.4 ^a	42.5 ^a	72.1 ^b	***
- report incorrect beliefs with regard to side effects of injectable contraception	65.4 ^a	63.3 ^a	93.5 ^b	***
Mean	2.87 ^a	2.87 ^a	2.62 ^b	***

^a and ^b: Same superscript from one year to another suggests no significant difference, while different superscripts indicate a significant difference.

*** indicates results are significant

2. Reproductive Health

PSI would like to highlight two issues in Reproductive Health that pertain to the franchised network of private clinics, *TOP Réseau*:

a. Extension of *TOP Réseau* to Fianarantsoa

As reported in the semester 1 report, PSI launched the 8th *TOP Réseau* site in the highland city of Fianarantsoa on November 14, 2008. Following a successful launch, which included the recruitment of 15 private doctors from 10 clinics as new TR members, the *TOP Réseau* site has transitioned into a

well-established resource for the community. April - September 2009 results from Fianarantsoa continue to demonstrate impressive results:

- 3746 youth clients who came for RH services (STI, FP, RH services);
- 1546 youth clients who came for FP counseling and services;
- 298 youth who visited for STI counseling and services;
- More than 5941 discount coupons distributed among youth by the team of 10 youth peer educators, with 3200 youth referred to TR clinics with discount coupons.

Since their training, trained *TOP Réseau* doctors in Fianarantsoa inserted 509 IUD (between April and September 2009). More than 8,932 visits were made by FP counselors to provide women with correct information on FP methods including Long Term Methods.

b. Moramanga – a different reproductive health service delivery model

PSI remains interested in developing and piloting a different reproductive health service delivery model, or a less costly and less labor intensive adaptation of the existing *TOP Réseau* model. With the additional funding from USAID, PSI is preparing the launch of *TOP Réseau* in Moramanga. Moramanga was chosen based on the local context, its position as a crossroad city where different high risk activities are taking place, the presence of a mining project and the potential private clinics to support our activities, its accessibility considering it is not far from the town (Tanà where it will be attached). The launch is scheduled for the end of year 2009.

PSI will extend activities to Antsirabe and Fianarantsoa and integrate VCT services in four clinics. The services will be launched in December 2009. Currently, PSI is training the counselors and laboratory assistant for this launch.

RESULT AND ACTIVITY HIGHLIGHTS

Result 3. Malaria

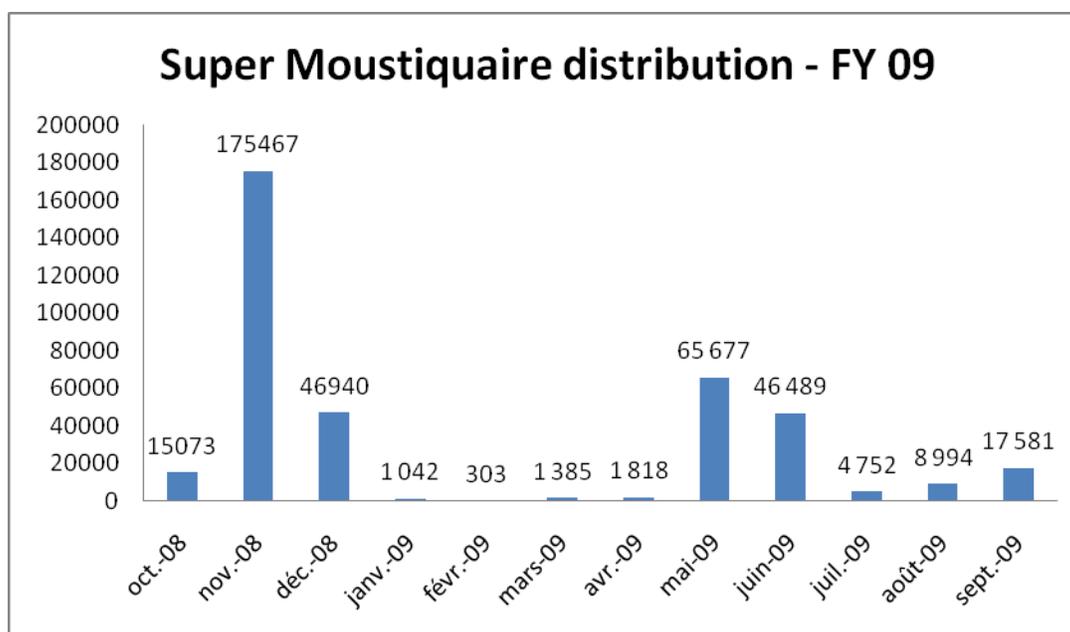
1) Malaria Prevention - Increased use of insecticide-treated mosquito nets (ITNs) among high risk groups (pregnant women and children under five)

a) Distribution activities

Social marketing long-lasting insecticidal-treated nets (LLINs) complement routine LLINs to meet the continuous demand for LLINs in between mass campaigns (LLINs destroyed, new child birth or pregnancy in the household). The table below illustrates this dynamic.

INDICATORS	2004 (N=1422)	2006 (N=1487)	2008 (N=1161)	Sig.
MARKET SHARE	%	%	%	
- Private sector	n/a	12.6b	2.3c	***
- Public Sector	n/a	26.2b	51.7c	***
- Social marketing (highly subsidized)	n/a	61.2b	46.0c	**

Sales during the reporting period have been 385,521 LLINs, with the following monthly breakdown.



b) Communication activities

During the reporting period, PSI aired radio spots related to malaria 6,605 times and displayed 685 MVU shows. Most of these radio spots (5,580) were part of a campaign to create demand for blue LLINs. Following a recommendation from the national malaria control program (NMCP) and some research findings, it appeared that white LLINs were not very well accepted in certain areas of Madagascar where the white color of the net and its texture reminded of the cloth traditionally used to cover dead bodies. The NMCP therefore required to diversify the color of LLIN and to introduce green or blue LLINs. As per this requirement, one third of all orders of LLINs are now made in these colors. The first batch of colored LLINs received was blue. In order to easily identify the source of LLINs in project areas, PSI/Madagascar decided to exclusively assign blue LLINs to the community-based distribution channel.

Shortly after introducing this new product to the market, the PSI team noticed that initial takeoff of blue LLINs was slow and community-based agents complained that they were not well received by the population. In order to address this problem, PSI designed a radio campaign to create demand for this new color of nets. A one-minute song containing promotional and educational messages was written and recorded by a popular band featuring 2 popular singers. It was aired intensively (the 5,580 broadcasts have occurred in just 3 months) to maximize exposure of the target group to the message. In addition to this, a music video of the song was produced and showed during malaria-related MVU shows and a poster has been created. This poster was displayed in CSBs, at the house of community-based health agents and in villages to announce the upcoming visit of the MVU team. This campaign was successful, as sales and the acceptability of blue LLINs picked up rapidly after its implementation. Indeed, the campaign started in October and blue LLIN sales picked up steeply November and December.

TRaC 2008 research results (see table below) showed that the indicator that did not demonstrate improvement over time was knowledge of malaria transmission modes. To address this issue, PSI developed radio spots focused on this theme. These radio spots have been aired 33,605 times nationwide over the reporting period. In addition to this, recently produced counseling cards for community agents focus on knowledge of transmission modes and consistent LLIN use. Additionally, MVUs incorporate this theme in their messages and activities (28,729 sessions over the reporting period).

INDICATORS	2004 (N=1422)	2006 (N=1487)	2008 (N=1161)	Sig.
ABILITY	% or Mean Scores	% or Mean Scores	% or Mean Scores	
<i>Knowledge</i>				
- Know malaria is transmitted only through mosquitoes	29.7a	34.9a	35.5a	Ns

2) Malaria treatment - Increased appropriate use of pre-packaged anti-malarials among children under five throughout Madagascar

Management of uncomplicated malaria cases continues with Actipal, sold through pharmacies (80%) and trained community agents (17%). Sales are below objectives, as it seems that the model used to forecasting ACT needs was overly optimistic. ACT needs assessments have been established based on presumptive malaria cases, a model that overestimates real ACT needs due a number of related activities. There is a reduction in the number of malaria episodes now that LLIN coverage has greatly increased in Madagascar. Moreover, there has been a reduction in the number of diagnosed malaria cases, thus reducing the number of ACTs used, due to the improved accuracy of diagnostic equipment, which was a result of the introduction of rapid diagnosis tests (RDT) to the public sector in 2006. Management of uncomplicated malaria activities in the community started in Global Fund Round 7 areas, and most communication activities are supported by USAID funds. Training of trainers for community agents took place during the reporting period. CSB chiefs, NGO technicians and managers who will supervise community agents have also been trained. A total of 324 people have been trained during the reporting period.

PSI created malaria counseling cards including both, prevention and treatment components, as well as a management algorithm that will help community agents make sound decisions when they consult a patient. Counseling cards will serve as a reminder of the main characteristics of ACTs for community agents, as well as, key tools for the interaction between the community agent and target groups. MVU teams will complement these efforts with sensitization sessions about correct treatment and case management in the community. During the reporting period, there were 558 MVU shows, reaching out to an estimated 99,232 people.

RESULT AND ACTIVITY HIGHLIGHTS

Result 4. HIV and AIDS

Madagascar continues to be characterised as a low HIV prevalence country. However, the STI rates in high risk populations continue to be one of the highest STI rates in the world, with syphilis rates ranging from 30% among sex workers in Tulear to 4% among the general population (EDS, 2003). Additional risk factors include multiple concurrent partners, including for women, low knowledge of prevention and increasing trends of commercial sex work. While TRaC 2006 data among most vulnerable groups indicated an increasing condom use during last sex with commercial or casual partner, overall levels remain low especially for youth and at risk men.

1) Indicator Achievements

Abstinence:

The first three indicators of the logframe were not, and in principle will not be measured in TRAC youth studies. This concerns the following abstinence related indicators:

- increase the % never married youth 15-18 in urban areas in project sites that reported never having engaged in sexual intercourse
- increased age at first sex among urban youth in project sites
- increased % of youth in USAID focus communes that reported not having had sex with a non regular partner during the past 12 months.

No separate TRAC has been conducted for youth 10-14 years of age in 2008 given the very high level of primary abstinence found in the 2006 TRAC. The 2008 TRAC youth did however include questions about age of onset of sexual intercourse, among non married youth 15-18 years of age; a non significant change was found between the two survey rounds, from 77% in 2006 to 73% in 2008. Similarly, the % of non married youth 15-19 who reported not having had sex before the age of 18 did not change significantly between 2006 (27%) and 2008 (31%).

Partner reduction:

- Decrease the % of sexually active 15-24 year old urban youth in project sites who report having two or more sexual partners during the past 12 months
- Decrease the % of sexually active 15-24 year old urban youth in project sites who report having two or more sexual partners at the same time during the past four weeks (multiple concurrent partnerships)

The table below shows results from the 2008 TRAC compared, where possible, with 2006 results. As the data indicate, there was no significant difference between 2006 and 2008 surveys on the first indicator. For the second main indicator, this was measured for the first time in 2008, and the percentage reported (39.4%) represents a baseline indicator against which 2010 results will be compared.

Results show that there remains a lot of work to be done to convince urban youth about the increased risk of STI/HIV with multiple partners

INDICATORS	2006 (N=2178)	2008 (N=1675)	Sig.
BEHAVIOR/USE	%	%	
- Had sex with less than two partners during the past 12 months (including commercial partner)	48.6	44.9	ns
- Had sex with less than two partners during the past months (including commercial partner)	n/a	84.4	n/a
- Had sex with less than two regular partners during the past months (including spouse)	n/a	27.9	n/a
- Had concurrent partners during the past months	n/a	39.4	n/a

Condom use

- Increase the % of sexually active 15-24 year old urban youth in project sites who report having used a condom during last sex with their non regular partner

- Percentage of young people in USAID focus communes who report having used a condom during last sexual activity with a non regular partner

As the table below indicates, condom use among both female and male urban youth appeared to have significantly decreased between the 2006 and 2008 TRAC surveys. Overall, the percentage of youth who used a condom at last sex, with either regular or non regular partner, decreased significantly from 26.1% to 20.5%. Condom use with occasional (non regular) partner dropped significantly from 51% to 35.8%, which is an alarming finding. For young adult men, condom use with a commercial partner also decreased.

INDICATORS	Female			Male			Total		
	2006 (n=2659)	2008 (n=1904)	Sig.	2006 (n=2178)	2008 (n=1675)	Sig.	2006 (n=4837)	2008 (n=3579)	Sig.
BEHAVIOR/USE	%	%		%	%		%	%	
used condom at last sex	16.5	12.8	*	37.6	29.7	**	26.1	20.5	**
used condom at last sex with occasional partner	43.1 (n=146)	31.0 (n=88)	ns	52.8 (n=697)	36.8 (n=466)	*	51.1 (n=843)	35.8 (n=554)	***
used condom at last sex with commercial partner	31.4 (n=255)	33.9 (n=60)	ns	66.6 (n=511)	57.6 (n=324)	*	55.4 (n=766)	53.0 (n=384)	ns

Preparations for TRaC GHR are underway, to be conducted in November-December 2009, among clients of sex workers and sex workers in seven *TOP Réseau* sites.

Output 1: Increase opportunity of target populations to adopt safer sexual behaviors

The political situation in Madagascar has impacted almost all field activities and programmatic implementation. Activities implemented under this output were based upon the behavioral determinants identified in previous TRaC surveys. JICA financed the production of a new 30 minute mini-film for use by MVUs focusing on STI/HIV prevention among men 25 to 49 years old in Toliary. This film talked about risky behaviors related to consistent condom use and partner reduction. It shows men with risky behaviors and how they will have an STI and HIV from their unsafe behaviors and presents choices on possible means of prevention that they should adopt. PSI and the communication agency recruited a famous singer from Toliary to increase interest in the film. The film was produced with versions in two dialects (in Toliary and Malagasy). The Toliary version of the mini-film will be used in two districts for

the first 6 months of the year following the financing strategy proposed by PSI. Conversely, the Malagasy version of the mini-film will be used by MVUs to cover all the districts in 3 other regions: Antananarivo, Toamasina and Diégo.

A communication plan for extensive promotion of the new Protector Plus brand and packaging were developed during semester 2 and will accompany the promotional launch. The two main points of interest for the marketing plan are to increase brand visibility and brand awareness and to increase the reach of the targeted consumer by using mid-media interventions. The campaign will utilize several media channels such as TV, radio and point of sale printed materials. Research regarding the number of condoms contained in a given box provided enough justification to differentiate the quantity included based on the target population. More specifically, this alters the price structure of each box which enables them to be more suitable for different markets, such as in gas station boutiques, super markets and pharmacies. In order to liquidate the current stock of the previous Protector Plus branded condoms, which was projected to last until September 2009, PSI transferred this stock to Antananarivo and Toamasina where the demand is highest. The launching period will start at the end of October 2009.

Activities during October 2008 – September 2009

Following the results from the Youth TRAC survey, PSI has taken a critical look at both its ongoing IPC/Peer education work and its mass media work for youth. Communication teams and programmers sat together and discussed ideas for changes that would make both channels more effective in reaching young people with essential reproductive and sexual health information while refraining from being perceived as boring or preaching. As a result, changes to the *Ahy Ny Safidy* TV show, for example, include: a more lively and active format focusing on being young and healthy in one's daily life (as opposed to a more generic clip they are likely to see at any TV show); less formal information given by the doctor interviewed moving away from the traditional didactic format; shooting in both coastal and high land areas; and new section of games/edutainment that resonate with young people in Madagascar. At the same time, PSI has reviewed its youth peer education training materials, and included more games and participatory activities with an educational message in them. An international volunteer with extensive experience working with youth on HIV/STI prevention work through theatre and interactive games provided several weeks of free technical assistance to the communication and program team.

In early January 2009, PSI began design work on new packaging for its male condom brand, Protector Plus. Pretesting of 2 designs is currently ongoing in Toamasina and Antananarivo. The design reflects a more modern look, a fresh color and updated tag line. PSI aims to launch the new Protector Plus in October 2009. We will also raise the price of the three-pack by 100% (from 100Ar to 200Ar). Research with consumers indicates that this price is still largely within the range of what they expect and can afford to pay for three condoms. During the reporting period, GBC communication campaigns were revised and refined with the second phase scheduled for FY2010.

After finalizing the youth communication plan in April 2009, the campaign's creative brief and tools have been developed. The communication team and the programmer explored new formats and concepts for ANS shows that would be more active, with a lively format. The shootings were done in each site (both coastal and highland areas) to reflect a local site context. Additionally, the campaign relies on famous local singers along with a new section of gags related to themes that resonate with young people in all eight sites.

PSI has reviewed the youth peer education training curriculum during the reporting period and trained all the 86 youth peer educators with the new communication campaign approach. The new format of youth peer educators sessions was improved with new session guides and it became highlights the more interactive approach for youth.

During the reporting period PSI produced and aired a communication campaign to improve the self-efficacy of young men to reduce sexual partners. A 30-second TV and radio spot were produced. To raise awareness of the campaign, a teaser ad will be aired to start each behavior campaign. Youth comic books and drama related to partner reduction were produced to complement the TV and radio productions and to reinforce the key messages.

The partner reduction campaign's label is "Fitiavana milay" or "Great love". After developing creative briefs, PSI worked with another agency on developing a concept and storyboard. The resulting communication tools have all been pretested with young males to ensure that the concepts and messages resonate and are deliver the intended messages.

A youth card was developed to increase the frequency and the impressions of each peer educator session. The card label is "Carte O TOP", a kind of fidelity card to PE session. These cards are used in order to motivate youth to attend all the PE sessions on each four behaviors promoted. After attending all four sessions, youth will receive a certificate recognizing their participation from PSI that will be useful for them in their resume. During the reporting period, youth peer educators have distributed more than 6,000 cards.

With the HIV Alliance budget realignment, each *TOP Réseau* site will plan two mini-special events to reinforce the youth communication campaign and to promote the *TOP Réseau* network. They have worked closely with chef fokontany and the youth leaders in their sectors. In Fianarantsoa, the target audience was reached through a football tournament. This event enabled the young men from each football team to be sensitized by the peer educators on condom use.

Output 2: Increase ability of target populations to adopt safer sexual behaviors

Approval from USAID had been granted in May 2009, and the PSI team began planning for the implementation of the below activities:

1. Following the proposed budget and activity adjustment, a series of 13 meetings were organized in seven *TOP Réseau* sites between the period of October to September 2009 with the following details:
 - a. Three programmatic meetings were organized in three *TOP Réseau* sites (Antananarivo, Toamasina and Antsiranana) demonstrated that MSM clients *are visiting TOP Réseau* doctors. In general, the program is working and more and more MSM clients are using *TOP Réseau* clinics for STI treatment and VCT services. Most of self-identified and non-identified MSM visiting the clinics are referred by peer educators using coupons. However, a few requests were made during the meeting to bring services to the hidden MSM populations and for *TOP Réseau* doctors to provide anoscopy. For the next period, a standardized MSM medical diagnostic chart will be produced and shared.
 - b. Three meetings were organized in three *TOP Réseau* sites (Antananarivo, Toamasina and Antsiranana) with PSI partners targeted STI/HIV prevention and continued promotion of the female condom. This meeting has enable participants to layout their own strategy to make female condoms more visible and available to FSW and their clients, as well as, to reinforce negotiation skills. They also emphasize the possibility of increasing female condom distribution and sales coverage using FSW gatekeepers.
 - c. Seven meetings were organized in seven *TOP Réseau* sites (Antananarivo, Toamasina, Antsiranana, Morondava, Antsirabe, Taolagnaro, Majunga) to increase gatekeeper's commitment to safer sex in their establishments (brothel and bar owners, SW associations and FSW's leaders, etc.) At the end of the meetings everybody agreed that building capacity of gatekeepers on condom use and safer sex would greatly complement peer educator IPC activities. Following the meeting, activity plans are already underway with the support of PSI field teams.

2. In addition, a programmatic meeting for PSI FSW and MSM peer educators to exchange lessons learned on condom negotiation, health service utilization, social support among FSWs was organized in Antsirabe from September 21st to the 25th. Highlights of the meeting/training include: 1) strengthening and building peer educators and SW/MSM leaders, as well as, some gatekeepers' (brothel and bar owners) capacity and negotiation skills will help them to increase condom use among FSW/MSM; 2) demonstration and negotiation skills received during meeting/training will help peer educators to increase female condom use or at least first trial among FSW; 3) peer educators also found that it is time for PSI to move away from narrow focus on health and towards a more multisectoral approach if it wants the FSW/MSM to adopt safer behavior; 4) the current outreach model has helped to target visible and invisible FSW/MSM, however geographic scope is too large for some peers educators to implement quality programs; 5) the current strategy is seen as an effective way for USAID funding to help FSW/MSM communities and PSI to achieve greater results, but simultaneously, it is time for the project to increase the community engagements and involvement, especially with the marginalized populations (FSW).
3. One of the commitments for this project was to conduct a photo narrative study for MSM. After reviewing strategic priorities and feasibility for each program it was agreed that this would not be the best utilization of resources. Instead PSI plans to use the money to have an expert facilitator assist the team to document lessons learned from our intervention programs with MSM by the end of 2009. PSI has been implementing targeted IPC activities with MSM in five large cities for the past 1.5 years (USAID funded) and are about to take this program to scale to two additional sites (with recently arrived Global Fund money). Expected output would be twofold: 1) documentation for internal use that paves the way forward for improved IPC work; 2) a short advocacy document, with some audio/visual material to accompany it, that PSI could use for internal and external audiences. All of the above activities will be documented.

Activities during October 2008 – September 2009

Since 2007, PSI has been working with peer educator teams on risk reduction strategies in three *Top Réseau* sites for mobile/working men more vulnerable to STI/HIV. During the reporting period, three peer educator teams (in Antananarivo, Toamasina, Antsiranana) have reached 30,911 high-risk men with STI/HIV prevention messages. Interest in their activities is high and they are often actively solicited to hold educational sessions in truck stops, tea shops and other places where working men gather. A new flipchart on partner reduction and STI prevention were developed and is being used by peer educators in their outreach work.

In addition to answering questions about STI/HIV, the peer educators also promote VCT for HIV at *Top Réseau Plus* clinics using discounted coupons. During the reporting period, they distributed 2,266 coupons, with 731 men going for VCT. Later this year, PSI will introduce discounted services for this group for STI diagnosis and treatment at *TOP Réseau* clinics.

Continuing with the partner reduction, STI treatment and consistent condom use themes, peer educators are becoming more and more innovative in linking mass and mid-media campaigns such as the *Gasy Band Cool* TV or radio programs to their one-to-one contact or small group discussions. This enables them to stay current and to keep the target audience interested in their awareness and education campaigns.

Another great innovation being tested in Antsiranana is the involvement of “Club Post Test” in PSI’s HIV prevention program. The “Club Post Test” is a group of volunteers who have received the results of their HIV test. They have decided to join PSI’s peer educator teams by forming their own clubs to inform

more people on HIV and the benefit of getting an HIV test. Through their regular meetings, which are assisted by PSI teams, they promote others to maintain post-test positive behavior. For them, maintaining post-test behavior means, keeping their HIV status negative and not relapsing with their past behaviors. To achieve this they advocate using condoms consistently with non regular partners, staying faithful with one, unaffected sexual partner, reducing the number of sexual partners and encouraging others to do so. This new form of collaboration represents an important tool in PSI's continuing efforts to reach its audience with newer, more innovative and engaging ways to change behavior.

In 2007, PSI also recruited four MSM peer educators to initiate peer education outreach in Antananarivo and Toamasina. This team has been expanded with an additional six MSM peer educators in Mahajunga, Antsiranana and Taolagnaro. These new six peer educators have already received their initial training. The peer educators initially worked on informal information gatherings among their peers, identifying hot spots for MSM activity, and identifying needs and opportunities for PSI outreach work. Currently, their focus is on providing information related to STI/HIV to MSM and to educate their peers on health issues ranging from body care to harm reduction. In collaboration with MSM associations, the peer educators also cover other topics such as discrimination, stigmatization and human rights. Additionally, they distribute STI brochures and condoms among their peers. A new information leaflet for MSM on risk reduction strategies was produced in close collaboration with MSM in April 2009. These leaflets are now being distributed by peer educators in Antananarivo and more are being produced for the other sites.

During the popular cultural event "Fanompoambe" in Mahajanga, an edutainment activity was organized in a local night club partnering the EZAKA Boina association (MSM association) where more 125 MSM attended and received messages on condom use, STI treatment including VCT and risk reduction.

As included in the modified USAID budget for HIV program for 2010, PSI plans to procure unbranded gel lubricant to respond to MSM's desperate needs before the launch of a lubricant for this population group with Global Fund support in 2010.

The outreach teams have conducted five trainings for a total of 45 *Top Réseau* providers in the provision of MSM-friendly services. MSM peer educators provide coupons during their outreach/IPC sessions for discounted STI and VCT services. During the reporting period, MSM peer educators spoke with 4,436 MSM, which included 2,428 individual contacts with peers, and 335 MSM going for VCT services and 370 receiving STI treatment or counseling at selected *TOP Réseau* clinics.

PSI continues to improve and expand its sex worker peer education program. The program is run in seven *TOP Réseau* sites and involves 21 trained peer educators. Peer educators serve as a point of contact for information, support and access to products/services for their community. During the current reporting period, peer educators reported 14,462 individual contacts with peers, sharing STI/HIV prevention messages with more than 17,795 sex workers, convincing 5,177 sex workers to seek VCT services and selling more than 125,000 condoms to their peers.

PSI received a total of 44,000 female condoms from USAID in 2008 and has introduced the use of female condoms in the seven *TOP Réseau* sites through its sex worker peer educator network, selected NGOs and sex worker associations. *Feeling* is being sold to sex workers in a package of three for 100 Ariary. Demand for the product is high. Since its launch in July 2007, nearly 84,000 female condoms have been distributed in a highly targeted manner including 48,750 during the reporting period. We receive continuous requests for the product from a variety of partner organizations including the HIV AIDS Alliance, AFSA, FIMIZORE and SISAL. The above mentioned meeting of partners on the female condom assisted PSI in better assessing actual use of the product. Feedback from partner SW and MSM associations are being assessed to help PSI learn how we can further improve our outreach and training activities on the female condom.

This year was also marked with a new innovation of encouraging SW leaders to map their hotspots zones with other stakeholders. This exercise has helped PSI field agents to map physical layouts and SW mobility (movement) in their sites, which in turn has helped the managers in planning effectively and targeting efficiently.

Although, ensuring the supply and visibility of female condoms in hotspots through FSW is labor intensive, PSI field agents have found a new and sustainable way to fill this important gap in their respective sites. Through the leadership of their supervisors, peer educators have cultivated a strong relationship with SW leaders and involved those who are invested in female condom sales. Female condoms are now available at the leader's houses, who sell directly to sex workers and those who are in need do not have to wait until a peer educator stops by. Some SW's leaders took this approach even a little further, in Toamasina for example; some leaders of SW are starting to personally escort those FSW from their neighborhoods who are still afraid or reluctant to see a doctor to a *TOP Réseau* clinic.

Two additional supervisors for outreach work with groups most vulnerable to STI/HIVs (FSW and MSM in particular) were recruited in late 2008 and began working in March 2009. They received two days of extensive program orientation training in April to enable them to be immediately operational. They are based in Mahajunga and Taolagnaro. This makes for a total of five supervisors, with three already active since early 2007 in Antananarivo, Toamasina and Antsiranana.

A programmatic meeting was held in Antananarivo in April 2009 involving these five program supervisors. At the end of the meeting, two strategic documents were produced including a 2009-specific work plan for the outreach program and a targeted communication strategy document for IPC activities and small group discussions. These documents will be assessed again before the end of 2009.

2) Indicator Achievement: STI Case Management

Given the high prevalence of STIs, including ulcerative STIs like syphilis, STI interventions remain an essential component of programs aimed at preventing sexual transmission of HIV. PSI has ensured widespread availability of *Genicure* and *Cura 7* in the private sector. The public sector endorses use of the kits in public sector facilities and distributes them for the very low price of 100 Ariary (<0.10US\$). Socially marketed kits are sold to the main pharmaceutical distributor FARMAD and to local doctors and pharmacists for 600Ariary (<0.6US\$).

In 2009, PSI purchased 157,500 Cura7 and 145,000 Genicure to cover social marketing needs and to avoid imminent stock out. However, due to the current political situation and the absence of World Bank funds, the MOHFP is not supplying STI treatment kits, as it once did. Therefore, while funding for these products continues to be a challenge, PSI's request for 280,000 Genicure and 340,000 Cura7 to cover social marketing needs in 2009 has gone unanswered. Most recently, PSI utilized program income to purchase 195,000 Cura7 and 150,000 Genicure to fill the void and attempt to reach 2009 objectives. Products will arrive in Madagascar in the last quarter of 2009. During this period PSI has distributed 393,767 Cura 7, 100% of its objective, and distributed 293,477 Genicure, 84% of its objectives. For the last two months, supplies could not meet demand due to the lack of stock available; therefore, sales will continue to be diminished until proper stock levels are achieved. The PSI team will exhaust all possible means to attain the total year objectives when the products arrive.

During the reporting period, the following activities were stopped because of the political crisis and budget constraints: doctor training, medical information and promotion on STI kit use, and STI case management. A strategic planning session is planned for 2010 to discuss the allocation of resources, budgets, human resources, and project timelines.

Activities during October 2008 – September 2009

PSI's SW peer educators encourage their peers to seek effective diagnosis and treatment services for STIs at qualified providers. This is accomplished through the provision of coupons for discounted STI services at *TOP Réseau* clinics. An estimated 17,768 coupons were distributed during SW peer outreach; 11,843 SW received STI services at *TOP Réseau* clinics.

For youth 15-24 years old, we report a non-significant change for the STI related purpose level indicator measured during the youth TRAC 2008 survey:

STI treatment

- Increase the % of sexually active youth 15-24 years old in urban areas in target sites with an STI in the past 12 months who sought treatment from a trained provider.

While in 2006, 57% of youth reportedly sought treatment, the increase to the reported 66% of youth in 2008 who did the same was not significant.

A follow up TRaC is planned among SWs and their clients in December 2009 to assess the extent to which they report use of STI services when a symptom was experienced. Both the 2006 youth TRaC and the 2006 TRaC among SWs and mobile men indicated that perceived availability of quality STI services are the main barrier to seeking treatment. One positive change from the 2008 youth TRaC study was the decreased percentage of youth who reported that STI services are difficult to find (from 40.3% in 2006 to 29% in 2008).

PSI continues to address access-related barriers to STI services through its youth peer worker teams, the communication campaign on STI treatment seeking behavior and the *TOP Réseau* providers. On the distribution side, medical detailers will continue their advocacy work to encourage use of the pre-packaged treatment kits in public and private health facilities. During this year, *TOP Réseau* doctors provided a total of 18,478 STI consultations to young people. For the next period, these medical detailers will serve as both, promoters and trainers, for private health providers.

CONCLUSION

In July 2008, Population Services International/Madagascar (PSI) was awarded a new Cooperative Agreement (CA # 687-A-00-08-00032-00) which allows PSI to expand its successful social marketing and behavior change communication interventions in family planning, maternal and child health, and STI/HIV prevention and treatment. The total project duration is five years and three months – from July 14, 2008 through September 30, 2013.

Between the political crisis and the reorganization, PSI has gone through a challenging year in Madagascar. As mentioned above and in its workplans for the following year, some objectives have been affected, but we have put measures into place to ensure that our objectives and management of this cooperative agreement are not compromised.

Important achievements were made despite the disruption throughout much of this semester. Sûr Eau sales remained high confirming the trend noted in the previous semester report that Sûr'Eau sales and consumption are becoming less seasonal and more consistent over time. *TOP Réseau* mobile services were piloted in Antsirabe for the FP LTM. PSI extended its outreach and IPC work with vulnerable populations, and in particular, MSM at the new site in Taolagnaro.

With the upcoming LLIN mass distribution campaigns funded by Global Fund RCC Round 4 and PMI, Madagascar is on the verge of reaching universal coverage, defined in the national policy as ownership of 2 LLINs per household. Abuja targets will likely be met by the end of 2010. During the next reporting period, PSI will be instrumental in transporting LLINs for these campaigns. One million PMI LLINs will be distributed in the regions of Vatovavy Fitovinany (November 2009) and Atsinanana (December 2009). Given the current restrictions in working with the public sector with USAID funding, PSI will work in partnership with local NGOs to transport LLINs and store them in private facilities, while distribution activities will be carried out by community agents. It is expected that these upcoming LLIN campaigns will accelerate the sharp reduction in malaria mortality and morbidity observed in Madagascar in the last few years.

With the news of Madagascar's successful HIV Global Fund Round 8, PSI will increase its on-the-ground activities with most at risk populations in partnership with the CNLS and local organizations. Several years of ongoing intensive work with these groups under the previous and current USAID grant agreements have made PSI a leader in this field. We will use lessons learnt from USAID project implementation, and leverage our existing staff and other resources to maximize efficiency when rolling out Global Fund activities. Our work in STI/HIV prevention has been credited by local and international partners as relevant and important given the state of the HIV epidemic in Madagascar.

ANNEX A: ADJUSTED LOGFRAME INDICATORS

Result One: Family Planning and Reproductive Health

Goal: Reduce maternal and child mortality and morbidity by improving reproductive health of Malagasy women and reducing unintended pregnancy.

Purpose: Increased use of modern family planning methods among targeted women

Indicator	Method of measurement	Baseline 2006	Baseline 2008	Result 2009	TARGET 2010	TARGET 2011	TARGET 2012
1	Increase the % of sexually active 15-24 old females in urban project sites currently using modern family planning methods		33.2%		TBD		TBD
2	Increase the % of rural communes with at least one point of sale that sells <i>Pilplan</i>	46%			55%		65%
3	Increase the % of rural communes with at least one point of sale that sells <i>Confiance</i>	42%			55%		65%
4	Maintain the % of urban communes with at least one pharmaceutical outlet and one other point of sale that sells <i>Pilplan</i>	n/a			60%		70%
5	Maintain the % of urban communes with at least one pharmaceutical outlet and one point of sale that sells <i>Confiance</i>	n/a			55%		60%
6	Increase the % of <i>Top Reseau</i> doctors who score at least 20 on minimum standard for FP counseling in mystery client evaluations		4.58%	n/a	65%	70%	75%

7	Significant increase in the mean score for self-efficacy indicators with regard to oral contraception for female youth ages 15-24 in urban areas	Behavioral tracking surveys (TRaC) 2008, 2010, 2012		3.02		TBD		TBD
8	Increase the % of female youth 15 to 24 in urban area who cite correctly side effects of modern contraception.	Behavioral tracking surveys (TRaC) 2008, 2010, 2012		n/a		TBD		TBD
9	Significant increase in the mean score for belief indicators regarding pills and injectable contraception among female youth 15-24 in urban areas	Behavioral tracking surveys (TRaC) 2008, 2010, 2012		Oral : 2.34		TBD		TBD
	Significant increase in the mean score for belief indicators with regard to pills and injectable contraction among women of reproductive age (urban, rural)	Behavioral tracking surveys (TRaC) 2008, 2010, 2012	Pills:2.67 Inject: 2.87	Pills: 2.49 Inject: 2.62		TBD		TBD
10	Number of socially marketed oral contraceptives sold in the last 12 months through the social marketing system	PSI monthly sales monitoring system	1,772,946	1,853,904	2,061,013	Pill: 2,601,500 Micropill: 80,000	Pill: 2,862,000 Micropill: 102,000	3,150,000
11	Number of socially marketed injectable contraceptives sold in the last 12 months through the social marketing system	PSI monthly sales monitoring system	644,061	659,870	724,339	995,000	1,084,000	TBD
12	Number of clients (15 – 24) seen in the past 12 months through the <i>Top Reseau</i> sites for family planning,	PSI monthly sales monitoring system		38,071	22,726	27,763	30,540	33,594

13	Number of IUDs or implants inserted in the past 12 months in Top Reseau sites	PSI monthly sales monitoring system		Implant : 388 IUD: 5,557	Implant : 307 IUD: 7562	Implant : 500 IUD: 10,000	Implant : 125 IUD: 3,400	TBD
14	Increase in the number of community based sales agents who are trained to promote and sell oral contraceptive	PSI monthly sales monitoring system		106	158	600	200	TBD
15	Increase in the number of community based health workers who are trained to inject <i>Confiance</i>	PSI monthly sales monitoring system		0	n/a	24	TBD	TBD
16	Increase in the number of private sector providers trained in quality reproductive health services and socially marketed contraceptive products (<i>Top Reseau</i> sites, Pharmaceutical Outlets, other)	PSI monthly sales monitoring system		278	514	490	490	TBD
17	Number of MVU shows held related to family planning	PSI monthly sales monitoring system		204	366	400	500	500
18	Number of radio spots aired related to family planning	PSI monthly sales monitoring system		4,824	63	TBD	TBD	TBD
19	Number of TV spots aired related to family planning	PSI monthly sales monitoring system		163	1	TBD	TBD	TBD

Result Two: Malaria Logical Framework

Goal: Reduce malaria related mortality

Purpose: Increase use of effective methods of prevention for malaria among vulnerable groups (pregnant women and children under five)

Indicator		Method of measurement	Baseline 2006	Baseline 2008	Result 2009	TARGET 2010	TARGET 2011	TARGET 2012
1	Increase percentage of households owning at least one insecticide treated mosquito net (ITN): a)National b)Rural c)Urban	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		a) 79.8% b)78.8% c)85.6%		a) 60% b)52% c)68%		a)90% b)79% c)100%
2	Increase percentage of households owning at least two ITNs. a)National b)Rural: c) Urban	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		a) 39.9% b)37.4% c)57.0%		TBD		TBD
3	Increase percentage of pregnant women reported sleeping under an ITN the previous night: a)National b)Rural c)Urban	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		a) 57.6% b)56.1% c)71.1%		a) 47% b)44% c)50%		a) 85% b)77% c)93%
4	Increase percentage of children under 5 reported sleeping under an ITN the previous night: a)National b)Rural c)Urban	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		a) 69.1% b)68.1% c)78.8%		a) 55% b)48% c)62%		a) 85% b)77% c)93%

5	Significant increase in the mean score for availability related to malaria prevention (ITNs & IPT) among 15 to 49 Year old pregnant women.	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		Within grocers: 2.48 Within Health center : 2.48		TBD		TBD
6	Increased percentage of pregnant women and mothers/caregivers of CU5 who know where to obtain ITNs	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		a) 78.6% b)77.6% c)83.9%		TBD		TBD
7	Increased percentage of rural communes which have at least one source of ITNs	MAP Surveys						
8	Increase from 56% to 65% in 2010, and to 80% in 2012 mothers/caregivers of CU5 who cite that fever is a sign of malaria for their children under 5 a) national: b). rural: c) urban:	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		a) 81.7% b)81.7% c)82.1%		a) 68% b)68% c)69%		a) 74% b)74% c)75%
9	Significant increase in mean scores for beliefs related to prevention methods among caregivers of children under five and pregnant women.	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		On negative effects: 3.27 On periodicity : 3.04 On Cause of malaria: 2.92		TBD		TBD

10	Increase the percentage of pregnant women and caregivers of CU5 who do not believe that treated insecticide mosquito net should be used only during rainy seasons. a)National b)Rural c)Urban	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		a) 75.1% b)74.9% c)74.8%		a) 53% b)52% c)81%		a) 59% b)58% c)86%
11	Increase the percentage of pregnant women and others/caregivers of CU5 who do not believe that insecticide on insecticide treated mosquito net have ill effects on health. a)National b)Rural c)Urban	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		a) 72.3% b)71.9% c)80.7%		a) 41% b)43% c)96%		a) 47% b)49% c)98%
12	Mean scores related to willingness to pay for ITN among caregivers of children under five are not significant with regards to use.	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		6665		TBD		TBD
13	Percentage of caregivers of CU5 & pregnant women that consider ITNs affordable. a)National b) Rural c)Urban	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		a) 86.0% b)85.6% c)86.4%		a) 86.0% b) 83% c) 88%		a) 91% b)88% c)93%
14	Number of socially marketed treated mosquito nets sold through the social marketing system	Project MIS System		353,747	145,311	1,620,00	1,500,000	TBD
15	Number of ITNs distributed or sold	Project MIS System		353,747	145,311	1,620,00	1,500,000	TBD

16	Number of ITNs distributed in country that were purchased or subsidize with USG support	Project MIS System		353,747	145,311	-	-	
17	Number of people trained in malaria prevention or treatment with USG funds	Project MIS System		369	2004	2,563	2,691	TBD
18	Number of treatments with ACT drugs purchased and distributed to malaria patients under five years of age (with GFATM support)	Project MIS System		419,449	299,610	1,200,000	1,080,000	950,000
19	Increase in the number of CBDAs who are trained to promote and sell ITNs and ACTs	Project MIS System		127	1837	TBD	TBD	TBD
20	Increase in the number of private sector providers trained in malaria prevention and treatment following the national policy (Pharmaceutical Outlets, depots de médicaments, other)	Project MIS System		369	2004	2,563	2,691	TBD
21	Number of MVU shows held related to prevention or treatment of malaria	Project MIS System		685	416	288	288	288
22	Number of radio spots aired related to malaria	Project MIS System		6,605	3751	TBD	TBD	TBD
23	Number of TV spots aired related to malaria	Project MIS System		0	0	TBD	TBD	TBD

Result Three: HIV/AIDS Communications/Condoms Logical Framework

Goal: Reduce the transmission and impact of STI/HIV/AIDS

Purpose: Expand correct and consistent use of methods and products to prevent STI/ HIV/AIDS among youth 15-24 years, and high risk populations in project areas

Indicator		Method of measurement	Baseline 2006	Baseline 2008	Result 2009	TARGET T 2010	TARGET 2011	TARGET 2012
1	Increase the % of never married 15-18 year old youth in urban areas in project sites reporting never having engaged in sexual intercourse	Behavioral tracking surveys (TRaC) among urban youth in project sites 2008, 2010, 2012		73.3%		TBD		TBD
2	Increased age at first sex among urban youth in project target sites	Behavioral tracking surveys (TRaC) among urban youth in project sites 2008, 2010, 2012		17.4		TBD		TBD
3	Percentage of young people (15 -24) in USAID focus communes who report not having had sex with a non-regular partner in the last 12 months	To be measured by bilateral project 15-24 year old Youth						
4	Decrease the % of sexually active 15-24 year old in urban areas in project sites who report having two or more sexual partners during the past 12 months	Behavioral tracking surveys (TRaC) among urban youth in project sites 2008, 2010, 2012	32.9%	32.7%		TBD		TBD

5	Decrease the % of sexually active 15-24 year old youth in urban areas in project sites who reported having had two or more sexual partners at the same time during last month (last 4 weeks)	Behavioral tracking surveys (TRaC) among urban youth in project sites 2008, 2010, 2012		39.4%		TBD		TBD
6	Increase the % of sexually active 15-24 year old youth in urban areas in project sites who report having used a condom with their last non-regular partner	Behavioral tracking surveys (TRaC) among urban youth in project sites 2008, 2010, 2012	a) regular partners 29.0% b) occasional partners 51.1%	a) regular partners 21.4% b) occasional partners 35.8%		TBD		TBD
7	Percentage of young people (15 -24) in USAID focus communes who report having used a condom in their last sexual relation with a non-regular partner	To be measured by bilateral project 15-24 year old Youth						
8	Decrease the % of HRM who report having had two or more sexual partners during the past 12 months	Behavioral tracking surveys (TRaC) among high risk groups 2009 & 2011	73.2%		68%*		63%	
9	Decrease the % of HRM who reported having had two or more sexual partners at the same time during last month (last 4 weeks)	Behavioral tracking surveys (TRaC) among high risk groups 2009 & 2011	n/a		TBD		TBD	

* Target

10	Increase the % of High Risk Men (HRM) who report having used a condom with their last non-regular partner	Behavioral tracking surveys (TRaC) among high risk groups 2009 & 2011	62%		67%*		72%	
11	Increase the % of FSW (Female sex workers) who report having used a condom with their last client	Behavioral tracking surveys (TRaC) among high risk groups 2009 & 2011	86.2%		90%*		94%	
12	Increase the % of FSW who report having used a female condom in the past 6 months	Behavioral tracking surveys (TRaC) among high risk groups 2009 & 2011	n/a		45%*			48%
13	Significant increase in mean score for social norm indicators for youth 15-18 related to abstinence	To be measured by bilateral project						
14	Increase in % of youth 15-18 who report that it is normal for people their age to abstain from sex	Behavioral tracking surveys (TRaC) among urban youth in project sites 2008, 2010, 2012		93.3%		TBD		TBD
15	Significant increase in mean score social norm indicators for HRM related to condom use	Behavioral tracking surveys (TRaC) among high risk groups 2009 & 2011	3.15		3.35*		3.51	
16	Increase in % of HRM who report that their friends always use condoms with non-regular partners	Behavioral tracking surveys (TRaC) among high risk groups 2009 & 2011	n/a		TBD		TBD	

* Target

17	Significant increase in mean score social norm indicators for FSWs related to condom use	Behavioral tracking surveys (TRaC) among high risk groups 2009 & 2011	3.53		3.69*		3.81	
18	Increase the % of FSW who report that other sex workers always use condoms with their clients	Behavioral tracking surveys (TRaC) among high risk groups 2009 & 2011	n/a		TBD		TBD	
19	Significant increase in mean score for social norm indicators for sexually active youth 15-24 related to condom	Behavioral tracking surveys (TRaC) among urban youth in project sites 2008, 2010, 2012		2.49		TBD		TBD
20	Increase the % of sexually active 15-24 year old youth in urban areas who thought that the majority of their friends had less than two sexual partners in past 12 months	Behavioral tracking surveys (TRaC) among urban youth in project sites 2008, 2010, 2012		21.3%		TBD		TBD
21	Significant increase in availability mean score for HRM related to condoms	Behavioral tracking surveys (TRaC) among high risk groups 2009 & 2011	3.50		3.66*		3.78	
22	Increase the % of HRM in urban areas who report that condoms are always available when needed	Behavioral tracking surveys (TRaC) among high risk groups 2009 & 2011	64%		74%*		79%	

* Target

23	Increase the % of urban high-risk zones that meet the MAP minimum coverage standard of at least 50% of all outlets that sell condoms	MAP PHASE II Condom 2009-2011	80%		TBD		TBD	
24	Increase the % of rural communes that meet the MAP minimum coverage standard of at least one outlets that sells condoms (33% in 2005)	MAP PHASE I 2010-2012				TBD		TBD
25	Increase the % of sexually active 15-24 year old youth in urban areas who both correctly identify ways of preventing the sexual transmission of HIV/STI	Behavioral tracking surveys (TRaC) among urban youth in project sites 2008, 2010, 2012		9.5%		TBD		TBD
26	Significant increase in the mean score for knowledge indicators with regard to prevention of HIV/STI among sexually active 15-24 urban youth.	Behavioral tracking surveys (TRaC) among urban youth in project sites 2008, 2010, 2012		5.24		TBD		TBD
27	Significant increase in mean score for self-efficacy among 15-24 sexually active urban youth related to partner reduction and condom use	Behavioral tracking surveys (TRaC) among urban youth in project sites 2008, 2010, 2012		Partner reduction: 2.92 Condom use: 3.18				

28	Increase the % of urban youth 15-24 who report they are able to refuse sex with someone other than their partner	Behavioral tracking surveys (TRaC) among urban youth in project sites 2008, 2010, 2012		83.7%		TBD		TBD
29	Increase the % of 15 to 24 year old in urban/rural areas who are confident in their ability to use a condom	Behavioral tracking surveys (TRaC) among urban youth in project sites 2008, 2010, 2012		71.8%		TBD		TBD
30	Significant increase in mean score for self-efficacy among HRM in urban areas related to partner reduction from 3.28 in 2006 to 3.44 in 2009 and to 3.6 in 2011 and condoms from 3.42 in 2006 to 3.58 in 2009 and to 3.7 in 2011	Behavioral tracking surveys (TRaC) among high risk men 2009 & 2011	a)partner reduction : 3.28 b)condom: 3.42		a)partner reduction : 3.44 b)condom: 3.58		a)partner reduction: 3.6 b)condom : 3.7	
31	Increase % of HRM who report they are able to limit the number of their sexual partners	Behavioral tracking surveys (TRaC) among high risk men 2009 & 2011				TBD		TBD
32	Increase the % of HRM who state that they can always persuade casual partners to use condoms	Behavioral tracking surveys (TRaC) among high risk men 2009 & 2011		72%		77%*		82%

* Target

33	Significant increase in self-efficacy mean score for self – efficacy among FSW in urban areas related to condoms	Behavioral tracking surveys (TRaC)among high risk men 2009 & 2011	3.52		3.68*		3.8	
34	Increase the % of FSW who state that they are able to convince all their clients to use a condom from 84.5% in 2006 to 89% in 2009, 92% in 2011	Behavioral tracking surveys (TRaC)among high risk men 2009 & 2011	84.5%		89%*		92%	
35	Number of Socially marketed condoms sold through the last 12 months through the social marketing system	Project MIS System		Male condoms : 9,450,480 Female condoms : 22,387	Male condoms : 5,850,336 Female condoms : 14,514	Male condoms: 20,274,500 Female condoms: 31,500	Male condoms: 22,026,300 Female condoms: 33,000	Male condoms: 23,939,500 Female condoms: 34,600
36	Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful (A, B only)	Project MIS System		n/a				
37	Number of individuals trained to promote HIV AIDS prevention programs through other behavior change beyond abstinence and being faithful (A, B, C)	Project MIS System			208	653	678	TBD

* Target

38	Number of individuals reached through community outreach that promotes STI/HIV/AIDS prevention through abstinence and/or being faithful (A, B only)	Project MIS System		n/a				
39	Number of individuals reached through community based outreach that promotes STI/HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful (ABC)	Project MIS System			216439	341,683	344,702	TBD

Result Four: HIV/AIDS STI Case Management LOGICAL Framework

Goal: Reduce the transmission and impact of HIV/AIDS

Purpose: Increased use of high quality STI services and products and VCT services

Indicator		Method of measurement	Baseline 2006	Baseline 2008	TARGET 2009	TARGET 2010	TARGET 2011	TARGET 2012
1	Increase % of sexually active 15-24 year old youth in urban areas in target sites with an STI in last 12 months who sought a treatment from qualified provider.	Behavioral tracking surveys (TRaC) among urban youth 15-24 (2008, 2010, 2012)		57.0%		TBD		TBD
2	Increase % of HRM in urban target sites with STI symptoms in last 12 months who sought a treatment from qualified provider	Behavioral tracking surveys (TRaC) among high risk groups 2009 & 2011	82%		87%*		92%	
3	Increase the % of FSW in urban target sites with STI symptoms in the last 12 months who sought a treatment from a qualified provider	Behavioral tracking surveys (TRaC) among high risk groups 2009 & 2011	87%		92%*		96%	
4	Significant increase in mean score for sexually active youth 15 - 24 year old in urban target areas with regard to availability of STI services	Behavioral tracking surveys (TRaC) among youth (2008, 2010, 2012)		3.10		TBD		TBD

* Target

5	Increase the % of sexually active youth 15 -24 in urban target areas who report that they know where to find STI treatment services	Behavioral tracking surveys (TRaC) among youth (2008, 2010, 2012)		83.3%		TBD		TBD
6	Significant increase in mean score for HRM in urban target areas with regard to availability of STI treatment	Behavioral tracking surveys (TRaC) among high risk groups 2009 & 2011	3.52		3.72*		3.88	
7	Increase the % of HRM in urban target areas who report that they know where to find STI treatment	Behavioral tracking surveys (TRaC) among high risk groups 2009 & 2011	73%		76%*		79%	
8	Significant increase in mean score for FSW in urban target areas with regard to availability of STI treatment	Behavioral tracking surveys (TRaC) among high risk groups 2009 & 2011	3.72		3.88*		3.96	
9	Increase the % of FSW in urban target areas who report that they know where to find STI treatment services from 88% in 2006 to 90% in 2009 and 92% in 2011	Behavioral tracking surveys (TRaC) among high risk groups 2009 & 2011	88%		90%*		92%	
10	Maintain the % of rural communes with at least one point of sale that sells STI PPT kit Cura 7	MAP surveys (2010, 2012)	74%			75%		80%

* Target

11	Increase the % of urban Fokontany with at least one point of sale that sells STI PPT kits Cura 7	MAP surveys (2010, 2012)	30%			50%		65%
12	Increase the % of rural communes with at least one point of sale that sells STI PPT kit	MAP surveys (2010, 2012)	28%			40%		50%
13	Increase the % of urban Fokontany with at least one point of sale that sells STI PPT kit Genicure	MAP surveys (2010, 2012)	30%			50%		65%
14	Increase the % of <i>Top Réseau</i> medical providers who can correctly diagnose and prescribe correct treatment to patients with STIs	Mystery Client Surveys	25.68%		55%*	60%	65%	70%
15	Increase the % of <i>Top Réseau</i> Plus counselors who meet the minimum pre and post test counseling standards	Mystery Client Surveys	9.09%		60%*	65%	70%	75%
16	Significant increase in self-efficacy mean score for HRM in urban areas with regards to STI services	Behavioral tracking surveys (TRaC) among High risk group 2009 & 2011	3.64		3.8*		3.92	
17	Increase the % of HRM reporting that they can go to the doctor to get treated when they have STI symptoms	Behavioral tracking surveys (TRaC) among High risk group 2009 & 2011	93%		95%*		97%	

* Target

18	Significant increase in self-efficacy mean score for FSW in urban areas	Behavioral tracking surveys (TRaC) among High risk group 2009 & 2011	3.72		3.88*		3.88	
19	Maintain the % of FSW reporting that they can go to the doctor to get treated when they have STI symptoms	Behavioral tracking surveys (TRaC) among High risk group 2009 & 2011	95.8%		97%*		98%	
20	Significant increase in belief mean score for sexually active youth 15-24 in urban areas related to STI treatment	Behavioral tracking surveys (TRaC) among youth 2008-2010-2012		2.54		TBD		TBD
21	Increase the % of sexually active 15-24 year old youth in urban areas who believed STI must be treated medically to be cured.	Behavioral tracking surveys (TRaC) among youth 2008-2010-2012		95.1%		TBD		TBD
22	Number of socially marketed STI kits for ulcerative infections sold through the social marketing system in the last 12 months	Project MIS System		184,415	109,062	303,000	318,000	330,000
23	Number of socially marketed STI kits for the treatment of gonorrhea and Chlamydia sold in the past 12 months through the social marketing system	Project MIS System		242,359	151,408	330,750	350,000	357,000
24	Number of people (by target group) treated for STI at Top Reseau USAID supported sites	Project MIS System		Youth 15 to 24 : 18,478 CSW: 7,439	Youth 15 to 24 : 15347 CSW: 2827	22,638	24,902	27,392

* Target

25	Number of people (by target group) counseled and tested for HIV at Top Reseau USAID supported sites.	Project MIS System		Youth 15 to 24 : 4,697 HRM: 435 MSM: 139 CSW: 2,851	Youth 15 to 24 : 530 HRM: 296 MSM: 209 CSW: 2,332	6,655	7,321	8,053
26	Number of individuals trained to promote HIV AIDS prevention programs through other behaviour change beyond abstinence and being faithful (A, B, C)	Project MIS System			208	653	678	TBD
27	Number of individuals reached through community based outreach that promotes STI/HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful (ABC)	Project MIS System			216439	341,683	344,702	TBD

Result Five: Maternal and Child Health: DIARRHEAL DISEASES Logical Framework

Goal: Improved health and nutrition status of Malagasy children under five

Purpose: Increase the use of proven lifesaving interventions that address one of the major killers of children under five in Madagascar, diarrhea disease

Indicator		Method of measurement	Baseline 2006	Baseline 2008	TARGET 2009	TARGET 2010	TARGET 2011	TARGET 2012
1	Increase % of mothers and caregivers of CU5 who report using Sûr'Eau in the past month.	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012						
	a) national			15.0		16.0	20.0	
	b) rural			12.0		14.0	18.0	
	c) urban			28.8		19.0	23.0	
2	Increase % of caregivers with CU5 who have already used Sur'Eau.	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012						
	a) national			35.8		30.0	34.0	
	b) rural			34.2		25.0	29.0	
	c) urban			54.6		36.0	41.0	
3	Increase % of households with treated (including chlorine, boiling, filtering, etc) water prior to consumption in the last 24 hours	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012						
	d) national			35.8		TBD	TBD	
	e) rural			34.2				
	f) urban			43.5				

4	Significant increase in mean scores related for availability among mothers and caregivers of CU5 with regard to “Sur Eau”. - National	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		n/a		TBD		TBD
5	Increase % of mothers and caregivers of CU5 who know where to buy Sur'Eau a) national b) rural c) urban	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		74.4 67.9 93.7		74.0 67.0 83.0		78.0 72.0 87.0
6	Significant increase in mean scores related to social norms among mothers and caregivers of CU5 with regards to “Sur Eau”. - National	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		n/a		TBD		TBD
7	Increase % of mothers and caregivers of CU5 who think that people in their community use water treatment product a) national b) rural c) urban	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		45.1 42.4 58.1		30.0 25.0 35.0		34.0 29.0 40.0

8	<p>Increase % mothers and caregivers of CU5 who can cite Sur'Eau as way to prevent diarrhea.</p> <p>a) national b) rural c) urban</p>	<p>Behavioral tracking surveys (TRaC) 2008, 2010 and 2012</p>		<p>29.5 26.2 46.3</p>		<p>70.0 60.0 83.0</p>		<p>74.0 65.0 87.0</p>
9	<p>Increase % of mothers and caregivers of CU5 who can cite that hand washing with soap is a way to prevent diarrhea</p> <p>a) national b) rural c) urban</p> <p>Increase % mothers and caregivers of CU5 who can cite that use of latrine is a way to prevent diarrhea</p> <p>a) national b) rural c) urban</p>	<p>Behavioral tracking surveys (TRaC) 2008, 2010 and 2012</p>		<p>34.6 31.4 49.5</p> <p>7.5 7.2 9.2</p>		<p>TBD</p> <p>TBD</p>		<p>TBD</p> <p>TBD</p>
10	<p>Significant increase on mean scores related to self-efficacy among mothers and caregivers of CU5 with regards to "Sur Eau".</p> <p>- National</p>	<p>Behavioral tracking surveys (TRaC) 2008, 2010 and 2012</p>		<p>n/a</p>		<p>TBD</p>		<p>TBD</p>

11	Increase % of mothers and caregivers of CU5 who feel confident to use Sur'Eau correctly a) national b) rural c) urban	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		69.9 66.6 86.2		68.0 58.0 77.0		72.0 63.0 81.0
12	Mean scores among mothers and caregivers of CU5 for willingness to pay remains insignificant with regards use of Sur Eau	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		n/a		TBD		TBD
DIARRHEA TREATMENT								
13	Increase % of CU5 that had diarrhea in the last 2 weeks who received ORS or ORT and ZINC to treat diarrhea	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		0.1		TBD		TBD
14	Increase % of CU5 that had diarrhea in the last 2 weeks who received ORS and/or recommended home fluids	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		58.2		TBD		TBD
15	Increase % of CU5 that had diarrhea in the last 2 weeks who were treated with zinc supplements	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		0.1		TBD		TBD
16	Increase % of CU5 with diarrhea in past two weeks, reported to have received increased fluids during the illness	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		71.6		TBD		TBD

17	Increase % of CU5 with diarrhea in the past two weeks, reported to have received the same amount or more food during and after the illness	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		38.6		TBD		TBD
18	Significant increase in mean scores related for availability among mothers and caregivers of CU5 with regard to diarrhea treatment kit	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		n/a		TBD		TBD
19	Increase % of mothers and caregivers of CU5 who know where to buy diarrhea treatment kit	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		n/a		TBD		TBD
20	Increase % of mothers and caregivers of CU5 who can state at least two recommendations for home case management of diarrhea	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		99.5		TBD		TBD
21	Increase in the % of mothers and caregivers of CU5 who state that exclusive breastfeeding during first 6 months reduces child's risk of diarrhea	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		92.4		TBD		TBD
22	Increase % of mothers and caregivers of CU5 who know that CU5 with diarrhea need more food	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		83.8		TBD		TBD

23	Increase % of mothers and caregivers of CU5 who know that CU5 with diarrhea need more fluids	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		99.3		TBD		TBD
24	Increase in % of mothers and caregivers of CU5 who can correctly explain ORT/ORS preparation	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		38.6		TBD		TBD
25	Increase in % of mothers and caregivers of CU5 who can explain correct zinc administration and duration	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		0.3		TBD		TBD
26	Significant increase on mean scores related to outcome expectations among mothers and caregivers of CU5 related to diarrhea treatment kit	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		n/a		TBD		TBD
27	Increase % of mothers and caregivers of CU5 who state that ORS/ORT administration is an effective treatment for dehydration caused by diarrhea	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		96.7		TBD		TBD
28	Increase in the % of mothers and caregivers of CU5 who state that a complete a 10 day course of zinc treatment will reduce the duration and severity of a diarrhea episode	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		96.9		TBD		TBD
29	Increase % of mothers and caregivers of CU5 who state that Zinc will prevent future episode of diarrhea	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		97.3		TBD		TBD

30	Mean scores among mothers and caregivers of CU5 for willingness to pay remains insignificant with regards use of diarrhea treatment kit	Behavioral tracking surveys (TRaC) 2008, 2010 and 2012		n/a		TBD		TBD
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ANNEX B: PARTICIPANT TRAINING ACTIVITIES

Num	Subject area of training	Total trainees and genders	Direct cost (in US\$)
1	SW on STI/HIV prevention (Antsirabe)	93F	499.72
2	SW on STI/HIV prevention (Majunga)	120F	381.55
3	ADRA CBA on CSMH (Fandriana)	21 (11M,10F)	152.03
4	CBA on STI/HIV prevention and CSMH (Ambatondrazaka)	64F	386.29
5	ASOS CBA on STI/HIV prevention and CSMH (Fort Dauphin)	11 (5M,6F)	493.62
6	Women Leaders CBA on STI/HIV prevention and CSMH (Ambatondrazaka)	61F	456.44
7	Anglican Clinic CBA on STI/HIV prevention, CSMH and FP (Majunga)	22 (2M,20F)	557.49
8	AJEA and OCB tafita CBA on STI/HIV prevention and CSMH (Sambava)	23 (10M,13F)	409.04
9	WCS and SDSAS agents TOT on STI/HIV prevention, CSMH and Malaria prevention and treatment and FP (Maroantsetra)	28 (23M,5F)	1,657.76
10	WCS animators and CBA on STI/HIV prevention, CSMH and Malaria prevention and treatment and FP (Maroantsetra)	63 (24M,39F)	3,012.80
11	Doctors on basic Family Planning (Tana)	34 (12M, 22F)	2,690.41
12	Doctors on STI treatment (Tana)	23 (8M, 15F)	3,367.03
13	SW on STI/HIV prevention (Antsirabe)	21F	5431.03
14	MSM on STI/HIV prevention (Antsirabe)	6M	1551.72
15	Supervisors for SW/MSM on STI/HIV prevention (Antsirabe)	2M	517.24
16	Diarrhea management with ORS and zinc – Trainers (Tulear II, Betioky, Sakaraha, Benenitra, Morombe, Ampanihy)	43	4116.27
17	Diarrhea management with ORS and zinc – Community Agents (Tulear II, Betioky, Sakaraha, Benenitra, Morombe, Ampanihy)	254	14583.33
18	Diarrhea management with ORS and zinc – Trainer (Antsirabe II)	24	625
19	Diarrhea management with ORS and zinc – Trainers (Betafo)	31	729.16
20	Diarrhea management with ORS and zinc – Community Agents (Majunga I & II)	27	260.41

21	Diarrhea management with ORS and zinc – Community Agents (Vatomandry)	60	260.41
22	Diarrhea management with ORS and zinc – Community Agents (Fort Dauphin)	30	260.41
23	Management of uncomplicated ORS and zinc – Doctors (Bongolava, Diana)	105	1145.83
24	Management of uncomplicated ORS and zinc – Birth Attendants (national)	187	209
25	Management of uncomplicated ORS and zinc – Pharmacists & staff (Tana, Diego, Tamatave, Anstsirabe, Tulear, Majunga)	72	1061
26	Management of uncomplicated ORS and zinc – Doctors (National)	1,800	2083
27	Doctors on basic Family Planning (Tana)	27 (7M, 20F)	972.10
28	Doctors on basic Family Planning (Antsirabe)	25 (5M, 20F)	734.47
29	Doctors on refresher training Family Planning (Mahajanga)	108 (42M, 66F)	433.69
30	Doctors on refresher training Family Planning (Ambatondrazaka)	60 (18M, 42F)	429.27
31	Doctors on refresher training Family Planning (Fianarantsoa)	42 (17M, 25F)	514.71
32	Doctors on refresher training Family Planning (Toliara I)	52 (32M, 20F)	1,164.05
33	Doctors on refresher training Family Planning (Antsiranana)	53 (33M, 20F)	1,102.05
34	Voahary Salama and CBA on STI/HIV prevention, CSMH and Malaria prevention and treatment and FP (Ambalavao)	54 (10M, 44F)	1,266.51
35	PIDV and CBA on STI/HIV prevention, CSMH and Malaria prevention and treatment and FP (Fort-Dauphin)	31 (24M,7F)	1,431.61
36	PIDV and CBA on STI/HIV prevention, CSMH and Malaria prevention and treatment and FP (Fort-Dauphin)	22 (2M,20F)	1,228.25
37	NGO Aingavao and CBA on STI/HIV prevention, CSMH and Malaria prevention and treatment and FP (Tana)	23 (6M, 17F)	515.13
38	Quality assurance, quality of service on FP and STI (Fianarantsoa)	9 (3M, 6F)	1,259
39			

	STI Treatment – Family planning refresher training (Tamatave)	26 (13M, 13F)	3,299
40	Quality assurance, quality of service on FP and STI (Antsirabe)	10 (6M, 4F)	1,293
41	STI and FP – Refresher training (Tanà)	57 (16M, 41F)	3,800
42	STI – quality assurance – Reproductive health (Diégo)	10 (2M, 8F)	1,683
43	FP – STI /Refresher training (Morondava)	5 (1M, 4F)	1,559
44	Majunga	13 (6M, 7F)	876
45	Fort-Dauphin	6 (4M, 2F)	1,546