



Improving the Health Status of Malagasy

through

Social Marketing

of

Hormonal Contraceptives to Improve Reproductive Health

and

**Maternal and Child Health products to reduce Morbidity and Mortality
from Malaria and Diarrheal Disease**

Final Report

June 1, 2004 – August 31, 2005

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EXECUTIVE SUMMARY

The following final report summarizes the program objectives and results achieved for USAID Cooperative Agreement Number 687-A-00-04-00129-00 in the period June 1, 2004 – August 30, 2005. The overall aim of this program was to increase use and quality of reproductive health products and services and improve maternal and child health in Madagascar. PSI is grateful for the support of USAID during this period and enthusiastic about the continued collaboration between the US Government, PSI, and all the partners to improve health in Madagascar.

PSI sought to increase the use of family planning, maternal and child health products and services through commercial strategies, collaborations with NGOs at the community level, and the public sector in order to address maternal and child morbidity and mortality. The table below outlines the health impact of products under this project from June 2004 to August 2005.

Product	Launch Date	Combined distribution for June 2004 to August 2005	Estimated person years of protection (PYP) generated	Comments
<i>Sûr'Eau</i> Water purification solution	2000	778,667 bottles of both types	810,131 PYTWs	1 PYTW = 0.854 500 ml bottle 1 PYTW=1.17 150 ml bottle
<i>Pilplan</i> Oral Contraceptives	1998	1,673,209 cycles of oral contraceptives	111,547 CYPs	1 CYP= 15 cycles of oral contraceptives
<i>Confiance</i> injectable contraceptive	1998	641,655 3-month contraceptive	160,414 CYPs	1 CYP= 4 3- month contraceptives
<i>Super Moustiquaire</i> Long lasting insecticide treated mosquito nets	2001	478,864 LLITN	1,105,458 PYMP	1 PYMP= 0.4332
<i>PaluStop</i> – Pre Packaged malaria treatment for children under five.	2003	1,821,970 malaria treatment kits	1,366,478 PYMP	1 PYMP= 1.33 kits sold

I. PROGRAM BACKGROUND

PSI/Madagascar's Social Marketing Program

PSI is an international private non-profit organization dedicated to improving the health of low-income people through social marketing. With over 30 years experience and programs in more than 70 countries, PSI is the largest social marketing organization in the world. Social marketing makes use of existing commercial channels to deliver needed health products at a price affordable to low-income populations and develops and implements accompanying behavior change communication strategies.

Madagascar's USAID-supported social marketing products, (condoms, oral contraceptives, and injectable contraceptives) were introduced under "Social Marketing for Change" (SOMARC), managed by the Futures Group between 1996 and 1998. The projects were assumed by Commercial Marketing Strategies (CMS), managed by PSI, between 1998 and 2001, and fully supported by AIDSMARK since April 2001. The current reproductive health brands promoted by PSI are *Protector Plus* condoms, *Pilplan* oral contraceptives (*Duofem*), *Confiance* 3-month

injectable contraceptives (*Depo Provera*), *Cura7* & *Genicure* pre-packaged STI treatment kits, and *TOP Réseau*, franchised adolescent reproductive health clinics. PSI Madagascar children's health related brands include 1.6% sodium hypochlorite solution, *Sûr'Eau*, *Super Moustiquaire*, long-lasting insecticide treated nets, and *PaluStop*, pre-packaged malaria treatment for children under five. A large part of PSI/Madagascar's success, beyond its behavior change communication campaigns and its strong distribution systems, has been achieved through its complementary training programs for NGOs, private doctors, and other private sector enterprises.

The following final report summarizes the program objectives, benchmarks, and results achieved during the project under USAID Agreement Number 687-A-00-04-00129-00 in the period June 2004 –August 2005. During this period, PSI Madagascar received \$899,866 to increase use and quality of reproductive health products and services and improve maternal and child health in Madagascar.

II. PROGRAM OBJECTIVES

The overall aim of this program was to increase use of and quality of reproductive health products and services and improve the maternal and child health in Madagascar. This 14- month project focused on two sets of objectives:

A. **Improve reproductive health of women in Madagascar**

1. Marketing of Oral and Injectable Contraceptives: *Pilplan and Con fiance*

B. **Improve Maternal and Child Health in Madagascar.**

1. Diarrheal Disease Prevention: *Sûr'Eau*
2. Malaria Prevention and Treatment: *Super Moustiquaire and PaluStop*

In this report, benchmarks and results achieved associated with each of the above goals are explored.

A. Improve Reproductive Health of Women in Madagascar

1. Hormonal Contraceptives – *Con fiance & Pilplan*

The purpose of this intervention was to increase the use of hormonal contraceptives among specific age groups of women of reproductive age retailed through the private sector.

Oral contraceptive promotion was targeted to *women in union aged 20 to 34 in rural and urban areas*. Oral contraceptives are an ideal option for birth spacing, as a woman can regain her fertility almost immediately after discontinuing use. These tend to be better suited to younger women, who often wish to have additional children.

Injectable contraceptive promotion was targeted to *women in union aged 25 to 44 in rural and urban areas that already have two or more children*. Injectable contraceptives are promoted among slightly older women, who tend to prefer a longer-lasting and more discreet contraceptive method.

Output indicator: Increase informed demand for hormonal contraceptives nationally, to be measured by:

- Increase in *Pilplan* brand awareness and acceptance among urban pharmacists and rural *dépôts de médicaments* owners.
- Increase in percentage of women age 15 to 49 who know that pregnancy can be controlled by using modern contraceptive methods.
- Increase in percentage of women who believe that oral and injectable contraceptives are effective in preventing pregnancy.
- Increase in number of women age 15 to 49 who cite that oral and injectable contraceptives are reversible.

Results: PSI has succeeded in promoting informed demand for hormonal contraceptives. This success is highlighted by the distribution of 1.6 million cycles of oral contraceptives and over half a million injectable contraceptives during the project period. The 2004 TRaC surveys of females age 15 to 49 showed that over 71 % of Malagasy women surveyed have heard of the birth control pills and injectable contraceptives. Women surveyed also felt that these are effective family planning methods. The majority of urban women surveyed felt that injectable contraceptives (85%) and birth control pills (82%) work to avoid pregnancy. In urban areas, over one half of the women surveyed had heard of *Pilplan* and one fourth had heard of *Confiance* and around 44% had at one point in their lives used hormonal contraceptives. Of the women that have heard of injectable contraceptives, 96% of the women understand that this method is reversible. In addition, 85% of women understand that there is a strong chance that they will become pregnant if they do not use modern contraceptive methods while being sexually active. The uptake of these products by the urban pharmacists has remained stable but substantial. This may be due to an already high awareness and acceptance of these products. The results of the national follow up TRaC survey of women in 2006 will be used to measure progress against these baseline numbers.

Activities: In order to increase awareness, knowledge and use of these products, PSI used variety of methods: interpersonal communication, training, and modified mass communication. Previously, branded communications for pharmaceutical products were forbidden by Malagasy legislation. Therefore it was not possible to broadcast television or radio advertisements directly mentioning *Pilplan* or *Confiance*. However, PSI received special permission to broadcast general information on hormonal contraceptives with a trailer indicating the name of the brand at the end of the spot.

Output indicator: Increase access to *Pilplan* oral contraceptives and *Confiance* injectable contraceptives in appropriate retail outlets nationally, to be measured by:

- Increase in number of *dépôts de médicaments* that stock *Pilplan* and *Confiance*.
- Increase in percentage of outlets that sell *Pilplan* and *Confiance* at the recommended retail price.

Results: PSI increased the number of *dépôts de médicaments* who stock *Pilplan* and *Confiance* to more than 350. In addition, PSI's medical detailing team during the project period regularly conducted visits to 22 pharmaceutical wholesalers, 203 pharmacies, more than 1,000 private sector doctors and more than 500 public sector doctors to provide information and support on stocking and distributing socially marketed contraceptives. Some 92% of the predominantly urban pharmacies already sell *Pilplan* and *Confiance*. The medical detailing team works to ensure that the outlets sell *Pilplan* and *Confiance* at the recommended retail price. In September 2005 PSI completed a data collection for a large scale, national mapping study to explore these

issues of distribution and price. It will allow PSI and its partners to identify general and pricing trend, create clear distribution maps, and identify gaps in availability.

Activities: Activities used to achieve these outputs included the deployment of the medical detailing team to facilitate sales to private and public sector outlets, partnership with Peace Corps volunteers, and other NGOs.

It has been particularly important to harmonize FP products with public sector efforts. Since 1998, PSI has worked closely with the Ministry of Health and Family Planning (MOHFP) and family planning partners in Madagascar to steadily increase use of modern contraceptives in a complementary manner. In September 2003, the MOHFP officially endorsed community based sales (CBS) of oral contraceptives. A 2004 waiver to the medical code, which PSI/M worked closely with the MOHFP to develop, now allows physicians to stock and sell socially marketed contraceptives directly to their patients, effectively expanding distribution to more than 1,000 clinics.

PSI is committed to extending its existing networks to more fully reach the 77% of the Malagasy population living in rural areas, where health needs are often greatest. To date, up to 35% of rural sales points have sold socially marketed health products. PSI has worked closely with other NGOs that have rural networks of community agents to ensure they receive training and materials that prepare them to use, promote and sell the full range of non-pharmaceutical products (*Protector Plus*, *Sûr'Eau* and *Super Moustiquaire*). A community based sales initiative with the Peace Corps provided for more intensive training and oversight of community based sales agents in certain locations toward a solid and sustainable expansion of social marketing products including *Pilplan*.

Output indicator: Increase private sector capacity to deliver quality reproductive health services and products, to be measured by:

- *Increase in number of providers who correctly and completely counsel new family planning clients about side effects of oral and injectable contraceptives*
- *300 providers and pharmacists trained in modern family methods.*

Results: To ensure that doctors provide quality care, PSI provides continuing professional education to private and public doctors in modern contraceptive methods. Two-day family planning courses cover topics that include reproductive anatomy, counseling techniques, modern contraceptive methods available in Madagascar, and social marketing. Half-day refresher courses answer specific questions from the doctors, including an emphasis on addressing patients' concerns about hormonal product side effects. During the project period, PSI trained over 450 medical providers. Recently PSI also introduced a new, MOHFP-endorsed, training tool and job aid for use with patients. Quality and effectiveness of training sessions are monitored by pre- and post-tests, regular medical detailing visits and refresher training. Additional mystery client surveys will be held in the future to ascertain the number of *TOP Réseau* providers that provide appropriate contraceptive information. Although information on the percentage of pharmacists who correctly counsel clients about family

planning methods is not yet available, PSI Madagascar's medical detailers have conducted one-on-one visits with pharmacists throughout the country. In addition representatives have visited retailers to introduce and monitor product distribution.

B. Improve Maternal and Child Health in Madagascar

Malaria is the second highest cause of morbidity among children under five and diarrheal diseases the third, according to statistics from MOHFP health centers.¹

Based on 2003 MOH statistics 1,275,035 presumed cases were reported at public health centers and district hospitals representing 20% of all consultations.² Malaria prevalence is estimated at 16 percent.³

In Madagascar, some 75% of people – up to 88% in rural areas – lack access to potable water, putting them at significant risk of diarrheal diseases, including cholera, according to the Multiple Indicator Cluster Study (MICS).⁴ According to the 2003 DHS, 53% of households get their drinking water from surface sources. Of the 10% of children under five that have had diarrhea during the preceding two weeks, infants 6 to 11 and 12 to 23 months-old are most affected (18%)⁵ children in rural areas (10%) and among the poorest families (14%).

1. Home Water Treatment - *Sûr'Eau*

The purpose of this intervention was to increase the use of home water treatment solution among low-income Malagasy households.

In 2000, following one of the most devastating series of cyclones in over fifty years, PSI, CARE, and the US Centers for Disease Control (CDC) introduced an inexpensive and easy to use water purification solution, marketed under the brand name of *Sûr'Eau*. With further assistance from USAID and UNICEF, PSI was able to rapidly scale up use of *Sûr'Eau* nationwide. Each bottle of *Sûr'Eau* provides up to two months of clean water for a family of six for approximately \$0.15.

Target groups for this intervention included mothers and fathers aged 20 to 34 in rural and urban areas, of low to medium socio-economic status, with children under five. Mothers continue to be the primary target groups because under 5 year olds are the most vulnerable group,⁶ and because women are most involved in purchasing health related products in the household especially inexpensive ones such as *Sûr'Eau*.⁷

Output indicator: Increased knowledge and awareness of the necessity of treating water to avoid diarrheal diseases, to be measured by:

- *Increase in percentage of target group who cite contaminated/ dirty water as one cause of diarrhea.*
- *Increase in percentage of target group who cite *Sûr'Eau* as a way to purify water and prevent diarrhea diseases.*

¹ Annuaire des Statistiques du Secteur Santé, 2001

² Annual statistics from the Madagascar MOH, 2003

³ MICS 2000

⁴ Madagascar's Institut National de la Statistique (INSTAT) 2000.

⁵ DHS 2003.

⁶ Annuaire des Statistiques du Secteur de Sante de Madagascar, 2000

⁷ Focus Groups, PSI 2001.

Results: The 2004 TRaC survey indicated that around 65% of women surveyed recognize that dirty water can cause diarrhea. This is an important first step in the process of encouraging women to use *Sûr'Eau*. Of those women who had heard of *Sûr'Eau*, over 99% knew that the product is used to clean water and prevent diarrhea. The 2006 follow up TRaC survey of women will indicate the progression of these indicators.

Output indicator: Increased access to *Sûr'Eau* water treatment among households nationally to be measured by:

- Increase in the percentage of rural households that report they know where to buy *Sûr'Eau*.
- Increase in the percentage of households that consider *Sûr'Eau* affordable.
- Increase in the number of *Sekoly Sûr'e* and CSB *Sûr'e*.
- Increase in recruitment of new retailers that sell *Sûr'Eau* each year
- Increase from 20% to 30% the rural sales points that sell *Sûr'Eau*.
- Increase from 61% to 66% the wholesale outlets servicing retail outlets.

Results: As indicated above, in 2001 PSI conducted a survey in Toamasina looking at the knowledge, attitudes, and practices surrounding *Sûr'Eau*. This survey indicated that of the people who bought *Sûr'Eau* in rural areas, 57% bought the product at a corner store or *épicerie* and 14% at the market. The 2004 TRaC study shows that of the 54% of rural women that had heard of *Sûr'Eau*, of those 47.4% knew where to purchase the product. This is a statistically significant difference, compared to the 83% of women in urban areas that know where to purchase *Sûr'Eau*. PSI is continuing to work to increase availability and reduce this awareness divide between rural and urban area. Of the women who had heard of *Sûr'Eau*, some 88% of them felt that it is affordable.

A major obstacle in reaching remote rural areas has been the high transportation costs of *Sûr'Eau*, which diminish profit margins for rural retailers and decreases the likelihood that *Sûr'Eau* is available. PSI/Madagascar studied ways to decrease per unit costs of *Sûr'Eau*, which allowed the former pricing structure to be changed to help retailers and to decrease the consumer price. Cost-reducing measures were taken in 2004 to reduce the size of the bottle and increase the concentration of *Sûr'Eau* to make it easier and cheaper to transport.

Currently, there are over 21,200 locations that sell *Sûr'Eau*, which has grown from 18,303 in 2003. In addition PSI works with 739 wholesalers to distribute the product. More information will be known about the distribution of *Sûr'Eau* when the 2005 MAP study is completed. This is a large scale, national mapping study which explored these issues of distribution. It will allow PSI and its partners to identify gaps in rural availability and target appropriate wholesalers and retailers. The above indicators were based on 2002 distribution survey. Although these numbers serve as a baseline, they will not be directly comparable to the 2005 MAP numbers due to differences in methodology. The MAP survey information will be shared with USAID as soon as it is available.

The *Hotely Sur'e* program recruited 250 roadside restaurants to consistently use and promote *Sûr'Eau* by giving them technical support and materials, and promoting their establishments. An equivalent program called *Sekoly Sur'e* was launched in a small pilot in the Toamasina province, in collaboration with the Frères San Gabriel. PSI further tested the concept in other schools, working with existing "Ecoles amis de WASH", expanding the Frères San Gabriel program in semi-urban and rural areas of Toamasina, and in collaboration with education officials and parent associations. PSI/M will continue working with education officials and parent associations throughout the country to formalize and expand this program.

CSB Sûr’e, a program in which *Sûr’Eau* was introduced to Community Health Centers (Centres de Santé de Base, or CSBs) in 2 districts of Toamasina in conjunction with the *Mama Super Moustiquaire (MSM)* program, was created. This program trained CSB health personnel and community agents in safe water and hygiene messages and provided them with a starter stock of *Sûr’Eau* bottles that are distributed in a pack with each LLITN sold via the *MSM* program.

Although the CDC-funded *Mama SM* program ended in September 2004, a PSI team visiting CSBs in the 2 districts found that CSBs there continue to include *Sûr’Eau* in packs with LLITNs that are sold. PSI continues to follow up with the CSBs and to provide them support on LLITN sales and the pack with *Sûr’Eau*. However, PSI is sensitive to the new policy of the Ministry of Health and Family Planning (MOHFP) that will begin promoting free distribution of LLITNs in CSBs in the Toamasina region. PSI has been discussing the possibility of continuing the *Sûr’Eau/LLITN* packs in these districts, and perhaps expanding to other districts with the MOHFP but the outcome is not yet clear.

Activities: To expand knowledge of *Sûr’Eau* and encourage behavior change, PSI/Madagascar sought to link *Sûr’Eau* with the key message that it maintains a healthy robust family. In an effort to change the initial perception that *Sûr’Eau* is a product to be used only during hurricanes and/or the rainy season, messages focused on the importance of consistent year-round use. Messages were carried via nation-wide television and radio spots, local radio spots translated into the appropriate dialects, and mobile video units that can reach remote areas.

2. Malaria Prevention – *Super Moustiquaire*

The purpose of this intervention was to increase the use of insecticide-treated mosquito nets (ITNs) among children under five and pregnant women throughout Madagascar:

The target groups for this project included urban and rural young couples aged 20 – 34 with children under five-years old and pregnant women. Pregnant women were chosen as a target group given their high degree of risk and the fact that they are more likely to be concerned with their health and well-being during their pregnancy. Children under five are vulnerable to malaria because they have not yet developed immunity. Couples are chosen as a target group because parents together make decisions about important purchases for the household (such as nets), but usually women are purchasing what is important for the health and well-being of the family.⁸

In 2001, PSI Madagascar’s national ITN social marketing project was launched using funds from PSI Headquarters in Washington to distribute nets at a cost-recovery price. From 2002-2003 PSI received AIDSMARK money to sustain programmatic activities. In 2003, Global Fund awarded PSI \$2 million dollars for a three-year program to expand the cost recovery ITN program. Following discussions with the Ministry of Health and Family Planning and the Roll Back Malaria Partners in Madagascar, in which USAID played a key role as catalyst and negotiator, these funds were leveraged with CDC monies to scale up the subsidized ITN pilot program which PSI launched in 2 rural districts of Toamasina province and subsequently expanded it nationally. This work helped PSI to receive to Global Fund Round Four financing of \$9 million for malaria prevention treatment.

⁸ Focus Groups, PSI 2001.

Output indicator: Increase access to *Super Moustiquaire* at retail outlets nationally, to be measured by:

- Increase in percentage of women age 15 to 49 who know where to buy ITNs.
- Increase in percentage of 15 to 49 women that consider ITNs affordable.
- Increase by 500 the number of POS that sell *Super Moustiquaire*.
- Increase from 1.5% to 20% the number of rural sales points that sale *Super Moustiquaire*.⁹
- Increase from 30% to 40% of wholesale outlets servicing retail outlets that sell *Super Moustiquaire*.

Results: Insecticide-treated nets were not commercially available in Madagascar until the launch of *Super Moustiquaire* in September 2001. Using the 2000 Knowledge, Abilities, and Practices (KAP) study in the Toamasina province as a baseline, only 7% of women aged 15-49 knew where to buy and ITN. However, the majority of the women believed that ITNs were affordable.

Based on PSI's 2004 national TRaC survey, 74% of urban respondents and 54% of rural respondents know where to buy ITNs and the majority (54%) consider ITNs affordable. Although these studies are not directly comparable, this increase does indicate a positive trend. *Super Moustiquaire* is distributed through a national network of agreed wholesalers and connected retailers, in addition to community based distribution through partner NGOs and health centers in the Toamasina province. PSI is pleased to announce that with the support of USAID and the National Malaria Partners over one million nets have been sold in Madagascar since the beginning of the program. This is a notable accomplishment in the effort to achieve Abuja targets in Madagascar.

The number of retail outlets that sell *Super Moustiquaire* has increased to over 2,000 since the beginning of 2004. The 2002 Distribution Survey offered a baseline of 1.5% retailers and 30% of wholesalers that were selling PSI's branded mosquito nets. As a follow up, PSI performed a large scale, national mapping study in 2005 to explore issues of distribution. It will allow PSI and its partners to identify gaps in rural availability, target appropriate wholesalers and retailers, and suggest trends. However this data will not be directly comparable to the 2002 Distribution survey. PSI will share the 2005 MAP data with USAID as soon as it is available.

Output indicator: Increase informed demand for ITNs, to be measured by:

- Increase in percentage of 15 to 49 year old women who know malaria is transmitted only by mosquito bites.
- Increase in percentage of 15 to 49 year old women who cite mosquito nets as a way to prevent malaria transmission.
- Increase in percentage of 15 to 49 year old women who know malaria is most dangerous for pregnant women and children under five.

Results: Based on PSI's 2004 TRaC survey of women age 15 to 49, 30% of respondents know malaria is transmitted only by mosquito bite. A significant percentage of women age 15 to 49 could identify the most vulnerable groups: pregnant women (15%) and children under 5 (50%). Most respondents in the 2004 TRaC survey (around 72%) had heard about ITNs and could cite them as a mean of protection from malaria. The 2004 TRaC survey also indicates that 21% of households surveyed reported owning at least one ITN, and 65% of the vulnerable groups in

⁹ Based on 2002 Distribution data

those households were sleeping under the treated net. In comparison, less than 1% of households surveyed in the 2000 Toamasina KAP reported owning an ITN.

Activities: In order to achieve these results, PSI Madagascar worked closely with national Malaria partners and the Malagasy Ministry of Health to provide a highly subsidized ITN at the national level in endemic areas. The Malagasy Ministry of Health provided some 300,000 ITNs to PSI to distribute under this program which led to the leveraging of Global Fund monies.

Additionally, the BCC campaign was reinforced using mass media and interpersonal communication through the mobile video unit and community health workers. Radio spots and the maternal and child health communication radio show “Trust and Confidence” include malaria prevention messages and ITN promotion. PSI also worked closely with NGOs to train community health agents to promote malaria prevention and sell ITNs.

2. Malaria Treatment – *PaluStop*

The purpose of this intervention was to increase correct and early treatment of Malaria by the use of prepackaged anti-malarials among children under five in Madagascar.

Results from a KAP survey conducted in 2 districts in 2003 show that in a majority of cases, mothers gave treatment (antimalarials) to their children under five for simple malaria episodes, in most cases Nivaquine (57%) and Chloroquine (17%). However, only 10% of mothers gave a correct treatment.

This information led PSI Madagascar to work with the national malaria partners including the Malagasy Ministry of Health propose the idea of *PaluStop*, pre-packaged treatment kit for children under five. PSI has been social marketing this innovative treatment for uncomplicated malaria in children under five since 2003. The cost of developing and launching *PaluStop* was provided by PSI with additional support from USAID and the Global Fund to scale up and continue its distribution and promotion. The product’s key advantages are the provision of correct dosages, an increase in treatment compliance, which has been shown to be the most cost effective malaria intervention. Two age groups were developed for *PaluStop*: *PaluStop Zazakely* for infants 4-11 months in age and *PaluStop Zaza* for children 1-5 years in age. *PaluStop* also has an affordable price of \$0.02 that allows women the purchasing power to act promptly. Each *PaluStop* kit contains:

- A color-coded day-by-day blister pack of 3 Chloroquine tablets (75 mg for *PaluStop ZAZAKELY* and 150 mg for *PaluStop ZAZA*);
- An instruction booklet in Malagasy with photos, which provides mothers with information to diagnose and treat their child’s case of simple malaria, to refer in case of complications, and to prevent malaria by using an ITN;
- Educational messages on fever management and actions to take in case of severe malaria for mothers, and technical medical information.

Output Indicator: Increased informed demand and awareness of appropriate use of malaria PPT for treatment of malaria in children under 5, to be measured by:

- *Percentage of mothers/caregivers who cite the product brand name as an effective malaria treatment for children under 5.*
- *Percentage of mothers/caretakers using PPT who report giving treatment within 24 hours of first symptoms for last case of fever in their child under 5.*

- *Percentage of mothers/caregivers using PPT who can correctly describe the treatment regimen for PPT for their child under 5.*
- *Percentage of mothers/caregivers using PPT who report completing the full 3-day treatment for the last case of fever in their child under 5*
- *Percentage of pharmacists/vendors who correctly cite recommended instructions of pre-packaged chloroquine for children under 5.*
- *Percentage of mothers/caregivers who know where to refer/take their child if symptoms persist after the full course of treatment.*

Results: In 2003, PSI conducted a Knowledge, Attitude, and Practices study in Marovoay and Soanierana Ivongo looking at the use of malaria treatment and prevention methods. This survey found that 84% of mothers with children less than 5 years of age could cite fever as a symptom of malaria.

In 2004, a national TRaC survey of women age 15-49 indicated that 45% of rural and urban women could cite correctly three symptoms of malaria. In addition, some 44% could spontaneously name one symptom of serious malaria. Over half of women surveyed in urban areas and more than one-fourth of women surveyed in rural areas had heard of *PaluStop*. Of these women, 8% had given *PaluStop* to a child under five during their last episode of malaria and of those approximately 44% had given the medicine according to instructions. Of those women who have used *PaluStop*, 84% completed the three days of treatment. Although information on the percentage of pharmacists who correctly cite recommended instruction PPT is not yet available, PSI Madagascar's medical detailers have conducted one-on-one visits with doctors/prescribers and pharmacists throughout the country and commercial representatives have been retailers to introduce and monitor product distribution. The 2005 MAP study will provide further information on the perceptions, price and availability of *PaluStop* among vendors. In the 2004 TRaC, 84% of women knew to take their child to a health facility if their child shows signs of severe malaria. The 2006 TRaC will evaluate progress on these indicators.

Output Indicator: Increased access to affordable malaria PPT for children under 5, to be measured by:

- *Percentage of mothers/ caregivers who know where to buy pre-packaged chloroquine.*
- *Percentage of mothers/ caregivers that consider pre-packaged chloroquine affordable.*
- *Increase by 500 the number of POS that sell PaluStop each year.*
- *Increase the number of POS in rural areas that sell PaluStop.*
- *Increase the percentage of wholesale outlets servicing retail outlets that sell PaluStop.*

Results: The 2004 national TRaC survey of women age 15-49 found that among those women who had heard of *PaluStop*, 74% knew where to buy the product. Of those women, 96% reported that it is affordable.

PaluStop is distributed on a nation-wide scale in Madagascar, with a two-tiered distribution strategy based on malaria transmission. PSI currently has more than 2,700 vendors who sell *PaluStop*, exceeding the goal of 1000 POS. PSI completed a large scale, national mapping study in September 2005. It will allow PSI and its partners to identify general trends, create clear distribution maps, and identify gaps in availability. This data will also serve as a baseline as PSI works to increase the percentage of rural fokotany that have POS which sell *PaluStop*.

PSI/Madagascar Social Marketing Project Achievements (January to December 2004)

RESULTS	ACTIVITIES	BENCHMARKS/ACHIEVEMENTS	INDICATORS	DATA SOURCES
1. Increase family planning CYPs generated by SM products	a. Social marketing of contraceptives (condoms, OCs, injectables)	<p>Target 2004: Sell: 11 235 000 condoms 1,100,000 cycles of pills 390,000 injections Target 249 729 CYPs*</p> <p>Achievement 2004: 12,157,797 condoms sold and distributed (108 % of objective) 1,218,628 cycles of pills (111 % of target) 403,411 injections (103 % of target)</p> <p>267,147 CYPs (106 % of objective)</p> <p>*CYP conversion factors: condoms 120, OCs 15, injectables 4.</p>	Family planning CYPs generated by CSM products	Sales Reports from commercial distributors and PSI Sales Teams
	b. Distribute contraceptives to appropriate POS	<p>Target 2004: Increase the number and geographical range POS for injectables, OCs, and condoms (POS appropriate to product categories). Zone of expansion: Diego, Tulear, and Majunga provinces.</p> <p>Achievement 2004: 22 pharmaceutical wholesalers, 203 pharmacies, and 356dépôts de médicaments distributing our products in 6 provinces</p>	Number of POS carrying <i>Protector Plus, Pilplan</i> and <i>Confiance</i>	Sales Reports, retail outlet records

PSI/Madagascar Social Marketing Project Achievements (January to December 2004)

RESULTS	ACTIVITIES	BENCHMARKS/ACHIEVEMENTS	INDICATORS	DATA SOURCES
	d. Advertise/promote contraceptives through radio, print, promotion, and community activities	<p>Target 2004: Increased consumer awareness of methods/brands</p> <p>Achievement 2004: Produced 24 different radio spots and 24 “Trust and Confidence” radio shows. Broadcast these radio spots 6,472 times and the shows 324 times during the year.</p> <p>72%, of women (15-49) interviewed in a PSI TRaC survey indicated awareness of pills, and 71.3% for injectables (OCT 2004). Results of 2006 follow-up TRaC survey will be used to measure progress against these indicators.</p> <p>Knowledge of PSI brands of <i>Pilplan</i> and <i>Confiance</i> (respectively 30.3% and 14%) however remains low, due to limitations on branded advertising. (PSI TRaC Study, 2004)</p>	Consumer awareness and identification of SM brands; consumer use of brands	Sales Reports, Project MIS Reports TRaC survey
	e. Advertise and promote contraceptives through point of sale materials	<p>Target 2004: Increased retailer/provider incentive to stock social marketing brands; increased consumer awareness of where to obtain products.</p> <p>Achievement 2004:</p> <p>64.1% of women (15-49) interviewed in a 2004 PSI TRaC survey indicated access to OCs and 60.3% for ICs.</p> <p>A detailed Family Planning brochure which contains information about “where to obtain FP products” was created and distributed in private clinics and during target group behavior change communication sessions.</p> <p>Knowledge of PSI brands of Pills and Injectables however remains low, due to limitations on branded advertising. (PSI TRaC survey 2004)</p>	Retailer/provider product stock levels of social marketing brands; consumer knowledge of social marketing brands	Sales Reports, Distribution Reports

PSI/Madagascar Social Marketing Project Achievements (January to December 2004)

RESULTS	ACTIVITIES	BENCHMARKS/ACHIEVEMENTS	INDICATORS	DATA SOURCES
	f. Provide training for pharmacists and clinical providers on SM contraceptive products.	<p>Target 2004: 300 providers trained</p> <p>Achievement 2004: 233 providers were trained. (78% of objective). Due to the coverage in training provided by previous years' efforts, finding providers who have not yet been trained has become increasingly challenging.</p>	# of providers trained by training contractor	Contractor training reports and sign-in sheets.
2. Reduce diarrheal disease by increasing the use of home water treatment solution.	a. Social marketing of <i>Sâr'Eau</i> water treatment solution	<p>Target 2004: Sell 483,000 bottles of <i>Sâr'Eau</i></p> <p>Achievement 2004: 649,879 bottles of <i>Sâr'Eau</i> sold (134% of objective)</p>	Sales figures	Sales Reports which indicate type of POS and location by district and town
	b. Distribute <i>Sâr'Eau</i> through appropriate POS	<p>Target 2004: Recruit 1,080 new POS (80 wholesale and 1,000 retail outlets).</p> <p>Achievement 2004: 2,240 new POS recruited (80 wholesale and 2,096 retail outlets) - 207% of objectives.</p>	Number of new POS selling <i>Sâr'Eau</i> water treatment solution.	Sales Reports which indicate type of POS and location by district and town

PSI/Madagascar Social Marketing Project Achievements (January to December 2004)

RESULTS	ACTIVITIES	BENCHMARKS/ACHIEVEMENTS	INDICATORS	DATA SOURCES
	<p>c. Promote the use of <i>Sûr'Eau</i> and safe water through radio, television, MVU, and other mass media.</p>	<p>Target 2004:</p> <ul style="list-style-type: none"> ▪ Create 36 new radio spots (12 branded and 24 generic/educational) and aired 2,924 times. ▪ Produce 12 educational/ promotional radio programs named Toky sy Antoka (“Trust and Confidence”). ▪ Create 2 new video spots and air 360 times all existing spots. ▪ 720 projections/animations, 3 events and 720 flash sales must be realized for the MVU team for <i>Sûr'Eau</i> to reach 150,000 people. <p>Achievement 2004:</p> <ul style="list-style-type: none"> ▪ Produced 25 new radio spots (14 branded and 11 generic/educational) and existing spots were aired 947 times. ▪ Produced 4 educational/ promotional radio program named “TSA” and aired 110 times. ▪ Produced 2 new video spot and aired 248 times (with 2 existing spots). ▪ 356 projections/animations with 204,530 people reached, 17 events, and 505 flash sales were realized by the MVU team for <i>Sûr'Eau</i> with 151,505 people reached and 20,837 bottles sold. ▪ National launch of the new bottle with the Ministry of Energy and Mines. 	<p>Consumer awareness of <i>Sûr'Eau</i> water treatment.</p> <p># of radio spots produced and aired</p> <p># of MVU performances</p> <p># of video spots produced and aired</p>	<p>IEC, MVU Monthly Reports</p>

PSI/Madagascar Social Marketing Project Achievements (January to December 2004)

RESULTS	ACTIVITIES	BENCHMARKS/ACHIEVEMENTS	INDICATORS	DATA SOURCES
	<p>d. Promote <i>Sûr'Eau</i> wholesalers to retailers, and restaurant owners through point of sale materials, media promotion, sponsorships, and community events</p>	<p>Target 2004:</p> <ul style="list-style-type: none"> ▪ Increase number of retailers linked to wholesalers for the procurement of <i>Sûr'Eau</i>. ▪ Increase the number of retailers a wholesalers who know <i>Sûr'Eau</i>. ▪ Increase number of retailers a wholesalers who sell <i>Sûr'Eau</i> - Recruit 1,080 new POS (80 wholesale and 1,000 retail outlets). <p>Achievement 2004:</p> <ul style="list-style-type: none"> ▪ The PSI Distribution Survey in 2002 shows that : <ul style="list-style-type: none"> • 95.6% of POS (100% for wholesalers, 95.9% retailers) know <i>Sûr'Eau</i>. • 43.27% of POS (78.3% for wholesalers, 35.9% retailers) report having sold <i>Sûr'Eau</i>. • 37.4% of POS (61.7% for wholesalers, 21.8% retailers) currently sell <i>Sûr'Eau</i>. • 64% of the POS are supplied by PSI and 34,1% get stock from the wholesalers • 2,240 new POS recruited (80 wholesale and 2,096 retail outlets) - 207% of objectives. 	<p>% retailers and wholesalers who know, have sold, sold currently <i>Sûr'Eau</i>.</p> <p>Retailers, consumers, restaurant owners can identify at least one official <i>Sûr'Eau</i> wholesaler in their vicinity</p>	<p>2002 PSI Distribution Survey</p> <p>Etude sur Motivation d'Achat de <i>Sûr'Eau</i>, 2002</p>

PSI/Madagascar Social Marketing Project Achievements (January to December 2004)

RESULTS	ACTIVITIES	BENCHMARKS/ACHIEVEMENTS	INDICATORS	DATA SOURCES
	<p>e. Educate consumers about the benefits of safe water on a consistent year-round basis through radio, video and MVU communication.</p>	<p>Target 2004:</p> <ul style="list-style-type: none"> • Increase in number of consumers who report using <i>Sûr'Eau</i>. • 576 projections/animations and 720 flash sales must be realized for the MVU team for <i>Sûr'Eau</i> with 150,000 people reached. <p>Achievement 2004:</p> <ul style="list-style-type: none"> • 2,200,000 bottles sold since March 2000. • Increase in 2004 of 53% in relation to 2003 sales (425,556 bottles). • 356 projections/animations, 17 events, and 505 flash sales were realized by the MVU team for <i>Sûr'Eau</i> with 356,035 people reached. • 96% of urban households recognize the brand <i>Sûr'Eau</i> 18% of Malagasy households have used <i>Sûr'Eau</i> at least once, and 9% report being regular users (PSI KAP study, November 2001). • However, people have a positive perception of those who use <i>Sûr'Eau</i> and new users state that the influence of current users coupled with advertising encouraged them to buy <i>Sûr'Eau</i>. (Etude de motivation de l'achat, March 2002). 	<p>Interviewees are more likely to use <i>Sûr'Eau</i> if they've heard the program's IEC campaigns and have personal contact with current users.</p> <p>Number of bottle sold</p> <p>Number of MVU performances</p> <p>Number of radio programs</p> <p>Number of radio spots</p>	<p>Sales Reports from commercial distributors and PSI sales teams.</p>

PSI/Madagascar Social Marketing Project Achievements (January to December 2004)

RESULTS	ACTIVITIES	BENCHMARKS/ACHIEVEMENTS	INDICATORS	DATA SOURCES
3. Reduce malaria morbidity and mortality by increasing the use of long-lasting insecticide-treated mosquito nets (LLITNs) among children under five and pregnant women throughout Madagascar	a. Social marketing of <i>SuperMoustiquaire</i> (LLITNs)	<p>Target 2004 : Sell 300,000 <i>SuperMoustiquaire</i> (rectangular and conical and <i>Mama SuperMoustiquaire</i> LLITNs)</p> <p>Achievement 2004:</p> <ul style="list-style-type: none"> • 335,074 <i>SuperMoustiquaire</i> sold (111% of objective) • In 2004, sales are 241% higher than in 2003 (138 767 <i>Super Moustiquaire</i> sold) 	Sales figures and sales figures from health centers	Sales Reports from commercial distributors and PSI sales teams; sales
	b. Distribute <i>SuperMoustiquaire</i> through appropriate POS	<p>Target 2004: Recruit 680 POS (80new wholesalers and 600 new retail sales points.</p> <p>Achievement 2004: 2,803 POS recruited (33 new wholesalers recruited, and 2,770 new retailers).</p>	Number of new POS selling <i>SuperMoustiquaire LLITNs</i> .	Sales Reports from project MIS

PSI/Madagascar Social Marketing Project Achievements (January to December 2004)

RESULTS	ACTIVITIES	BENCHMARKS/ACHIEVEMENTS	INDICATORS	DATA SOURCES
	<p>c. Promote consistent ITN usage and <i>SuperMoustiquaire</i> by radio, television, MVU, and other mass media.</p>	<p>Target 2004: Create and air 18 new promotional and educational radio spots. Create 10 educational program (TSA) and air 2-4 times per month.</p> <p>Broadcast 2 <i>SuperMoustiquaire</i> TV spots. Produce 1 TV spot. Distribute and air <i>SuperMoustiquaire</i> song and music video clip on TV stations and via mobile video units.</p> <p>Conduct 353 MVU projections and 656 flash sales.</p> <p>Achievement 2004: Produced and aired nationwide 8 promotional and 13 educational radio spots and aired 20,397 times; produced a <i>Super Moustiquaire</i> song with Poopy and aired 112 times and 10 educational radio program (TSA).</p> <p>Broadcasted nationwide the promotional TV spot and aired 286 times; Produced 2 video educational programs (TSA) and aired 98 times the clip video <i>Super Moustiquaire</i>.</p> <p>Performed 228 MVU animations with movie projections and 257 promo sales events.</p>		<p>IEC Monthly Reports</p> <p>Evaluation of radio campaign</p>

PSI/Madagascar Social Marketing Project Achievements (January to December 2004)

RESULTS	ACTIVITIES	BENCHMARKS/ACHIEVEMENTS	INDICATORS	DATA SOURCES
	d. Promote <i>SuperMoustiquaire</i> wholesalers to retailers, consumers, and restaurant owners through point of sale materials, media promotion, sponsorships, and community events	<p>Target 2004: Increase in number of sales points.</p> <p>Achievement 2004: <i>SuperMoustiquaire</i> is now available in about 3,000 sales points nationwide. Community based sales have also begun. However, rural penetration is low, and there is a low perception of availability by the target group.</p> <p>In a 2002 PSI distribution survey, preliminary results show that 41% of wholesalers reported having sold <i>SuperMoustiquaire</i>, with 35% currently selling.</p> <p>The 2004 TRaC results show that 42% of mothers know where to buy <i>Super Moustiquaire</i> (67% in urban areas and 38% in rural areas).</p>	Retailers and consumers can identify at least one official <i>SuperMoustiquaire</i> wholesaler in their vicinity	<p>Interviews with retailers and consumers</p> <p>2002 PSI distribution survey</p> <p>Distribution reports</p> <p>National TRaC Survey (2004)</p>
4. Reduce malaria morbidity and mortality by increasing the use of pre-packaged anti-malarial treatment among children under 5 throughout Madagascar.	a. Social marketing of <i>PaluStop</i> (anti-malarial PPT)	<p>Target 2004 : Sell 750,000 <i>PaluStop</i></p> <p>Achievement 2004: 1,044,000 <i>PaluStop</i> sold (139% of objective)</p>	Sales figures and sales figures from health centers	Sales Reports from commercial distributors and PSI sales teams; sales
	b. Distribute <i>PaluStop</i> through appropriate POS	<p>Target 2004: Recruit 600 new wholesalers and new retail sales points.</p> <p>Achievement 2004: 47 new wholesalers recruited, and 2,809 new retailers recruited.</p>	Number of new POS selling <i>PaluStop</i> .	Sales Reports from project MIS

PSI/Madagascar Social Marketing Project Achievements (January to December 2004)

RESULTS	ACTIVITIES	BENCHMARKS/ACHIEVEMENTS	INDICATORS	DATA SOURCES
	<p>c. Promote prompt and correct PPT usage and <i>PaluStop</i> by radio, television, MVU, and other mass media.</p>	<p>Target 2004: Create and air 24 new promotional and educational radio spots. Create 10 radio and 2 TV educational program (TSA).</p> <p>Broadcast <i>PaluStop</i> TV spot. Distribute and air <i>PaluStop</i> film and music video on TV stations and via mobile video units.</p> <p>Achievement 2004: Produced and aired nationwide 5 promotional and 13 educational radio spots as well as 18 educational/promotional radio programs and aired 2,356 times; produced 10 radio and 2 TV educational program (TSA).</p> <p>Broadcasted nationwide the promotional TV spot 377 times; the <i>PaluStop</i> movie and music video were aired on the International day of the fight against Malaria and aired 11 times during the year. Produced 1 song with Poopy and aired 1,146 times.</p> <p>228 MVU animations with movie projections and 240 promo sales events (with <i>Super Moustiquaire</i>)</p>	<p>Consumer awareness of PPT</p> <p># radio spots produced and aired</p> <p># video spots produced and aired</p> <p># MVU performances</p>	<p>IEC Monthly Reports</p> <p>Evaluation of radio campaign</p>
	<p>d. Promote <i>PaluStop</i> wholesalers to retailers, consumers, and restaurant owners through point of sale materials, media promotion, sponsorships, and community events</p>	<p>Target 2004: Increase in number of sales points.</p> <p>Achievement 2004: <i>PaluStop</i> is now available in about 3,000 sales points nationwide. Community based sales have also begun. However, rural penetration is low, and there is a low perception of availability by the target group.</p> <p>The 2004 TRaC results show that 18% of mothers know where to buy <i>PaluStop</i> (43% in urban area and 12% in rural area).</p>	<p>Retailers and consumers can identify at least one official <i>PaluStop</i> wholesaler in their vicinity</p>	<p>Interviews with retailers and consumers</p> <p>2002 PSI distribution survey</p> <p>Distribution reports</p> <p>National TRaC Survey (2004)</p>

PSI/Madagascar Social Marketing Project Achievements (January to December 2004)