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**FIRST YEAR  
ANNUAL IMPLEMENTATION PLAN  
NARRATIVE**

**Cooperative Agreement No. 72068718CA00001 (IMPACT)**

***“Improving Market Partnerships and Access to Commodities Together”***

**Submitted on December 21, 2018 by  
PSI/Madagascar**

**In partnership with  
Management Sciences for Health (MSH)  
PATH  
Banyan Global  
Telma Foundation**

## List of Acronyms

|          |   |
|----------|---|
| ATL      | Above-the-line  |
| BTL      | Below-the-line  |
| CHV      | Community Health Volunteer  |
| COP      | Chief of Party  |
| CSB      | Basic Health Centers  |
| DAMM     | <i>Direction de l'Agence du Médicament de Madagascar</i>                            |
| DCA      | Development Credit Authority  |
| DCOP     | Deputy Chief of Party   |
| DPLMT    | <i>Direction de la Pharmacie, des Laboratoires et de la Médecine Traditionnelle</i> |
| FANOME   | Non-Stop Financing for Medication Supply  |
| FP       | Family Planning   |
| GHSC-PSM | Global Health Supply Chain-Procurement and Supply Management                        |
| GOM      | Government of Madagascar  |
| HR       | Human Resources   |
| IMPACT   | Improving Market Partnerships and Access to Commodities Together                    |
| IPC      | Interpersonal Communication   |
| IR       | Intermediate Result   |
| ISM      | Integrated Social Marketing   |
| KM       | Knowledge Management  |
| LLIN     | Long Lasting Insecticidal Nets  |
| MERL     | Monitoring, Evaluation, Research and Learning                                       |
| MOPH     | Ministry of Public Health   |
| MSH      | Management Sciences for Health  |
| ONM      | <i>Ordre National des Médecins</i>  |
| OPH      | <i>Ordre National des Pharmaciens</i>   |
| PA       | <i>Point d'Approvisionnement</i> (Supply Point)                                     |
| PARC     | Community Wholesalers   |
| PhaGDis  | District Pharmacy   |
| PhaGeCom | Basic Health Center Pharmacy  |
| PPP      | Public-Private Partnership  |
| PSI      | Population Services International   |
| PSI/M    | Population Services International/Madagascar  |
| RH       | Reproductive Health   |
| SBCC     | Social Behavior Change Communications   |
| SCM      | Supply Chain Management   |
| SPAR     | Supervision Performance Assessment, and Recognition Strategy                        |
| TMA      | Total Market Approach   |
| TMASCT   | Total Market Approach Stewardship Capacity Tool                                     |
| TMI      | Total Market Initiative   |
| TWG      | Technical Working Group   |
| UHC      | Universal Health Coverage   |
| UTGL     | <i>Unité Technique de Gestion Logistique</i>  |

## Executive Summary

In September 2018, PSI/Madagascar (PSI/M) was awarded the NOFO No.72068718RFA00003 for the Improving Market Partnerships and Access to Commodities Together (IMPACT) program in Madagascar. The award is for US \$31,985,102 (US \$35,185,162 including cost-share) and runs from September 4th, 2018 through 2023.

The goal of this program is to sustainably improve the health of the Malagasy population through a strengthened health system and efficient health markets, contributing to Universal Health Coverage (UHC). The program's purpose is to improve the capacity of the Malagasy health system to ensure that quality pharmaceuticals and health commodities are available and accessible to all Malagasy people on a sustainable basis. IMPACT's expected outcome is to increase total market performance for and use of health products and sustained health system performance.

The IMPACT Program is organized along five Intermediate Result (IR) areas, as summarized below. During the first program year, PSI/M will continue increasing access to and use of effective health products in each of these areas. This annual implementation plan describes key activities for each IR:

- **IR 1: Enhanced coordination among the public, nonprofit, and commercial sectors for reliable supply and distribution of quality health products**
- **IR 2: Strengthened capacity of the government of Madagascar (GOM) to sustainably provide quality health products to the Malagasy people**
- **IR 3: Expanded engagement of the commercial health sector to serve new health markets according to health needs and consumer demand**
- **IR 4: Improved sustainability of social marketing to deliver affordable, accessible health products to the Malagasy population**
- **IR 5: Increased demand for and use of health products among the Malagasy people**

Through a total market approach (TMA) that draws on past social marketing successes under the USAID Integrated Social Marketing program (ISM) and global best practices in TMA, the IMPACT Team will work from the beginning of year one with and through a strengthened GOM to build a more effective and efficient health market. Despite successes under the previous ISM program, PSI/M recognizes that further investments need to be made to strengthen the overall health commodity market in Madagascar if the GOM is to achieve UHC. In addition, social marketing needs to evolve within the broader market context. Improved segmentation, cross-subsidy, and other approaches offer an opportunity to transition social marketing to a more financially sustainable model.

Activities of particular note for the first year of the IMPACT program include:

- An internal launch workshop at the end of November 2018 with USAID/Madagascar, PSI/M and new sub-grantees MSH, Banyan Global, PATH, and Telma Foundation to officially announce the start of the IMPACT program and to discuss continued and new

collaborative mechanisms. Regular meetings will be held with all partners leading up to the internal launch.

- An external launch workshop in January 2019 with USAID/Madagascar, IMPACT consortium partners, USAID-funded projects (e.g., Mahefa Miaraka, ACCESS, MEASURE Evaluation, PMI VectorLink, etc.), public stakeholders, particularly the GOM entities that will be capacitated by IMPACT (e.g., MOPH, Minister, Secrétaire Général, Directrice Général de la Santé, Direction de Lutte contre le Paludisme, Direction de la Santé Familiale, Direction de la Pharmacie, des Laboratoires et de la Médecine Traditionnelle, Direction du Système d'Information, Direction des Partenariats, Direction de la Promotion de la Santé, DAMM, and Direction des Districts Sanitaires), and nonprofit and commercial market players (e.g., local and international NGOs: WaterAid, InterAid, Catholic Relief Services, Institut Pasteur de Madagascar, ASOS, etc.);
- The IMPACT Team will work closely with USAID funded projects Global Health Supply Chain-Procurement and Supply Management (GHSC-PSM), Mahefa Miaraka, and ACCESS to ensure a smooth transition from the GHSC-PSM local project to IMPACT and to enhance partnerships between the GHSC-PSM global project, IMPACT, and ACCESS, and MAHEFA Miaraka;
- Strong focus on ensuring continuous availability of health products, mainly family planning/reproductive health (FP/RH) and malaria commodities, in the public sector and at the community level in the 13 regions targeted by IMPACT via the establishment of a six month “emergency commodity plan” starting (to be confirmed) in November 2018;
- Conducting market assessment(s) on priority health areas (to be determined with USAID), setting up partner PATH total market initiative (TMI) working groups and starting the process of capacitating the GOM in stewarding the TMI process;
- Support the expansion of the commercial sector engagement in health commodity markets, in partnership with Banyan Global, Telma Foundation, and MSH;
- Continue to improve public and social marketing supply chain management processes from the central level down to the community level, with a focus on cost recovery;
- Organize Continuous Distribution of long-lasting insecticidal net (LLIN) distribution in support of the GOM malaria control priorities.

PSI/M remains grateful for the trust which USAID has placed in PSI/M and its partners and is cognizant of the responsibilities entailed.

## **Technical Approach**

### **IR1: Enhanced coordination among the public, nonprofit, and commercial sectors for reliable supply and distribution of quality health products**

#### **Key illustrative activities for year one:**

- Conduct exhaustive desk review of TMI literature in Madagascar for all three health areas (FP/RH, Malaria, and MCH) that will inform an overarching TMI roadmap;
- Conduct TMI market assessments for priority health area (to be confirmed with USAID)
- Identify TMI Champions and coordinate multisectoral (public, nonprofit, commercial) TMI workshops to define the TMI roadmap;
- Conduct one exchange trip to a country that has operationalized a TMI;

- Conduct gender-informed market assessments for priority health areas
- Review and consolidate all existing forecasting exercises for priority health areas and conduct the annual system-wide forecasting exercises;

**Context:** Despite some progress in a TMA in Madagascar and the existence of various supportive national policies, much remains to be done to define, broadly disseminate, and operationalize a TMA. The lack of communication and coordination among sectors is high, particularly with the commercial sector, and there is a strong need for deeper total market understanding, better planning, and more coordinated implementation involving all stakeholders, led by the GOM. For a better coordination these activities will be integrated into the annual work plan of the Ministry of Health

### **Proposed Activities:**

#### **1.1. The total market for health products in Madagascar is understood and documented**

In Q1 of the first project year, the IMPACT Team will conduct an exhaustive desk review of TMI literature in Madagascar for all three health areas (FP/RH, Malaria, and MCH) in order to develop an overarching summary of the TMI work that has been done to date (e.g., the UNFPA FP/RH TMA, WASH market landscaping, etc.). This desk review will help to inform the development of a draft TMI roadmap for the three health areas. The TMI roadmap will help the IMPACT Team, in collaboration with USAID/Madagascar, to identify one health area that will be prioritized for a TMI market assessment in Year 1. Following this exercise, PSI/M, with STTA from its HQ global marketing team and partner PATH, will design the market assessment(s) protocol in Q2. The assessment will be conducted with the GOM in Q3.

In parallel, by the end of Q2 partner PATH will start identifying all TMI Champions within the Ministry of Public Health (MOPH) and will set up a multi-sectoral TMI Technical Working Group (TWG), which will analyze the results from the market assessment(s) and finalize the TMI roadmap and draft operationalization plan. Implementation of the TMI operationalization plan will begin in Q4. In Q4 select TMI Champions will go on one exchange trip to a country that has already operationalized a TMI in order to share best practices and TMI tool. This will help inform the process of implementing the operationalization plan in Madagascar. Through the Knowledge Management (KM) Advisor TMI results will be disseminated among key stakeholders throughout the process.

#### **1.2. GOM leads TMI stakeholders to coordinate health product forecasting according to market assessments and segmentation**

Leveraging the TMA stewardship capacity assessment tool developed by ABT Associates, partner MSH **under UGTL lead** will review and consolidate all existing forecasting exercises for all health areas (FP/RH, Malaria, and MCH) and will assess the GOM's current forecasting capacity and will provide trainings as needed. The IMPACT Team will assist the GOM in leading the annual system wide forecasting exercises as part of each TMI workshop starting in Q2.

### **IR2: Strengthened capacity of the GOM to sustainably provide quality health products to the Malagasy people**

## **Key illustrative activities for year one:**

- Develop and implement a six-month emergency plan for the distribution of FP/RH and malaria commodities in the public sector and via community health volunteers (CHVs)
- Conduct an in-depth literature review of the existing public supply chain
- Support efforts to strengthen the LMIS system including tracking in-country distribution from SALAMA to end users (CSB and or CHV) and all levels consumption on a timely manner
- Develop a budgeted national distribution and procurement plan for 13 regions
- Strengthen the public supply chain management from central levels to health center pharmacy (PhaGeCom) levels to reduce product stockouts
- Conduct a feasibility study and pilot the use of drones for emergency transportation of health products

**Context:** The public supply chain in Madagascar is fragmented between commodities donated through vertical programs and other essential medicines sold by SALAMA, the central medical store, and a nonprofit association. UNFPA provided all districts with CHANNEL inventory management software, but its use has been challenging due to the complexity of the software and an initial lack of district pharmacy (PhaGDis) training. Madagascar’s drug cost recovery mechanism, FANOME, is theoretically functioning, but poorly executed. As a result, SALAMA cannot recover adequate costs related to the distribution of health commodities to PhaGDis. This is also the case with PhaGDis in supplying PhaGeCom.

## **Proposed Activities:**

### **2.1: Health commodities and pharmaceuticals are continuously available and accessible in the public sector**

In Q1, IMPACT will develop an emergency plan for distribution of FP/RH and malaria commodities to CSBs and CHVs. Forces will be joined between all partners working on supply chain of FP commodities (PSM, USAID, UNFPA, PSI, MSH, MSI) and led by the MOPH to identify how to obtain products in-country as quickly as possible to cover over a 6-month period for current stock-outs in the public sector. Once commodities are in-country, PSI will deploy its current distribution capacity to deliver products directly at the district level during Q1 and Q2, which will provide a complement to SALAMA’s distribution cycle. PSI/M will report on the number of emergency products distributed in the public sector via CHVs with support from MSH.

In order to avoid stock-outs of malaria products. Impact will first support the GAS Malaria sub-committee under the aegis of the UTGL to strengthen the quantification mechanism. Through district-level refreshment on GESIS software and Channel, IMPACT will ensure better data collection, which should lead to better quantification. An emergency distribution plan for malaria products will be developed and monitored with SALAMA to take into account the seasonality of the epidemic. Communes will be strengthened in the management of malaria products so that they can place orders in time and avoid stock-out. With regard to the leakage of malaria products, IMPACT will support the GOM in implementing its *Stratégie Nationale de Lutte contre la Contrefaçon et le Marché Illicite de Médicaments*

The IMPACT Team will draw up a roadmap and store the nets for continuous distribution in 20 priority districts identified by the DLP and its partners

Upon project start, IMPACT will work hand-in-hand with the PSM-local project to ensure a smooth transition and handover between the two projects. As PSM-local activities will be phased out in mid-November 2018, it will be crucial that IMPACT staff attend all the quantification and forecasting meetings of the GAS committees and UTGL, organized by the DPLMT taking place in the country to ensure SCM Technical Assistance (TA) from MSH to the public sector (e.g., for regular reporting, supply and distribution plan development and stock) is efficient and successful. With support from a MSH-employed STTA during project start-up in Q1, a transition plan highlighting HR and Administrative handover modalities between PSM-local and IMPACT will be developed.

MSH will conduct an in-depth literature review of the existing public supply chain in order to inform areas that will need support under IMPACT and to assess the existing supply planning capacity of the GOM staff.

At the same time, throughout the year, partner MSH will start strengthening the SCM capacities at the central level as previously explained (DPLMT, UTGL, DAMM) and also at the district level based on results from the assessment. MSH will support a revision of the forecasting and the supply plan contributing to the activity in IR1 and will assess whether a supply chain diagnostic assessment is needed to service as a baseline and to orient the revision of the national Drug Policy.

MSH will also work towards the end of Y1 (Q3 and Q4) to establish a national LMIS roadmap, analyzing the current gaps and deficiencies in the system and in data visibility and analysis as well as the requirement to integrate with the DHIS 2. In Q4, MSH will start to explore the establishment of the SCM quality improvement approach using the SPARS model through trainings and supervision). MSH will support the counterparts in SALAMA to look at reducing inefficiencies in the supply chain and mobilizing resources for the supply plan, including the development of a budgeted national distribution and procurement plan with collaboration of SALAMA and all relevant donors and partners. **In the meantime in order to avoid stock out IMPACT will support the current system for transportation of commodities from SALAMA to PhaGdis by signing a contract with the SALAMA. From PhaGdis to PhaGeCom , we will strengthen Phagecom management capacity in order to ensure the availability of funds for commodities transportation**

To support the regional/district and commune levels, MSH will conduct an initial training on supply planning to key public sector staff and on-the-job capacity building based on the needs from the assessment. This type of training is not planned at the commune level in Y1 but can be cascaded down to the commune level in Y2 if deemed necessary. Training at the commune level will be leveraged in coordination with ACCESS and Mahefa-Miaraka in Y1. Lastly, MSH will explore with the MOPH different distribution strategies from the PhaGDis to PhaGeCom and will propose at least two scenarios to continue after the initial emergency plan and will work in close collaboration with ACCESS and Mahefa-Miaraka. MSH will also assume responsibility for the End-Use Verification (EUV) surveys that were conducted under PSM on a quarterly basis.

## **2.2: The public sector supply chain increases financial sustainability**

In Q3 of Year 1, partner MSH will work with the public sector (MOPH) to conduct a total cost analysis of the public supply chain. This exercise will help identify how to further improve the FANOME margin structures and financial sustainability in Y1 and subsequent project years. This will build on the recent study conducted by SHOPS Plus and partners. Based on the analysis, MSH and the MOPH will establish at least two scenarios to improve SALAMA's financial sustainability

. The MOPH will choose one scenario which will be implemented in Y2.

## **IR3: Expanded engagement of the commercial health sector to serve new health markets according to health needs and consumer demand**

### **Key illustrative activities for year one:**

- Present IMPACT to the Private Sector Humanitarian Platform (PSHP)
- Leverage the PSHP to engage businesses in health product markets including malaria products such as ACT, RDT
- Identify PSHP members to join the TMI TWG and track the achievements of these members
- Develop business trainings in the commercial sector for health business that will borrow from the Development Credit Authority (DCA)
- Expand supply-side financing (DCA)
- Provide training and coaching to DCA borrowers and DCA partner banks
- Foster capacity development in regulatory reforms within the GOM
- Assess the barriers to commercial sector's involvement in the pharmaceutical supply chain
- Assess the feasibility of using a third-party vendor for the data collection system of the private sector

**Context:** Despite their importance within the Malagasy health market, commercial businesses struggle to expand their health product offerings, hampered by harsh regulations, such as unnecessary taxes on FP commodities.

The Gender and Social Inclusion analysis will examine these regulations and how they potentially exclude women-owned and operated businesses who face additional barriers in access to credit and finance. Other barriers include commercial banks' reluctance to finance health loans due to perceived riskiness and private businesses' lack of financial management knowledge and the value of credit. The private health sector represents less than 1% of commercial bank portfolios however, USAID/Madagascar's DCA loan guarantee incentivizes local financial institutions' investment in the health sector.

### **Proposed Activities:**

#### **3.1: Commercial actors are incentivized to expand into new health product markets**

In Q1 partner the IMPACT Team will present the project to the PSHP in order to ensure that they are informed of the objectives of the project and the importance of collaboration between IMPACT and the PSHP. Starting in Q1 partner Telma Foundation will lead the process of formalizing a partnership between the PSHP and the MOPH. While the partnership is being



finalized the Telma Foundation will review the scope of the PSHP to increasingly engage private businesses (e.g., pharmaceutical distributors) in distribution of health commodities. Telma Foundation will work with members of the PSHP to identify bottlenecks preventing businesses from further investing in health commodities and to better advocate for commercial sector engagement with the MOPH. Members from the PSHP will be selected to join the TMI TWG (IR 1.1) based on their experience or interest in the priority health area and they will be assigned roles and responsibilities to contribute to the TWG. Achievements will be monitored through quarterly progress reports in order to track the progress of the PSHP engagement in the TMI TWG. Starting in Q1, partner Banyan Global will develop and adapt loan products and financial risk mitigation tools for small and micro health enterprises to engage them in supply side financing. Building on the work under SHOPS Plus, Banyan Global will continue working with Microcred and Access Bank under the DCA to expand financing to health supply chain stakeholders (e.g. remoted retailers). In parallel, Banyan Global will develop a training and coaching curriculum to build the financial management capacity of health businesses in the pharmaceutical sector that will borrow through the DCA. This will allow for the DCA banks to have more confidence that the borrowers are equipped to borrow responsibly and manage their loans. The training and coaching will begin in Q2 and will continue throughout Y1 as borrowers are identified. Banyan Global will also develop capacity building plans and training curricula for the DCA partner banks leveraging work from SHOPS Plus and will provide training and support in credit analysis and loan structuring for health businesses starting in Q2.

### **3.2 GOM facilitates the work of the commercial sector**

In Q1, partner MSH will start reviewing and assessing the DAMM drug registration processes with the aim of streamlining them. In parallel, MSH will assess the regulatory and policy barriers to the commercial sector's involvement in the pharmaceutical supply chain to inform advocacy meetings with the GOM that will discuss options to support the expansion of the commercial sector (e.g. tax exemption for health products dedicated to humanitarian activities). Lastly, in Q4 MSH will support the GOM to develop an action plan to implement the *Stratégie Nationale de Lutte contre la Contrefaçon et le Marché Illicite de Médicaments*.

At the regulatory policy level, GESI (**Gender and Social Inclusion**) analysis is key and based on the findings we can help build MOPH staff capacity in developing more sustainable, socially inclusive regulations.

In Q2, PSI/M will assess the GOM's interest and capacity for oversight of the private sector and will use that information to inform a feasibility study on using a third-party market research vendor capable of implementing a routine data collection system that would allow private sector stakeholders to access market data on health products (e.g., volume, value).

### **Intermediate Result 4: Improved sustainability of social marketing to deliver affordable, accessible health products to the Malagasy population**

#### **Key illustrative activities for year one:**

- Elaborate a transition plan from SHOPS Plus to IMPACT with all the stakeholders to avoid stock-out of social marketing products
- Develop and implement a procurement plan for social marketing products
- Ensure continuous availability of social marketing products at the community level

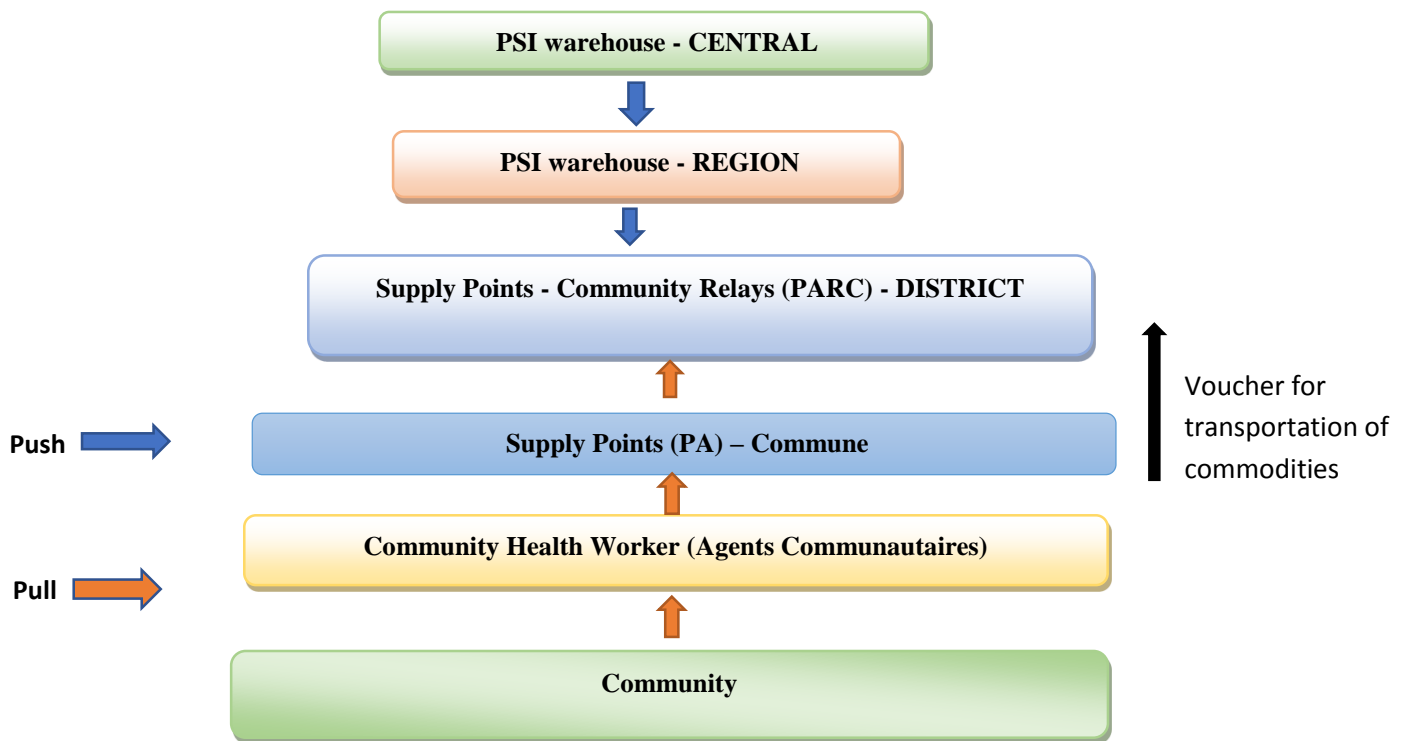
- Conduct a pilot study on the use of vouchers
- Develop a budgeted roadmap for continuous LLIN distribution in 13 regions and ensure LLIN storage at the central level
- Explore the use of innovative solutions for last mile distribution

**Context:** To support increased use of critical health commodities, socially marketed health products have pervaded Madagascar’s health sector for almost 20 years, with many brands gaining strong consumer loyalty, such *Pilplan*-branded pills and *Sûr’Eau*-branded water treatment products. However, heavy reliance on donor subsidy across most products limits sustainability. The evaluation of the ISM program found that socially marketed commodities are affordable for target beneficiaries to the point where prices of some products, including LLINs, can be increased to further improve cost recovery. This offers an opportunity to transition social marketing in Madagascar to a more sustainable model of delivery.

**Proposed Activities:**

**4.1. Socially marketed products are continuously available at convenient and accessible locations**

In Y1, PSI/M will elaborate a plan with USAID and all the stakeholders to avoid stock-outs during the transition from SHOPS Plus to IMPACT. Then a procurement plan for socially marketed products will be developed. Throughout Y1, the distribution of **socially marketed products will be maintained following the scheme below with an emphasis on avoiding stock-outs.**



In Q3, PSI/M will explore partnering with small businesses (e.g., pharmacies, retailers) and the Telma Foundation to set up a mobile-based voucher program that will incentivize small outlets to distribute health commodities in rural and hard-to-reach areas. The use of the voucher subsidy

will be carefully targeted at the “most in need” segments identified through the market assessments under IR1 and archetypes in IR5.

In order to address last mile distribution solutions, PSI will conduct a feasibility study on the use of drones for last mile medicine delivery and based on the feasibility study a pilot will be designed to test the delivery of health products to communities using drones. **The drone pilot would be used for emergency situations in rural parts of Madagascar.**

**After a review of past experiences in the use of drones in Madagascar we will during the feasibility study determine the motivations and barriers for different actors for Drone approach. For the pilot a remote area with difficult access will be chosen and we will make deliveries via the drone by documenting all the process in order to improve it.**

#### **4.2. Socially marketed products achieve cost recovery at an affordable price for consumers**

Starting in Q1, PSI/M will begin to explore transition of its traditional social marketing organization model to a more financially sustainable model focusing on targeted use of subsidy and changes in operational efficiencies. PSI will analyze Cost of Goods Sold (COGS) and propose options for the optimization of financial sustainability for the current socially marketed products portfolio

Pending the results of COGS analysis, PSI will explore licensing of some socially marketed brands to local manufacturers.

The results will inform a pilot of the introduction of a low-cost socially marketed products in the public sector and exploration of brand extension for *Yes* condoms.

PSI/M will use the TMA assessment of the total market for pregnancy tests done under SHOPS Plus to develop marketing plans adapted to the different segments identified.

### **Intermediate Result 5: Increased demand for and use of health products among the Malagasy people**

#### **Key illustrative activities for year one:**

- Establish a demand creation subcommittee of the TMI TWG
- Conduct communication campaigns to promote health product categories through gender integration, we will work to ensure communication campaigns are designed in a gender-informed and socially inclusive way
- Expand PSI/M’s successful Youth Communications Program
- Leverage mobile technology to drive demand for health products among youth
- Support the GOM in developing a national communication plan for the promotion of health commodities

**Context:** An evaluation of the ISM program found that social and behavior change communication (SBCC) efforts were not effectively targeted and that the use of mass media did not reach the most rural populations. Mid-media activities were less effective because they relied primarily on mobile video units. SBCC efforts were found to be complex because they focused on both the promotion of socially marketed products and generic SBCC. Radio, however, was

found to be the most effective (including cost-effective) medium for reaching a large number of beneficiaries. A greater understanding of how the target audience thinks and behaves coupled with a retooled messaging and media channel strategy could go a long way in increasing product demand.

### **Proposed Activities:**

#### **5.1: The market demonstrates sufficient and sustained demand for health products**

In Q2, the IMPACT Team will work with the MOPH to set up a demand creation subcommittee of the TMI TWG including TMI stakeholders from all sectors. PSI/M will also start strengthening the GOM to ensure that national communication campaigns and materials promoting product categories are developed with IMPACT's assistance. The IMPACT Team will work with the TMI TWG for the development of a national communication plan for the promotion of health commodities. This national communication plan will be "gender-informed" by using the findings and recommendations from the GESI analysis

From project start, the IMPACT Team will use a variety of channels to deliver both nationwide and regional campaigns, promoting use of priority quality health products across consumer segments. Communication interventions will include both below-the-line (BTL) and above-the-line (ATL) advertising, interpersonal communications, and digital communication in coordination with all the partners (eg: Mahefa Miraka and ACCESS). **For rural population we will mainly use Community Health worker "agents communautaires" (IPC) and mobile video unit. For urban population it will be more broadcasting spot on radio and TV as well as digital communication**

**The goal of all these communications will be to generate demand for family planning and MCH products but also the use of LLIN for Malaria prevention.**

To further strengthen the impact of communications on youth, the IMPACT Team will develop partnerships with the Ministry of Education and the Ministry of Youth and Sport. The Team will further leverage PSI/M's cadre of youth peer motivators who will visit schools in year one and establish youth clubs to discuss health issues and communicate how to promote health products. Further, PSI/M will continue to sponsor events designed to encourage condom use and healthy behaviors among youth.

PSI/M will expand their presence on the Facebook social media platform interact with young people about health products. Telma Foundation uses the SIM application toolkit (STK) application to allow the use of Facebook through very basic mobile phones. PSI/M will also partner with mobile companies to use the STK application to organize free, regular SMS pushing product promotion campaigns targeting youth. The project will expand the mobile application on smartphone *Tanora Cool* developed under the ISM program to give systematic information on health products to urban and semi-urban youth.

For demand generation along rural population PSI will develop with Mahefa Miraka and ACCESS a communication plan on health products for CHVs based on IPC interventions through a workshop.

## **Personnel, Management, Oversight Changes, and Requirements**

During the startup phase (until the end of November 2018), the IMPACT Team will do the following:

- **PSI/Madagascar** – PSI/M will continue to be supported by in-country STTA from PSI Global until the Chief of Party (COP) and Deputy Chief of Party (DCOP) onboard in-country. Such STTA will include management, financial, HR and technical support from two PSI/HQ staff (Senior New Business Development (NBD) Manager, Associate Program Manager). PSI/M will organize weekly meetings with partners GHSC-PSM, MSH, Banyan Global, Telma Foundation, and PATH. The contacts will be either in-person, over skype, and/or email. As all the consortium organizations mobilize and personnel arrive in-country (e.g., PSI’s COP at the end of November 2018 and the DCOP in mid-October 2018), in-person meetings will increase.
- **MSH** – A seasoned Supply Chain STTA (Paul Icks), will start in-country on October 8, 2018 and will stay in Madagascar for a 3-week period. Paul Icks is a fluent French speaker and has significant experience in pharmaceutical management. His role will be to work closely with MSH HQ and PSI’s Senior NBD Manager to support the transition from GHSC-PSM to IMPACT through attending meetings with USAID, GHSC-PSM, and MOPH counterparts on activities related to quantification, distribution, etc.; develop the action plan (with deadlines, responsible people, budget) for the transition between GHSC-PSM and IMPACT for the public supply chain component led by MSH; develop a transition report; finalize the MSH workplan for year one of IMPACT after discussion with USAID; provide technical assistance to develop and implement an emergency plan to assure availability of FP commodities **and malaria products** at community level; support the recruiting of the key position (Senior Supply chain advisor) and the rest of the MSH’s IMPACT Team through finalizing job descriptions, interviewing candidates etc.; hold a briefing and debriefing meeting with USAID and other technical meetings as required; hold introductory planning meetings with Senior NBD manager, the DCOP and COP of the project when they arrive in-country; and produce a report of the STTA at the end of the mission. MSH plans to finalize all recruitments by the end of November and to on-board the Key Personnel Senior Supply Chain Advisor by the middle of November 2018.
- **Other Organizations (Telma Foundation, Banyan Global and PATH):** All other organizations will start the recruitment in October 2018 and it is expected that all staff will be on-board (at HQ and in-country) by the end of November 2018.

Following the IMPACT COP’s arrival, PSI/M will form a project management unit. The committee will be the primary mechanism for communication with all partners, organization of project launch activities, and review of overall project and deliverables for each partner.

## **Grantees Activities and Timelines**

PSI Global is in the process of signing sub-award agreements with MSH, PATH, Banyan Global and Telma Foundation. In October 2018, all partners will receive their respective sub-award agreement for signature and we expect to conclude the entire process by November 2018. In the meantime, partners will receive letters of authorization to mobilize and initiate implementation in priority programmatic areas and setting up operations. The priorities for the use of the funds will

be set by each receiving organization but within the rules of allowable costs; thus far personnel costs are the priority. This is to support speedy mobilization of the organizations, particularly for MSH who will take over the work of PSM in-country. Once all Letters of Authorization are signed, PSI will host a kick off meeting with all partners to discuss program implementation, review their agreements and discuss financial and programmatic compliance and reporting requirements.

**International Travel Plan/Year One (Destination: Antananarivo, Madagascar)**

| # Travelers                   | Description of Travel & IR  | Departure City/Country     | Estimated Arrival   | Estimated Airfare |
|-------------------------------|---|----------------------------|---------------------|-------------------|
| 1 person - Marie-Alix Valensi | Program management to support rapid start up and implementation (All IRs)   | Paris, France              | Q1 – October 2018   | \$2,000           |
| 1 person - Claudie Sossah     | Sub-award and compliance capacity building to support rapid start up implementation (All IRs)   | Johannesburg, South Africa | Q1 – September 2018 | \$1,000           |
| 1 person - Paul Ickx          | SCM technical assistance for scopes of work including: <ul style="list-style-type: none"> <li>- Support the transition from PSM to IMPACT through attending meetings with USAID, PSM and the MOPH counterparts on activities related to quantification, distribution, etc.</li> <li>- Develop the action plan (with deadlines, responsible people, budget) for the transition between PSM and IMPACT for the public supply chain component led by MSH.</li> <li>- Develop a transition report</li> <li>- Finalize the MSH workplan for year 1 of IMPACT after discussion with USAID</li> <li>- Provide technical assistance to develop and implement an emergency plan to assure availability of FP commodities at community level</li> <li>- Support the recruitment of</li> </ul> | Paris, France              | Q1 – October 2018   | \$2,000           |

|                                    |   |                                  |                   |         |
|------------------------------------|---|----------------------------------|-------------------|---------|
|                                    | <p>the Key position (Senior Supply Chain Advisor) and the rest of the MSH pharmaceutical team on IMPACT through finalizing job descriptions, interviewing candidates etc.</p> <ul style="list-style-type: none"> <li>- Hold a briefing and debriefing meeting with USAID and other technical meetings as required.</li> <li>- Hold introductory planning meetings with the DCOP and COP of the project when they arrive in country.</li> <li>- Produce a report of the STTA at the end of the mission.</li> <li>- Other activities as necessary.</li> </ul> <p>(IR 2)</p> |                                  |                   |         |
| 1 person – Shayla Durrett          | Program management to support rapid start up and implementation including budget support, subaward set up, staff onboarding and will also be cost sharing the trip to support other PSI Madagascar projects (All IRs)   | Washington, D.C., USA            | Q1 – October 2018 | \$2,500 |
| 2 people – Patrick Aylward and TBD | PSI Global Marketing and 1 PATH representative to support the design of the market assessment(s) protocol (IR 1)  | Washington, D.C., USA            | Q2                | \$2,500 |
| 2 people - TBD                     | Policy assessments by health area, co-facilitation of policy advocacy for TMI workshops with the TMI TWG and sub groups, hands-on experience and capacity building for GOM in workshop design and facilitation (IR 1)   | Democratic Republic of the Congo | Q4                | \$2,000 |
| 1 person - TBD                     | Conduct health system   | Washington, D.C.,                | Q2                | \$2,500 |



|                            |  |                            |       |         |
|----------------------------|--|----------------------------|-------|---------|
|                            | assessments, policy analysis skills, evaluation, and analysis for HSS (IR 2)   | USA                        |       |         |
| 1 person – Taurai Kambeu   | Lead implementation of DHIS and provide TA for the PSI/M team (All IRs)  | Johannesburg, South Africa | Q2    | \$1,000 |
| 1 person – Joseph Lewinski | Support implementation of malaria activities and provide TA during the continuous and mass LLIN distribution campaign (IR 4)   | Washington, D.C., USA      | Q3/Q4 | \$2,500 |
| 1 person - TBD             | Support implementation of FP/RH activities and marketing (All IRs)   | Washington, D.C., USA      | Q3    | \$2,500 |
| 1 person - TBD             | Identify priority health businesses for business management trainings. Work with Microcred and Access Bank and explore potential additional finance institutions under the DCA to expand access to credit for commercial businesses (IR 3)                               | Washington, D.C., USA      | Q2    | \$2,500 |
| 1 person - Stephanie Gober | <ul style="list-style-type: none"> <li>• Attend internal launch workshop</li> <li>• Participate in assessment design and planning</li> <li>• Onboard staff</li> </ul> Develop action plan for business management trainings and support to financial institutions (IR 3) | Washington, D.C., USA      | Q1    | \$2,500 |
| 1 person - Alyssa Lang     | <ul style="list-style-type: none"> <li>• Attend internal launch workshop</li> <li>• Manage administrative aspects of Banyan Global project launch (IR 3)</li> </ul>  | Washington, D.C., USA      | Q1    | \$2,500 |
| 1 person - Rachel Mahmud   | <ul style="list-style-type: none"> <li>• Attend external launch workshop</li> <li>• Lead gender analysis</li> <li>• Conduct gender and social inclusion training for IMPACT program staff</li> </ul>   | Washington, D.C., USA      | Q2    | \$2,500 |

|                               |  |     |    |         |
|-------------------------------|--|-----|----|---------|
|                               | (All IRs)  |     |    |         |
| 1 person - PPP Specialist TBD | <ul style="list-style-type: none"> <li>• Work on market assessment design and implementation</li> <li>• Participate in TMA working group (IR 3)</li> </ul> | TBD | Q3 | \$2,500 |

**Attachments:**

- 1) Year 1 Budgeted Workplan Matrix (Excel file)